STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145339	A. BUILDING _____ B. WING _____	**10/11/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GROVE OF ELMHURST, THE	**127 WEST DIVERSEY ELMHURST, IL 60126**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0758 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident had justification to support increase of [MEDICAL CONDITION] medications. This applies to 1 of 4 residents (R1) reviewed for [MEDICAL CONDITION] medication in the sample of 10. The findings include: R1's electronic health record (EHR) showed R1 was admitted to the facility on [DATE] and discharged to the hospital on [DATE]. At admission, R1's was noted with [DIAGNOSES REDACTED]. R1's Minimum Data Set (MDS), dated [DATE], showed R1 required extensive assistance of one or two staff with bed mobility, transfer, dressing, toilet use and personal hygiene. The MDS showed R1 with no impairment on both sides of upper and lower extremities. R1's MDS showed R1 was always incontinent of bladder. Review of R1's Physician order [REDACTED]. R1's POS, dated 9/19/20, also showed a new order to increase Aripiprazole from 10 mg to 15mg, 1 tablet by mouth at bedtime to increase positive moods. R1 also had an order, dated 9/17/20, for [MEDICATION NAME] tablet 0.5mg give 1 tablet by mouth two times a day to decrease anxiety. Review of R1's interim care plan on psychoactive medications, initiated 9/17/20, showed, monitor for ill effects related to medication. The care plan also showed monitor for adverse or allergic reaction. Call MD for any changes in condition. Review of R1's behavioral monitoring form, dated 9/18/20 through 10/7/20, showed R1 was being monitored for frequent crying, repeats movement, yelling/screaming, kicking/hitting, pushing, grabbing, punching/scratching/spitting, biting, wandering, abusive language, threatening behavior and sexually inappropriate behaviors. There was no indication that R1 exhibited any of these behaviors throughout her stay at the facility except once on the evening shift of 9/26/20 where she was marked for yelling/screaming. Review of R1's progress note, dated 9/19/20 and authored by V8 (Nurse), showed V8 received a call from V7 (Psychiatrist) with new orders to increase R1's Aripiprazole from 10mg to 15mg and the Quetiapine [MEDICATION NAME] from 50mg to 100mg. On 10/9/20 at 1:15pm, V8 (Nurse) stated she received a call on 9/19/20 from V7 (Psychiatrist) to have R1's Aripiprazole and Quetiapine increased. V8 stated V7 cited he was doing it as per V16's (family member's) request. V8 stated R1 was new to the facility at the time and there was no major behavior incident apart from the fall R1 had a day before. V8 stated she acknowledged V7's phone orders and called V16 for consent. On 10/9/20 at 2:27pm, V7 (Psychiatrist) stated he received a call from V16 (family member) to have R1's medications increased due to increased fall and agitation. V7 stated he was supposed to see R1 at the facility but was made aware R1 was transferred to the hospital. As of 10/9/20 at 3pm, there was no progress note by V7 in R1's EHR to show why R1's [MEDICAL CONDITION] medications were increased on 9/19/20. There was also no progress note to show V7's monitoring of R1's behavior prior to, or after, both medication doses were increased. On 10/9/20 at 12:26pm, V4 (Primary Physician) stated he examined R1 at the hospital on [DATE] in the presence of a nurse. V4 stated R1 was still very drowsy when he saw her. V4 stated R1's drowsiness could have been from the dementia and [MEDICAL CONDITION] medications she was placed on. On 10/11/20 at 9:52am, V2, (DON) Director of Nursing, stated the facility did not question the increase in [MEDICAL CONDITION] MEDICATION ORDERS FOR [REDACTED].

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.