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	IL6009278	A. BUILDING: _____ B. WING _____	04/30/2015

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SUNNYMERE	925 SIXTH AVENUE AURORA, IL 60505

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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations	S9999		

330.710 a) Resident Care Policies

a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.

Based on interview and record review facilities written policies and procedures are not reviewed at least annually by the administrator. Facilities written policies and procedures fail to include infection control protocol to be used during provision of care (handwashing), blood glucose testing, care and maintenance of glucometer and the need to notify physician with a change in condition.

This applies to all 21 residents in the facility.

The Findings include;

During 4/28/15 3:30 PM interview, E1 (Administrator), stated facilities policy and procedure manually has not been reviewed or

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S9999	Continued From page 1 up-dated for a very long time. Facilities written policies and procedure manual signed by E1 (Administrator), with last review date 01/01/2013. Facilities written policies and procedures fail to include infection control protocol to be used during provision of care (handwashing), blood glucose testing, care and maintenance of glucometer and to notify physician with any unusual change in condition. 330.790 a) b) c) Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections. c) Depending on the services provided by the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, as applicable (see Section 330.340): 1) Guideline for Hand Hygiene in Health-Care Settings	S9999		

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S9999	Continued From page 2 2) Guideline for Prevention of Nosocomial Pneumonia 3) Guideline for Isolation Precautions in Hospitals 4) Guidelines for Infection Control in Health Care Personnel (Source: Added at 29 Ill. Reg. 12891, effective August 2, 2005) Based on observation, interview and record review facility failed to assure health care providers wash their hands before and after direct care and in-between residents care. Facility also failed to assure glucometer's are properly cleaned and sanitized between use. This applies to 1 of 1 resident (R3), reviewed for eye drop administration in the sample of 5 and 1 of 1 resident (R6), reviewed for blood glucose monitoring out of the sample. The Findings include; On 4/28/15 between 3:20 and 3:40 PM, the following was continuously observed: 3:20 - 3:30 PM, E2 (care giver - nurse aide), in conference room handling resident records, 3:30 PM, E2 pushed rolling cart (containing universally used resident care supplies), went into the living room area, approached R6, removed glucometer from its bag and performed blood glucose testing. E2 did not wash her hands prior to performing R6's blood glucose testing. E2 verbalized out loud "I already recently washed my hands." Without cleaning and sanitizing the glucometer, E2 replaced glucometer back into glucometer bag and placed it on lower shelf of rolling cart	S9999		

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S9999	Continued From page 3 (intermingled with other resident care supplies). 3:39 PM, E2 left R6 and rolled cart to R3's room and administered one Systane eye drop into both of R3's eyes. E2 did not wash her hands after performing R6's blood glucose test or prior to administering R3's eye drops. Facilities written policies and procedures fail to include infection control protocol to be used during provision of care (handwashing), blood glucose testing, care and maintenance of glucometer. 330.1155 Unnecessary, Psychotropic and Antipsychotic Drugs a) A resident shall not be given unnecessary drugs in accordance with Section 330.Appendix E. In addition, an unnecessary drug is any drug used: 2) for excessive duration; 3) without adequate monitoring; 4) without adequate indications for its use; or 5) in the presence of adverse consequences that indicate the drugs should be reduced or discontinued. (Section 2-106.1(a) of the Act) b) Psychotropic medication shall not be prescribed without the informed consent of the resident, the resident's guardian, or other authorized representative. (Section 2-106.1(b) of the Act) Additional informed consent is not required for reductions in dosage level or deletion of a specific medication. The informed consent	S9999		

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may provide for a medication administration program of sequentially increased doses or a combination of medications to establish the lowest effective dose that will achieve the desired therapeutic outcome. Side effects of the medications shall be described.
c) Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is necessary, as documented in the resident's comprehensive assessment, to treat a specific or suspected condition as diagnosed and documented in the clinical record or to rule out the possibility of one of the conditions in accordance with Section 330.Appendix E.
d) Residents who use antipsychotic drugs shall receive gradual dose reductions and behavior interventions, in an effort to discontinue these drugs in accordance with Section 330.Appendix E unless clinically contraindicated.
e) For the purposes of this Section:
2) "Psychotropic medication" means medication that is used for or listed as used for antipsychotic, antidepressant, antimanic or antianxiety behavior modification or behavior management purposes in the latest editions of the AMA Drug Evaluations (Drug Evaluation Subscription, American Medical Association, Vols. I-III, Summer 1993), United States Pharmacopoeia Dispensing Information Volume I (USP DI) (United States Pharmacopoeial Convention, Inc., 15th Edition, 1995), American Society of Health Systems Pharmacists, 1995), or the Physicians Desk Reference (Medical Economics Data Production Company, 49th Edition, 1995) or the United States Food and Drug Administration approved package insert for the psychotropic medication. (Section 2-106.1(b) of the Act)
3) "Antipsychotic drug" means a neuroleptic drug that is helpful in the treatment of psychosis and has a capacity to ameliorate thought disorders.

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S9999	Continued From page 5 (Source: Added at 20 Ill. Reg. 12160, effective September 10, 1996) Based on interview and record review facility failed to assure residents are not administered Antipsychotic medications without adequate indications for use, adequate monitoring and informed consent and failed to assure the use of Antipsychotic medications are not for excessive duration. Facility failed to assure residents on antipsychotic medications receive gradual dose reductions and behavior interventions. This applies to 1 of 1 resident (R2), reviewed for antipsychotic medication use in the sample of 5. The Findings include; R2 admitted to facility 12/27/15 with diagnosis to include Dementia. R2's weekly medication administration records 12/01/14 through 4/28/15 include assisted with administration of Risperdal 0.25 mg every night. The physician order is for every night as needed for anxiety. R2's medical records did not include any informed consent for the Risperdal and failed to include medical justification, indication for use, targeted behaviors, any behavior monitoring, non-pharmacological interventions or any attempted dose reduction of the Risperdal. R2's care plan failed to include use of antipsychotic medication or behavioral problems. On 4/29/15 at 2:40 PM, E1 (Administrator), stated facility has no policy and procedures for the use of Antipsychotic medications. E1 also stated	S9999		

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facility had not yet obtained informed consent for R2's use of Risperdal.
Section 330.1110 Medical Care Policies
f) The facility shall notify the physician of any accident, injury, or unusual change in a resident's condition. (A, B)
This REQUIREMENT is not met as evidenced by:
Based on interview and record review the facility failed to notify the physician when the resident had a change in her condition.
This applies to 1 of 5 residents (R4) reviewed for accidents and incidents in a sample of 5.
The findings include:
According to the Physician Order Sheet, R4 had diagnoses including Diabetes Type II-Diet Controlled, Orthostatic Hypotension, and Parkinson's Disease. The Functional Assessment dated 01/09/2015 showed R4 was moderately independent, had mild cognitive impairment with some confusion and was totally independent with ambulation using a walker. The care plan dated 01/28/2015 showed R4 needed assistance with all aspects of morning care and on some days needed more assistance than other days.
On 04/29/2015 at 1:05pm E5 (Certified Nursing Assistant) stated on 03/16/2015 at approximately 3:00am she had found R4 sitting on the floor in her room next to her bed. As E5 was walking R4 to the bathroom, R4 started to fall and E5 said she had caught R4, lowered her to the floor, then assisted her to a chair. E5 stated once R4 was in the chair, R4 remained awake but was unresponsive to any questions, she was slumped in her chair, and her face looked droopy for a period of less than a minute. E5 stated she called E1 (Administrator) and was told to keep R4 with her until E1 could get to the facility. E5 stated 03/16/2015 had been the first time R4 had fallen on her shift and was not acting like herself. E5 said R4 was alert most days with other days

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having some confusion.
The Nurse's Notes dated 03/15/2015 at 1:30p showed R4 had returned from the hospital at approximately 12:45pm, was assisted to a chair for lunch when she had a blank stare, started to twitch and drool which lasted about 30 seconds. The note showed the writer notified E1 of the episode.
On 04/28/2015 at 4:35pm E1 stated because R4 had recently been having frequent falls she didn't feel R4's were symptoms of a stroke. E1 said she did not notify the physician.
On 04/29/2015 at 12:13pm E1 said she didn't routinely call the doctor if there was a change in the resident's condition, but the family would be notified.
The facilities Medical Emergency Policy dated 06/23/2008 included: "In the event of an extreme emergency (trouble breathing, chest pain, extreme bleeding, loss of consciousness, confusion not normally seen in the resident, resident is unable to stand or walk, or extreme variation of vital signs with symptoms), the aide in charge will call 911 to have the resident transported to an acute care facility."

Section 330.1530 Labeling and Storage of Medications
b) The key to the medicine area shall be the responsibility of, and in the possession of, the staff persons responsible for overseeing the self-administration of medications by residents. 2) Residents whom the attending physician has given permission to be totally responsible for their own medication shall maintain possession of the key, or combination of the lock, to their own medication storage area. A duplicate key, or a copy of the combination, shall be kept by the facility in a secure place for emergency use.
g) Medication in containers having soiled,

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damaged, incomplete, illegible, or makeshift labels shall be returned to the issuing pharmacist, pharmacy, or dispensing licensed prescriber for relabeling or disposal. Medications whose directions for use have changed since the medication was originally dispensed and labeled may be retained for use at the facility in accordance with the licensed prescriber's current medication order. Medications in containers having no labels shall be destroyed in accordance with federal and State laws.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to ensure medication was locked in a resident's room and failed to have a label on one container of medication. This applies to 1 resident (R13) observed for medication storage in the supplemental sample. The findings include:
R13's Functional Assessment showed he was Independent in medication administration.
On 04/28/2015 at 11:00am R13 was sitting in his room. A container of Metoprolol 50 milligrams, Lisinopril 40 milligrams, and an unlabeled container of medication was laying on the sink counter. R13 said he is independent in taking his medication and he doesn't need to lock his room door. R13 then left his room with the door open and unlocked.
On 04/29/2015 at 11:50am R13's door was open and unlocked with nobody inside. The three containers of the above medication remained on the sink counter.
On 04/29/2015 at 2:25pm E1(Administrator) stated R14 was alert and oriented to person, place, and time but had poor judgement; R10 was alert and oriented with cognitive deficits; R16 was alert and oriented to person only; and R11 had periods of confusion.

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S9999	Continued From page 9 The facilities Medication Policy and Procedure included: "Medications in resident rooms shall be locked when the resident leaves their room. The resident may store the medications in a locked box, or they must lock both the bathroom and room doors when not inside the room". (B)	S9999		