

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015630	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DEKALB COUNTY REHAB & NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 2600 NORTH ANNIE GLIDDEN ROAD DEKALB, IL 60115
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.686h)4)E) Section 300.610 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 by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Medications h) Protocol for Securing Informed Consent for Psychotropic Medication 4) The discussion shall include information about: E) Dosage information, including how much medication would be administered, how often, and the method of administration (e.g., orally or by injection; with, before, or after food) This REQUIREMENT was not met as evidenced by:	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
03/12/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015630	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DEKALB COUNTY REHAB & NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 2600 NORTH ANNIE GLIDDEN ROAD DEKALB, IL 60115
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>Based on interview and record review, the facility failed to obtain consents for psychotropic medications which reflected the dosage of the medication being prescribed. This applies to 2 of 3 (R56, R18) residents reviewed for psychotropic medications in the sample of 21.</p> <p>The findings include:</p> <p>1. R56's Order Summary Report as of 3/5/2024 shows an active order for Celexa (Citalopram) 40mg tablet one time by mouth per day and for Mirtazapine (Remeron) 7.5mg tablet by mouth one time per day.</p> <p>R56's Medication Administration Record, dated 3/1/2024 - 3/31/2024, show administrations of Mirtazapine 40mg and Remeron 7.5mg daily from 3/1/2024 - 3/5/2024.</p> <p>R56's Notification and consent for psychotropic medication use form lists Citalopram and Remeron does not list any dosages for either medication.</p> <p>The facility failed to provide any additional consents which clarified the dosages for Citalopram and Remeron.</p> <p>2. R18's Order Summary Report, dated 3/5/2024, shows an active order for Trazodone 50mg tablet give 1.5 tablets 75mg total as needed at bedtime.</p> <p>R18's Medication Administration Record, dated 3/1/2024 - 3/31/2024, show administrations of Trazadone 1.5 tablets (75mg) on 3/2/2024.</p> <p>R18's Notification and consent for psychotropic medication use form lists Trazadone 50mg.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015630	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DEKALB COUNTY REHAB & NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 2600 NORTH ANNIE GLIDDEN ROAD DEKALB, IL 60115
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>The facility failed to provide any additional consents which clarified the 75mg Trazadone order.</p> <p>On 3/5/2024 at 10:35AM, V3, Assistant Director of Nursing (ADON), said all psychotropic medications need a consent prior to administration. V3 said the consent should have the name of the medication, dosage, indication of use, and duration.</p> <p>Psychotropic Medication Policy, Revised 2015, states, "Psychotropic medication . . . shall not be initiated without the informed consent of the resident, the resident's guardian, or other authorized representative. . . "</p> <p>(C)</p>	S9999		