

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>IL6001291</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>11/13/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MARSHALL REHAB &amp; NURSING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>410 NORTH SECOND STREET<br/>MARSHALL, IL 62441</b>                           |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| S 000                                                                   | Initial Comments<br><br>First Probationary Licensure Survey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | S 000                                                                         |                                                                                                                          |  |                                                        |
| S9999                                                                   | Final Observations<br><br>Licensure Violation:<br><br>Section 300.686 Unnecessary, Psychotropic, and<br>Antipsychotic Drugs<br><br>a) A resident shall not be given unnecessary<br>drugs in accordance with Section 300.Appendix<br>F. In addition, an unnecessary drug is any drug<br>used:<br><br>1) in an excessive dose, including in<br>duplicative therapy;<br><br>2) for excessive duration;<br><br>3) without adequate monitoring;<br><br>4) without adequate indications for its use; or<br><br>5) in the presence of adverse<br>consequences that indicate the drugs should be<br>reduced or discontinued. (Section 2-106.1(a) of<br>the Act)<br><br>b) Psychotropic medication shall not be<br>prescribed or administered without the informed<br>consent of the resident, the resident's guardian,<br>or other authorized representative. (Section<br>2-106.1(b) of the Act) Additional informed consent<br>is not required for reductions in dosage level or<br>deletion of a specific medication. The informed<br>consent may provide for a medication<br>administration program of sequentially increased<br>doses or a combination of medications to | S9999                                                                         |                                                                                                                          |  |                                                        |

**Attachment A**  
**Statement of Licensure Violations**

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

Electronically Signed

TITLE

(X6) DATE

12/10/19

Illinois Department of Public Health

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| S9999                                                                   | Continued From page 1<br><br>establish the lowest effective dose that will achieve the desired therapeutic outcome. Side effects of the medications shall be described.<br><br>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 300.Appendix F.<br><br>d) Residents who use antipsychotic drugs shall receive gradual dose reductions and behavior interventions, unless clinically contraindicated, in an effort to discontinue these drugs in accordance with Section 300.Appendix F.<br><br>e) For the purposes of this Section:<br><br>1) "Duplicative drug therapy" means any drug therapy that duplicates a particular drug effect on the resident without any demonstrative therapeutic benefit. For example, any two or more drugs, whether from the same drug category or not, that have a sedative effect.<br><br>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 edition 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 | S9999                                                                         |                                                                                                                          |  |                                                        |

Illinois Department of Public Health

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| S9999                                                                   | <p>Continued From page 2</p> <p>Hospital Formulary Service Drug Information 1995 (American Society of Health Systems Pharmacists, 1995), or the Physician's 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)</p> <p>3) "Antipsychotic drug" means a neuroleptic drug that is helpful in the treatment of psychosis and has a capacity to ameliorate thought disorders.</p> <p>(Source: Added at 20 Ill. Reg. 12208, effective September 10, 1996)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to assess and monitor the use of psychotropic medications and failed to ensure that residents are not receiving "Duplicative drug therapy" for four residents (R1,R2,R3,R6) of six residents reviewed for psychotropic medications in a sample list of six residents.</p> <p>Findings include:</p> <p>The facility's policy "Psychotropic Drug Use" revised 11/5/19 states "It is the policy of our facility that psychotropic drug therapy will be used only when it is necessary to treat a specific condition. 5. Nursing documentation must include a description of target symptom(s), their frequency, and expected outcomes so the attending physician can determine if the medications are working effectively. 6. The attending physician will evaluate and document</p> | S9999                                                                                          |                                                                                                                          |                                                        |

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| S9999                                                                   | <p>Continued From page 3</p> <p>conclusions about the effectiveness of the medication and the need to continue or adjust the current dosage, or discontinue or change the medication."</p> <p>1. R3's Physician Order Summary dated 11/12/19 includes the following medical diagnoses: Anxiety, Post Traumatic Stress Syndrome, and Major Depressive Disorder. R3's clinical record documents R3 was admitted to the facility on 10-10-19.</p> <p>R3's Physician Order Summary dated 11/12/19 includes the following orders for psychotropic medications: Mirtazepine (Antidepressant) 45 milligrams at bed time daily. Escitalapram (Antidepressant) 20 milligrams every morning. Buspar 10 (antianxiety) 10 milligrams twice daily. Temazepam (benzodiazapine hypnotic) 15 milligrams at bedtime daily. Xanax (benzodiazapine antianxiety) 1 milligram every six hours as needed for anxiety (ordered 10/17/19). Ativan (benzodiazapine antianxiety) 1 milligram every hour as needed for anxiety (ordered 10/10/19).</p> <p>In addition, R3's Physician Order Summary dated 11/12/19 includes the following orders for medications known to induce Central Nervous System (CNS) depression: Gabapentin (Neuroleptic) 300 milligrams twice daily. Primadone (Neuroleptic) 150 milligrams every evening. Cyclobenzaprine (Muscle Relaxant) 10 milligrams twice daily. Melatonin (hormone to induce sleep) 10 milligrams every evening. Hydrocodone (Opioid analgesic) 7.5/200 milligrams one tablet every morning and one tablet three times daily as needed (PRN). Morphine (Opioid analgesic) 10 milligrams every hour as needed. Compazine (antipsychotic) 10</p> | S9999                                                                         |                                                                                                                          |                          |                                                        |

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| S9999                                                                   | Continued From page 4<br><br>milligrams every six hours as needed for nausea.<br><br>The package insert for Xanax (alprazolam) states<br>"Drug Interactions: Use with Other CNS<br>Depressants: If Xanax Tablets are to be<br>combined with other psychotropic agents or<br>anticonvulsant drugs, careful consideration<br>should be given to the pharmacology of the<br>agents to be employed, particularly with<br>compounds which might potentiate the action of<br>benzodiazepines. The benzodiazepines, including<br>alprazolam, produce additive CNS depressant<br>effects when coadministered with other<br>psychotropic medications, anticonvulsants<br>(Neuroleptics), antihistaminics, ethanol and other<br>drugs which themselves produce CNS<br>depression."<br><br>R3's progress note documents R3 was admitted<br>to the facility 10/10/19. R3's Minimum Data Set<br>(MDS) documents "Due 10/23/19" As of 11/13/19<br>this admission MDS was not completed. There is<br>no documentation of a psychotropic medication<br>assessment for R3. There is no documentation<br>of identification or tracking of targeted behaviors<br>for R3's psychotropic medication. There is no<br>documentation the facility attempted<br>non-pharmacological interventions. There is no<br>documentation by a physician to demonstrate the<br>medical necessity of duplicative orders for four<br>antianxiety medications or to demonstrate the<br>medical necessity for continued use of as needed<br>(PRN) antianxiety medications past the<br>recognized limit of 14 days. R3's care plan<br>includes an interventional approach entry dated<br>10/24/19 documenting "AIMS (Abnormal<br>Involuntary Movement) assessment every six<br>months. There is no documentation of an AIMS<br>assessment for R3. | S9999                                                                         |                                                                                                                          |  |                                                        |

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| S9999                                                                   | <p>Continued From page 5</p> <p>On 11/12/19 at 2:00PM, a request was given to V1, Administrator, for copies of any assessments, behavior tracking, or documentation related to R3's psychotropic medication. On 11/13/19 at 10:00AM V1, Administrator, stated "We are still looking for that." On 11/13/19 at 2:30 PM V1, Administrator stated "We don't have any additional documentation of psychotropic medication for (R3)." No additional documentation was provided.</p> <p>2. R6's November 2019 Physician Order Summary (POS) documents an admission date of 8/26/19 from an acute hospital and a readmission date of 9/6/19. R6's medical diagnoses include Unspecified Dementia with Behavioral Disturbances, Cerebral Infarction Due to Thrombosis of Left Middle Cerebral Artery, Other Specified Mental Disorders Due to Known Physiological Condition, Unspecified Atrial Fibrillation, and Schizophrenia.</p> <p>R6's Minimum Data Set (MDS) dated 9/18/19 documents R6 had moderate cognitive impairment, inattention, no indicators of psychosis and no behavioral symptoms. This MDS documented R6 had been receiving a hypnotic medication seven days of the assessment period. R6 was not receiving antipsychotic medications at that time. This MDS documents R6 suffered a stroke with hospitalization, and was receiving skilled occupational and physical therapy.</p> <p>R6's Behavior Note dated 10/24/19 at 3:28 am documents, "Pt (Patient) exhibiting agitation/anxiety/restlessness/yelling out for various reasons. Repetitive behaviors of yelling "help". Attempted repeatedly by staff to redirect behaviors with hands on activities, offered</p> | S9999                                                                                          |                                                                                                                          |                                                        |

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| S9999                                                                   | <p>Continued From page 6</p> <p>fluids/food, toileted. Unable to console Pt with met needs. Pt unable to verbalize what his need for "help" is. As staff tries to effectively communicate with pt, he interrupts staff with continued yelling "help, please help". Pt has difficulty with participation in activities and with therapies due to continued restless agitated behaviors. Pt Dx (diagnosis) dementia with severe cognitive impairment and noted inability to recall information within seconds after information given. Dr (Doctor V10) made aware of increased agitation and behavioral disturbances. Asked MD (Medical Doctor) for med review and possible changes to medications to stabilize pt."</p> <p>R6's Administration Note dated 10/24/19 at 8:05 am documents to "Give Seroquel tablet 25 mg at bedtime for dementia related to other specified mental disorders due to known physiological condition. New order to d/c (discontinue) received late today. "</p> <p>The original Medication Order Note is dated 9/10/19 and documents a new order for Quetiapine Fumarate (Seroquel) 25 mg give by mouth two times a day for dementia.</p> <p>On 10/31/19, R6's Nursing Progress note documents, "Resident continues to yell out loudly "Help Me" unable to state what he needs help with. Unable to calm resident down with food, activities, drinks will continue to monitor. "</p> <p>R6's Physician's Order dated 11/1/19 for the antipsychotic Seroquel 25 milligram (mg) tablet by mouth two times a day for schizophrenia. R6 also has a physician order dated 9/6/19 for Trazadone HCL 50 mg tablet by mouth at bedtime (for depression).</p> <p>R6's Medical Record did not document an initial</p> | S9999                                                                                          |                                                                                                                          |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MARSHALL REHAB &amp; NURSING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>410 NORTH SECOND STREET<br/>MARSHALL, IL 62441</b>                           |  |                                                        |
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| S9999                                                                   | <p>Continued From page 7</p> <p>Psychoactive Medication Evaluation for the Seroquel to assess the diagnosis, medical symptoms and behaviors warranting the use of the antipsychotic medication. There was no AIMS (Abnormal Involuntary Movement) assessment for baseline symptoms, and no documentation of non pharmacological interventions tried prior to the initiation of the medication.</p> <p>R6 did not have any specific targeted behavior tracking documented to monitor the effectiveness of Seroquel. There were some documented episodic progress notes related to behavior that R6 was not easily redirected that included: 9/21/19 -R6 making repetitive statements to call son to come get R6. 10/6/19 -R6 was at the nurses station in wheelchair asking staff to help get R6 out of here and call R6's son. The note states "He has been begging all staff to do this over and over again." 10/24/19 -R6 was exhibiting agitation, anxiety, restlessness yelling out for various reasons. Repetitive behaviors of calling for help but not able to verbalize what the need for help is. 10/31/19: Resident continues to yell out loudly "Help Me" unable to state what he needs help with. Unable to calm resident down with food, activities, drinks. 11/12/19 - The nursing progress note states R6 has had no episodes of yelling this shift and documented R6's speech continues to be garbled. There were no documented episodes to indicate that R6 was a danger to himself or others.</p> <p>There was a Drug to Drug interaction flagged in the electronic record on 11/1/19 related to the use of Seroquel and Trazadone concurrently that was also not documented as assessed.</p> <p>On 11/1/19 a medication Administration Note states "The order you have entered Seroquel</p> | S9999                                                                         |                                                                                                                          |  |                                                        |

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| S9999                                                                   | <p>Continued From page 8</p> <p>Tablet 25 mg Give 1 tablet by mouth two times a day for Schizophrenia has triggered the following drug protocol alerts/warnings: Drug to Drug Interaction. The system has identified a possible drug interaction with the following orders Trazadone HCL Tablet 50 mg Give by mouth at bedtime for antidepressant. Severity: Severe, Interaction: Additive QT (measures cardiac electrical properties) interval prolongation may occur during coadministration of Trazadone HCL 50 mg and Seroquel Tablet 25 mg. Coadministering Trazadone HCL Tablet 50 mg with agents that prolong the QT interval should be avoided according to the official package labeling of Trazadone HCL Tablet 50 mg." There was no documentation indicating the physician V10 was made aware of the potential drug interactions.</p> <p>Social Service Progress Notes dated 11/4/19 documents "(R6) is now receiving Seroquel 25 BID (twice per day)." The Social Service note states "(R6) has some cognition impairment noted. (R6) is depressed because he needs help and doesn't know why. (R6) needs help. (R6) is having trouble sleeping and is tired daily. (R6) has trouble concentrating. Behaviors notes are (R6's) constant vocal disruption to other residents. Several interventions have been tried offering snacks, liquids, one to one time, busy table and calling family."</p> <p>R6's Care Plan initiated 10/4/19 documents "I, (R6) have an impaired cognitive function rt (related to) Dementia. The Goal: (R6) will be able to communicate basic needs on a daily basis. The interventions include: "Administer ANTIPSYCHOTIC medications as ordered by physician. Monitor/document side effects and effectiveness Q-Shift (every shift)."</p> | S9999                                                                         |                                                                                                                          |  |                                                        |

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| S9999                                                                   | <p>Continued From page 9</p> <p>On 11/13/19 at 8:40 am R6 had fallen partially out of a low bed onto a floor mat requiring staff intervention. R6 was seated in a wheelchair in the dining room on 11/13/19 at 12:30 pm with eyes closed. R6 had right arm and right leg impairment. At 12:45 pm R6 was feeding self lunch with left hand. R6 did not verbalize much when spoken to. On 11/13/19 at 2:00 pm R6 was asleep in a low bed.</p> <p>Physical Therapy Assistant, V11, stated on 11/13/19, that R6 was discontinued from skilled therapy because of R6's cognitive impairment from his stroke. V11 stated 98 percent of the time R6 doesn't realize R6 has had a stroke and doesn't understand why R6 needed therapy believing he can function independently.</p> <p>The Administrator V1 confirmed on 11/13/19 at 2:15 PM that the facility had no psychotropic assessment or evaluations for R6's Seroquel use. V1 stated the only Psychotropic Medication Consent for the use of the Seroquel was a documented verbal/telephone consent obtained from R6's family member on 11/1/19.</p> <p>R6's 11-1-19 consent documents a Black Box Warning which states "Antipsychotic: To treat behavior problems such as combativeness, explosiveness, manic behaviors and treatment of psychotic disorders." The consent listed possible side effects such as Drowsiness, Dizziness and Restlessness. The Black Box Warning states "Elderly patients with dementia related psychosis treated with antipsychotic's are at an increased risk of death compared to placebo. "</p> <p>Interim Director of Nurses, V2, confirmed on 11/13/19 at 4:00 pm that there were no Antipsychotic Comprehensive Assessments or</p> | S9999                                                                         |                                                                                                                          |  |                                                        |

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| S9999                                                                   | <p>Continued From page 10</p> <p>specific behavioral care plans for the use of Seroquel for R6.</p> <p>3. R2's Physician Order Summary reviewed 11/12/19 includes the following medical diagnosis: Insomnia. R2's "Antianxiety Medication Consent" dated 2/22/19 includes the diagnosis "Anxiety". R2's order summary dated 11/12/19 includes the following orders for psychotropic medications: Xanax (Benzodiazapine antianxiety) 0.5 milligrams every 24 hours PRN (as needed). Trazadone (antidepressant) 50 milligrams every evening for "Insomnia".</p> <p>There is no documentation of a psychotropic medication assessment for the use of Xanax or Trazadone for R2. There is no documentation of identification or tracking of targeted behaviors for R2's psychotropic medication. There is no documentation the facility attempted non-pharmacological interventions. There is no documentation by a physician of the medical necessity for the continued use of as needed (PRN) antianxiety medications past the recognized limit of 14 days. R2's Care Plan reviewed 7/5/19 does not include interventions for anxiety, insomnia, or psychotropic medications.</p> <p>On 11/13/19 at 2:30 PM V1, Administrator, stated "We don't have any additional documentation of psychotropic medication for (R2)." No additional documentation was provided.</p> <p>4. R1's Physician Order Summary reviewed 11/12/13 includes the following medical diagnosis: Anxiety. R1's order summary dated 11/12/19 includes the following orders for psychotropic medications: Ativan 1 milligram at bedtime daily.</p> <p>There is no documentation of a psychotropic</p> | S9999                                                                         |                                                                                                                          |  |                                                        |

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| S9999                                                                   | Continued From page 11<br><br>medication assessment for R1. There is no documentation of identification or tracking of targeted behaviors for R1's psychotropic medication. There is no documentation the facility attempted non-pharmacological interventions. R1's Care Plan reviewed 6/17/19 does not include behavioral interventions or psychotropic medications.<br><br>On 11/13/19 at 2:30 PM V1, Administrator, stated "We don't have any additional documentation of psychotropic medication for (R1)." No additional documentation was provided.<br><br>(B) | S9999                                                                                          |                                                                                                                          |  |                                                        |