STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145437	A. BUILDING _____ B. WING _____	04/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL HLTHCARE & REHAB CTR	515 BUREAU VALLEY PARKWAY PRINCETON, IL 61356

(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) COMPLETION DATE
F 000	INITIAL COMMENTS Annual Certification Original Investigation of Complaint #1621858/IL84611-no findings	F 000		
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.	F 157		

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.

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F 157	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to notify a Representative of a change in medication and an increase in adverse behaviors for one of 15 residents, (R3) reviewed for notification of changes, in a sample of 15. Findings include: The facility's Change in Condition or Status-Notification, dated 3/2016, states, "Our facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, residents rights, etc.)...Unless otherwise instructed by the resident, the Nurse Supervisor/Charge Nurse will notify the resident's family or representative when: There is a significant change in the resident's physical, mental or psychosocial status." R3's Physician Order Sheet, dated 3/23/16, documents an order to increase R3's Seroquel (antipsychotic) from 50 milligrams to 100 milligrams by mouth at bedtime. This same forms documents an increase in Divalproex Sodium Delayed Release (mood stabilizer) 250 milligrams from two times daily to three times daily. R3's Brief Interview for Mental Status, dated 1/7/16, documents that R3 is severely cognitively impaired. R3's Nurses Notes, dated 3/19/16 through	F 157		

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F 157	Continued From page 2 3/23/16, document multiple adverse behaviors. This same form documents that new medication orders were received for the increase in adverse behaviors. There is no documentation of R3's representative being notified of the increased adverse behaviors or the change of medication. On 4/12/16 at 10:30am, E2, Director of Nursing, verified that R3's representative was not notified of R3' increase in adverse behaviors or the increase in psychotropic medications.	F 157		
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.	F 329		

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F 329	Continued From page 3	F 329		

This REQUIREMENT is not met as evidenced by:
Based on interview and record review the facility failed to obtain an informed consent for an increase of an antipsychotic medication dosage for one of three residents (R3) reviewed for antipsychotic medication, in a sample of 15.

Findings include:

The facility's Change in Condition or Status-Notification Policy, dated 03/2016, documents "Our facility shall promptly notify the resident, his or her attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status (e.g. changes in level of care, billing/payments, resident rights, etc.)."

R3's Physician Order Sheet, dated 3/23/16, documents to increase R3's Seroquel (antipsychotic) from 50 milligrams to 100 milligrams by mouth at bedtime.

R3's Psychoactive Medication Informed Consent, dated 12/24/16, documents consent for Seroquel 50 milligrams by mouth at bedtime. There is no documentation of an informed consent being obtained from R3's Representative for R3 to receive the increased dosage of R3's antipsychotic medication.

On 4/12/16 at 10:30am, E2, Director of Nursing, verified that R3's representative was not informed of R3's increase in antipsychotic medication, and consent was not received to give R3 the increased dosage of the antipsychotic

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F 329	Continued From page 4 medication.	F 329		