

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/04/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2014
NAME OF PROVIDER OR SUPPLIER HARDINBURG NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 101 FAIRGROUNDS ROAD HARDINBURG, KY 40143	
(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	F 000	Submission of this is plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission of interest again the facility, the Administrator or any employees, agents, or other individual who draft or may be discussed in this response and plan of correction. In addition, preparation of this plan of correction does not constitute and admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within (10) days of the survey as a condition to participate in Title 18 and Title 19 programs. The submission of the plan of correction within this time frame should in no way be construed or considered as an agreement with the allegations of noncompliance or admissions by the facility. This plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements.	
F 282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined, the facility failed to ensure staff followed the care plan for two (2) of sixteen (16) sampled residents (#2, and #11). The facility failed to provide Residents' #2 and #11 Psyciatric (Psych) Services as identified in the plan of care. The facility failed to ensure documentation of behaviors for evaluation of gradual dose reduction (GDR) of prescribed antidepressant, psychotropic or antipsychotic medications for these residents.</p> <p>The finding include:</p> <p>The facility did not provide a policy on following the Care Plan. The Corporate Nurse provided a Tool the facility used called User Defined Assessment used for facility documentation. She stated on 08/21/14 at 4:00 PM the Minimum Data Set schedule and Care Plan is driven by this schedule. According to this OBRA schedule, Social Services will complete a Quarterly Set, create the Care Plan and follow up as needed.</p>	F 282	<p>1. Resident # 2 and # 11 were seen by Psychiatric Services on 8/30/14. The Interdisciplinary Team (IDT) consisting of the Director of Nursing, Social Services Director,</p>	10/1/14

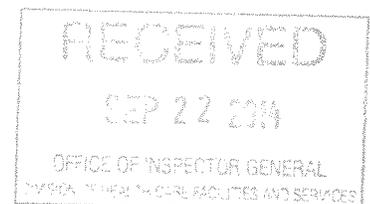
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Juven Powers* TITLE Administrator (X6) DATE 9/11/14

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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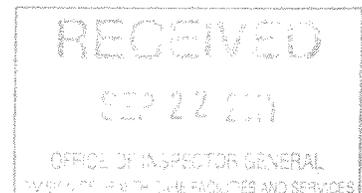
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F 282	Continued From page 1 1. Review of the clinical record for Resident #2 revealed the facility admitted the resident on 02/28/14 and re-admitted the resident on 05/13/14 with Diagnosis including Paralysis Agitation, Muscle Weakness, Dementia without behaviors, Anxiety, Depressive, and Parkinson's Disease. Review of the Physician's orders revealed an order was written on 08/15/14 for Psych Services to evaluate, then rewritten again on 08/18/14. Review of the admission Assessment for Resident #2 dated 03/07/14, revealed the facility assessed the residents cognition, Basic Interview for Mental Status (BIMS) score at eleven (11), which meant Resident #2 had moderately impaired cognition. Review of the Comprehensive Care Plan, initiated on 07/03/14, revealed a Care Plan was developed for Cognitive/Dementia that revealed the facility assessed the resident as interviewable with a BIMS score of 8-12, moderately impaired. The facility initiated a care plan for Behaviors related to the rejection of care issues regarding showers/baths on 07/07/14. The approaches included attempted gradual dose reduction of psych medications as clinically appropriate and refer to Psych Services as needed with exacerbation or inability to redirect behaviors. The facility initiated a care plan for Psychotropic Drug Care plan on 07/03/14 with a goal for lowest therapeutic dose of psychotropic medications, and free from undesired side effects. The approaches included observe for side effects for antianxiety, hypnotic, antidepressants and antipsychotic medications, and the	F 282	MDS Nurse, Activity Director and Dietary Services Manager meet on 8/29/14 to ensure the care plans for resident # 2 and # 11 were being followed including evaluation of psychiatric services and monitoring of behaviors. All care plan interventions were noted to be followed. 2. The IDT team consisting of the Director of Nursing, Social Services Director, MDS Nurse, Activity Director and Dietary Services Manager will complete an audit off all current residents to ensure that all care plan interventions are being followed including psychiatric services, monitoring of behaviors. This audit will be completed by 09/30/2014. Any identified care plan interventions not in place will be immediately put into place. 3. The Director of Nursing will re-educate the Social Services Director on 9/17/14 the following behavior monitoring system. All behavior or psychotropic care plan interventions must be followed. All new psychotropic medications will be reviewed by the IDT on a weekly basis to assure appropriate	



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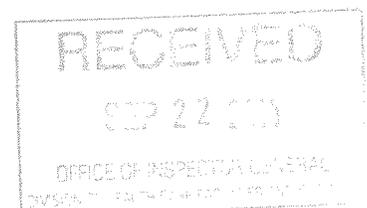
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F 282	<p>Continued From page 2</p> <p>Interdisciplinary Team (IDT) to review the effectiveness of the medication regimen at least quarterly.</p> <p>Continued review of the medical record revealed there was no documentation of attempted GDR related to Psychotropic medications. There was no documentation of an IDT meeting to show the facility reviewed the resident's medications to determine the effectiveness of the medication regimen and the facility failed to ensure the resident was seen by Psych Services after an order was received and Psych Services was present in the facility on 08/18/14.</p> <p>Observation of Resident #2 on 08/19/14 at 8:10 AM, 11:00 AM, 12:30 PM, 2:00 PM and 3:45 PM, and on 08/20/14 at 7:15 AM and 9:30 AM revealed the resident was up and about in the room without assistance.</p> <p>Interview with Resident #2 on 08/20/14 at 9:30 AM revealed the resident was aware of where he/she was and what the room number was. The resident did become tearful stating he/she missed their home and dog. The resident stated staff treated him/her well but complained of anxiety frequently.</p> <p>2. Review of the medical record for Resident #11 revealed the facility admitted the resident on 01/21/14 with Diagnosis including Depressive D/O, and Dementia. The Diagnosis of Psychosis was added on 02/04/14.</p> <p>Review of the MDS Admission Assessment dated 01/28/14 for Resident #11 revealed the facility assessed the resident with a BIMS score of fourteen (14), with no indication of psychosis.</p>	F 282	<p>DX and monitoring is in place. All quarterly assessments and new admissions that week will be reviewed in weekly QA meeting by the IDT team to ensure effectiveness of medications, behavior monitoring, appropriate diagnosis and GDR attempts and schedule GDR are in place and that care plans are updated. All resident's care plans will be reviewed quarterly including those on psychotropic medications in the IDT care conference to include effectiveness of medication, behaviors and GDR attempts and scheduled GDR. The Social Service Dir. will have oversight to ensure this process is followed. The Social Services Director will provide to psychiatric services a resident list of consultants due and exit with psychiatric services to assure evaluations are complete. A competency test of the above was completed on 9/12/14 to assure understanding. All Licensed staff and Certified Nursing Assistants will be re-educated by the Social Services Director, Director of Nursing or Assistant Director of Nursing on documentation of</p>		



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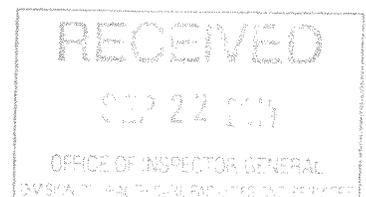
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F 282	<p>Continued From page 3</p> <p>Review of the Quarterly Assessment dated 07/24/14 revealed the facility assessed the resident with a BIMS score of ten (10) with no indication of Psychosis.</p> <p>Review of the Comprehensive Care Plan for Resident #11 revealed a Care Plan was initiated on 06/09/14 for Psychotropic Drugs with the goal of lowest therapeutic dose of psychotropic medications and free from undesired side effects. Additional approaches were GDR as appropriate, Psych referral as symptoms warrant and the IDT to review the effectiveness of medication at least quarterly.</p> <p>Continued review of the medical record for Resident #11 revealed no documentation of an IDT meeting quarterly to ensure the effectiveness of the medication. A Physician's order was received on 08/15/14 and rewritten on 08/18/14 for Psych Services to see the resident. Psych Services was in the facility on 08/18/14 but the patient was not seen. In addition, on the Pharmacy recommendation on 05/23/14, the Nurse Practitioner (NP) declined the GDR attempt, stating the resident was at the lowest effective dose when there was no documentation the resident had behaviors or psychosis to warrant a decline in GDR.</p> <p>Interview with the Nurse Practitioner #1, who works under the supervision of the Medical Director (MD), on 08/21/14 at 11:35 AM revealed she reviewed the Pharmacy Review frequently with Psych Services. The recommendations were left to either the NP or MD to make the determination to make changes recommended. She stated the medication Risperidone was "the go to drug of choice" for the Medical Director.</p>	F 282	<p>behaviors this will be completed by 09/30/2014.</p> <p>4. The Director of Nursing or Assistant Director of Nursing will audit ten (10) residents per month for six (6) months to ensure resident's care plan are followed, behaviors are monitored if on psychotropic medications and psychiatric services evaluations are occurring if ordered. The results of these audits will be reviewed with the Quality Assurance Committee monthly for at least six months or until the committee deems resolved. If at any time concerns are identified the committee will convene to review and make further recommendations as needed. The committee will consist of at a minimum, the Director of Nursing, the Administrator, Assistant Director of Nursing, Dietary Services Manager, Social Services Director with the Medical Director attending at least Quarterly.</p>		



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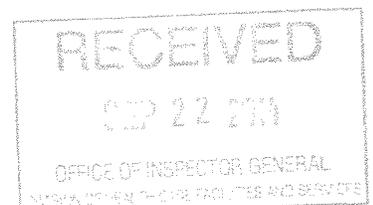
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F 282	Continued From page 4 She stated she had not attended any Quality Assurance meetings or IDT meeting to discuss Psychotropic medications as she had not been invited and was unsure if the Medical Director had attended. Interview with the Director of Nursing (DON), on 08/21/14 at 4:31 PM, revealed the DON stated she read the recommendations from the Consulting Pharmacist and looked to see if the recommendations had been changed. The DON stated there was a system failure as it pertained to psychotropic medications in the facility. There was no follow through from the Consulting Pharmacist, Doctors, and Nursing staff.	F 282		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to follow Physicians orders for two (2) of sixteen (16) residents (#2, and #11). The facility failed to ensure Residents #2 and #16 were seen by contracted Psychiatric (Psych) Services, assessed and treated at the next available opportunity after the Physician orders were	F 309	1. Resident #2 and #11 were seen by Psych Services on 8/30/14. 2. The Social Services Director will complete an audit of all current resident's physician orders to ensure all residents with orders for psychiatric services have been seen by psychiatric services. Any identified as not having seen psychiatric services with an order to do so will be seen by psychiatric services by 09/30/14. The Director of Nursing and Assistant Director of Nursing will audit all current resident's physician orders to ensure that all physician orders are being followed. Any identified as not being followed will have	10/1/14



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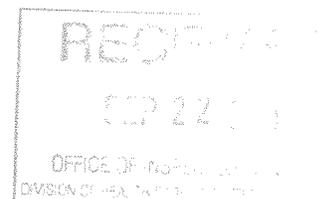
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F 309	Continued From page 5 written. The findings including: The facility did not provide a policy related to following MD orders. 1. Review of the clinical record for Resident #2 revealed the facility admitted the resident on 02/28/14 and re-admitted on 05/13/14 with Diagnosis including Paralysis Agitation, Muscle Weakness, Dementia without behaviors, Anxiety, Depressive, and Parkinson's Disease. Review of the Physician's orders revealed an order was written on 08/15/14 for Psych services to evaluate, then rewritten again on 08/18/14. 2. Review of the medical record for Resident # 11 revealed the facility admitted the resident on 01/21/14 with Diagnosis including Depressive D/O, and Dementia. The Diagnosis of Psychosis was added on 02/04/14. Review of the Physician's orders revealed an order was written on 08/15/14 for Psych Services to evaluate, then rewritten again on 08/18/14. Review of the contracted Psych Services list of residents seen on 08/18/14 revealed Residents #2 and #11 were not seen by Psych Services. Interview with Social Services on 08/21/14 at 9:20 AM revealed Residents #2 and #11 were not seen by Psych Services on 08/18/14. She stated someone from their services came in a few days early to get the list of patients that needed to be seen. She stated the representative came in on 08/15/14 to get the list of patients that need to be	F 309	physician notification for further direction. These audits will be completed by 09/30/2014. 3. The Director of Nursing will re-educate the Social Services Director on 9/17/14 on the Psych Services Consultation Procedure to provide to psychiatric services a resident list of consultants due and exit with psychiatric services to assure evaluations are complete. Social Service Dir. has oversight to the psych services process and Administrator has oversight of the Social Service/Psych Services Process. All Licensed Nurses were re-educated and competency test provided on 9/12/14 by the Director of Nursing or Assistant Director of Nursing on following physician orders or notification of the physician if unable to follow physician orders. This re-education will be completed by 09/30/2014. 4. The Director of Nursing or Assistant Director of Nursing will audit all new orders 5 days a week Monday through Friday to ensure that physician orders are followed. Social Service Director will audit all psych service visitation log to ensure all orders for psych consults ...	



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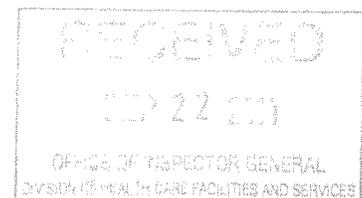
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F 309	Continued From page 6 seen or new patients. She stated there were seven (7) new patients that needed to be seen but only five (5) were seen on 08/18/14 (all but Residents #2 and #11). She stated a total of twenty-nine (29) patients were seen by Psych services on 08/18/14. She stated she was not at the facility on 08/18/14. She stated it was her expectation that all new patients would be seen first. She stated the potential complications to the resident was if they were to be seen due to behaviors or medication adjustments, that would not be done, and there was a potential for continued behaviors and medication interactions. Interview with Nurse Practitioner #3, on 08/21/14 at 4:30 PM, revealed she was the staff at the facility on 08/18/14 for the contracted Psych Services. She stated there was a priority for new patients to be seen first. She stated they received a text e-mail from the facility stating that if not all the patients could be seen then to pass on some of the new consults. NP #3 stated they went to three (3) different facilities that day. She went on to say when they went to the facility on 08/18/14 they visited all patients who had data collected information. She stated NP#1 reported they had two (2) patients that needed to be seen.	F 309	were completed. These audits will be performed monthly for a period of 6 months. The results of these audits will be reviewed with the Quality Assurance Committee monthly for at least six months or until the committee deems resolved. If at any time concerns are identified the committee will convene to review and make further recommendations as needed. The committee will consist of at a minimum, the Director of Nursing, the Administrator, Assistant Director of Nursing, Dietary Services Manager, Social Services Director with the Medical Director and Pharmacy Consultant attending at least Quarterly.		
F 329 SS=E	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	F 329	1. Resident #9 PRN psychotropic medication was Dc'd on 8/28/14. Resident # 2 had a GDR of Risperdal completed on 09/12/14 as well as on 9/8/14 medication of Paxil was changed to Lexapro per Pharm. Recommendation. Resident #11 GDR complete on 9/3/14 order to DC AM dose of Risperdal. The	10/1/14	



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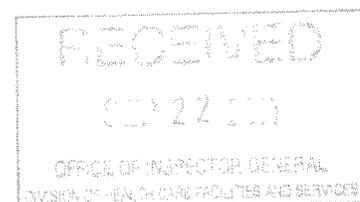
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F 329	<p>Continued From page 7 combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic 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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, facility policy, and pharmacy recommendations, it was determined, the facility failed to ensure residents were free from unnecessary drugs for three (3) of sixteen (16) sampled residents (#2, #9, and #11). The facility failed to do gradual dose reductions, monitor behaviors, and provide an appropriate diagnosis and symptom criteria or behavior for Residents #2 and #11. In addition, the facility failed to discontinue a psychotropic medication that was prescribed on an "as needed" basis and had not been used for two (2) years for Resident #9.</p> <p>The findings include: Review of the facility policy Restraint Process revised 09/13, revealed the purpose of the policy was to allow residents to be free from physical</p>	F 329	<p>Social Services Director noted on 09/12/2014 that there was an appropriate Dx and behaviors are being monitored for resident # 2 and 11.</p> <p>2. An audit of all residents with psychotropic medications will be completed by the Social Services Director by 09/30/14 to identify any resident on psychotropic medications without GDR, without behavior monitoring or without appropriate Dx. Any identified resident will be immediately corrected. On 8/27/2014 the Director of Nursing reviewed all current resident's physician orders for any PRN psychotropic medication not in use, any identified as not in use in the past 60 days the physician was notified and the medication was discontinued.</p> <p>3. The Director of Nursing will re-educate the Social Services Director on 9/17/14 on the following Behavior Management QA process. All behavior or psychotropic care plan interventions must be followed. All new psychotropic medications will be reviewed by the IDT on a</p>		



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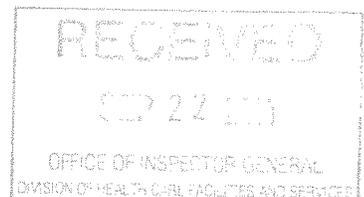
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F 329	Continued From page 8 and chemical restraints unless medically necessary as outlined in the Federal Guidelines. Under the section "Process", the policy states Psychotropic medications will be reviewed per the Resident Assessment Instrument guidelines and attempted reductions will be documented... Continued review of the policy revealed the facility will review all new orders for possible indication of chemical restraint and ensure least restrictive and have pharmacy review for periodic reduction if indicated. 1. Review of the clinical record for Resident #2 revealed the facility admitted the resident on 02/28/14 and re-admitted the resident on 05/13/14 with Diagnosis including Paralysis Agitation, Muscle Weakness, Dementia without behaviors, Anxiety, Depressive, and Parkinson's Disease. Review of the resident's admission medications dated 05/13/14 included Paxil 10 milligram (mg) 1 tab daily, Xanax 0.25 mg three (3) times a day, Risperdal 0.25 mg 1 tab two (2) times a day, Sinemet CR 50-200 mg tablet, 2.5 tablets three (3) times a day, Aricept 5 mg one (1) tablet at bedtime, Sinemet 25-250 one (1) tablet three (3) times a day as needed for breakthrough tremors or stiffness, and Ambien 5 mg at bedtime routine. Further review of the record revealed the medication Risperidone was initiated on 04/03/14 at 0.25 mg two (2) times a day. Review of the Pharmacy recommendations revealed, on 05/23/14 the Pharmacist informed the facility of the federal regulations required for the uses of antipsychotic agents including acceptable conditions, behavioral or psychological symptoms of dementia, and that symptoms or behaviors must present a danger to the resident or others and symptoms must be due to mania or psychosis...or care-planned behavioral	F 329	weekly basis to assure appropriate DX and monitoring is in place. All resident's care plans will be reviewed quarterly including those on psychotropic medications in the IDT care conference to include effectiveness of medication, behavior monitoring and GDR attempts and scheduled GDR including the need for PRN psychotropic medications not in use to be discontinued. GDRs for new admits and quarterly assessments will be reviewed by the IDT team weekly in the weekly QA meeting. The Social Services Director will provide to psychiatric services a resident list of consultants due and exit with psychiatric services to assure evaluations are complete. A competency test of the above will be completed to assure understanding. All Licensed Nursing staff will be re-educated and competency test completed on 9/12/14 on attempt of appropriate intervention prior to use of an as needed or new psychotropic medication as well as		



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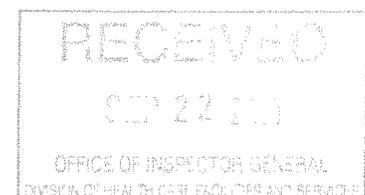
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F 329	Continued From page 9 interventions have been attempted. The Pharmacy recommendation continued on to say please consider reducing the dose and if therapy was continued to indicate the diagnosis listed above and behavior criteria. The only Diagnosis written was Dyskinesia of Parkinson with no documentation of symptoms or behaviors. On 06/16/14 the Pharmacy sent a recommendation that stated Risperidone may worsen Parkinson's and to please document why the medication was an appropriate therapeutic intervention or consider discontinuing the medication. The recommendation went on to say the medication may antagonize Levodopa's effects... and the use of antipsychotics has been found to increase the risk of death in Parkinson's disease. The recommendation gave two (2) other alternate medications to consider. The recommendation stated there needed to be documentation of risk versus benefits and the interdisciplinary team ensured ongoing monitoring for effectiveness and potential adverse consequences. The Nurse Practitioner declined the recommendation and documented Parkinson's disease with Huntington-like dyskinesia responding and improving with Risperidone. Review of the Physician's orders revealed the medication Paxil was increased to 20 mg daily on 07/01/14. Review of the Pharmacy Recommendation dated 07/23/14 revealed the combination of Paxil and Risperidone had a risk of prolonged QT (measure of time between start of Q wave and end of T wave in heart's electrical cycle) interval, (Paxil was just increased). It was recommended the prescriber document risk versus benefits and the IDT was ensuring ongoing monitoring for irregular heartbeat... Again the Nurse Practitioner declined any changes and documented the resident has been on the medication for a long	F 329	documentation of interventions. This education will be completed by 09/30/14 by the Director of Nursing or Assistant Director of Nursing. 4. The Director of Nursing will audit five (5) resident records per week for twelve (12) weeks then five (5) resident records per month for six months to assure there are appropriate Dx, behavior monitoring and GDR attempted as well as other interventions documented prior to use of an as needed or new psychotropic medication and any non used PRN psychotropic medications not in use that have not been discontinued. Dir. of nursing will be reviewing daily in morning meeting all new med orders along with one time and discontinued orders to ensure they were documented in the MAR, plan of care is updated and a nursing note is in the chart. The results of these audits will be reviewed with the Quality Assurance Committee monthly for at least six months or until the committee deems resolved. If at any time concerns are identified the committee will	



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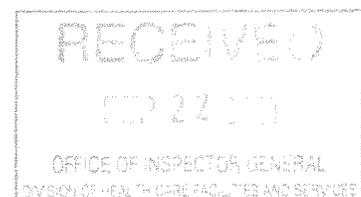
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F 329	<p>Continued From page 10</p> <p>time and if changed, his/her anxiety would increase. Review of the Physician order revealed an order was written on 08/11/14 to monitor the resident's vital signs daily for Tachycardia. In addition, a Psych Consult was ordered on 08/15/14 for the first time.</p> <p>Continued review of the medical record for Resident #2 revealed vital signs daily found the heartbeat in the 90's consistently with occasional 100's. Review of Behavior monitoring from March 2014 through July 2014 found no documentation of mood or behaviors documented. For August 2014, only three (3) days of the month had documentation of behavior observation. The resident did not experience mood or behaviors on those days.</p> <p>Review of the Gradual Dose Reduction (GDR) Tracking Report date July 23, 2014 revealed there had not been any gradual dose reduction attempts for Psychotropic medications for Resident #2 including Anxiolytics, Antidepressants, Antipsychotics, or Hypnotics.</p> <p>Review of the admission Assessment for Resident #2 dated 03/07/14, revealed the facility assessed the resident's cognition, Basic Interview for Mental Status (BIMS) score at eleven (11), moderately impaired. The facility documented no behaviors during the assessment reference period. Review of the Quarterly Minimum Data Set (MDS) Assessment dated 04/25/14, revealed the facility assessed the resident as having no psychosis and no behaviors. A Significant Change assessment was completed for Resident #2 on 05/02/14 and the facility assessed the resident as having no psychosis and no behaviors. The facility completed a Quarterly</p>	F 329	<p>convene to review and make further recommendations as needed. The committee will consist of at a minimum, the Director of Nursing, the Administrator, Assistant Director of Nursing, Dietary Services Manager, Social Services Director with the Medical Director attending at least Quarterly</p>		



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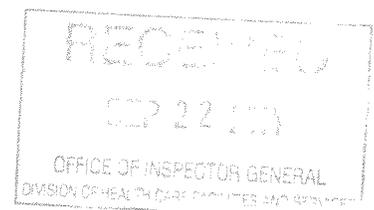
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F 329	<p>Continued From page 11</p> <p>Assessment on 07/03/14 and assessed the resident as having no psychosis or behaviors.</p> <p>Review of the Comprehensive Care Plan initiated on 07/03/14 revealed a Care Plan was developed for Cognitive/Dementia that revealed the facility assessed the resident as interviewable with a BIMS score of 8-12, moderately impaired. The facility initiated a care plan for Behaviors related to the rejection of care issues such as showers/baths on 07/07/14. The approaches included attempted gradual dose reduction of psych medications as clinically appropriate and refer to Psych Services as needed with exacerbation or inability to redirect behaviors. The facility initiated a care plan for Psychotropic Drugs on 07/03/14 with a goal for the lowest therapeutic dose of psychotropic medications, and free from undesired side effects. The approaches included observe for side effects for antianxiety, hypnotic, antidepressants and antipsychotic medications, and the Interdisciplinary Team (IDT) to review the effectiveness of the medication regimen at least quarterly.</p> <p>Observation of Resident #2 on 08/19/14 at 8:10 AM, 11:00 AM, 12:30 PM, 2:00 PM and 3:45 PM, and on 08/20/14 at 7:15 AM and 9:30 AM revealed the resident was up and about in the room without assistance. The resident was calm and cooperative with no tremors or behaviors noted.</p> <p>Interview with Resident #2, on 08/20/14 at 9:30 AM, revealed the resident was aware of where he/she was and the room number. The resident did become tearful stating he/she missed their home and dog. The resident stated staff treated</p>	F 329			



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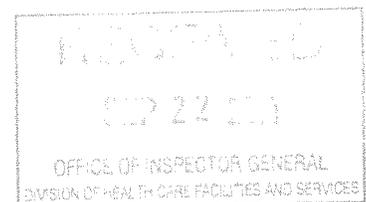
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F 329	<p>Continued From page 12</p> <p>him/her well but complained of anxiety frequently.</p> <p>2. Review of the medical record for Resident # 11 revealed the facility admitted the resident on 01/21/14 with Diagnosis including Depressive D/O, and Dementia. The Diagnosis of Psychosis was added on 02/04/14. Review of the resident's psychotropic medications include: Risperdal 0.5 mg two (2) times a day on admission. On 01/31/14 Zoloft fifty (50) mg was added. The medication Risperdal was decreased to 0.25 mg two (2) times a day as a gradual dose reduction with diagnosis related to psychosis in the absence of Dementia. Continued review of the medical record revealed on 05/23/14 the Pharmacist recommended a gradual dose reduction of Risperidone 0.25 mg at bedtime.</p> <p>Further review of the record revealed the Nurse Practitioner declined the recommendation due to clinically contraindicated and documented the resident was at the lowest effective dose. Review of the Mood and Behavior flow sheet from February 1, 2014 through August 2014, seven (7) days of documented wandering, eight days of rejection of care, and one (1) day of physical behaviors directed at others. Review of the department notes from 02/03/14 through 08/20/14 revealed on 08/18/14 the resident was anxious, crying and having behaviors with call light stating he/she had to go to the bathroom, and "I'm so cold". An indwelling catheter was placed with 400 milliliters of urine returned. The resident was positive for a Urinary Tract Infection. There was no other documentation of any behaviors found. The facility removed the resident's Indwelling Catheter on 08/20/14.</p>	F 329			



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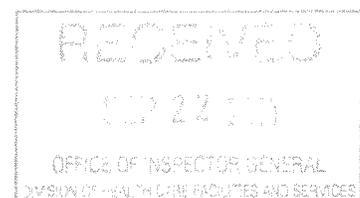
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F 329	<p>Continued From page 13</p> <p>Review of the MDS Admission Assessment dated 01/28/14 for Resident #11 revealed the facility assessed the resident with a BIMS score of fourteen (14), with no indication of psychosis. The facility documented rejection of care one (1) to three (3) days during the lookback period. Review of the Quarterly Assessment dated 07/24/14 revealed the facility assessed the resident with a BIMS score of 10 with no indication of Psychosis, and rejection of care one (1) to three (3) days during the seven (7) day lookback period.</p> <p>Review of the Comprehensive Care Plan for Resident #11 revealed a care plan was initiated on 06/10/14 for Wandering/elopement and rejection of care. The wanderguard was discontinued on 07/23/14. A Care Plan was initiated on 06/09/14 for Psychotropic Drugs with the goal of lowest therapeutic dose of psychotropic medications and free from undesired side effects. Under the section for approaches, the potential side effects were listed for antianxiety, hypnotics, antidepressants and antipsychotics. Urinary retention was listed as a side effect for antidepressant and antipsychotics. Additional approaches were GDR as appropriate, Psych referral as symptoms warrant and IDT to review effectiveness of medication at least quarterly.</p> <p>Interview, on 08/21/14 at 8:45 AM, with Registered Nurse #2 revealed she had never seen Resident #2 with any behaviors but the resident did have severe anxiety. She stated Resident #11 never had Psychosis and was very pleasant with staff. She stated Resident #11 did not like to get out of bed, but was always pleasant. She stated the Nurse Practitioner was</p>	F 329		



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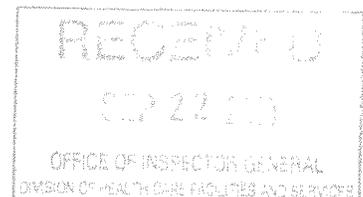
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F 329	<p>Continued From page 14</p> <p>at the facility just about every day and could be reached anytime. She stated if the resident was followed by Psych Services they would speak with nursing staff regarding resident behaviors and psych medications. She stated she did not think Residents #2 and #11 were followed by Psych Services. She stated if the residents were not followed by Psych Services the Nurse Practitioner would discuss with the nurses the residents' behaviors and medications. She stated as far as she knew she had never seen the Pharmacy consultant speak to the Director of Nursing or Assistant Director of Nursing about Residents on Psych medications. RN #2 continued to state she believed many residents were admitted on medications and they just didn't get changed.</p> <p>Interview with Licensed Practical Nurse #4, on 08/21/14 at 8:55 AM, revealed she had not witnessed Residents #2 and #11 have any behaviors or Psychosis. She stated Resident #2 had anxiety. She stated related to Pharmacy reviews, the recommendations go to the Director of Nursing, then the Nurse Practitioner reviewed them and if any new orders were received, it was put on the twenty-four (24) hour report. She stated all new orders were gone over in the morning meeting.</p> <p>Interview with Social Services, on 08/21/14 at 10:20 AM, revealed she was responsible to oversee Psychotropic medication use with the IDTeam at Quality Assessment meetings. She stated she gathered reports for tracking and trending of Psychotropic Drug use as well as everything about gradual dose reductions (GDR). She stated she talked with the Pharmacy Consultant about the GDRs and they discussed it with the Nurse Consultant.</p>	F 329			



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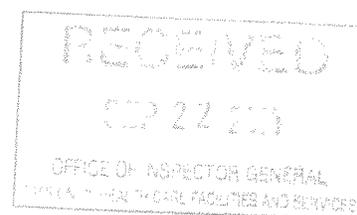
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F 329	Continued From page 15 Interview with the Pharmacy Consultant, on 08/21/14 at 11:15 AM, revealed she visited the facility once a month and informed the Director of Nursing when she was in the building. She stated she completed her reports on the Pharmacy software then transferred the information to the facility. She stated she recommended GDRs based on the residents and for residents on Psychotropic medications without a non-Dementia Diagnosis and that it was required two (2) times within the first six (6) months. She stated if she had a decline in a request for a GDR, she would try again within the next three (3) to six (6) months. She stated she was not involved in monthly meetings with the IDT regarding Psychotropic medications. She stated she had made multiple recommendations for a GDR for Resident #2 but felt she just could not demand the Physician do a GDR. She stated for Resident #11 she requested a GDR but was declined. She stated if the patient had a diagnosis of Psychosis, then the patient should be totally inappropriate. She went on to say she had not attended Quality Assurance for at least six (6) months. She stated she had discussed situations with the Director of Nursing. She stated she had not met with the Medical Director. She stated she gave her reports to the Administrator at the beginning of the year, had completed a report on psychotropic medications, and it was on the high side. Interview with Nurse Practitioner (NP) #1, who worked under the supervision of the Medical Director (MD), on 08/21/14 at 11:35 AM, revealed she reviewed the Pharmacy Review frequently with Psych Services. The recommendations were left to the NP or MD to make the	F 329		



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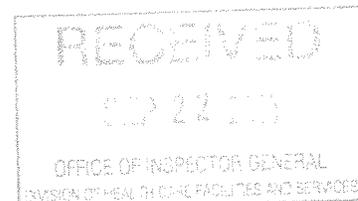
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F 329	<p>Continued From page 16</p> <p>determination to make the changes recommended. She stated the medication Risperidone was "the go to drug of choice" for the Medical Director. She stated, related to Resident #11, she had not found any symptoms of Psychosis. She stated she was aware of the potential side effects of the use of multiple drugs to treat psychotropic conditions including Antidepressants, and Psychotropic medications. She stated she had not attended any Quality Assurance meetings or IDT meetings to discuss Psychotropic medications as she had not been invited and was unsure if the Medical Director had attended.</p> <p>Interview with the Director of Nursing (DON), on 08/21/14 at 4:31 PM, revealed the DON stated she read the recommendations from the Consulting Pharmacist and looked to see if the recommendations had been changed. The DON stated there was a system failure as it pertained to psychotropic medications in the facility. There was no follow through from the Consulting Pharmacist, Doctors, or Nursing staff.</p> <p>3. Review of the clinical record for Resident #9 revealed the facility admitted the resident on 10/06/12 with diagnoses of Asthma, Diabetes Mellitus Type II, Chronic Pain, Hypertension, Psychosis, Paranoid Personality, and Anxiety. Review of the August 2014 medication orders revealed Resident #9 was prescribed Risperdal 0.5 mg (1) every morning and (1) at bedtime for the treatment of Psychosis. Further review of the resident's medications revealed an additional order (start date 11/23/12) for Risperdal 1 mg every six (6) hours as needed (PRN). In addition, the PRN Risperdal order did not specify clinical parameters for administration.</p>	F 329		



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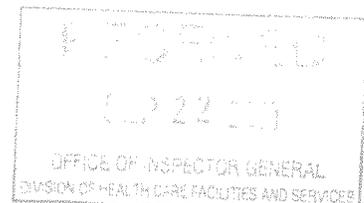
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F 329	Continued From page 17 Review of Resident #9's clinical record revealed two (2) pharmacy consultation reports, dated 12/18/13, and 02/12/14, recommending a GDR of the routine Risperdal and discontinuation of the PRN order. The pharmacy recommendation cited the non-use of the PRN Risperdal as the rationale for discontinuing (D/C) the medication. Further review of the pharmacy consult reports revealed the resident's physician declined both recommendations for discontinuing the PRN Risperdal. Review of the recommendation (dated 02/12/14) for D/C of the PRN Risperdal revealed the resident's physician cited "the patient is often agitated, very nervous, complains of many things. Risperidone at this dose has helped" as the rationale for his/her declination. Continued review of Resident #9's medication administration records (MAR) revealed the PRN Risperdal had not been administered to the resident for the period starting July 2013 and ending July 2014. Observation, on 08/19/14 at 10:35 AM, revealed Resident #9 in the room sitting up in a recliner at bedside. The resident was neatly dressed and groomed. Interview with the resident revealed he/she had no concerns with the temperature or taste of breakfast. The resident stated he/she had been a resident of the facility for two (2) years. The resident further stated he/she had received good care during his/her stay at the facility. Resident #9's family member was sitting at the bedside visiting with the resident. Review of the quarterly Minimum Data Set (MDS), dated 05/12/14, and the annual MDS, dated 11/13/13, revealed the resident had not	F 329			



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(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 329	<p>Continued From page 18</p> <p>exhibited any behaviors for the assessment periods.</p> <p>Review of the Social Service notes revealed documentation the resident had not been exhibiting behaviors for the following assessments: Annual (dated 09/07/13), Annual (dated 11/13/2013), Quarterly (dated 12/14/13), Quarterly (dated 02/24/14), and Quarterly (dated 05/15/14).</p> <p>Review of the clinical record nurses notes revealed Resident #9 had one (1) documented episode of 'agitation' on 11/14/13 at 10:33 AM. Further review of the note for 11/14/13 revealed no documentation of specific exhibited behaviors or attempted non-pharmacological interventions. Review of the nurses' notes (period dated 09/23/13 through 08/19/14) revealed no additional documentation indicating the resident had exhibited behaviors.</p> <p>Interview, on 08/21/14 at 5:10 PM, LPN #2 stated she would administer Resident #9's PRN Risperdal if the resident were "acting restless or anxious". The nurse revealed Resident #9's PRN Risperdal order did not specify indications for use. The LPN stated PRN orders should have clinical parameters so the nurse would know when to give the medication.</p> <p>Telephone interview with the facility's contracted Pharmacy Consultant revealed she was not aware of a clinical rationale for Resident #9's PRN Risperdal. The pharmacist stated a nurse should be required to notify the resident's physician to determine the appropriateness for administration of the medication. She stated the administration of Risperdal would be dependent</p>	F 329		



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 329	<p>Continued From page 19</p> <p>upon the resident's exhibited behaviors. She further stated violent behaviors would be an indication for the use of Risperdal, while a resident attempting to get out of bed would not. The pharmacist revealed January 2013 was the last dispense date for Resident #9's PRN Risperdal. In addition, she revealed she had recommended the physician discontinue the order because of non-use of the medication.</p> <p>Interview with the DON, on 08/21/14 at 3:55 PM, revealed she was aware of the pharmacy recommendation for the discontinuation of Resident #9's PRN Risperdal. The DON stated the pharmacy consult reports were sent to the resident's physician for review. She revealed the Social Services Director (SSD) managed the pharmacy reports once the physician had reviewed and accepted/declined the recommendation. The DON revealed the SSD forwarded to her for review only those recommendations with medication changes. She further revealed she did not review the declinations, which the SSD would file in the resident's medical record. She stated she was not aware there should be guidelines/parameters for the administration of PRN Risperdal. The DON revealed the resident's physician had recently declined the services of the facility's contracted psychiatry group for management of those residents under his care.</p> <p>Continued interview with the DON, on 08/21/14 at 3:55 PM, revealed nurses and Certified Nursing Assistants (CNA) were responsible for documenting all resident behaviors. The DON revealed staff was expected to attempt behavior interventions prior to administering antipsychotic medications to a resident. She revealed nurses</p>	F 329			

