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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>345426</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>09/11/2019</b> |
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| E 000         | Initial Comments  | E 000 |  |         |
| F 000         | INITIAL COMMENTS  | F 000 |  |         |
| F 641<br>SS=D | <p>Accuracy of Assessments<br/>CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments.<br/>The assessment must accurately reflect the resident's status.<br/>This REQUIREMENT is not met as evidenced by:<br/>Based on record review and staff interviews the facility failed to accurately code the Minimum Data Set (MDS) to reflect the discharge status for 1 of 1 sampled residents reviewed for hospitalization (Resident #59).</p> <p>Findings included:</p> <p>Resident #59 was admitted to the facility on 03/18/18 with diagnoses of cardiopulmonary disease and congestive heart failure.</p> <p>A review of a physician's order dated 08/08/19 indicated Resident #59 could discharge home with medications and wheelchair.</p> <p>A review of the physician's discharge summary</p> | F 641 | <p>1. On 9/9/19 resident #59's MDS was updated to accurately reflect the resident's discharge destination by the Minimum Data Set Nurse.</p> <p>2. On 9/10/19 the Region Minimum Data Set Nurse and/or Nursing Supervisor performed quality improvement monitoring of the last 120 days of completed discharge MDS assessments for accurately coding discharge destination. Issues identified were addressed.</p> <p>3. The minimum Data Set Nurse was re-educated by the Regional Minimum Data Assessment Nurse on accurate coding of the MDS on 09/11/2019. On</p> | 10/7/19 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><br>Electronically Signed | TITLE | (X6) DATE<br><b>10/03/2019</b> |
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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 641  | <p>Continued From page 1</p> <p>dated 08/08/19 indicated Resident #59 anticipated to be discharged home on 08/12/19.</p> <p>A review of the discharge summary dated 08/13/19 indicated Resident #59 was discharged home on 08/13/19.</p> <p>A review of a nurse's note indicted Resident #59 was discharged home on 08/13/19.</p> <p>A review of the discharge MDS dated 08/13/19 indicated under Section A. A2100 Discharge Status that Resident #59 was not coded as discharged to the community and was coded as discharged to acute hospital.</p> <p>On 09/09/19 at 3:03 PM an interview was conducted with the Director of Nursing (DON) who stated a traveling MDS nurse coded Resident #59's discharge MDS dated 8/13/19. The DON verified the discharge MDS dated 8/13/19 was inaccurately coded and reflected Resident #59 was discharged to an acute hospital rather than to the community. She stated her expectation was that the discharge MDS dated 8/13/19 would have been accurately coded to reflect Resident #59 was discharged to the community. The DON did not know why Resident #59's discharge MDS had been inaccurately coded to reflect discharge to an acute hospital because he had a planned discharge to home.</p> <p>On 09/09/19 at 3:08 PM an interview was conducted with the Regional MDS Coordinator (RMDSC) who stated the facility had a traveling MDS nurse who coded Resident #59's discharge MDS dated 08/13/19. The RMDSC indicated the traveling MDS nurse miscoded that Resident #59 was discharged to an acute hospital rather than</p> | F 641   | <p>10/02/2019 the Director of Nursing and/or Nursing Supervisor to perform Quality Improvement Monitoring of completed discharge MDS's for accurate coding of discharge destination two times a week for four weeks, then one time a week for eight weeks, and then one time monthly for three months.</p> <p>4. The Executive Director introduced the plan of correction to the Quality Assurance Performance Improvement Committee on 10/03/2019. The Executive Director is responsible for implementing this plan and presenting audits to the committee. The Quality Assurance Performance Improvement Committee members consist of but not limited to Executive Director, Director of Nursing, Staff Development Coordinator, Unit Manager, Social Services, Medical Director, Maintenance Director, Housekeeping Services, Dietary Manager, and Minimum Data Set Nurse and a minimum of one direct care giver. Quality Improvement Quality monitoring schedule modified based on findings every month until substantial compliance is achieved.</p> <p>Date of alleged compliance is 10/07/2019</p> |                      |   |

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| F 641  | Continued From page 2<br>to the community. She stated the discharge MDS dated 8/13/19 would have to be modified and submitted to accurately reflect Resident #59 was discharged to the community.<br><br>On 09/09/19 at 3:35 PM a telephone interview was conducted with the traveling MDS nurse who stated she was responsible for coding Section A. A2100 Discharge Status of Resident #59's discharge MDS. The traveling MDS nurse stated she inaccurately coded that Resident #59 was discharged to an acute hospital rather than to the community on 08/13/19. The traveling MDS nurse stated she knew that Resident #59 had a planned discharge to the community and made an error on the discharge MDS dated 8/13/19.<br><br>On 09/09/19 at 5:12 PM an interview was conducted with the Administrator who stated his expectation was that Resident #59's discharge MDS assessment would have been accurately coded to reflect Resident #59 was discharged to the community rather than to an acute hospital. The Administrator indicated that it might have been human error as to why the traveling MDS nurse miscoded the discharge MDS for Resident #59. | F 641   |   |                      |   |
| F 758<br>SS=D  | Free from Unnec Psychotropic Meds/PRN Use<br>CFR(s): 483.45(c)(3)(e)(1)-(5)<br><br>§483.45(e) Psychotropic Drugs.<br>§483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:<br>(i) Anti-psychotic;<br>(ii) Anti-depressant;  | F 758   |   | 10/7/19              |   |

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| F 758  | <p>Continued From page 3</p> <p>(iii) Anti-anxiety; and<br/>(iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.</p> | F 758   |   |                      |   |

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| F 758  | <p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on record review, staff, and Consultant Pharmacist and Physician interviews the facility failed to ensure a physician's order for as needed (PRN) antianxiety medication was time limited in duration or had justification for continued use for 1 of 5 sampled residents reviewed for unnecessary medication use (Resident #45).</p> <p>The findings include:</p> <p>Resident #45 was admitted to the facility on 08/06/2018 with a diagnosis of anxiety disorder and depression.</p> <p>The annual Minimum Data Set (MDS) assessment dated 08/22/2019 indicated Resident #45 was cognitively intact. Resident #45 received an antianxiety 4 of 7 days.</p> <p>A physician's order dated 07/08/2019 and 08/22/2019 indicated Valium (antianxiety medication) 5mg (milligrams), to give ½ tab for a dose of 2. 5mg by mouth every day at bedtime as needed for anxiety. There was not a 14 day stop date for the PRN Valium order.</p> <p>A review of the Resident #45 Medication Administration Record (MAR) revealed Resident #45 had received Valium 2. 5mg 14 times in July 2019, 7 times in August 2019, and 1 time in September 2019.</p> <p>On 08/22/2019, the Consultant Pharmacist reviewed the Valium PRN order without a stop date that was written on 07/08/2019 and 08/22/2019 for Resident # 45. The Consultant Pharmacist recommended to discontinue PRN</p> | F 758   | <p>F758(Unnecessary Meds)</p> <ol style="list-style-type: none"> <li>Licensed nurse notified the Attending physician of Resident #45 on 08/29/2019 and obtained an order to discontinue PRN(as needed) Valium.</li> <li>On 09/12/2019 through 09/27/2019 Nurse Supervisor completed a QA(Quality Assurance) monitoring of Resident's physician orders for Past 90 days to ensure PRN(as needed) orders for Psychotropic drugs are limited to fourteen days. Issues identified were addressed.</li> <li>On 09/12/2019 through 10/04/2019 the Nurse Supervisor and/or Director of Nursing provided education to Licensed Nurses regarding PRN(as needed) orders for Psychotropic drugs, they are to be limited to fourteen days unless the practitioner believes that the PRN(as needed) order should be extended with rationale documented in the medical record.</li> <li>Starting on 10/02/2019, The Director of Nursing and/or Nurse Supervisor to perform Quality Improvement Monitoring for new orders including Psychotropic PRN(as needed) orders for having a stop date of 14 days two times a week for four weeks, then one time a week for eight weeks, and then one time monthly for three months.</li> <li>The Director of Nursing introduced the</li> </ol> |                      |   |

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| F 758  | <p>Continued From page 5</p> <p>Valium. His recommendation was if the medication could not be discontinued at this time, current regulations required that the prescriber document the indication for use, the intended duration of therapy, and the rational for the extended time. The rationale for the recommendation read: Center for Medicare/Medicaid Services (CMS) requires that PRN orders for non-antipsychotics psychotropic drugs be limited to 14 days unless the prescriber documents the diagnosed specific condition being treated, the rational for the extended time, and the duration for the PRN order.</p> <p>A review of the pharmacist recommendation dated 08/22/2019 revealed that the recommendation was accepted by the Medical Director on 08/22/2019, and was to be implemented as written.</p> <p>An interview with the Medical Director via phone on 09/11/2019 at 9:55 AM revealed that he knew of the CMS regulation for 14 day stop date for psychotropic medications. He further revealed he had received the recommendation from the pharmacist on 08/22/2019 and accepted to discontinue the PRN Valium. He felt the order for PRN Valium for Resident #45 was not transcribed to the medical record to discontinue the medication.</p> <p>An interview with the Consultant Pharmacist on 09/11/2019 at 10:13 AM revealed that he had sent the recommendation on 2 different occasions in July 2019 and August 2019 with no response. He reported that he had not done his medication review for September 2019 and did not know the physician's response.</p> | F 758   | <p>plan of correction to the Quality Assurance Performance Improvement Committee on 10/03/2019. The Executive Director is responsible for implementing this plan and presenting the audits to the committee. The Quality Assurance Performance Improvement Committee members consist of but not limited to Executive Director, Director of Nursing, Staff Development Coordinator, Unit Manager, Social Services, Medical Director, Maintenance Director, Housekeeping Services, Dietary Manager, and Minimum Data Set Nurse and a minimum of one direct care giver. Quality Improvement Quality monitoring schedule modified based on findings every month until substantial compliance is achieved.</p> <p>Date of alleged compliance is 10/07/2019</p> |                      |   |

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| F 758  | <p>Continued From page 6</p> <p>An interview with the Director of Nursing on 09/11/2019 at 10:28 AM revealed that she thought that when the doctor agreed to the pharmacist recommendation for discontinue the Valium then he would have written an order to discontinue the Valium. She reported that she was taking responsibility for not getting a 14 day stop date or have the physician discontinue the medication. She further revealed that in the future she would make sure all recommendations accepted by the physician were followed as written and transcribed onto the medical record. The DON revealed that she did not transcribe the order to discontinue the as needed Valium on the medical record and Resident #45 continued to receive as needed Valium beyond 14 days.</p> <p>An interview with the Administrator on 09/11/2019 at 10:38 AM revealed that he was aware of the CMS regulations regarding PRN antianxiety medications which required a 14 day stop date or a justification for continued use beyond 14 days. He reported that this was human error and the doctor should have spent more time and written the discontinue order for the Valium on to the medical record. His expectation was that the DON should have followed-thru with the physician's acceptance to discontinue the PRN Valium per the pharmacist recommendation.</p> | F 758   |   |                      |   |