STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345277	A. BUILDING _____ B. WING _____	C 09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHEBORO REHABILITATION AND HEALTHCARE CENTER	400 VISION DRIVE ASHEBORO, NC 27203

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E 000	Initial Comments An unannounced recertification and complaint survey was conducted on 9/3/24 through 9/6/24. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# GBV611.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint survey was conducted from 9/3/24 through 9/6/24. Event ID# GBV611. The following intakes were investigated NC00219335, NC00215777, NC00203461, NC00220084, NC00211308, NC00216141, NC00215410, NC00213122 and NC00203469. 0 of the 21 complaint allegations resulted in deficiency.	F 000		
F 641 SS=B	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record reviews, observations and staff interviews, the facility failed to code the Minimum Data Set (MDS) assessment accurately in the areas of range of motion (Resident #21), medications and PASRR (Pre-Admission Screening and Resident Review- Resident #36). This was for 2 of 21 residents reviewed. The findings included: 1. Resident #21 was admitted to the facility on 3/4/24 with diagnoses that included right foot drop and diabetes type 2.	F 641	F 641 Accuracy of Assessments 1. Resident #21, MDS was modified to reflect Functional Limitations of Range of Motion of Impairment to Lower Extremity on both sides. Resident #36, MDS was modified to reflect Level II PASRR conditions: Serious Mental Illness. Resident # 36, MDS was modified to reflect Antipsychotic medication use and identification.	9/30/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/25/2024

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F 641	Continued From page 1 An orthopedic progress note dated 6/26/24 indicated that Resident #21 had contractures present to the left and right lower extremity. A quarterly MDS assessment dated 8/10/24 indicated Resident #21 had intact cognition and was coded with limited range of motion to one side of the upper and lower extremity. An interview occurred with the MDS Nurse on 9/4/24 at 9:49 AM. She reviewed the MDS assessment dated 8/10/24 and indicated it was an oversight not to have coded Resident #21 with limited range of motion to both lower extremities. On 9/4/24 at 1:00 PM, an observation occurred with Resident #21 who was unable to move her right leg at all, the leg remained in a straight position. She had a contracture to the left leg which she was unable to straighten out and right foot drop was also present. On 9/6/24 at 9:14 AM, the Administrator was interviewed and stated it was his expectation for the MDS assessments to be coded accurately. 2a. Resident #36 was admitted to the facility on 02/17/21 with diagnosis that included major depressive disorder and schizophrenia. Review of Resident #36's physician orders included an order initiated on 11/6/23 for an antipsychotic medication to be given two times daily. A review of the July 2024 Medication Administration Record revealed Resident #36 was administered antipsychotic medication daily.	F 641	2. All residents with Functional Limitations of Range of Motion, Level II PASRR Qualified conditions and those receiving psychotherapeutic medications have the potential to be affected. A whole house lookback audit of residents with Functional Limitations of Range of Motion, Level II PASRR Qualified condition and those receiving psychotherapeutic medications was completed by Nurse Leadership designee on 9/6/24. A whole house lookback audit of residents and MDS coding of residents with Functional Limitations of Range of Motion, Level II PASRR Qualified conditions and those receiving psychotherapeutic medications for Identification of residents with Functional Limitations of Range of Motion, Level II PASRR Qualified conditions and those receiving psychotherapeutic medications was completed by Nurse Leadership designee on 9/6/24. 3. Education was completed on or before 9/25/24 by Nurse Practice Educator or designee for licensed nurses (Full-time, Part-time, PRN and Agency) on all shifts and weekends and for Minimum Data Set (MDS) Coordinator regarding Nurse and Minimum Data Set (MDS) Coordinator identification and coding of Functional Limitations of Range of Motion, Nurse, Minimum Data Set (MDS) Coordinator and Social Services Director identification and coding of Level II PASRR, Nurse and Minimum Data Set (MDS) Coordinator identification and coding of	

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F 641	Continued From page 2 An annual Minimum Date Set (MDS) assessment dated 7/9/24 indicated Resident #36's cognition was cognitively impaired. The medications section was coded that she did not receive antipsychotic medication during the 7 -day look back period. On 9/5/24 at 3:28 PM, an interview occurred with the MDS nurse. She explained she had completed the medication section of the MDS and did not code the antipsychotic medication usage section correctly and that it was an oversight. b. A review of the PASRR Level II determination notice dated 3/1/24 indicated Resident #36 was approved for a Level II PASRR. A review of the Resident 36's annual MDS assessment dated 07/9/24 indicated Resident #36 had a diagnosis of Schizophrenia but was not considered by the state level II Preadmission Screening and Resident Review (PASRR) process to have a serious mental illness and/or intellectual disability or a related condition On 9/5/24 at 12:30 PM, an interview occurred with the Social Worker, and she explained that the facility received notification of the change from a Level I to a Level II PASRR in March 2024 but did not code it correctly on the annual MDS. She further indicated that it was an oversight. An interview was completed on 9/6/24 at 9:23 AM with the Administrator and he indicated that the MDS assessments should accurately reflect the resident's status.	F 641	Psychotherapeutic medication usage. Ongoing education to be completed during New Employee Orientation and Annual Education. 4. The Director of Nursing designee will complete an audit of all residents for Contractures and or Functional Limitations of Range of Motion, residents with Level II PASRR Qualified conditions, medication usage and Minimum Data Set (MDS) coding accuracy of assessment for Functional Limitations of Range of Motion, residents with Level II PASRR and Psychotherapeutic medication usage weekly x 4 weeks to begin 9/13/24, then bi-weekly x2 weeks, then monthly x 1 month. Results of these audits will be brought before the Quality Assurance Performance Improvement committee (QAPI) for any additional monitoring or modification of this plan monthly for 3 months for additional recommendations and to ensure the facility remains in compliance. Director of Nursing will be responsible for implementation of the plan.	
F 657 SS=D	Care Plan Timing and Revision	F 657		9/30/24

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F 657	Continued From page 3 CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to revise a smoking care plan to reflect a resident's level of supervision needed for smoking for 1 of 3 residents (Resident #77) reviewed for smoking. The findings included:	F 657	F 657 Care plan Timing and Revision 1. Resident # 77, Care Plan was updated to reflect independent smoking status. 2. All resident smokers have the potential to be affected. A whole house lookback audit of all resident smokers was completed by Nurse Leadership designee	

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F 657	Continued From page 4 Resident #77 was originally admitted to the facility on 7/11/23 with diagnoses which included hemiplegia and hemiparesis following cerebral infarction. Review of Resident #77's quarterly smoking assessment dated 5/8/24 revealed the resident was a safe smoker and did not require supervision. Review of Resident #77's quarterly Minimum Data Set (MDS) dated 7/2/24 revealed the resident was cognitively impaired and required extensive assistance for most activities of daily living (ADL). Review of Resident #77's care plan revised on 7/5/24 revealed the resident required supervision when smoking. An interview with the MDS coordinator on 9/4/24 at 9:28 am revealed Residents #77's care plan should have reflected the resident being an independent smoker and edited when the smoking assessment was completed on 5/8/24. An interview conducted with the Administrator on 9/6/24 at 9:23 am revealed Resident #77's care plan should have been revised to reflect the resident was an independent smoker. The Administrator further revealed resident care plans reflect the residents care and concerns and were expected to be updated.	F 657	on 9/6/24 for Minimum Data Set (MDS) Coordinator and Nurse identification and care planning of residents smoking status. 3. Education was completed on or before 9/25/24 by Nurse Practice Educator or designee for licensed nurses (Full-time, Part-time, PRN and Agency) on all shifts and weekends and Minimum Data Set (MDS) Coordinator regarding Nurse and Minimum Data Set (MDS) Coordinator identification and care planning of all resident smokers smoking status. Ongoing education to be completed during New Employee Orientation and Annual Education. 4. The Director of Nursing designee will complete an audit of all resident smokers and smoking status, weekly x 4 weeks to begin 9/13/24, then bi-weekly x2 weeks, then monthly x 1 month. Results of these audits will be brought before the Quality Assurance Performance Improvement Committee (QAPI) for any additional monitoring or modification of this plan monthly for 3 months for additional recommendations and to ensure the facility remains in compliance. Director of Nursing will be responsible for implementation of the plan.	
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility,	F 658		9/30/24

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F 658	Continued From page 5 as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to transcribe the correct medication administration route for 1 of 1 resident reviewed for gastric feeding tube (Resident #45). The findings included: Resident #45 was admitted to the facility on 9/17/19 with diagnoses that included traumatic brain injury, history of a stroke, dysphagia (difficulty swallowing) and presence of a feeding tube. An annual Minimum Data Set (MDS) assessment dated 7/12/24 indicated Resident #45 had severe cognitive impairment and received all nutrition and fluids via a feeding tube. Review of the active care plan, last reviewed 7/16/24, revealed Resident #45 required tube feeding for all nutrition and fluids. The active September 2024 physician orders included an order dated 6/20/24 for Guaifenesin Liquid 100 milligrams per 5 milliliters. Give 20 milliliters by mouth three times a day for cough/congestion. All other medications were written to be provided through the gastric feeding tube. The physician orders indicated Resident #45 was to have nothing by mouth (NPO). On 9/5/24 at 10:18 AM, an interview was conducted with Nurse #1 who was working the medication cart for Resident #45's hall and had	F 658	F 658 Services Provided Meet Professional Standard 1. Resident # 45, Care Plan and order were updated to reflect NPO/Gastric feeding tube route of nutrition, fluid and medication administration. 2. All residents who receive nutrition, fluids and medications through gastric feeding tube as route of administration have the potential to be affected. A whole house lookback audit of all residents who receive nutrition, fluids and medications through gastric feeding tube as route of administration was completed by Nurse Leadership designee on 9/6/24 for Minimum Data set (MDS) Coordinator and Nurse identification and care planning for residents who receive nutrition, fluids and medications through gastric feeding tube as route of administration. 3. Education was completed on or before 9/25/24 by Nurse Practice Educator or designee for licensed nurses (Full-time, Part-time, PRN and Agency) on all shifts and weekends and Minimum Data Set (MDS) Coordinator regarding Nurse and Minimum Data Set (MDS) identification and care planning of all residents who receive nutrition, fluids and medications through gastric feeding tube as route of	

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F 658	Continued From page 6 administered her medications earlier. The nurse confirmed Resident #45 did not receive any medications by mouth and she had not provided her morning dose of Guaifenesin by mouth. Nurse #1 acknowledged the Medication Administration Record (MAR) read for Guaifenesin to be provided by mouth, which was inaccurate as all medications were provided via the gastric feeding tube. The Assistant Director of Nursing (ADON) was interviewed on 9/5/24 at 2:14 PM. She reviewed Resident #45's physician orders and confirmed the route for Guaifenesin was entered as oral instead of via gastrostomy tube (G-tube/feeding tube). She further explained when entering the medication into the electronic medical system the default route was oral, and she felt it was an oversight that the nurse failed to change the route to G-tube. The ADON stated it was her expectation for all medication administration routes to be entered correctly when the order was received and verified. A phone interview occurred with Nurse #2 on 9/6/24 at 10:13 AM. She was the nurse that verified the Guaifenesin order for Resident #45 on 6/20/24. Nurse #2 explained that she verified the order after it had been entered by the Nurse Practitioner in the Electronic Medical System but failed to change the medication route to gastrostomy tube. She stated the default route was by mouth.	F 658	administration. Ongoing education to be completed during New Employee Orientation and Annual Education. 4. The Director of Nursing designee will complete an audit of all residents who receive nutrition, fluids and medications through gastric feeding tube as route of administration and Minimum Data Set (MDS) Coordinator care planning accuracy weekly x 4 weeks to begin 9/13/24, then bi-weekly x2 weeks, then monthly x 1 month. Results of these audits will be brought before the Quality Assurance Performance Improvement Committee (QAPI) for any additional monitoring or modification of this plan monthly for 3 months for additional recommendations and to ensure the facility remains in compliance. Director of Nursing will be responsible for implementation of the plan.	
F 756 SS=E	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident	F 756		9/30/24

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F 756	Continued From page 7	F 756		

must be reviewed at least once a month by a licensed pharmacist.

§483.45(c)(2) This review must include a review of the resident's medical chart.

§483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.
(i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.
(ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.
(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.

§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.
This REQUIREMENT is not met as evidenced by:
Based on record review and interviews with staff, Pharmacy Consultant and Nurse Practitioner, the

F 756 Drug Regimen, Review, Report Irregular, Act On

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F 756	Continued From page 8 Pharmacy Consultant failed to identify the facility's need to identify target behavioral symptoms, to monitor those symptoms as well as the need to monitor residents for side effects of psychotropic medications (Residents #73, #82 and #68). This was for 3 of 5 residents reviewed for unnecessary medications. The findings included: 1. Resident #73 was originally admitted to the facility on 5/12/23 with a recent readmission date of 4/23/24. Her diagnoses included bipolar disorder, depression, anxiety disorder and unspecified psychotic disorder. A review of Resident #73's medical record revealed the following hospitalization for mental health concerns: " 2/10/24 through 2/12/24 was seen for suicidal ideations. " 3/27/24 through 4/23/24 was seen for bipolar disorder severe with psychotic features. A review of Resident #73's physician orders included an order dated 4/25/24 for Fluphenazine (an antipsychotic medication) 5 milligrams (mg) one tablet by mouth twice a day. A quarterly Minimum Data Set (MDS) assessment dated 7/29/24 indicated Resident #73 was cognitively intact and displayed no behavior issues. Her mood was coded with feeling down, depressed or hopeless 7 out of 10 days during the 14-day look back period. Resident #73 received an antipsychotic medication. Review of the Pharmacy Consultant medication	F 756	1. Resident # 73, Pharmacy identified psychotropic medication (antipsychotic, antianxiety, hypnotic and antidepressant) target behaviors and initiated plan to monitor target behaviors on Pharmacist Review and or on the Pharmacist Interim Mediation Regim Review (IMRR); Facility identified psychotropic medication (antipsychotic, antianxiety, hypnotic and antidepressant) target behaviors and initiated plan to monitor target behaviors with behavior monitoring and side effects orders initiated in PCC web application on 9/6/24. Resident # 82, Pharmacy identified psychotropic medication (antipsychotic, antianxiety, hypnotic and antidepressant) target behaviors and initiated plan to monitor target behaviors on Pharmacist Review and or on the Pharmacist Interim Mediation Regim Review (IMRR); Facility identified psychotropic medication (antipsychotic, antianxiety, hypnotic and antidepressant) target behaviors and initiated plan to monitor target behaviors with behavior monitoring and side effects orders initiated in PCC web application on 9/6/24. Resident # 68, Pharmacy identified psychotropic medication (antipsychotic, antianxiety, hypnotic and antidepressant) target behaviors and initiated plan to monitor target behaviors on Pharmacist Review and or on the Pharmacist Interim Mediation Regim Review (IMRR); Facility identified psychotropic medication (antipsychotic, antianxiety, hypnotic and	

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F 756	Continued From page 9 review notes for Resident #73 from 6/25/24, 7/12/24 and 8/15/24, did not reflect the need for monitoring targeted behaviors and side effects for the use of an antipsychotic medication. A psychiatric progress note dated 8/6/24 indicated Resident #73 endorsed having more episodes of depression, irritability and anxiety. A review of Resident #73's nursing progress notes from 2/1/24 to 9/3/24 included behaviors such as crying, suicidal thoughts, agitation, and restlessness. Resident #73's Medication Administration Records (MAR) from 6/1/24 to 9/3/24 indicated she received Fluphenazine as ordered. The MAR did not list any targeted behaviors or side effects for staff to monitor. An interview with Nurse Practitioner #1 occurred on 9/4/24 at 2:09 PM and stated she would have expected the Pharmacy Consultant to have caught the missing target behaviors and side effect monitoring for Resident #73's antipsychotic medication. A telephone interview was conducted with the Pharmacy Consultant on 9/5/24 at 3:20 PM. She stated she didn't normally review the MARs but reviewed the physician and psychiatric progress notes as well as the nursing notes each month during her medication review. The Pharmacy Consultant stated she understood why target behaviors and side effect monitoring was important in a resident with a history of suicidal thoughts. The Pharmacy Consultant was unable to explain why she did not recommend the need to identify target behaviors and side effect	F 756	antidepressant) target behaviors and initiated plan to monitor target behaviors with behavior monitoring and side effects orders initiated in PCC web application on 9/6/24. 2. All residents receiving psychotherapeutic medications have the potential to be affected. A whole house look back audit of all residents receiving psychotherapeutic medications was completed to ensure identification of target behaviors and initiation of plan to monitor target behaviors were noted in Point Click Care (PCC) and on the Pharmacist Review and or on the Pharmacist Interim Mediation Regim Review (IMRR) was completed by Nurse Leadership designee on 9/6/24 for MDS/Nurse identification and care planning of target behaviors and initiation of plan to monitor target behaviors of those residents receiving psychotherapeutic medications. 3. Education was completed on or before 9/25/24 by Nurse Practice Educator or designee for licensed nurses (Full-time, Part-time, PRN and Agency) on all shifts and weekends and Pharmacist regarding Nurse and Pharmacist identification of target behaviors and initiation of plan to monitor target behaviors on Pharmacist Review and or on the Pharmacist Interim Mediation Regim Review Pharmacist Review (IMRR) and in Point Click Care (PCC). Ongoing education to be completed during New Employee Orientation and Annual Education.	

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F 756	Continued From page 10 monitoring for Resident #73 in her recommendations. 2. Resident # 82 was admitted on 10/27/23 with cumulative diagnoses of depression anxiety, dementia with behavioral disturbances, unspecified psychosis and affective mood disorder. The quarterly Minimum Data Set (MDS) dated 8/2/24 indicated Resident #82 had moderate cognitive impairment, exhibited no behaviors and was coded for the use of an antipsychotic and an antidepressant. Review of Resident #82 September 2024 Physician orders included the following order dated 4/23/24: Seroquel (antipsychotic) Extended Release 24 hour 50 milligrams give one tablet by mouth in the afternoon for dementia with mood/psychotic disturbances. Another order dated 8/1/24 read Sertraline (antidepressant) 50 milligrams give one tablet by mouth at bedtime for dementia with behaviors, depression and anxiety. Review of the medication administration records (MARs) from November 1, 2023 to September 2024 included an order that was not included on the monthly Physician orders that read: Is resident free from side effects of psychotherapeutic medications? (if no, document side effects in progress note every shift-Order Date 11/10/2023. There was no documented evidence of targeted clinical behavior identification and no clarification of what side effects the staff were to monitor with regard to the antipsychotic versus the antidepressant. A review of a Pharmacist Medication Regime Review dated 11/20/23 read there were no	F 756	4. The Director of Nursing designee will complete an audit of all residents receiving psychotherapeutic medications with identification of target behaviors and initiation of plan to monitor target behaviors documented in Point Click Care (PCC) and on the Pharmacist Review and or on the Pharmacist Interim Mediation Regim Review Pharmacist Review (IMRR) weekly x 4 weeks to begin 9/13/24, then bi-weekly x2 weeks, then monthly x 1 month. Results of these audits will be brought before the Quality Assurance Performance Improvement Committee (QAPI) for any additional monitoring or modification of this plan monthly for 3 months for additional recommendations and to ensure the facility remains in compliance. Director of Nursing will be responsible for implementation of the plan.	

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irregularities and no recommendations. This review was completed by the previous Consultant Pharmacist.

A review of Pharmacist Medication Regime Review dated 12/15/23 read to see the monthly report for any noted irregularities. This review was completed by the previous Consultant Pharmacist. The monthly pharmacy reports were requested from the Assistant Director of Nursing (ADON) on 9/4/24 but there was nothing listed on the December pharmacy report and the ADON was not able to locate any pharmacy recommendations dated 12/15/23.

A review of a Pharmacist Medication Regime review dated 1/19/24 read there were no irregularities and no recommendations. This review was completed by the previous Consultant Pharmacist.

A review of a Pharmacist Medication Regime review dated 2/23/24 read there were no irregularities and no recommendations. This review was completed by the current Consultant Pharmacist.

A review of a Pharmacist Medication Regime review dated 3/15/24 read there were no irregularities and no recommendations. This review was completed by the current Consultant Pharmacist.

A review of a Pharmacist Medication Regime review dated 4/24/24 read there were recommendations and to see the monthly report. This review was completed by the current Consultant Pharmacist. Review of the monthly pharmacy report read her recommendation was

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to add a stop date of 5/20/24 to the use of Resident #82's as needed (prn) antipsychotic because they must be limited to 14 days and reevaluated.

A review of a Pharmacist Medication Regime review dated 5/29/24 read there were no irregularities and no recommendations. This review was completed by the current Consultant Pharmacist.

A review of a Pharmacist Medication Regime review dated 6/28/24 read there were no irregularities and no recommendations. This review was completed by the current Consultant Pharmacist.

A review of a Pharmacist Medication Regime review dated 7/13/24 read there were recommendations and to see the monthly report. Review of the monthly pharmacy report read her recommendation was to attempted a gradual dose reduction on Resident #82's antidepressant. This review was completed by the current Consultant Pharmacist.

A review of a Pharmacist Medication Regime review dated 8/16/24 read there were no irregularities and no recommendations. This review was completed by the current Consultant Pharmacist.

An interview was completed with Resident #82 on 9/3/24. She was sitting up in her reclining chair dressed for the day. She was very pleasant and engaging in a conversation regarding her jewelry. There were no observed extrapyramidal symptoms such as movement dysfunction, rigidity, jerking or tremors associated with

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prolonged use of an antipsychotic medications and no drowsiness, dizziness, insomnia or headaches symptoms associated with antidepressants.

An interview was completed on 9/4/24 at 1:54 PM with the ADON who was acting as the Director of Nursing (DON) while she was away. She stated the Consultant Pharmacist reviewed Resident #82's medications for irregularities, accuracy and completeness every month and there was no documentation from the Consultant Pharmacist stating the need to identify her target clinical behaviors or specific side effect monitoring for different psychotropic medications. The ADON stated either the DON or herself reviewed the monthly pharmacy reports and recommendations for all the residents and there was nothing in the monthly reports going back to November 2023 that mentioned anything about the missing monitoring needed on Resident #82.

An interview was completed on 9/4/24 at 2:09 PM with NP #1. She stated she would have expected the Consultant Pharmacist to have caught the missing monitoring and since it had been happening since November 2023, she was concerned for all the residents prescribed psychotropic medications. NP #1 stated when residents in their 90's are prescribed antipsychotics and other psychotropics, they require close monitoring for target clinical behaviors to determine if the identified behaviors improved or not and to see if the resident remains free from adverse side effects.

An interview was completed on 9/5/24 at10:30 AM with Nursing Assistant (NA) #1. She stated she had worked with Resident #82 a long time

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and she was never known her to exhibit any sort of negative behaviors. NA #1 stated Resident #82 was always cooperative and pleasant with her.

An interview was completed on 9/5/24 at 10:40 AM with Nurse #3. She stated at one time sometime after her admission, it was suspected she was "sundowning"(late-day confusion) but Resident #82's behaviors have been under control for months.

A telephone interview was attempted with the previous Consultant Pharmacist but at the time of exit, she had not returned surveyor's calls.

A telephone interview was completed on 9/5/24 at 3:20 PM with the Consultant Pharmacist. She stated when she completes her monthly medication review, she does not normally review the MARs to see if there have been any behaviors but rather she reviews Physician, NP, nursing and Psychiatric notes. She stated after reviewing Resident #82's MARs and only seeing a box to check for behaviors and no side effect monitoring at all, she understood what the missing monitoring was and why target clinical behaviors were important to identify to determine worsening or improvement. She stated both antidepressants and antipsychotics have different side effects and both should be clear on what potential adverse side effects to monitor. She stated she started in February 2024 and that she should have identified this irregularity and acted on it before the now.

An interview was completed on 9/5/24 at 3:50 PM with the Administrator. He stated the Consultant Pharmacist had been reviewing Resident #82's medications monthly for irregularities since

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November 2023 and it was hard to imagine that the previous Consultant Pharmacist and the current Consultant Pharmacist did not identify the missing monitoring needed for the use of psychotropic medications. He stated he expected better from the Consulting Pharmacist.

3. Resident #68 was originally admitted to the facility on 12/30/21 with diagnoses that included generalized anxiety disorder, major depressive disorder, delusional disorders, Alzheimer's disease with late onset, and unspecified psychosis.

A review of Resident #68's physician orders included an order dated 6/27/24 for Olanzapine (an antipsychotic medication) 10 milligrams (mg) half a tablet by mouth twice a day and a physician order dated 6/26/24 for Sertraline (an antidepressant medication) 25 milligrams (mg) one tablet by mouth twice a day.

A quarterly Minimum Data Set (MDS) assessment dated 6/27/24 indicated Resident #68 was cognitively impaired and displayed behaviors of physical, verbal abuse, and wandering. Her mood was coded with feeling down, depressed or hopeless 7 out of 11 days during the 14-day look back period. Resident #68 received antipsychotic and antidepressant medication.

Review of the Pharmacy Consultant medication review notes for Resident #68 from 6/1/24 to 9/3/24 did not reflect the need for monitoring targeted behaviors and side effects for the use of an antipsychotic medication.

A review of Resident #68's social service

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F 756	Continued From page 16 progress note dated 7/24/24 indicated Resident #68 has had an increase in behaviors which included yelling, agitation, aggression with family members and delusions. Resident #68's Medication Administration Records (MAR) from 6/1/24 to 9/3/24 indicated she received Olanzapine and Sertraline as ordered. The MAR did not list any targeted behaviors or side effects for staff to monitor. An interview with Nurse Practitioner #1 occurred on 9/4/24 at 2:09 PM and stated she would have expected the Pharmacy Consultant to have caught the missing target behaviors and side effect monitoring for Resident #68's psychotropic medication. A telephone interview was conducted with the Pharmacy Consultant on 9/5/24 at 3:20 PM. She stated she didn't normally review the MARs but reviewed the physician and psychiatric progress notes as well as the nursing notes each month during her medication review. The Pharmacy Consultant stated she understood why target behaviors and side effect monitoring was important in a resident with a history of mood and behaviors. The Pharmacy Consultant was unable to explain why she did not recommend the need to identify target behaviors and side effect monitoring for Resident #68 in her recommendations.	F 756		
F 758 SS=E	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental	F 758		9/30/24

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processes and behavior. These drugs include, but are not limited to, drugs in the following categories:
(i) Anti-psychotic;
(ii) Anti-depressant;
(iii) Anti-anxiety; and
(iv) Hypnotic

Based on a comprehensive assessment of a resident, the facility must ensure that---

§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;

§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;

§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

§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.

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F 758	Continued From page 18 §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. This REQUIREMENT is not met as evidenced by: Based on record review, staff, Administrator, resident, Nurse Practitioner (NP) #1 and Consultant Pharmacist interviews, the facility failed to identify the targeted clinical behaviors and side effects to be monitored for the use of psychotropic medications for Resident's #82, #73 and #68. The facility also failed to complete a baseline abnormal involuntary movement scale (AIMS) with the initiation of a newly prescribed antipsychotic for Resident #145. This was for 4 of 5 residents reviewed for unnecessary medications. The findings included: 1. Resident # 82 was admitted on 10/27/23 with cumulative diagnoses of depression anxiety, dementia with behavioral disturbances, unspecified psychosis and affective mood disorder. The quarterly Minimum Data Set (MDS) dated 8/2/24 indicated Resident #82 had moderate cognitive impairment, exhibited no behaviors and was coded for the use of an antipsychotic and an antidepressant. Review of Resident #82's comprehensive care included a care area initiated on 10/30/23 and revised on 2/26/24 that read Resident #82 exhibited or was at risk for distressed, fluctuating mood symptoms related to depression, anxiety and affective disorder. She was also care planned initially on 10/30/23 and revised on	F 758	F 758 Free from Unnecessary Psychotropic Meds/PRN Use 1. Resident # 82, Pharmacy identified psychotherapeutic medication (antipsychotic, antianxiety, hypnotic and antidepressant) target behaviors and initiated plan to monitor target behaviors on Pharmacy Review/ Interim Medication Regimen Review; Facility identified psychotropic medication (antipsychotic, antianxiety, hypnotic and antidepressant) target behaviors and initiated plan to monitor target behaviors with behavior monitoring and side effects orders initiated in Point Click Care (PCC)web application on 9/6/24. Resident #145, AIMS Base line Assessment was initiated and completed on 9/4/24. Resident #73, Pharmacy identified psychotherapeutic medication (antipsychotic, antianxiety, hypnotic and antidepressant) target behaviors and initiated plan to monitor target behaviors on Pharmacy Review/ Interim Medication Regimen Review; Facility identified psychotropic medication (antipsychotic, antianxiety, hypnotic and antidepressant) target behaviors and initiated plan to monitor target behaviors with behavior	

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F 758	Continued From page 19 2/26/24 for complications related to the use of psychotropic drugs (antidepressant/antipsychotic). Interventions included AIMS testing per protocol, complete behavior monitoring, gradual dose reductions as needed, monitor for changes in mental status and functional level and report to the Physician as indicated, monitor for the continued need of the medication as related to her behaviors and mood and lastly to monitor for side effects and consult the Physician and/or Pharmacist as needed. Review of Resident #82's Physician orders included the following order dated 4/23/24: Seroquel (antipsychotic) Extended Release 24 hour 50 milligrams give one tablet by mouth in the afternoon for dementia with mood/psychotic disturbances. Another order dated 8/1/24 read Sertraline (antidepressant) 50 milligrams give one tablet by mouth at bedtime for dementia with behaviors, depression and anxiety. Review of the medication administration records (MARs) from November 1, 2023 to September 2024 included an order that was not included on the monthly Physician orders that read: Is resident free from side effects of psychotherapeutic medications? (if no, document side effects in progress note every shift-Order Date 11/10/2023. There was no documented evidence of targeted clinical behavior identification and no clarification of what side effects the staff were to monitor with regard to the antipsychotic versus the antidepressant. Review of Resident #82's nursing notes from November 1, 2023, to September 5. 2024 only include 3 nursing notes regarding behaviors, 2 of which were related to new onset of urinary tract	F 758	monitoring and side effects orders initiated in Point Click Care (PCC)web application on 9/6/24. Resident #68, Pharmacy identified psychotherapeutic medication (antipsychotic, antianxiety, hypnotic and antidepressant) target behaviors and initiated plan to monitor target behaviors on Pharmacy Review/ Interim Medication Regimen Review; Facility identified psychotropic medication (antipsychotic, antianxiety, hypnotic and antidepressant) target behaviors and initiated plan to monitor target behaviors with behavior monitoring and side effects orders initiated in Point Click Care (PCC)web application on 9/6/24. 2. All residents receiving psychotherapeutic medications have the potential to be affected. A whole house look back audit of all residents receiving psychotherapeutic medications was completed to ensure both a Baseline AIMs was completed on admission and every six months and identification of target behaviors and initiation of plan to monitor target behaviors were noted in Point Click Care (PCC) and on the Pharmacist Review and or on the Pharmacist Interim Medication Regim Review (IMRR) Whole house audit completed by Nurse Leadership designee on 9/6/24 for MDS Coordinator, Nurse, and Pharmacist identification, care planning of target behaviors and initiation of plan to monitor target behaviors of those residents receiving psychotherapeutic medications.	

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F 758	Continued From page 20 infections (UTI's). She was prescribed a prophylactic antibiotic by urology for recurrent UTI's on 2/8/24. An interview was completed with Resident #82 on 9/3/24. She was sitting up in her reclining chair dressed for the day. She was very pleasant and engaging in a conversation regarding her jewelry. There were no observed extrapyramidal symptoms such as movement dysfunction, rigidity, jerking or tremors associated with prolonged use of an antipsychotic medications and no drowsiness, dizziness, insomnia or headaches symptoms associated with antidepressants. An interview was completed on 9/4/24 at 1:54 PM with the Assistant Director of Nursing (ADON) who was acting as the Director of Nursing (DON) while she was away. The ADON stated she was aware of the need to identify and monitor target clinical behaviors when a psychotropic medication was added and also needed to monitor specific side effects for psychotropic medications. The ADON stated whoever entered the original order in November 2023, they did not check off specific behaviors for the antipsychotic or the antidepressant from an already computerized list and the same went for the side effect monitoring. When the order was entered, the person should have checked side effects to be monitored with the antipsychotic and the antidepressant. She stated she would start looking at the residents on psychotropic medications today. An interview was completed on 9/4/24 at 2:09 PM with NP #1. She stated she would have expected the facility to have caught the error that had been happening since November 2023 and there was	F 758	3. Education was completed on or before 9/25/24 by Nurse Practice Educator or designee for licensed nurses (Full-time, Part-time, PRN and Agency) on all shifts and weekends, MDS Coordinator and Pharmacist regarding Nurse and Pharmacist ensuring a Baseline AIMs is completed on admission and every six months and identification of target behaviors and initiation of plan to monitor target behaviors on Pharmacist Review and or Interim Medication Regim Review (IMRR) and in Point Click Care (PCC). Ongoing education to be completed during New Employee Orientation and Annual Education. 4. The Director of Nursing designee will complete an audit of all residents including new admissions receiving psychotherapeutic medications to ensure both a Baseline AIMs is completed on admission and every six months and identification of target behaviors and initiation of plan to monitor target behaviors are documented in Point Click Care (PCC) and on the Pharmacist Review and or Interim Medication Regim Review (IMRR) . Audits to be completed weekly x 4 weeks to begin 9/13/24, then bi-weekly x2 weeks, then monthly x 1 month. Results of these audits will be brought before the Quality Assurance Performance Improvement Committee (QAPI) for any additional monitoring or modification of this plan monthly for 3 months for additional recommendations and to ensure the facility remains in compliance.	

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no excuse because when residents in their 90's are prescribed antipsychotics and other psychotropics, they require close monitoring for behaviors to determine if the identified behaviors improved or didn't and to see if the resident remains free for adverse side effects.

An interview was completed on 9/5/24 at10:30 AM with Nursing Assistant (NA) #1. She stated she had worked with Resident #82 a long time and she was never known her to exhibit any sort of negative behaviors. NA #1 stated Resident #82 was always cooperative and pleasant with her.

An interview was completed on 9/5/24 at 10:40 AM with Nurse #3. She stated at one time sometime after her admission, it was suspected she was "sundowning"(late-day confusion) but Resident #82's behaviors have been under control for months.

An interview was completed on 9/5/24 at 3:50 PM with the Administrator. He stated all residents prescribed an antipsychotic or any other kind of psychotropic medication require a diagnosis and identification of the target clinical behaviors for which the psychotropic was prescribed. The Administrator stated monitoring the side effects of antipsychotics was necessary due to the adverse side effects that can occur with use of antipsychotics over time. The Administrator further stated monitoring for side effects with all other psychotropic medications was imperative as well especially in the elderly population.

2. Resident #145 was admitted on 8/13/24 with diagnoses of vascular dementia, major depressive disorder and a cerebral vascular

Director of Nursing will be responsible for implementation of the plan.

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accident (CVA).

His admission Minimum Data Set (MDS) dated 8/19/24 indicated Resident #145 had severe cognitive impairment and exhibited no behaviors. He was coded for the use of an antidepressant.

Resident #145 was care planned on 8/22/24 and revised on 8/29/24 for exhibiting or had the potential to demonstrate verbal/physical behaviors related to: cognitive loss/dementia.

Review of a NP #1 note dated 8/28/24 read staff report Resident #145 was having increased behaviors and agitation.

Review of a Physician order dated 8/28/24 read Seroquel (antipsychotic) 25 milligrams give 1 tablet every 6 hours as needed (prn) for agitation, dementia with behaviors and anxiety x 14 days end date 9/11/24.

Review of Resident #145's August 2024 medication administration record (MAR) and September 2024 MAR indicated he received the as needed Seroquel on 8/30/24, 9/2/24, 9/3/24 and 9/4/24.

Review of Resident #145's medical record did not include a baseline abnormal involuntary movement scale (AIMS) assessment. The AIMS is an assessment done to determine a baseline and periodically assess for involuntary movement that go along with the use of antipsychotic medications.

An interview was completed on 9/4/24 at 1:54 PM with the Assistant Director of Nursing (ADON) who was acting as the Director of Nursing (DON)

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while she was away. The ADON stated she was under the impression that she had 14 days to complete the AIMS assessment since Resident #145 was a new admission. She then stated she would check to make sure and return with an answer.

An interview was completed on 9/4/24 at 2:09 PM with NP #1. She stated she would have expected the facility would completed a baseline AIMS for the use of a prn antipsychotic medication because she was familiar with instances where after the 14 days of using the antipsychotic as needed, the provider often removed the as needed part of the order and prescribed it every day. She stated when that happens, since there was no baseline AIMS completed, there is no reference point to determine if the medication was causing adverse side effects over time.

On 9/4/24 at 2:43 PM, the ADON provided a copy of an AIMS she had completed on 9/4/24 with her electronic signature but was back dated to 8/28/24. When asked why she back dated the AIMS to 8/28/24, she stated she still signed off on it 9/4/24.

An interview was completed on 9/5/24 at 3:50 PM with the Administrator. He stated an AIMS assessment was to be completed at the time a resident was started on an antipsychotic medication in order to establish a baseline for that resident.

3. Resident #73 was originally admitted to the facility on 5/12/23 with a recent readmission date of 4/23/24. Her diagnoses included bipolar disorder, depression, anxiety disorder and unspecified psychotic disorder.

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A review of Resident #73's medical record revealed the following hospitalization for mental health concerns:
" 2/10/24 through 2/12/24 was seen for suicidal ideations.
" 3/27/24 through 4/23/24 was seen for bipolar disorder severe with psychotic features.

A review of Resident #73's physician orders included an order dated 4/25/24 for Fluphenazine (an antipsychotic medication) 5 milligrams (mg) one tablet by mouth twice a day.

A quarterly Minimum Data Set (MDS) assessment dated 7/29/24 indicated Resident #73 was cognitively intact and displayed no behavior issues. Her mood was coded with feeling down, depressed or hopeless 7 out of 10 days during the 14-day look back period. Resident #73 received an antipsychotic medication.

A psychiatric progress note dated 8/6/24 indicated Resident #73 endorsed having more episodes of depression, irritability and anxiety.

A review of Resident #73's active care plan, last reviewed 8/8/24, included the following focus areas:
" Resident exhibits or has the potential to demonstrate verbal behaviors related to ineffective coping skills, poor anger management, poor impulse control and bipolar with mania. The interventions included to monitor medications for side effects and response contributing to verbal behaviors.
" Resident is resistive to care related to mood/psychiatric disorder. Will remove shoes and socks and self-ambulates in room and hall,

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resistive to insulin and personal care.
" Resident exhibits or is at risk for distressed/fluctuating mood symptoms related to bipolar disorder, anxiety, agitation and depression. The interventions included to observe for signs/symptoms of worsening sadness/depression/anxiety/fear/anger/agitation.
" Resident is at risk for complications related to use of psychotropic drugs. The interventions included to complete behavior monitoring, monitor for side effects and consult physician and/or pharmacist as needed and monitor for changes in mental status and functional level and report to physician as indicated.

A review of Resident #73's nursing progress notes from 2/1/24 to 9/3/24 included behaviors such as crying, suicidal thoughts, agitation, and restlessness.

Resident #73's Medication Administration Records (MAR) from 6/1/24 to 9/3/24 indicated she received Fluphenazine as ordered. The MAR did not list any specific behaviors or side effects for staff to monitor.

On 9/4/24 at 1:54 PM, an interview occurred with the Assistant Director of Nursing (ADON), who stated there were options in the Electronic Medical Record to enter the monitoring of behaviors and side effects on the MAR for psychotropic medications and felt it was an oversight that this had not been initiated for Resident #73's antipsychotic medication.

An interview with Nurse Practitioner #1 occurred on 9/4/24 at 2:09 PM and stated she would have expected the facility to monitor specific behaviors and side effects for Resident #73's antipsychotic

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medication.

Nurse #1 was interviewed on 9/5/24 at 2:24 PM and was familiar with Resident #73. She stated Resident #73 has a history of suicidal thoughts, but her current behaviors were more anxious behavior and crying. She stated there were no specific behavior or side effect monitoring for the use of the antipsychotic medication, but nursing staff would document a progress note if any were observed and report to the physician/Nurse Practitioner.

4. Resident #68 was originally admitted to the facility on 12/30/21 with diagnoses that included generalized anxiety disorder, major depressive disorder, delusional disorders, Alzheimer's disease with late onset, and unspecified psychosis.

A review of Resident #68's physician orders included an order dated 6/27/24 for Olanzapine (an antipsychotic medication) 10 milligrams (mg) half a tablet by mouth twice a day and a physician order dated 6/26/24 for Sertraline (an antidepressant medication) 25 milligrams (mg) one tablet by mouth twice a day.

A quarterly Minimum Data Set (MDS) assessment dated 6/27/24 indicated Resident #68 was cognitively impaired and displayed behaviors of physical, verbal abuse, and wandering. Her mood was coded with feeling down, depressed or hopeless 7 out of 11 days during the 14-day look back period. Resident #68 received antipsychotic and antidepressant medication.

Review of Resident #68's comprehensive care included a care area initiated on 12/31/21 and

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revised on 1/30/24 that read Resident #68 exhibited or was at risk for distressed, fluctuating mood symptoms related to depression, anxiety and affective disorder. She was also care planned initially on 12/31/21 and revised on 2/21/24 for complications related to the use of psychotropic drugs (antidepressant/antipsychotic). Interventions included abnormal involuntary movement scale (AIMS)testing per protocol, complete behavior monitoring, gradual dose reductions as needed, monitor for changes in mental status and functional level and report to the Physician as indicated, monitor for the continued need of the medication as related to her behaviors and mood and lastly to monitor for side effects and consult the Physician and/or Pharmacist as needed.

Review of the Pharmacy Consultant medication review notes for Resident #68 from 6/1/24 to 9/3/24 did not reflect the need for monitoring targeted behaviors and side effects for the use of an antipsychotic medication.

A review of Resident #68's social service progress note dated 7/24/24 indicated Resident #68 has had an increase in behaviors which included yelling, agitation, aggression with family members and delusions.

Resident #68's Medication Administration Records (MAR) from 6/1/24 to 9/3/24 indicated she received Olanzapine and Sertraline as ordered. The MAR did not list any targeted behaviors or side effects for staff to monitor.

An interview with Nurse Practitioner #1 occurred on 9/4/24 at 2:09 PM and stated she would have expected the facility to monitor specific behaviors

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