

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

PRINTED: 01/28/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/09/2025
NAME OF PROVIDER OR SUPPLIER IREDELL MEMORIAL HOSPITAL INC			STREET ADDRESS, CITY, STATE, ZIP CODE 557 BROOKDALE DRIVE STATESVILLE, NC 28677		
(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	
E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 758 SS=D	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 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	F 758		2/10/25	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/27/2025

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 758	<p>Continued From page 1</p> <p>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. This REQUIREMENT is not met as evidenced by: Based on record review, and staff, Nurse Practitioner, and Pharmacy Clinical Director interviews, the facility failed to have a documented diagnosis for the use of an antipsychotic medication (Seroquel/quetiapine) for 1 of 5 residents reviewed for unnecessary medications (Resident #54).</p> <p>The findings included:</p> <p>Resident #54 was admitted to the facility on 12/02/24 with diagnoses that included anxiety and hypertension.</p>	F 758	<p>Resident #54 was assessed by provider on 1/9/25 and reviewed medication adding Mood Disorder Diagnosis and noted GDR was not recommended at this time.</p> <p>All residents on psychotropic medications have the potential to be affected by this deficient practice: 1/9/25 All residents with psychotropic medication were reviewed by Director of Nursing to ensure appropriate supporting diagnosis was present for use of medication. No concerns were identified.</p>		

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F 758	<p>Continued From page 2</p> <p>Review of Resident #54's care plan initiated on 12/02/24 revealed she had a care plan for the use of psychotropic medications.</p> <p>A physician order dated 12/02/24 read; quetiapine (an antipsychotic medication) 25mg - give 1 tablet at bedtime. The order was discontinued on 12/08/24.</p> <p>A physician progress note dated 12/08/24 written by Nurse Practitioner #1 read in part; "Patient is requesting scheduled extra strength [acetaminophen] for chronic back pain. She is also requesting something more for insomnia. Seroquel (quetiapine) increased ..."</p> <p>A physician order dated 12/08/24 read; quetiapine 50mg - give 1 tablet at bedtime. The order was discontinued on 12/16/24.</p> <p>Review of Resident #54's admission Minimum Data Set assessment dated 12/09/24 revealed Resident #54 was cognitively intact with no delusions, behaviors, rejection of care, or instances of wandering. Resident #54 was coded as taking antipsychotic medication on a routine basis, a gradual dose reduction had not been attempted and was not clinically contraindicated.</p> <p>A physician progress note dated 12/16/24 written by Nurse Practitioner #2 read in part: "Patient reports she is "feeling great" today. She denies any increase dyspnea or cough. She reports difficulty with sleep since previous admission. Seroquel increased."</p> <p>A physician order dated 12/16/24 read; quetiapine 100mg - give 1 tablet at bedtime.</p>	F 758	<p>For this deficient practice not to re-occur:</p> <p>1.The Medical Director and Nurse Practitioner #1 were re-educated by the Director of Nursing on 1-9-25 regarding Centers for Medicare & Medicaid Services (CMS) guidance for free from unnecessary Psychotropic Medication regulation to ensure residents on psychotropic drugs have appropriate diagnosis to support use of psychotropic medication and residents who use psychotropic drugs receive gradual dose reductions, and behavior interventions, unless clinically contradicted in an effort to discontinue these drugs.</p> <p>2.Pharmacy will be emailing Director of Nursing daily when antipsychotic medications are removed from Omnicell and following up with a weekly antipsychotic report which will be reviewed with our Interdisciplinary Team (IDT) and provider during our weekly RISK Meeting. These results will be forwarded to our Quality Assurance Performance Improvement meeting for recommendations.</p> <p>3.1/17/25 and ongoing an In-service was given to all licensed nurses by Clinical Educator to ensure when completing a medication reconciliation on admission and/or when reviewing the resident's psychotropic medication order there is an appropriate supporting diagnosis that warrants the medication being ordered. Should there not be a diagnosis which warrants the usage of the psychotropic</p>		

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F 758	Continued From page 3 An interview with Nurse #1 on 01/09/25 at 8:55 AM revealed she was familiar with Resident #54 and reported she was aware that she was receiving scheduled quetiapine and stated she was being monitored for potential side effects of the medication. Nurse #1 indicated that she did not see a psychological condition listed in Resident #54's diagnoses that would indicate a reason for her to take quetiapine but reported she was aware that some of the physicians in the hospital used it as a sleep aide. Nurse #1 indicated it appeared as though Resident #54 was being prescribed quetiapine as a sleep aide. An interview with Nurse Practitioner #1 on 01/09/24 at 09:06 AM revealed she was familiar with Resident #54 and stated she was also aware Resident #54 was prescribed a scheduled dose of quetiapine. Nurse Practitioner #1 revealed she believed that Resident #54 had been taking the quetiapine at home prior to her admission to the hospital as a sleep aide. Nurse Practitioner #1 stated she would not typically use quetiapine as a sleep aide but since Resident #54 had admitted to the facility already taking it for help with sleep, she "just continued it." She continued, stating that typically, when a resident transitioned from the acute care side of the hospital to the long-term care side, the pharmacy staff reviewed the resident's medications and would flag any medications that did not have supporting diagnoses for so they can be discontinued, or the resident could be reevaluated for a supporting diagnosis. She stated based on the records she could see in her charting system; it did not appear as though the pharmacy had sent that initial medication review to her with the quetiapine flagged for not having a supporting diagnosis.	F 758	mediation being ordered, to contact a medical provider. 4. The Director of Nursing, Clinical Educator and/or designee will ensure newly hired licensed nurses will receive education during facility orientation prior to working. The facility will ensure that the above-mentioned corrective actions will be carried out and monitored for compliance: The Director of Nursing and/or designee will complete weekly audits of psychotropic medication X 4 weeks then monthly X 4 months. The Director of Nursing and/or designee will report the findings of the monthly audits to the QAPI (Quality Assurance Performance Improvement) Committee for continued compliance and/or revisions until such a time consistent substantial compliance has been achieved. The Director of Nursing will be responsible for monitoring the compliance of this citation. Compliance Date: February 10, 2025		

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F 758	<p>Continued From page 4</p> <p>Nurse Practitioner #1 indicated there did not appear to be an appropriate supporting diagnosis for the continued use of Resident #54's quetiapine.</p> <p>An interview with Pharmacy Clinical Director on 01/09/24 at 11:02 AM revealed that when a resident transitions from acute care to long-term care, they reviewed their medications and flagged any medications that did not have supporting diagnoses so the clinicians could adjust, discontinue, or reevaluate the residents. She stated according to her records, a review was completed on 12/03/24 and they flagged Resident #54's quetiapine for not having a supporting diagnosis. She reported her records indicated the alert was emailed to Nurse Practitioner #1. She stated once they flag the medication, they have no follow-up procedures to ensure the recommendation was addressed and stated if it was not addressed, they would not know until the following monthly medication review was completed.</p> <p>An interview with the Director of Nursing on 01/09/24 at 12:52 PM revealed she was aware of federal regulation that required appropriate diagnoses for the use of antipsychotic medications and the hospital would occasionally prescribe quetiapine as a sleep aide. She also reported most of the time, the residents admitted to her unit were only there for a very short period and so they "continue" the medications they were admitted with. She stated the pharmacy usually notified them, along with the physicians, when there was a lack of a supporting diagnosis for the use of antipsychotics. She stated if the facility would be notified that there was a lack of a supporting diagnosis for the use of</p>	F 758			

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F 758	Continued From page 5 antipsychotics, it would be solely up to the attending physicians to address the discrepancy. The Director of Nursing indicated she was unsure whether the initial medication review occurred and reported the lack of a supporting diagnosis should have been caught by pharmacy and or the physician and addressed.	F 758		