

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

PRINTED: 08/15/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345309	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/24/2014
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG AND REHAB CTR OF HALIFAX CTY			STREET ADDRESS, CITY, STATE, ZIP CODE 101 CAROLINE AVENUE WELDON, NC 27890		
(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 164 SS=D	<p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, medical record review and staff interview the facility failed to provide privacy while administering medications for 1 of 1 resident (Resident #98) observed receiving medications via a feeding tube.</p>	F 164	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal</p>	8/11/14	

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

TITLE

(X6) DATE

Electronically Signed

08/11/2014

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 164	<p>Continued From page 1</p> <p>Findings included:</p> <p>Resident # 98 was admitted to the facility on 6/19/14 and readmitted on 7/18/14 with diagnoses of cerebrovascular accident (CVA), aphasia due to cerebrovascular disease, dysphagia, and received medications through a gastrostomy tube.</p> <p>Review of the resident's initial minimum data set (MDS) dated 7/2/14 revealed she was unable to verbally express herself but was able to understand others.</p> <p>On 7/22/14 at 3:33 pm Resident #98 was observed sitting up in her room with 3 visitors present. The medication nurse (Nurse #1) was observed approaching Resident #98 to administer her medications through her gastrostomy tube. The medication nurse pulled up the resident's dress exposing her upper thighs, her brief and abdomen area and then was observed administering her medications via a gastrostomy tube.</p> <p>During an interview on 7/22/14 at 3:45 pm Nurse #1 stated she failed to provide privacy while administering medication via a feeding tube.</p> <p>During an interview on 7/24/14 at 10:55 AM the Director of Nursing (DON) stated her expectations for the medication nurse was for her to ask the resident's visitors to leave her room while she was providing gastrostomy care to provide privacy.</p>	F 164	<p>and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>Corrective Action for Resident Affected Resident #98 did not receive privacy during medication administration via a feeding tube on 7/22/14. Nurse was in-serviced on 7/22/14 for resident affected.</p> <p>Corrective Action for Resident Potentially Affected All residents have the potential to be affected by this alleged deficient practice. Residents who were able to answer were interviewed by DON by 8/11/14 to ensure that privacy was present for those residents with g-tube medication administration.</p> <p>Systemic Changes An in-service was conducted on 7/29/14 and 8/6/14 by DON. Those who attended all RNs, LPNs, FT, PT, and PRN. Hospice providers were included and in-service on 8/1/14 and 8/5/14 by their directors because they do provide medication administration if needed in the facility. Any in-house staff member who did not receive in-service training by 8/11/14 will not be allowed to work until training has been completed. The in-service topics included ensuring privacy is given when administering medications</p>		

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F 164	Continued From page 2	F 164	<p>via g-tube. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained.</p> <p>Quality Assurance The Director of Nursing, MDSC or Weekend Supervisor will monitor this issue using the "Survey QA Tool to Ensure Privacy". The monitoring will include verifying that during medication passes privacy will be ensured. All g-tube residents we be reviewed weekly. See attached monitoring tool. This will be done daily Monday thru Friday for four weeks and then weekly times three months or until resolved by QOL/QA committee. Reports will be given to the weekly Quality of Life- QA committee and corrective action initiated as appropriate. Results of the audits will then be shared in the Quarterly QA Meeting with the Medical Director with verification of his attendance along with all members of the QA Team and Department Heads.</p> <p>We will be in compliance as of 8/11/14.</p>		
F 272 SS=D	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p>	F 272		8/11/14	

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F 272	<p>Continued From page 3</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following:</p> <ul style="list-style-type: none"> Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment. <p>This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interviews, the facility failed to comprehensively assess residents receiving antipsychotic medications for behaviors for 2 of 3 residents</p>	F 272	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p>		

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F 272	<p>Continued From page 4 (Residents #12 and #100) who were reviewed for antipsychotic drug use.</p> <p>The findings included:</p> <p>1. Resident #12 was admitted to the facility on 5/2/14 with diagnoses of hip fracture, dementia and intellectual disabilities.</p> <p>A review of the admission Minimum Data Set (MDS) dated 5/28/14 revealed the resident was severely mentally impaired with short and long term memory problems. Resident # 12 was assessed as having no behaviors but was checked for receiving antipsychotic medications.</p> <p>Review of the MDS Care Area Assessment Summary (CAAS) dated 5/9/14 revealed Resident #12 received daily scheduled antipsychotic medication related to a history of MR (intellectual disabilities) She had not displayed any increased signs of psychotic behaviors since admission.</p> <p>Review of the Medication Administration Record (MAR) dated for July 2014 revealed Resident #12 was prescribed Risperdal 0.25 mg (milligrams) (a medication for antipsychotic behaviors) at bedtime for MR.</p> <p>A request for the May 2014, June 2014 and July 2014 Behavior Monthly flow sheet revealed the facility did not initiate the flow sheet until July 2014. A review of the Behavior Monthly Flow sheet for July 2014 revealed there was no diagnoses for the Risperdal .25 mg. and no targeted behaviors were noted.</p> <p>The MDS Coordinator stated on 7/23/14 at 10:41</p>	F 272	<p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>Corrective Action for Resident Affected A comprehensive MDS assessment was done for Residents #100 and #12 addressing behaviors for antipsychotic drug use by 8/11/14.</p> <p>Corrective Action for Resident Potentially Affected All residents MDS's who are taking antipsychotic medications were reviewed for behavior evaluation. If the MDS did not reflect behaviors the care plan was updated for behaviors and will be addressed in their next scheduled MDS.</p> <p>Systemic Changes An in-service was conducted on 7/28/14 by MDS Consultant. Those who attended were the Interdisciplinary Team including Administrator, DON, MDSC, Social Services, Activities Director and Dietary Manager. Any MDS team member who did not receive in-service training by 8/11/14 will not be allowed to work until training has been completed. The in-service topics included: appropriate working of CAA's to ensure CAA information is accurate, individualized, and reflects the resident's issues,</p>		

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F 272	<p>Continued From page 5</p> <p>AM that Resident #12 was admitted to the facility on an antipsychotic medication but she did not have a diagnoses and there were no behaviors documented in the initial MDS assessment.</p> <p>On 7/23/14 at 1:31 PM Resident #12 was observed in her room reclined in her Geri chair screaming out when Nursing Assistant (NA#1) touched her to provide care. NA#1 stated the resident always yelled out when anyone touched her and that behavior had been happening since she had been admitted to the facility.</p> <p>On 7/23/14 at 2:45 PM the resident's nurse (Nurse #2) stated Resident #12 screamed out when she was touched and when she was asked if she wanted a bath. Nurse #2 stated when the resident was admitted, "She came into the door screaming."</p> <p>On 7/24/14 at 11:22 AM the Social Worker stated that on admission if a resident was on an antipsychotic medication the nurses initiated a behavior flow sheet. The Social Worker further stated she was the person that completed the behavior part of the MDS assessment. She stated she completed the 5-day admission, 14-day and 30-day assessment for behaviors. She stated she would look at the Behavior Monthly flow Sheets and if nothing was documented then she would interview the Nurses or Nursing Assistance for behaviors. The Social Worker further stated Resident # 12 did not have any behaviors reported to her and so she did not trigger for behaviors and was not care planned. The Social Worker was not aware that the resident did have behaviors.</p> <p>On 7/23/14 at 10:27 am the Director of Nursing</p>	F 272	<p>conditions and strengths; the CAAs are completed after the completion of all portions of the MDS by the IDT; triggered CAAs should be worked with the rational to either care plan or not care and should match the items on the care plan for treatment of underlying cause(s) to the extent possible, aimed at addressing the complications and improving the resident's outcome. Triggered CAAs also indicate areas of resident's strengths and possible approaches to improve function or minimize decline.</p> <p>Quality Assurance The MDSC will monitor this issue using the "Survey QA Tool for Behaviors reflected in the MDS". The monitoring will include verifying that MDS assessments are audited prior to submission to ensure behaviors are assessed for residents with antipsychotics on the MDS. All residents with behaviors will be reviewed. See attached monitoring tool. This will be done weekly times three months or until resolved by QOL/QA committee. Reports will be given to the weekly Quality of Life-QA committee and corrective action initiated as appropriate. Results of the audits will then be shared in the Quarterly QA Meeting with the Medical Director with verification of his attendance along with all members of the QA Team and Department Heads.</p> <p>We will be in compliance as of 8/11/14.</p>		

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F 272	<p>Continued From page 6</p> <p>DON stated Resident #12 had come to the facility on an antipsychotic medication for MR and was unaware of the resident having behaviors until recently when she had a fall.</p> <p>2. Resident #100 was originally admitted to the facility on 7/3/14 with diagnoses including Dementia with behavioral disturbances, Depressive Disorder and Anxiety.</p> <p>A review of the admission Minimum Data Set (MDS) dated 7/11/14 revealed Resident # 100 had not been assessed for behaviors. There was nothing checked for behaviors. Resident # 100's MDS was checked for receiving antipsychotic medications.</p> <p>Review of the MDS Care Area Assessment summary (CAAS) dated 7/11/14 revealed Resident #100 had received scheduled antipsychotic mediation since admission. According to the Care Area Assessment Summary, Resident # 100 received antipsychotic and antidepressant medications due to a diagnosis of dementia with delirium, Altered Mental Status and depression. He had not displayed any signs of psychotic behaviors since admission.</p> <p>Resident #100 did not trigger for behaviors and was not care planned for behaviors or antipsychotic medication use.</p> <p>Review of Resident #100's Medication Administration Record (MAR) dated July, 2014 revealed the resident was prescribed Seroquel 25 mgs. (medication for psychotic behaviors) at bedtime. The MAR also revealed that Resident #100 was prescribed Haldol 2 mgs. (a medication</p>	F 272			

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F 272	Continued From page 7 used for psychotic behaviors) three times daily as needed for agitation. During an interview on 7/22/14 at 3:25 PM Nursing Assistant # 1 stated she had not observed Resident # 100 exhibit any behaviors. She revealed that he had not resisted care. During an observation on 7/23/14 at 9:00 AM Resident # 100 was awake in bed laying with his arms folded across his chest. He was not exhibiting any behaviors. During an interview on 7/23/14 at 10:10 AM, Nursing Assistant # 2 revealed that Resident #100 sometimes resisted care and he would talk ugly. She stated that when Resident # 100 resisted care she would come back later and try to provide care again. During an observation on 7/23/14 at 3:22 PM, Resident # 100 was laying in his bed asleep. During an interview on 7/24/14 at 9:18 AM, the MDS (Minimum Data Set) Coordinator stated when she initiated Resident #100 ' s MDS she did see any behavioral issues and behavior did not flag in the Care Area Assessment of the MDS. She revealed that there were no specific behaviors targeted when she did the MDS assessment. She stated that Resident #100 had a diagnosis of Dementia, Depressive Disorder and Anxiety. The MDS Coordinator revealed that when she did an assessment for a resident on antipsychotic medication she would review the resident ' s discharge summary to see if there was anything about dementia or altered mental status and she would do the care plan. She said she saw a diagnosis for dementia, but she did not see anything about behaviors. The MDS Coordinator revealed that Nurses and Nursing Assistants document behaviors and they were followed up by the Social Worker. In reference to monitoring behaviors the MDS Coordinator stated	F 272			

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F 272	<p>Continued From page 8</p> <p>that if Resident # 100 was acting out, such as screaming or being combative, the Social Worker would follow up, the Nurses would follow up with the doctor and the Psychiatrist would follow up. The MDS Coordinator explained that the specific condition that Resident #100 was receiving Seroquel was for Dementia with behavior, Depressive Disorder and Anxiety. She stated that Resident #100 received Haldol for agitation and anxiety. She revealed that the behavior monitoring systems or tools were on the Nurse ' s medication cart.</p> <p>During an interview on 7/24/14 at 10:40 AM, the Staff Nurse # 1 stated that Resident #100 had not had a behavior flow sheet to track his behaviors since he was admitted to the facility. She revealed that Resident # 100 would yell out on first shift. She stated that she also did not have the flow sheet to document the side effects of Resident # 100 ' s medications.</p> <p>During an interview and observation on 7/24/14 at 10:54 AM, Resident # 100 was observed lying on his bed in his room with his light out. He requested that his light be turned on during the interview. Resident # 100 acknowledged that his nurse reviewed his medication with him. He revealed that he did not know why he was receiving Seroquel and Haldol. He said he did not have any pain, but he did not feel good. He said he did not think he needed the Seroquel and Haldol medications.</p> <p>During an interview on 7/24/14 at 11:10 AM, the Corporate MDS Coordinator stated that Resident # 100 had a behavior flow sheet but it was not on the Medication Administration Record (MAR) or on the nurse ' s medication cart so nurses had not been documenting behaviors. She revealed that the behavior flow sheets did not get implemented when Resident # 100 was admitted to the facility.</p>	F 272			

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F 272	Continued From page 9 She stated Resident # 100 received mostly Haldol for agitation. She revealed that antipsychotic medication triggered on the MDS but not behaviors. During an interview on 7/24/14 11:19 AM, the facility Social Worker stated that when residents were admitted on antipsychotic medications the nurses started a behavior monitoring sheet and when she did her 5 day, 14 day and 30 day assessments she looked at the behavior monitoring sheets and if nothing was written, she would interview the nurses and nursing assistants about resident ' s behaviors. In reference to monitoring resident ' s behaviors she stated she does not receive behavior monitoring sheets. She explained that when it was time to do the Minimum Data Set (MDS), she did her part for behaviors. She stated that with Resident #100 she was definitely looking out for behaviors, but she had not seen the behaviors he exhibited before he was admitted to the facility. She revealed that Resident # 100 had a little agitation and she was aware that he got Haldol for behaviors. During an observation on 7/24/14 at 2:30 PM, Resident#100 transferred himself from his bed to his wheelchair and then transferred himself back to his bed again. He was not exhibiting any behaviors. During an interview on 7/23/14 at 10:27 AM the Director of Nursing (DON) stated Resident #100 was admitted to the facility on an antipsychotic medication for Dementia. The DON further stated Resident # 100 had not been seen by the Psychiatric Consultant.	F 272			
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS	F 279		8/11/14	

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F 279	<p>Continued From page 10</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interviews, the facility failed to develop a care plan for a resident receiving antipsychotic medications for behaviors for 1 of 3 residents, (#100) reviewed for antipsychotic medication use.</p> <p>The findings included:</p> <p>1. Resident #100 was originally admitted to the facility with diagnoses including Dementia with behavioral disturbances, Depressive Disorder and Anxiety.</p> <p>A review of the admission Minimum Data Set (MDS) dated 7/11/14 revealed Resident # 100</p>	F 279	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>Corrective Action for Resident Affected</p>		

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F 279	<p>Continued From page 11</p> <p>had not been assessed for behaviors. There was nothing checked for behaviors. Resident # 100's MDS was checked for receiving antipsychotic medications.</p> <p>Review of the MDS Care Area Assessment summary (CAAS) dated 7/11/14 revealed Resident #100 had received scheduled antipsychotic medication since admission. According to the Care Area Assessment Summary, Resident #100 received antipsychotic and antidepressant medications due to diagnoses of dementia with delirium, altered mental status and depression. He had not displayed any signs of psychotic behaviors since admission.</p> <p>Resident #100 did not trigger for behaviors and was not care planned for behaviors.</p> <p>Review of Resident #100's Medication Administration Record (MAR) dated July, 2014 revealed the resident was prescribed and received Seroquel 25 mgs. (milligrams) (a medication for psychotic behaviors) daily at bedtime. There was no diagnosis listed on the MAR for Seroquel. The MAR also revealed that Resident #100 was prescribed Haldol 2 mgs. (milligrams) (a medication used for psychotic behaviors) three times daily as needed for agitation. According to the MAR, Resident #100 received Haldol 2mgs. on 7/10/14, 7/11/14 and 7/14/14 for agitation.</p> <p>During an interview on 7/22/14 at 3:25 PM Nursing Assistant # 1 stated she had not observed Resident # 100 exhibit any behaviors. She revealed that he had not resisted care. During an observation on 7/23/14 at 9:00 AM Resident # 100 was awake in bed laying with his arms folded across his chest. He was not</p>	F 279	<p>Resident # 100's care plan was developed for receiving antipsychotic medication for behaviors.</p> <p>Corrective Action for Residents Potentially Affected All residents on Antipsychotics have the potential to be affected by this alleged deficient practice. All residents receiving Antipsychotic medications for behaviors were reviewed to ensure it was addressed on care plan. All residents with Antipsychotics will be reviewed by 8/11/14.</p> <p>Systemic Changes An in-service was conducted on 7/28/14 by the MDS consultant. Those who attended were the Interdisciplinary Team including Administrator, DON, MDSC, Social Services, Activities Director, and the Dietary Manager. The hospice providers were provided with an in-service about antipsychotics and that it needs to be included in care plan. Any care plan team member who did not receive in-service training by 8/11/14 will not be allowed to work until training has been completed. The in-service topics included care plans needing to address any resident on antipsychotics with an approved diagnosis, monitoring behaviors, non-medication interventions specific to the resident, and monitoring of side effects. The care plans will be updated daily and as needed with any acute issues such as medication changes that need to be care planned. This information has been integrated into the standard orientation training and in the</p>		

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F 279	Continued From page 12 exhibiting any behaviors. During an interview on 7/23/14 at 10:10 AM, Nursing Assistant # 2 revealed that Resident #100 sometimes resisted care and he would talk ugly. She stated that when Resident # 100 resisted care she would come back later and try to provide care again. During an observation on 7/23/14 at 3:22 PM, Resident # 100 was laying in his bed asleep. During an interview on 7/24/14 at 9:18 AM, the MDS Coordinator revealed that nurses and nursing assistants document behaviors and they were followed up by the Social Worker. In reference to monitoring behaviors the MDS Coordinator stated that if Resident # 100 was acting out, such as screaming or being combative, the Social Worker would follow up, the nurses would follow up with the doctor and the psychiatrist would follow up. The MDS Coordinator explained that the specific condition that Resident #100 was receiving Seroquel was for Dementia with behavior, Depressive Disorder and Anxiety. She stated that Resident #100 received Haldol for agitation and anxiety. She revealed that the monitoring systems or tools were on the nurse ' s medication cart. During an interview on 7/24/14 at 10:40 AM, the Staff Nurse # 1 stated that Resident #100 had not had a behavior flow sheet to track his behaviors since he was admitted to the facility on 7/3/14. She revealed that Resident # 100 would yell out on first shift. She stated that she also did not have the flow sheet to document the side effects of Resident # 100 ' s medications. During an interview and observation on 7/24/14 at 10:54 AM, Resident # 100 was observed lying on his bed in his room with his light out. He requested that his light be turned on during the interview. Resident # 100 acknowledged that his	F 279	required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained. Quality Assurance The Director of Nursing or MDSC will monitor this issue using the "Survey QA Tool for Comprehensive Care Plans". The monitoring will include verifying that residents newly admitted, readmitted, or changes in antipsychotics will be reviewed during QOL with updated care plans for antipsychotics. See attached monitoring tool. This will be done weekly for three months or until resolved by QOL/QA committee. Reports will be given to the weekly Quality of Life- QA committee and corrective action initiated as appropriate. Results of the audits will then be shared in the Quarterly QA Meeting with the Medical Director with verification of his attendance along with all members of the QA Team and Department Heads. We will be in compliance by 8/11/14		

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F 279	<p>Continued From page 13</p> <p>nurse reviewed his medication with him. He revealed that he did not know what Seroquel and Haldol were for. He said he did not have any pain, but he did not feel good. He said he did not think he needed the medication.</p> <p>During an interview on 7/24/14 at 11:10 AM, the Corporate MDS Coordinator stated that Resident # 100 had a behavior flow sheet but it was not on the Medication Administration Record (MAR) or on the nurse ' s medication cart so nurses had not been documenting behaviors. She revealed that the behavior flow sheets did not get implemented when Resident # 100 was admitted to the facility. She stated Resident # 100 received mostly Haldol for agitation. She revealed that antipsychotic medication triggered on the MDS but not behaviors.</p> <p>During an interview on 7/24/14 11:19 AM, the facility Social Worker stated that when residents were admitted on antipsychotic medications the nurses started a behavior monitoring sheet and when she did her 5-day, 14-day and 30-day assessments she looked at the behavior monitoring sheets and if nothing was written, she would interview the nurses and nursing assistants about the resident ' s behaviors. In reference to monitoring resident ' s behaviors she stated she does not receive behavior monitoring sheets. She explained that when it was time to do the Minimum Data Set (MDS), she did her part for behaviors. She stated that with Resident #100 she was definitely looking out for behaviors, but she had not seen the behaviors he exhibited before he was admitted to the facility. She revealed that Resident # 100 had a little agitation and she was aware that he got Haldol for behaviors.</p> <p>During an observation on 7/24/14 at 2:30 PM, Resident#100 transferred himself from his bed to</p>	F 279			

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F 279	Continued From page 14 his wheelchair and then transferred himself back to his bed again. He was not exhibiting any behaviors. During an interview on 7/23/14 at 10:27 AM the Director of Nursing (DON) stated Resident #100 was admitted to the facility on an antipsychotic medication for Dementia. The DON further stated Resident # 100 had not been seen by the Psychiatric Consultant.	F 279			
F 329 SS=D	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.	F 329		8/11/14	

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F 329	<p>Continued From page 15</p> <p>This REQUIREMENT is not met as evidenced by: Based on facility policy, record review, observation, interviews with resident, staff and the pharmacist, the facility failed to ensure that a resident ' s drug regimen was free from unnecessary medication by administering antipsychotropic medications without indication for use to 3 of 5 residents (Residents #12, 52 and 100) reviewed for unnecessary medications.</p> <p>The findings included:</p> <p>1. A review of the facility policy "Psychotropic Drugs" dated October 1, 2001 read in part, " II. Appropriateness of Use: Based on a comprehensive assessment, residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition.</p> <p>a. Specific behaviors as quantitatively and objectively documented by the Facility which causes the residents to: -represent danger to them. -represent danger to others (including staff), or -actually interferes with the staff ' s ability to provide care.</p> <p>Antipsychotic drugs should not be used if one or more of the following is/are the only indication: restlessness, crying out, yelling or screaming, nervousness or uncooperativeness</p> <p>If an antipsychotic drug is being used in the absence of a diagnosis or specific behavior, then the antipsychotic review committee will ask the physician to review the medication plan and</p>	F 329	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>Corrective Action for Resident Affected Resident's # 12, 52, and 100 did not have indication for use for antipsychotic medications. Diagnoses were provided for resident's # 12, 52, and 100 by 8/1/14.</p> <p>Corrective Action for Resident Potentially Affected All residents on Antipsychotics have the potential to be affected by this alleged deficient practice. All residents on Antipsychotics were reviewed to ensure they had diagnoses by 8/11/14.</p> <p>Systemic Changes All staff was in-serviced on 7/29/14 and 8/6/14 by the DON. Those who attended all RNs, LPNs, and CNAs, FT, PT, and PRN. Hospice providers were included because they do provide care and observation in the facility. Any in-house staff member who did not receive in-service training by 8/11/14 will not be</p>		

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F 329	<p>Continued From page 16 consider a gradual dose reduction. "</p> <p>Resident #12 was admitted to the facility on 5/2/14 with diagnoses of dementia and MR (intellectual disabilities).</p> <p>A review of the admission Minimum Data Set (MDS) dated 5/28/14 revealed the resident was severely mentally impaired with short and long term memory problems. Resident # 12 was assessed as having no behaviors but was checked for receiving antipsychotic medications.</p> <p>Review of the MDS Care Area Assessment summary (CAAS) dated 5/9/14 revealed Resident #12 received daily scheduled antipsychotic medication related to a history of MR (intellectual disabilities) She had not displayed any increased signs of psychotic behaviors since admission.</p> <p>Review of the Medication Administration Record (MAR) dated for July 2014 revealed Resident #12 was admitted to the facility on Risperdal 0.25 mg. (milligrams) (a medication for antipsychotic behaviors) at bedtime for MR.</p> <p>Monograph for Risperdal (Risperidone) excerpted from LexiComp 's Geriatric Dosage Handbook, 17th edition. " Pharmacologic Category: Antipsychotic Agent. Use: Treatment of schizophrenia, treatment of acute mania or mixed episodes associated with bipolar disorder; treatment of irritability/aggression associated with autistic disorder.</p> <p>Warnings Precautions: Elderly patients with dementia-related psychosis treated with antipsychotics are at an increased risk of death compared to placebo.</p>	F 329	<p>allowed to work until training has been completed. The in-service topics included ensuring monitoring sheets and targeted behaviors are done and assessed at admission, readmission, and any changes in orders. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained.</p> <p>Quality Assurance The Director of Nursing or MDSC will monitor this issue using the "Survey QA Tool for targeted behaviors and flow sheets ". The monitoring will include verifying that admissions, readmissions, and orders for antipsychotics reviewed daily for appropriate diagnoses. All residents with Antipsychotics will be reviewed. See attached monitoring tool. This will be done weekly for three months or until resolved by QOL/QA committee. Reports will be given to the weekly Quality of Life- QA committee and corrective action initiated as appropriate. Results of the audits will then be shared in the Quarterly QA Meeting with the Medical Director with verification of his attendance along with all members of the QA Team and Department Heads.</p> <p>We will be in compliance by 8/11/14.</p>		

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F 329	<p>Continued From page 17</p> <p>Risperdal is not approved for the treatment of dementia-related psychosis. "</p> <p>A request for the May 2014, June 2014 and July 2014 Behavior Monthly Flow Sheet revealed the facility did not initiate the flow sheet until July 2014. A review of the Behavior Monthly Flow Sheet for July 2014 revealed there was no diagnosis for the Risperdal 0.25 mg.</p> <p>On 7/23/14 at 8:45 AM Resident #12 was observed beside the nurses station reclined in her Geri chair with no behaviors.</p> <p>The Minimum Data Set (MDS) Coordinator stated on 7/23/14 at 10:41 AM that Resident #12 was admitted to the facility on an antipsychotic medication but she did not have a diagnosis and there were no behaviors documented in the initial MDS assessment.</p> <p>On 7/23/14 at 1:31 PM Resident #12 was observed in her room reclined in her Geri chair screaming out when Nursing Assistant (NA#1) touched her to provide care. NA#1 stated that the resident always yells out when anyone touches her. NA#1 further stated " She has screamed out since she has been admitted to the facility. "</p> <p>On 7/23/14 at 2:45 PM Resident #12 ' s Nurse (Nurse #2) stated Resident #12 screamed out when she was touched, when staff turned her and when she was asked if she wanted a bath. Nurse #2 stated the family had informed her that the resident had a long history of yelling out and screaming and when the resident was admitted the nurse stated, " She came into the door screaming. "</p>	F 329			

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F 329	<p>Continued From page 18</p> <p>On 7/23/14 at 10:27 AM the Director of Nursing (DON) stated Resident #12 was admitted to the facility on an antipsychotic medication for MR and was unaware of the resident having behaviors until recently when she had a fall. The DON further stated Resident #12 had not been seen by the Psychiatric Consultant due to her not having any behaviors.</p> <p>Review of the Consultant Pharmacist reports for May 2014, June 2014 and July 2014 revealed she had not notified the facility that the resident did not have a diagnosis for the use of Risperdal and had not notified them that there were no targeted behaviors listed on the behavior flow sheet.</p> <p>On 7/23/14 at 11:05 AM the Consultant Pharmacist stated she had identified there was no diagnosis for the Risperdal on admission but had not notified the facility because she was waiting for the facility to have a psychiatric consult for a diagnoses or the physician to give a diagnosis. The Consultant Pharmacist stated she did review the behavior monitoring sheets when they were available to her but was not aware of the resident having any targeted behaviors.</p> <p>2. A review of the facility policy " Psychotropic Drugs " dated October 1, 2001 read in part, " II. Appropriateness of Use: Based on a comprehensive assessment, residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition.</p> <p>a. Specific behaviors as quantitatively and objectively documented by the Facility which causes the residents to:</p>	F 329			

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F 329	<p>Continued From page 19</p> <ul style="list-style-type: none"> -represent danger to them. -represent danger to others (including staff), or -actually interferes with the staff ' s ability to provide care. <p>If an antipsychotic drug is being used in the absence of a diagnosis or specific behavior, then the antipsychotic review committee will ask the physician to review the medication plan and consider a gradual dose reduction."</p> <p>Resident #52 was admitted to the facility on 5/30/14 with diagnoses of dementia without behavior disturbances, encephalopathy, depressive disorder and anxiety.</p> <p>A review of the admission Minimum Data Set (MDS) dated 6/6/14 revealed Resident #52 had no short or long term memory problems and was assessed with no behaviors, but was receiving antipsychotic medication.</p> <p>Review of the Medication Administration Record (MAR) dated for July 2014 revealed Resident #52 was prescribed on admission Risperdal 0.25 mg (milligrams) (a medication for antipsychotic behaviors) at bedtime for dementia.</p> <p>Monograph for Risperdal (Risperidone) excerpted from LexiComp ' s Geriatric Dosage Handbook, 17th edition. " Pharmacologic Category: Antipsychotic Agent. Use: Treatment of schizophrenia, treatment of acute mania or mixed episodes associated with bipolar disorder; treatment of irritability/aggression associated with autistic disorder.</p> <p>Warnings Precautions: Elderly patients with dementia-related psychosis treated with</p>	F 329			

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F 329	<p>Continued From page 20</p> <p>antipsychotics are at an increased risk of death compared to placebo. Risperdal is not approved for the treatment of dementia-related psychosis. "</p> <p>Review of Resident #52 ' s Behavior Monthly Flow Sheet for June 2014 and July 2014 revealed she received Risperdal 0.25 milligrams (mg.) with no diagnoses listed.</p> <p>Review of the Consultant Pharmacist reports for June 2014 and July 2014 revealed she had not notified the facility that the resident did not have a diagnosis for the use of Risperdal.</p> <p>Nurse #2 on 7/23/14 at 2:59 PM stated Resident #52 had not had any behaviors and that she was alert and oriented and could let staff know her care needs.</p> <p>The MDS Coordinator on 7/24/14 at 11:08 AM stated Resident #52 during the admission assessment did trigger for dementia without behaviors. The MDS Coordinator further stated the nurses initiated the Behavior Monthly Flow Sheet and the Social Worker along with the Pharmacist monitored the sheets. When the MDS assessments were done the Social Worker was responsible for the behavior part of the MDS.</p> <p>On 7/24/14 at 11:20 AM the Social Worker stated once Resident #52 was admitted to the facility she was put on her list for the behavior part of the MDS. The Social Worker stated she did an initial 5-day, 14-day and 30-day assessment and had looked at the Behavior Monthly Flow Sheet and asked the nurses and the nursing assistants if the resident had behaviors. The Social Worker stated staff had only reported to her that Resident</p>	F 329			

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F 329	<p>Continued From page 21 #52 was anxious.</p> <p>On 7/24/14 at 10:53 AM The Director of Nursing (DON) stated Resident #52 had come to the facility on an antipsychotic medication from the hospital. The DON further stated Resident #52 had not had any behaviors that had been reported to her since her admission. The DON stated the pharmacist consult review had not informed the facility that the resident did not have an acceptable diagnosis for Risperdal.</p> <p>3. Review of the facility policy " Psychotropic Drugs " dated October 1, 2001 read in part, " II. Appropriateness of Use: Based on a comprehensive assessment, residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition.</p> <p>a. Specific behaviors as quantitatively and objectively documented by the Facility which causes the residents to:</p> <ul style="list-style-type: none"> -represent danger to themselves -represent danger to others (including staff), <p>or</p> <ul style="list-style-type: none"> -actually interferes with the staff ' s ability to provide care. <p>Antipsychotic drugs should not be used if one or more of the following is/are the only indication:</p>	F 329			

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F 329	<p>Continued From page 22</p> <p>restlessness, crying out, yelling or screaming, nervousness or uncooperativeness and Any " PRN " usage.</p> <p>If an antipsychotic drug is being used in the absence of a diagnosis or specific behavior, then the antipsychotic review committee will ask the physician to review the medication plan and consider a gradual dose reduction. "</p> <p>Resident #100 was originally admitted to the facility on 7/3/14 with diagnoses including Dementia with behavioral disturbances, Depressive Disorder and Anxiety.</p> <p>A review of the admission Minimum Data Set (MDS) dated 7/11/14 revealed Resident #100 had not been assessed for behaviors. There was nothing checked for behaviors. Resident # 100's MDS was checked for receiving antipsychotic medications.</p> <p>Review of the MDS Care Area Assessment summary (CAAS) dated 7/11/14 revealed Resident #100 had received scheduled antipsychotic medication since admission. According to the Care Area Assessment Summary, Resident # 100 received antipsychotic and antidepressant medications due to a diagnosis of dementia with delirium, altered mental status and depression. He had not displayed any signs of psychotic behaviors since admission.</p> <p>Resident #100 did not trigger for behaviors and was not care planned for behaviors.</p> <p>Review of Resident #100 ' s Medication Administration Record (MAR) dated July, 2014</p>	F 329			

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F 329	Continued From page 23 revealed the resident was prescribed Seroquel 25 mgs. (milligrams) (a medication for psychotic behaviors) at bedtime. There was no diagnosis listed on the MAR. Resident #100 was also prescribed Haldol 2 mgs. (milligrams) (medication used for psychotic behaviors) three times daily as needed for agitation. During an interview on 7/22/14 at 3:25 PM Nursing Assistant # 1 stated she had not observed Resident # 100 exhibit any behaviors. She revealed that he had not resisted care. During an observation on 7/23/14 at 9:00 AM Resident # 100 was awake in bed laying with his arms folded across his chest. During an interview on 7/23/14 at 10:10 AM, Nursing Assistant # 2 revealed that Resident #100 sometimes resisted care and he would talk ugly. She stated that when Resident # 100 resisted care she would come back later and try to provide care again. During an observation on 7/23/14 at 3:22 PM, Resident # 100 was laying in his bed asleep. During an interview on 7/24/14 at 9:18 AM, the MDS (Minimum Data Set) Coordinator stated when she initiated Resident #100 ' s MDS she did see any behavioral issues and behavior did not flag in the Care Area Assessment of the MDS. She revealed that there were no specific behaviors targeted when she did the MDS assessment. She stated that Resident #100 had a diagnosis of Dementia, Depressive Disorder and Anxiety. The MDS Coordinator revealed that when she did an assessment for a resident on antipsychotic medication she would review the resident ' s discharge summary to see if there was anything about dementia or altered mental status and she would do the care plan. She said she saw a diagnosis for dementia, but she did not see anything about behaviors. The MDS	F 329			

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F 329	<p>Continued From page 24</p> <p>Coordinator revealed that Nurses and Nursing Assistants document behaviors and they were followed up by the Social Worker. In reference to monitoring behaviors the MDS Coordinator stated that if Resident # 100 was acting out, such as screaming or being combative, the Social Worker would follow up, the Nurses would follow up with the doctor and the Psychiatrist would follow up. The MDS Coordinator explained that the specific condition that Resident #100 was receiving Seroquel was for Dementia with behavior, Depressive Disorder and Anxiety. She stated that Resident #100 received Haldol for agitation and anxiety. She revealed that the monitoring systems or tools were on the Nurse's medication cart. During an interview on 7/24/14 at 10:40 AM, the Staff Nurse # 1 stated that Resident #100 had not had a behavior flow sheet to track his behaviors since he was admitted to the facility. She revealed that Resident # 100 would yell out on first shift. She stated that she also did not have the flow sheet to document the side effects of Resident # 100 ' s medications. During an interview and observation on 7/24/14 at 10:54 AM, Resident # 100 was observed lying on his bed in his room with his light out. He requested that his light be turned on during the interview. Resident # 100 acknowledged that his nurse reviewed his medication with him. He revealed that he did not know what Seroquel and Haldol were for. He said he did not have any pain, but he did not feel good. He said he did not think he needed the medication. During an interview on 7/24/14 at 11:10 AM, the Corporate MDS Coordinator stated that Resident # 100 had a behavior flow sheet but it was not on the Medication Administration Record (MAR) or the nurse ' s medication cart so nurses had not been documenting behaviors. She revealed that</p>	F 329			

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F 329	Continued From page 25 the behavior flow sheets did not get implemented when Resident # 100 was admitted to the facility. She stated Resident # 100 received mostly Haldol for agitation. She revealed that antipsychotic medication triggered on the MDS but not behaviors. During an interview on 7/24/14 11:19 AM, the facility Social Worker stated that when residents were admitted on antipsychotic medications the nurses started a behavior monitoring sheet and when she did her 5 day, 14 day and 30 day assessments she looked at the behavior monitoring sheets and if nothing was written, she would interview the nurses and nursing assistants about resident ' s behaviors. In reference to monitoring resident ' s behaviors she stated she does not receive behavior monitoring sheets. She explained that when it was time to do the Minimum Data Set (MDS), she did her part for behaviors. She stated that with Resident #100 she was definitely looking out for behaviors, but she had not seen the behaviors he exhibited in the hospital. She revealed that Resident # 100 had a little agitation and she was aware that he got Haldol for behaviors. During an observation on 7/24/14 at 2:30 PM, Resident#100 transferred himself from his bed to his wheelchair and then transferred himself back to his bed again. During an interview on 7/23/14 at 10:27 AM the Director of Nursing (DON) stated Resident #100 was admitted to the facility on an antipsychotic medication for Dementia. The DON further stated Resident # 100 had not been seen by the Psychiatric Consultant.	F 329			
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371		8/11/14	

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F 371	<p>Continued From page 26</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, staff interviews and record review the facility failed to maintain kitchen equipment clean and in a sanitary condition to prevent food borne illness, by failing to clean 1 of 1 steam table shelves and one drink nozzle in the kitchen.</p> <p>The findings included:</p> <p>1. On 7/22/14 at 3:20 PM the steam table shelf was observed with a build up of dried food particles between the shelf and the steam table unit.</p> <p>During a second observation on 7/23/14 at 9:36 AM the steam table shelf was observed with a build up of dried food particles between the shelf and steam table unit.</p> <p>In an interview on 7/23/14 at 9:40 AM with the Certified Dietary Manager (CDM) she stated that staff were suppose to clean in between the tray shelf every day. She stated that cleaning the steam table shelf was not on her cleaning schedule but staff would clean it right away.</p>	F 371	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>Corrective Action for Resident Affected An audit tool was put into place to be in compliance with weekly cleaning schedule and daily cleaning assignments.</p> <p>Corrective Action for Resident Potentially Affected All residents have the potential to be affected by this alleged deficient practice. . The audit tool began on August 3, 2014 to monitor satisfactory and timely completion of main kitchen cleaning</p>		

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F 371	<p>Continued From page 27</p> <p>2. On 7/22/14 at 3:22 PM the juice machine drink gun nozzle was observed with 1 inch of a reddish build up of juice particles covering the inside of the nozzle tip.</p> <p>During a second observation on 7/23/14 at 9: 45 AM the drink gun nozzle was observed with 1 inch of a reddish build up of juice particles covering the inside of the nozzle tip. The CDM removed the nozzle tip and the nozzle ring was observed with a build up of reddish juice particles covering the nozzle ring area.</p> <p>In an interview on 7/23/14 at 9: 46 AM with the CDM she stated that the drink nozzle is on the cleaning schedule and was cleaned once a week. She stated the nozzle had been cleaned last week and that staff would clean it immediately. The CDM stated that they used to date the cleaning schedule every week, but they had not dated it recently.</p> <p>During an interview with the CDM on 7/24/14 at 2:45 PM she stated that she had a monitoring tool but she no longer used the tool. She stated that she now puts a sticky note on something in the kitchen that needed to be cleaned and staff cleaned that way.</p>	F 371	<p>assignments.</p> <p>Systemic Changes An in-service was conducted on August 7, 2014 by Ellen Anderson, RD. Those who attended were all dietary staff. Any in-house staff member who did not receive in-service training by 8/11/14 will not be allowed to work until training has been completed. The in-service topics included general cleaning and sanitation food service procedures and adherence to cleaning assignments as well as completion of any monitoring tools/audits and reporting of findings of such monitoring tools/audits to the monthly/quarterly QA meeting. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all Dietary employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained.</p> <p>Quality Assurance The Dietary Manager or Administrator will monitor this issue using the "Survey QA Tool for dietary cleaning and sanitation. All areas will be monitored daily. See attached monitoring tool. This will be done daily for four weeks and then weekly times two months or until resolved by QOL/QA committee. Reports will be given to the weekly Quality of Life- QA committee and corrective action initiated as appropriate. The Consultant Dietitian will complete a QA <input type="checkbox"/> Sanitation Audit monthly for 3 months commencing with August, 2014 site visit and after 3 months</p>		

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F 371	Continued From page 28	F 371	this sanitation audit will be completed quarterly. Results of these audits will be sent to Dietary Manager and Administrator. Results of the audits will then be shared by the Administrator in the Quarterly QA Meeting with the Medical Director with verification of his attendance along with all members of the QA Team and Department Heads.		
F 428 SS=D	<p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>This REQUIREMENT is not met as evidenced by: Based on facility policy, record review, observation, staff and pharmacist interview the Consultant Pharmacist failed to request a diagnosis for the use of antipsychotic medication and failed to inform the facility the resident did not have targeted behaviors for 2 of 5 residents (Residents #12 and Resident #52) reviewed for unnecessary medications.</p> <p>The findings included:</p>	F 428	<p>We will be in compliance as of 8/11/14</p> <p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility <input type="checkbox"/>s allegation of</p>	8/11/14	

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F 428	<p>Continued From page 29</p> <p>1. A review of the facility policy: " Psychotropic Drugs " dated October 1, 2001 read in part, " II Appropriateness of Use: Based on a comprehensive assessment, residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition.</p> <p>a. Specific behaviors as quantitatively and objectively documented by the Facility which causes the residents to:</p> <ul style="list-style-type: none"> -represent danger to themselves. -represent danger to others (including staff), <p>or</p> <ul style="list-style-type: none"> -actually interferes with the staff ' s ability to provide care. <p>Antipsychotic drugs should not be used if one or more of the following is/are the only indication: restlessness, crying out, yelling or screaming, nervousness or uncooperativeness</p> <p>If an antipsychotic drug is being used in the absence of a diagnosis or specific behavior, then the antipsychotic review committee will ask the physician to review the medication plan and consider a gradual dose reduction. "</p> <p>Resident #12 was admitted to the facility on 5/2/14 with diagnoses of hip fracture, dementia and MR (intellectual disabilities).</p> <p>Review of the Medication Administration Record (MAR) dated for July 2014 revealed Resident #12 was prescribed Risperdal 0.25 mg (milligrams) (a medication for antipsychotic behaviors) at bedtime for MR.</p>	F 428	<p>compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>Corrective Action for Resident Affected Diagnosis and targeted behaviors for residents #12 and 52 were obtained on 8/1/14.</p> <p>Corrective Action for Resident Potentially Affected All residents on Antipsychotics have the potential to be affected by this alleged deficient practice. All residents on Antipsychotics were reviewed by our Pharmacy Consultant to ensure appropriate diagnoses are present for the use of antipsychotic medications and ensuring these residents have targeted behaviors. All residents with Antipsychotics will be reviewed by 8/11/14.</p> <p>Systemic Changes All nurses have been in-serviced on 7/29/14 and 8/6/14 by the DON. Those who attended were RN, LPN, FT, PT, and PRN. Hospice providers were included because they do order antipsychotics. Any nurse who did not receive in-service training by 8/11/14 will not be allowed to work until training has been completed. The in-service topics included ensuring all antipsychotics have appropriate diagnosis and targeted behaviors with daily monitoring. Nurses have also been told to call or fax MD for appropriate diagnoses if not present in the chart. This information has been integrated into the standard orientation training and in the required</p>		

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F 428	<p>Continued From page 30</p> <p>Monograph for Risperdal (Risperidone) Excerpted from Lexi Comp 's Geriatric Dosage Handbook, 17th edition. " Pharmacological Category: Antipsychotic Agent Use: Treatment of schizophrenia, treatment of acute mania or mixed episodes associated with bipolar disorder; treatment of irritability/aggression associated with autistic disorder.</p> <p>Warnings Precautions: Elderly patients with dementia-related psychosis treated with antipsychotics are at an increased risk of death compared to placebo. Risperdal is not approved for the treatment of dementia-related psychosis. "</p> <p>A request for the May 2014, June 2014 and July 2014 Behavior Monthly flow sheet revealed the facility did not initiate the flow sheet until July 2014. A review of the Behavior Monthly Flow sheet for July 2014 revealed there was no diagnoses for the Risperdal .25 mg. nor were there targeted behaviors listed.</p> <p>The Minimum Data Set (MDS) Coordinator stated on 7/23/14 at 10:41 AM that Resident #12 was admitted to the facility on an antipsychotic medication but she did not have a diagnosis and there were no behaviors documented in the initial MDS assessment.</p> <p>On 7/23/14 at 1:31 PM Resident #12 was observed in her room reclined in her Geri chair screaming out when Nursing Assistant (NA#1) touched her to provide care. NA#1 stated that the resident always yells out when anyone touches her. NA#1 further stated , " She has screamed out since she was admitted to the facility. "</p>	F 428	<p>in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained.</p> <p>Quality Assurance The Director of Nursing or MDSC will monitor this issue using the "Survey QA Tool for Drug Regimen Review". The monitoring will include all admissions, readmissions, and orders for antipsychotics be reviewed to ensure the pharmacist has addressed residents taking antipsychotic medications for the appropriate diagnosis and targeted behaviors. See attached monitoring tool. This will be done monthly for three months or until resolved by QOL/QA committee. Reports will be given to the monthly Quality of Life- QA committee and corrective action initiated as appropriate. Results of the audits will then be shared in the Quarterly QA Meeting with the Medical Director with verification of his attendance along with all members of the QA Team and Department Heads.</p> <p>We will be in compliance by 8/11/14</p>		

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F 428	<p>Continued From page 31</p> <p>On 7/23/14 at 2:45 PM Resident #12 ' s Nurse (Nurse #2) stated Resident #12 screams out when she was touched, when staff turned her and when she was asked if she wanted a bath. Nurse #2 stated, " She came into the door screaming. " Nurse #2 stated there was a Monthly Behavior Flow Sheet that she had documented about Resident #12 but there was no targeted behavior listed.</p> <p>On 7/23/14 at 10:27 am the Director of Nursing (DON) stated Resident #12 was admitted to the facility on an antipsychotic medication for MR and was unaware of the resident having behaviors until recently when she had a fall. The DON further stated Resident #12 had not been seen by the psych consultant due to her not having any behaviors. The DON stated the consulting pharmacist had not informed her that the resident needed a diagnosis for the use of the antipsychotic medication nor had she informed the facility the resident needed a targeted behavior.</p> <p>Review of the Consultant Pharmacist's reports for May 2014, June 2014 and July 2014 revealed she had not notified the facility that the resident did not have a diagnosis for the use of Risperdal and had not notified them that there were no targeted behaviors listed.</p> <p>On 7/23/14 at 11:05 AM the Consultant Pharmacist stated she had identified there was no diagnosis for the Risperdal on admission but had not notified the facility because she was waiting for the facility to have a Psych Consult for a diagnoses or the physician to give a diagnoses. The Consultant Pharmacist stated she did review</p>	F 428			

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F 428	<p>Continued From page 32</p> <p>the behavior flow sheets when they were available to her but was not aware of the resident having any targeted behaviors. The Consult Pharmacist stated she did not want to discontinue the medication until she read the Psych Consult or from the physician.</p> <p>2. A review of the facility policy " Psychotropic Drugs " dated October 1, 2001 read in part, " II. Appropriateness of Use: Based on a comprehensive assessment, residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition.</p> <p>a. Specific behaviors as quantitatively and objectively documented by the Facility which causes the residents to:</p> <ul style="list-style-type: none"> -represent danger to them. -represent danger to others (including staff), or -actually interferes with the staff ' s ability to provide care. <p>If an antipsychotic drug is being used in the absence of a diagnosis or specific behavior, then the antipsychotic review committee will ask the physician to review the medication plan and consider a gradual dose reduction."</p> <p>Resident #52 was admitted to the facility on 5/30/14 with diagnoses of dementia without behavior disturbances, encephalopathy, depressive disorder and anxiety.</p> <p>A review of the admission Minimum Data Set (MDS) dated 6/6/14 revealed Resident #52 had no short or long term memory problems and was assessed with no behaviors, but was receiving</p>	F 428			

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F 428	<p>Continued From page 33 antipsychotic medication.</p> <p>Review of the Medication Administration Record (MAR) dated for July 2014 revealed Resident #52 was prescribed Risperdal 0.25 mg (milligrams) (a medication for antipsychotic behaviors) at bedtime for dementia.</p> <p>Monograph for Risperdal (Risperidone) excerpted from Lexicon's Geriatric Dosage Handbook, 17th edition. " Pharmacological Category: Antipsychotic Agent. Use: Treatment of schizophrenia, treatment of acute mania or mixed episodes associated with bipolar disorder; treatment of irritability/aggression associated with autistic disorder.</p> <p>Warnings Precautions: Elderly patients with dementia-related psychosis treated with antipsychotics are at an increased risk of death compared to placebo. Risperdal is not approved for the treatment of dementia-related psychosis."</p> <p>Review of Resident #52 ' s Behavior Monthly Flow Sheet for June 2014 and July 2014 revealed she received Risperdal .25 milligrams (mg.) with no diagnoses listed.</p> <p>Review of the Consultant Pharmacist reports for June 2014 and July 2014 revealed she had not notified the facility that the resident did not have a diagnosis for the use of Risperdal.</p> <p>Nurse #2 on 7/23/14 at 2:59 PM stated Resident #52 had not had any behaviors and that she was alert and oriented and could let staff know her care needs.</p>	F 428			

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F 428	Continued From page 34 The MDS Coordinator on 7/24/14 at 11:08 AM stated Resident #52 during the admission assessment did trigger for dementia without behaviors. The MDS Coordinator further stated the Nurses initiated the behavior monthly flow sheets and the Social Worker along with the Pharmacist monitored the sheets. When the MDS assessments were done the Social Worker was responsible for the behavior part of the MDS. On 7/24/14 at 11:20 AM the Social Worker stated once Resident #52 was admitted to the facility she was put on her list for the behavior part of the MDS. The Social Worker stated she did an initial 5-day, 14-day and 30-day assessment and had looked at the behavior monthly flow sheets and asked the nurses and the nursing assistants if the resident had behaviors. The Social Worker stated staff had only reported to her that Resident #52 was anxious. On 7/24/14 10:53 AM The Director of Nursing (DON) stated Resident #52 had come to the facility on an antipsychotic medication from the hospital. The DON further stated Resident #52 had not had any behaviors that had been reported to her since her admission. The DON stated the pharmacist consult review had not informed the facility that the resident did not have a suitable diagnosis for Risperdal.	F 428			
F 520 SS=D	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the	F 520		8/11/14	

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F 520	<p>Continued From page 35 facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on facility policy, record review, and staff interview, the facility failed to have a functional Quality Assessment and Assurance (QAA) Committee by failing to identify quality deficiencies concerning unnecessary medication drug use for 3 of 5 residents (Resident #12, 52 and 100) reviewed for unnecessary medication. The facility also failed to use the QAA monitoring tool for a previously identified concern with maintaining kitchen equipment clean and in a sanitary condition by failing to clean 1 of 1 steam table shelves and 1 of 1 drink nozzle in the kitchen.</p> <p>Findings included:</p>	F 520	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>Corrective Action for Resident Affected Resident # 12, 52 and 100 were reviewed</p>		

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F 520	<p>Continued From page 36</p> <p>Review of the facility policy "Facility Quality Assurance Policy and Procedure " dated September 1, 2005, read in part:</p> <p>" Purpose and Responsibility</p> <p>The Quality Improvement Committee shall determine the types of Performance Improvement Activities that are needed within the facility based on data presented to the committee based on resident specific outcomes and measurable data.</p> <p>3. Assuring that appropriate actions are implemented to eliminate or reduce identified problems to the greatest degree reasonably possible: that any corrective action has been adequate by subsequent monitoring.</p> <p>5. This committee also is responsible for the duties of the Pharmacy committee, Medication Review Committee and the Infection control Committee. "</p> <p>A review of the facility policy " Psychotropic Drugs " dated October 1, 2001 read in part,</p> <p>" If an antipsychotic drug is being used in the absence of a diagnosis or specific behavior, then the antipsychotic review committee will ask the physician to review the medication plan and consider a gradual dose reduction. "</p> <p>1. Cross reference F-329</p> <p>On 7/24/14 at 2:25 PM the Director of Nursing (DON) stated the QA committee met at least monthly and quarterly. She further stated Pharmacy, the Dietary Manager, the Administrator, the Minimum Data Set (MDS)</p>	F 520	<p>during QA for unnecessary medication drug use related to diagnoses for antipsychotic drug use. Pharmacy review of resident #12, 52, and 100 was reviewed by QA to ensure the pharmacist had reviewed for the presence of diagnosis for antipsychotic drug use. QA resolved previous dietary tool for cleaning and sanitation and began a new dietary audit for cleaning and sanitation.</p> <p>Corrective Action for Resident Potentially Affected All residents have the potential to be affected by this alleged deficient practice. All residents were reviewed to ensure that QA identified and addressed any use of unnecessary medications related to antipsychotic use and made sure diagnosis were present. Pharmacy report reviewed for inclusion of appropriate diagnosis for residents on antipsychotics. The kitchen has a daily and weekly cleaning and sanitation schedule in place as well to be reviewed by the QA committee monthly.</p> <p>Systemic Changes An in-service was conducted on 7/28/14 by LNHA. Those who attended were Department Heads who attend the monthly QA meeting. This includes the NHA, DON, MDSC, HIM, SW, Activities, BOM, Rehab Director, Dietary Manager, and Pharmacy Consultant. Pharmacy Consultant was also in-serviced by Jones Professional Services regarding antipsychotic protocols and reviews 8/8/14. Any Department Head member</p>		

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F 520	<p>Continued From page 37</p> <p>Coordinator, the Social Worker, the Medical Director and others attended the meetings. During the interview the DON was questioned on why the Medication Review Committee had not identified why residents on antipsychotic medications did not have appropriate diagnoses. The DON stated the QA committee had never had the Medication Review Committee but that the Pharmacist reviewed the resident's medications. The DON further stated Pharmacy had not informed the QA committee that residents on antipsychotic medications were missing the appropriate diagnoses.</p> <p>The Administrator on 7/24/14 at 2:45 pm stated the facility never had a Medication Review Committee. She further stated Pharmacy had not informed the QA Committee that residents on antipsychotic medications were missing the appropriate diagnoses.</p> <p>Review of the facility policy " Facility Quality Assurance Policy and Procedure " dated September 1, 2005, read in part:</p> <p>" Purpose and Responsibility</p> <p>The Quality Improvement Committee shall determine the types of Performance Improvement Activities that are needed within the facility based on data presented to the committee based on resident specific outcomes and measurable data.</p> <p>3. Assuring that appropriate actions are implemented to eliminate or reduce identified problems to the greatest degree reasonably possible: that any corrective action has been adequate by subsequent monitoring.</p>	F 520	<p>mentioned above who did not receive in-service training by 8/11/14 will not be allowed to work until training has been completed. The in-service topics included the QA process and review an evaluation of audits and pharmacy recommendation reports. All audits must be reviewed for completeness by the QA committee monthly and audit results to take action if needed.</p> <p>Quality Assurance The Director of Nursing or MDSC will monitor this issue using the "Survey QA Tool for QA Reviews". Residents with antipsychotics will be reviewed weekly by QA committee for unnecessary medications related to antipsychotics. Also daily, weekly, and monthly monitoring tools will be brought to monthly QA to ensure completion of audits of all departments and evaluate for effectiveness. Pharmacy monthly reports will be audited monthly to ensure the pharmacist addressed diagnosis for residents on antipsychotics. See attached monitoring tool. This will be done weekly for antipsychotics and review QA audit tools and pharmacy reports monthly times three months or until resolved by QOL/QA committee. Reports will be given to the monthly Quality of Life- QA committee and corrective action initiated as appropriate. Results of the audits will then be shared in the Quarterly QA Meeting with the Medical Director with verification of his attendance along with all members of the QA Team and Department Heads.</p>		

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F 520	<p>Continued From page 38</p> <p>2. Cross Reference F-371</p> <p>Review of the facility monitoring tool, " Daily Clean Schedule. " Revealed the monitoring tool was dated 5/28/14. The monitoring tool noted a list of jobs to be performed and a box to initial when staff completed the job. There were blocks for each day of the week and a box for each job. Review of the monitoring tool revealed some of the jobs had only been cleaned once a week and most of the blocks had no initials documented.</p> <p>On 7/24/14 at 2:25 PM the Director of Nursing (DON) stated the committee met at least monthly and quarterly. She further stated Pharmacy, the Dietary Manager, the Administrator, the Minimum Data Set (MDS) Coordinator, the Social Worker, the Medical Director and others attended the QA meetings.</p> <p>During the QAA interview, the DON was asked about her current action plan for the dietary department. The DON was not aware that dietary had citations for the past 3 years and the QAA committee had developed a monitoring tool " Daily Cleaning Schedule. " The DON was unaware that the cleaning schedule for 5/28/14 had numerous unchecked boxes.</p> <p>During an interview on 7/24/14 at 2:45 PM the Dietary Manager stated that she did have a monitoring tool but she no longer used it. She stated she had stopped using the monitoring tool months ago, but had not reported back to the QAA Committee that she was no longer using the monitoring tool.</p> <p>During an interview on 7/24/14 at 2:45 PM the</p>	F 520	We will be in compliance by 8/11/14		

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F 520	Continued From page 39 Administrator stated that she had not been looking at the kitchen daily monitoring tool and was not aware the Dietary Manager was no longer using the monitoring tool.	F 520			