STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345101	A. BUILDING _____ B. WING _____	C 03/22/2018

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ENFIELD OAKS NURSING AND REHABILITATION CENTER	208 CARY STREET ENFIELD, NC 27823

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F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff and resident interviews the facility failed to maximize a residents ' potential for bed mobility for 3 of 5 residents (resident # 30, #24, and #21), reviewed for side rails, resulting in loss of independence for bed mobility. The findings included: 1. Resident #30 was admitted to the facility on 6/23/17 and had a diagnosis of quadriplegia and chronic pain. A bed rail evaluation dated 1/12/18 noted the following for Resident #30: The resident was oriented to person, place and time with no short or long term memory problems and was independent with decision making. Had a large body frame and paralysis, spasms and muscle weakness and was totally dependent on staff for bed mobility. The resident had expressed a desire to have the side rails raised while in bed for his own safety or comfort. Benefits included provided feeling of safety/or comfort for resident. Under the risks section, no risks were identified. Recommendation for left and right half rails. Risks and benefits, alternatives explained to the resident.	F 558	Enfield Oaks Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that this Summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Enfield Oaks Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statements of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Enfield Oaks Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, Formal Appeal procedure and/or any other administrative or legal proceeding. F558 The process that led to this deficiency was the facility failed to maximize a residents□ potential for bed mobility for 3 of 5 residents reviewed for side rails,	4/16/18

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

Electronically Signed | 04/13/2018

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F 558	Continued From page 1 The most recent Minimum Data Set (MDS) Assessment (Quarterly) dated 2/9/18 revealed the resident was cognitively intact, required extensive assistance with bed mobility and had limited range of motion of both upper and lower extremities. The Resident ' s Care Plan did not include information regarding side rails. On 3/20/18 at 12:00 PM, Resident #30 was observed lying in bed with a splint on his right hand and forearm. There were no side rails on the resident ' s bed. The Resident stated the staff took the side rails off his bed and now he could not reposition himself in the bed and wanted to be able to sit up on the side of the bed. A second bed rail evaluation dated 3/20/18 revealed the following: Resident alert to person, place and time. Safety awareness deficit. No short or long term memory problems and independent with decision making. Body frame medium with paresis, paralysis, spasms, muscle weakness and total dependency on staff for bed mobility. Resident had expressed a desire to have side rails raised while in bed for his own safety or comfort. No risks/benefits listed. Under #7 Other read: "PT/OT eval (evaluation) and treat. Has plateau (sig), D/C (discontinue) services due to resident not able to sit up on side of bed. Paralysis with spasms to right side with noted contracture to (R) (right) elbow. Limited movement to (L) (left) upper extremity. Risk for entrapment. Trapeze ordered." No half rails. Benefits/risks explained to resident on 3/20/18. On 3/21/18 at 11:07 AM an interview was conducted with Physical Therapy Assistant (PTA)	F 558	resulting in loss of independence for bed mobility. On 3/22/18 resident #24 and resident #30 were re-evaluated for use of bed rails by the Director of Nursing (DON). Appropriate alternatives were initiated and bed rails were installed until appropriate alternative could be obtained to maximize potential for bed mobility for resident #24 and resident #30. Risks/benefits of temporary use of bed rail was reviewed with resident #24 and resident #30 by the DON and informed consent obtained. Bed rails were correctly installed and maintained according to manufacturer□s recommendation and the bed dimensions are appropriate for resident size and weight. Side rails were within close proximity to mattress with no gaps or risks for entrapment. On 4/9/18 100% audit of all residents with removal of bed rails to include resident #21, resident #24 and resident #30 was initiated by the Director of Nursing (DON) to ensure resident has been properly assessed for the use/removal of bed rails and that appropriate alternatives had been initiated prior to removing bed rails to maximize residents potential for bed mobility and prevent loss of independence during bed mobility. Audit was completed on 4/12/18. All areas of concern were immediately addressed by the DON. On 4/9/18 resident #21 was re-evaluated for use of bed rails by the DON. Appropriate alternatives were initiated and bed rails were installed until appropriate alternative could be obtained to maximize potential for bed mobility for resident #21.	

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F 558	Continued From page 2 #2. The PTA stated when Resident #30 had the bed rails he could use them to turn himself. The PTA further stated the resident had gotten to the point he could use the side rail to sit on the side of the bed to eat a meal with contact guard assistance. The PTA stated this meant she could not leave him unattended but would have to keep a hand on him for safety and he was able to do this for a few minutes at a time. The PTA stated the bed rails were very important for the resident to do this but without the rails he was total assist with bed mobility. The PTA stated with the bed rails the resident could use the left hand on the rail and put his right arm around the rail to pull himself over. On 3/21/18 at 2:20 PM an interview was conducted with the Administrator and the Director of Nursing (DON). The DON stated a trapeze bar had been ordered for the resident 2-3 weeks ago but had not come in at this time. On 3/23/18 at 10:30 AM an interview was conducted with the Physical Therapist (PT) who worked with Resident #30. The PT stated the resident would hook his arms around the side rails in the elbow and help pull himself over or lift up his shoulders to relieve pressure. The PT further stated occupational therapy had recommended a trapeze bar but she was not sure the resident had enough grip pressure in his hands to use the bar. The PT stated she had not been asked to evaluate the resident for the use of side rails prior to the rails being removed from the bed. On 3/23/18 at 11:05 AM an interview was conducted with the Administrator and the facility ' s Nurse Consultant. The Nurse Consultant stated	F 558	Risks/benefits of temporary use of bed rail was reviewed with resident #21 by the DON and informed consent obtained. Bed rails were correctly installed and maintained according to manufacturer□s recommendation and the bed dimensions are appropriate for resident size and weight. Side rails were within close proximity to mattress with no gaps or risks for entrapment. On 3/28/18 an in-service on Bed Rails was initiated by the Facility Nurse Consultant with all licensed nurses, Minimum Data Set nurse, Treatment Nurse, Staff Facilitator, Admissions, Maintenance Director and DON in regards to use of bed rails to include: 1. Assessing the resident for the risk of entrapment from bed rails prior to installation under the Bed Rail Evaluation in Point Click Care (PCC) a. Entrapment: an event in which a resident is caught, trapped or entangled in the space in or about the bed rail 2. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail (trapeze bar, low beds, frequent monitoring, activities) 3. Appropriate alternatives must be in place before removing a side rail. 4. Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent 5. Ensure the rail is installed per the manufactures recommendations and specifications 6. Ensure the bed rail is compatible with the mattress and bed frame and that the	

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F 558	Continued From page 3 when the bed rail initiative came out, the facility staff was instructed to assess residents with bed rails and to remove the bed rails for the residents that were at risk for entrapment. The Nurse Consultant further stated when the guidelines came out the facility staff was told to re-assess the residents and to look at what alternatives could be used and to educate the residents and the family members. The Administrator stated the resident ' s bed rails were removed on 1/19/18. 2. Resident #24 was admitted to the facility on 6/23/17 and had a diagnosis of congestive heart failure and adult failure to thrive. A side rail evaluation dated 12/6/17 noted the following: The resident was alert to person, place and time and was independent with decision making. Grasp strength within normal perimeters. Range of motion and dexterity adequate. Required assistance with bed mobility. Resident has expressed a desire to have side rails raised when in bed for his own safety/comfort. Used side rails for care with staff cueing. Recommendations: ½ side rails right and left. Resident able to make appropriate decisions on his preferences. The most recent Minimum Data Set (MDS) Assessment (Quarterly) dated 1/30/18 revealed the resident was cognitively intact and required extensive assistance with bed mobility. The resident ' s Care Plan updated on 1/31/18 noted the resident was at risk for decline in ability to move about in the bed related to generalized muscle weakness and pain in the knees. There was no information on the Care Plan regarding	F 558	dimensions are appropriate for the residents size and weight 7. Inspect regularly the mattress and bed rail for the possibility of entrapment 8. Maintenance monitors bed rails regularly to ensure they are installed correctly and/or have not shifted or loosen over time. 9. Appropriate documentation in PCC with use of bed rails under QI Restraint/Enabler Progress Note 10. Resident is care planned for use of bed rails No licensed nurses, QI nurse, Minimum Data Set Nurse (MDS), Treatment Nurse, Staff Facilitator, Admissions, Maintenance Director and Director of Nursing (DON) will be allowed to work until in-service on Bed Rails has been completed. In-service will be completed by 4/16/18. All newly hired licensed nurses, QI nurse, Minimum Data Set Nurse (MDS), Treatment Nurse, Staff Facilitator, Admissions, Maintenance Director and Director of Nursing (DON) will be trained by the Staff Facilitator on Bed Rails during orientation to include: 1. Assessing the resident for the risk of entrapment from bed rails prior to installation under the Bed Rail Evaluation in Point Click Care (PCC) a. Entrapment: an event in which a resident is caught, trapped or entangled in the space in or about the bed rail 2. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail (trapeze bar, low beds, frequent monitoring, activities)	

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F 558	Continued From page 4 side rails. On 3/20/18 at 1:44 PM Resident #24 was observed lying in bed. There were no bed rails on the bed and the right side of the bed was against the wall. The Resident stated he had side rails on his bed and could pull himself over but they took his side rails off of the bed and now he could no longer do this. The Resident stated he was getting therapy. There was not a bed rail assessment on the record to show when the bed rails were removed from the resident ' s bed. On 3/21/18 at 11:07 PM an interview was conducted with Physical Therapy Assistant (PTA) #2. The PTA stated Resident #24 could use the side rails to turn himself from side to side and needed the side rails for bed mobility. On 3/21/18 at 1:10 PM an interview was conducted with the Occupational Therapist who stated Resident #24 was a functional quadriplegic and could use the side rails to turn from side to side. On 3/23/18 at 10:30 PM an interview was conducted with the Physical Therapist who worked with the resident and stated the resident could use the side rails to turn from side to side and also to pull himself up in the bed when his feet touched the foot board. The Physical Therapist stated she was not asked to do an assessment for the need for side rails prior to the bed rails being removed from the resident ' s bed. On 3/23/18 at 11:05 AM an interview was conducted with the Administrator and the facility '	F 558	3. Appropriate alternatives must be in place before removing a side rail. 4. Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent 5. Ensure the rail is installed per the manufactures recommendations and specifications 6. Ensure the bed rail is compatible with the mattress and bed frame and that the dimensions are appropriate for the residents size and weight 7. Inspect regularly the mattress and bed rail for the possibility of entrapment 8. Maintenance monitors bed rails regularly to ensure they are installed correctly and/or have not shifted or loosen over time. 9. Appropriate documentation in PCC with use of bed rails under QI Restraint/Enabler Progress Note 10. Resident is care planned for use of bed rails Monitoring: 10% audit of all residents with use and/or removal of bed rails to include resident #21, resident #24 and resident #30 will be completed by the Quality Improvement nurse (QI)/Staff Facilitator weekly x 8 weeks, then monthly x 1 month utilizing the Bed Rail Audit Tool to ensure: 1. The resident was assessed for the risk of entrapment 2. Bed Rail Assessment is completed accurately in PCC 3. The facility attempted use of	

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F 558	Continued From page 5 s Nurse Consultant. The Nurse Consultant stated when the bed rail initiative came out, the facility staff was instructed to assess residents with bed rails and to remove the bed rails for the residents that were at risk for entrapment. The Nurse Consultant further stated when the guidelines came out the facility staff was told to re-assess the residents and to look at what alternatives could be used and to educate the residents and the family members. The Administrator stated the resident ' s bed rails were removed on 1/19/18. 3. Resident #21 was re-admitted to the facility on 3/23/2017, with diagnoses to include diabetes, arthritis, end stage renal disease. Her annual Minimum Data Set (MDS) assessment dated 1/10/2018, revealed her cognition was intact, and she needed extensive assistance with 1 staff for bed mobility. Bed rail assessment dated 1/29/2018 reveled the resident was oriented to person place and time with no problems with short or long-term memory and was independent with decision making. Her physical status was large. Functional ability with grasp strength was within normal perimeters and she had adequate range of motion (ROM) and dexterity. She required a device for walking and was full weight bearing. Resident expressed a desire to have side rails raised while in bed for her own safety or comfort. The benefit for the side rail use was that she used side rails for care with staff cueing, no risks noted. No alternatives or interventions were documented including no Physical Therapist (PT) or Occupational Therapist (OT) consult. Recommendations were that side rails were not indicated at that time. Risks and benefits were explained to the resident on 11/27/17.	F 558	appropriate alternatives prior to installing a bed rail (trapeze bar, low beds, frequent monitoring, activities) 4. Appropriate alternatives were initiated and in place prior to removal of bed rails. 5. The facility reviewed the risks and benefits of bed rails with the resident or resident representative and obtain informed consent 6. The rail is installed per the manufactures recommendations and specifications and is compatible with the mattress and bed frame and that the dimensions are appropriate for resident size and weight 7. Appropriate documentation in PCC with use of bed rails under QI Restraint/Enabler Progress Note 8. Resident is care planned for use of bed rails The DON will review the Bed Rail Audit Tool weekly x 8 weeks, then monthly x 1 month to ensure all areas of concern were addressed. The Quality Improvement (QI) Nurse will forward the results of the Bed Rail Audit Tool to the Executive QI Committee monthly x 3 months. The Executive QI Committee will meet monthly x 3 months and review the Bed Rail Audit Tool to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring. The Administrator and Director of Nursing will be responsible for the implementation of corrective actions to include all 100% audits, in services, and monitoring related to the plan of correction.	

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F 558	Continued From page 6	F 558		

The Care Plan for Resident #21 dated 2/6/2018, did not address side rails.

On 3/19/2018 at 2:13 PM, Resident #21 stated in an interview the facility had removed her quarterly bed side rails and she wanted to keep them on her bed. The resident stated she could hold onto the rails to reposition herself in the bed, turn over in the bed, and help herself sit up in the bed. The resident stated the staff had come around and asked her about the rails and at that time her bed rails were left on the bed. Sometime after, the staff came around again and removed her rails.

On 3/21/2018 at 9:08 AM an interview was conducted with the nursing assistant (NA #1). The NA stated Resident #21 had told her she could help more with care if she had her side rails on the bed, and wished she had side rails.

On 3/21/18 at 10:35 AM, an interview was conducted with NA #2. The NA stated Resident #21 was alert and oriented and required extensive assistance from staff for activities of daily living (ADLs), but was not total care, as she could help with part of her care. The NA stated Resident #21 told him she wanted the side rails to turn on her side and help her sit up on the side of the bed.

On 3/22/2018 at 10:04 AM an interview was conducted with the Physical Therapist (PT). The PT stated resident #21 needed tactile (touching) and verbal prompting for bed mobility, that involved the therapist physically touching the resident and prompting her on which part of her body to move. The PT stated she was not consulted before the bed rails were removed from Resident #21's bed, and she stated with her bed

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F 558	Continued From page 7 rails up, Resident #21 would have better bed mobility. On 3/23/2018 at 11:05 AM, an interview was conducted with the Administrator and facility's Nurse Consultant. The Administrator stated when the bed rail initiative was introduced, the facility was instructed to assess residents with bed rails, for risk of entrapment with bed rails. When the new guidelines came out, the facility was then told to re-asses the residents and look at what alternatives could be used and to educate residents and families.	F 558		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) 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 §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will	F 656		4/16/18

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F 656	Continued From page 8 provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to include psychotropic medications in a resident ' s Care Plan for 2 of 5 residents reviewed for psychotropic medications (Resident #8 and #32). The findings included: A psychotropic medication is a chemical substance that changes brain function and results in alterations in perception, mood, consciousness or behavior and includes antipsychotic and antianxiety medications. 1. Resident #8 was admitted to the facility on 1/13/17 and had a diagnosis of dementia with behaviors and anxiety. A physician ' s order dated 7/22/17 read: "Start	F 656	F656 The process that led to this deficiency was the facility failed to include psychotropic medications in a resident□s care plan for 2 of 5 residents reviewed. On 3/21/18, resident #8 Care Plan was updated for use of psychotropic medications to reflect a patient-centered care plan that includes measureable goals and objectives to attain or maintain resident #8 highest practicable physical, mental and psychosocial well-being by Minimum Data Set Coordinator (MDS). On 4/6/18, resident #32 Care Plan was updated for use of psychotropic medications to reflect a patient-centered care plan that includes measureable goals and objectives to attain or maintain resident #32 highest practicable physical,	

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F 656	Continued From page 9 Seroquel 50mg (milligrams) twice a day." Seroquel is an antipsychotic medication used to treat mental illness. There was also an order on the same date to decrease the resident ' s Ativan (Ativan is an antianxiety). The resident ' s Care Plan dated 8/2/17 noted the resident had anxiety related to anxiousness and restlessness while sitting in a wheelchair. The Care Plan did not include care for a resident on antipsychotic or antianxiety medications. The Annual Minimum Data Set (MDS) Assessment dated 12/20/17 revealed the resident had severe cognitive impairment and received an antipsychotic and anti-anxiety medications for 7 days of the 7 day assessment period. The resident ' s Care Plan reviewed on 12/27/17 did not include care for a resident on antipsychotic or antianxiety medications. The Care Area Assessment for Cognitive Loss dated 1/3/18 noted a deficit in memory, judgment, decision making and thought processes related to brain deterioration due to dementia. The CAA for Psychoactive medications noted a diagnosis of anxiety with an-anxiety medications. On 3/23/18 at 12:56 PM an interview was conducted with the Director of Nursing (DON). The DON was observed to review the Care Plan for Resident #8 and stated there was a care plan for behaviors but not for antipsychotic or antianxiety medications. On 3/23/18 at 1:50 PM the Administrator stated in an interview she thought Care Plans were an issue due to changes in staff within the facility.	F 656	mental and psychosocial well-being by Minimal Data Coordinator (MDS). On 4/9/18, 100% audit of Care Plans of all residents utilizing psychotropic medication was initiated by the MDS nurse to include resident #8 and resident #32 to ensure resident□s Care Plan is patient centered and reflects usage of psychotropic medication to include measureable goals and objectives. Audit was completed on 4/11/18. All areas of concern were immediately addressed by the Minimal Data Nurse (MDS). On 4/11/18, an in-service on MDS Care Plans related to Psychotropic Medications was completed by the Administrator with the MDS Coordinator and Director of Nursing (DON) in regards to MDS Care Plans related to Psychotropic Medications to include: 1. MDS should ensure that care plans reflect the resident□s mental, physical and psychosocial status to include psychotropic medications use 2. Any resident utilizing psychotropic medication must be care planned for use of the medication to include name of medication being utilized, possible side effects, goals, and target behaviors. 3. Resident Care Plan is resident centered and goal oriented with clearly measurable time frames and approaches 4. Care plans must be updated timely when there are changes in mental, physical and psychosocial status 5. Care guides should be updated and placed in resident room with any changes. All newly hired licensed nurses, MDS	

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F 656	Continued From page 10 2. Resident #32 was originally admitted to the facility on 2/13/18 with diagnoses including Unspecified Psychosis not due to a Substance or known physiological condition, Bipolar Disorder, Major Depressive Disorder, Single Episode and Unspecified Dementia with Behavioral Disturbance. Review of the doctor ' s orders for March revealed Resident #32 had a doctor ' s order for Risperidone 2mgs., 1mg. by mouth at bedtime for dementia and psychosis. Review of Resident #32's ' s Care Plan dated 2/19/18, revealed there was no care plan for antipsychotic medication. During an interview on 3/22/18 at 1:02 PM, the facility Minimum Data Set (MDS) Coordinator stated she did not put it (antipsychotic medication) in the care plan and she just missed it. During an interview on 3/22/18 at 2:18 PM, the Administrator stated her expectation was for the care plan to include the resident ' s behaviors and the reason the resident was on the medication.	F 656	Nurse and Director of Nursing will be trained during orientation by the Staff Facilitator in regards to MDS Care Plans related to Psychotropic Medications to include: 1. MDS should ensure that care plans reflect the resident□s mental, physical and psychosocial status to include psychotropic medications use 2. Any resident utilizing psychotropic medication must be care planned for use of the medication to include name of medication being utilized, possible side effects, goals, and target behaviors. 3. Resident Care Plan is resident centered and goal oriented with clearly measurable time frames and approaches 4. Care plans must be updated timely when there are changes in mental, physical and psychosocial status 5. Care guides should be updated and placed in resident room with any changes. Monitoring 10% audit of all resident care plans with usage of psychotropic medication to include resident #8 and resident #32 will be completed by the Quality Improvement nurse/Staff Facilitator weekly x 8 weeks, then monthly x 1 month utilizing the Care Plan Audit Tool to ensure all residents utilizing psychotropic medication have a patient-centered care plan that includes name of psychotropic medication being utilized, possible side effects, target behaviors, measureable goals and objectives to attain or maintain resident highest practicable physical, mental and psychosocial well-being. All areas of concern will be immediately addressed by	

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F 656	Continued From page 11	F 656	the MDS nurse. The Administrator will review the Care Plan Audit Tool weekly x 8 weeks, then monthly x 1 month to ensure all areas of concern are addressed. The Quality Improvement (QI) Nurse will forward the results of the Care Plan Audit Tool to the Executive QI Committee monthly x 3 months. The Executive QI Committee will meet monthly x 3 months and review the Care Plan Audit Tool to determine trends and/or issues that may require further interventions to be put into place and to determine the need for further and/or frequency of monitoring. The Administrator and Director of Nursing will be responsible for the implementation of corrective actions to include all 100% audits, in-services, and monitoring related to the plan of correction.	
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	F 758		4/16/18

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F 758	Continued From page 12 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. §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 and physician ' s interviews, the facility failed to provide a diagnosis for the use of Seroquel for 1 (Resident #8) of 5 residents reviewed for psychotropic medications. The findings included:	F 758	F758 The process that led to this deficiency was the facility failed to provide appropriate diagnosis for the use of Seroquel for 1 of 5 residents reviewed. On 4/10/18 100% audit of all residents	

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F 758	Continued From page 13 Resident #8 was admitted to the facility on 1/13/17 and had a diagnosis of dementia with behaviors and anxiety. A physician ' s order dated 7/22/17 read: "Start Seroquel 50mg (milligrams) twice a day." Seroquel is an antipsychotic medication used to treat mental illness. The resident ' s Care Plan dated 8/2/17 noted the resident had anxiety related to anxiousness and restless while sitting in a wheelchair. The interventions included the following: Document episodes of anxiety and notify MD (Medical Doctor) of changes. Talk with resident in a calm voice and assure resident of her safety. Antipsychotic medications were not included in the resident ' s Care Plan. A physician ' s order dated 8/3/17 read: Seroquel 25mg by mouth BID (twice a day) for agitation and behavior." In a communication form to the physician dated 8/3/17, the facility ' s consulting pharmacist requested a diagnosis for Seroquel. The physician ' s response dated 8/16/17 read: "restlessness with anxiety disorder." A communication form to the physician from the facility ' s consulting pharmacist dated 9/7/17 read: Restlessness with anxiety disorder is listed as the indication for Seroquel. This is not a CMS (Center for Medicare/Medicaid Services) approved diagnosis. The physician ' s response dated 9/18/17 read: "No changes for use of Seroquel." The Annual Minimum Data Set (MDS) dated	F 758	with psychotropic medication to include resident #8 was initiated by the Administrator to ensure all residents receiving psychotropic medication have supporting medical diagnosis. Audit was completed on 4/12/18. All areas of concern were immediately addressed by the Director of Nursing (DON). On 4/10/18 the supporting medical diagnosis for resident #8 use of antipsychotic medication was obtained by the DON from the Medical Director and the electronic record of resident #8 updated by Medical Record. On 4/11/18 100% audit for all residents with antipsychotic medications was completed by the consultant pharmacists to ensure an appropriate diagnosis was in place to support antipsychotic medication use. There were no new concerns noted. On 4/11/18 an in-service was initiated by the DON with all licensed nurses, Minimum Data Set nurse (MDS), Staff Facilitator, and Quality Improvement nurse (QI) in regards to Medical Supporting Diagnosis for use of Psychotropic Medication to include: 1. When a resident is admitted or readmitted to the facility it is the nurse□s responsibility to review all medications to ensure each medication to include psychotropic medications have appropriate supporting medical diagnosis in place. If there is not a supporting diagnosis on admission the nurse should contact the referring hospital or facility for an updated diagnosis list. 2. It is the nurse□s responsibility to obtain a supporting medical diagnosis with	

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F 758	Continued From page 14 12/20/17 revealed the resident had severe cognitive impairment and received an antipsychotic medication for 7 days of the 7 day assessment period and received the medication on a routine basis. The resident ' s Care Plan last reviewed on 12/27/17 did not include information regarding antipsychotic medications. The Care Area Assessment (CAA) for Cognitive Loss dated 1/3/18 revealed the resident had a deficit in memory, judgment, decision making and thought processes related to brain deterioration due to dementia. The CAA for Psychotropic Medications noted a diagnosis of anxiety with anti-anxiety medications. On 2/6/18, the pharmacist recommended a dose reduction of the Seroquel from 25mg twice a day to once a day at bedtime, the physician agreed and the order was carried out. On 3/23/18 at 11:46 AM the Director of Nursing (DON) stated in an interview the physician ordered the Seroquel due to the resident smearing and eating her feces. The DON stated they did not have a psychiatric evaluation done because the resident mellowed out and the medication had been effective. The DON stated she had asked the physician for another diagnosis for the Seroquel but the physician did not provide one. On 3/23/18 at 2:28 PM an interview was conducted with the physician that ordered the Seroquel for Resident #8. The Physician stated he did not have another diagnosis and did not think a psychiatric evaluation was necessary as	F 758	all new medication orders to include psychotropic medications. If the physician does not list a supporting medical diagnosis the nurse must contact the physician and request appropriate diagnosis. 3. The physician may elect to discontinue medication if not indicated at that time. No licensed nurses, Director of Nursing, Staff Facilitator, QI nurse, MDS Nurse will be allowed to work until in-service on Medical Supporting Diagnosis for use of Psychotropic Medication has been completed. In-service will be completed by 4/16/18. All newly hired licensed Nurses, Director of Nursing, Staff Facilitator, MDS Nurse, and QI nurse will be trained by the Staff Facilitator during orientation in regards to Medical Supporting Diagnosis for use of Psychotropic Medication to include: 1. When a resident is admitted or readmitted to the facility it is the nurse□s responsibility to review all medications to ensure each medication to include psychotropic medications have appropriate supporting medical diagnosis in place. If there is not a supporting diagnosis on admission the nurse should contact the referring hospital or facility for an updated diagnosis list. 2. It is the nurse□s responsibility to obtain a supporting medical diagnosis with all new medication orders to include psychotropic medications. If the physician does not list a supporting medical diagnosis the nurse must contact the	

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F 758	Continued From page 15 the medication had been effective but they had done GDRs (Gradual Dose Reductions) of the medication.	F 758	physician and request appropriate diagnosis. 3. The physician may elect to discontinue medication if not indicated at that time. Monitoring 10% audit of all residents utilizing psychotropic medication to include resident #8 will be completed by the QI nurse utilizing the Care Plan Audit Tool to ensure all residents on psychotropic medication therapy have appropriate supporting diagnosis weekly x 8 weeks, then monthly x 1 month. All areas of concern will be immediately addressed by the DON. The DON will review the Care Plan Audit Tool weekly x 8 weeks, then monthly x 1 month to ensure all areas of concern were addressed. 100% audit for all residents with antipsychotic medications will be completed by the consultant pharmacists monthly x 3 months to ensure an appropriate diagnosis is in place to support antipsychotic medication use. The consultant pharmacist will provide facility DON and/or Administrator with report following each audit. The DON will immediately address any areas of concern. The Quality Improvement (QI) Nurse will forward the results of the Care Plan Audit Tool and the Pharmacy Consultant Audit on Antipsychotic Medications to the Executive QI Committee monthly x 3 months. The Executive QI Committee will meet monthly x 3 months and review the Care Plan Audit Tool and the Pharmacy	

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F 758	Continued From page 16	F 758	Consultant Audit on Antipsychotic Medications to determine trends and/or issues that may need further interventions put into place and to determine the need for further and/or frequency of monitoring. The Administrator and Director of Nursing will be responsible for the implementation of corrective actions to include all 100% audits, in-services, and monitoring related to the plan of correction.	