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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345535 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 09/19/2018 |
| NAME OF PROVIDER OR SUPPLIER ADAMS FARM LIVING & REHABILITATION | | | STREET ADDRESS, CITY, STATE, ZIP CODE 5100 MACKAY ROAD JAMESTOWN, NC 27282 | | |
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| F 758 SS=D | <p>Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)</p> <p>§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</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended</p> | F 758 | | 10/15/18 | |

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

TITLE

(X6) DATE

Electronically Signed

10/10/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 758 | <p>Continued From page 1</p> <p>beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff, pharmacist and physician interviews the facility failed to obtain documentation for the rationale and duration to extend an as needed (PRN) order for a psychotropic medication beyond 14 days for 1 of 3 residents reviewed for unnecessary medications (Resident #1).</p> <p>Findings Included:</p> <p>Resident #1 was admitted to the facility on 2/20/18 and diagnoses included diabetes, congestive heart failure, peripheral vascular disease and chronic pain syndrome.</p> <p>Review of the May 2018 physician orders for Resident #1 revealed an order for Clonazepam (a medication used to treat anxiety) 0.5 milligrams (mg) take ½ tablet twice daily PRN for anxiety. The order had a start date of 3/21/18. The order did not include a stop date.</p> <p>Review of the May 2018 medication administration record (MAR) for Resident #1 identified an order for Clonazepam 0.5 mg take ½ tablet (0.25 mg) by mouth two times daily PRN. The MAR revealed the resident had received 2 doses of the Clonazepam during the month.</p> | F 758 | <p>F758 Free from Unnec Psychotropic Meds/PRN Use</p> <p>Plan of correcting the specific deficiency: Resident #1 was admitted to the facility from the hospital on 3/21/18 an order for Clonazepam 0.25 BID PRN for Anxiety, was carried over from the hospital discharge summary. Physician did not have a stop date for this psychotropic medication due to the resident experiencing infrequent episodes of anxiety. Resident #1 received 5 doses of Clonazepam 0.25mg between March 21 & June 26, 2018. Pharmacy consultant identified the PRN order for this psychotropic medication during the March Pharmacy Review and the attending physician discontinued this medication on 6/26/2018.</p> <p>Procedure for implementing acceptable plan of correction: An audit was completed of current resident medication orders to ensure we have no current PRN psychotropic medication orders for our residents that are ordered beyond 14 days without a</p> | | |

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| F 758 | <p>Continued From page 2</p> <p>Review of the June 2018 MAR for Resident #1 identified an order for Clonazepam 0.5 mg take ½ tablet (0.25 mg) by mouth two times daily PRN. The MAR revealed the resident had received 1 dose of the Clonazepam during the month.</p> <p>Review of the consultant Pharmacist note for Resident #1 dated 4/30/18 revealed no recommendations for the physician.</p> <p>Review of the physician progress notes for Resident #1 from 5/1/18 through 6/26/18 identified an order for Clonazepam 0.25 mg twice daily PRN in the medication section. There was no documentation that addressed rationale for the PRN Clonazepam order for greater than 14 days.</p> <p>Review of the consultant Pharmacist note for Resident #1 dated 5/31/18 revealed a recommendation to the physician regarding the Clonazepam 0.25 mg twice daily PRN for anxiety. The note stated "per new CMS guidance, prn psychotropic medications are limited to 14 days. To extend a prn order past 14 days please document rationale in chart and indicate a duration of prn order (excluding antipsychotic prns which are 12 days only). If you would like to extend the use of the Clonazepam past 14 days, please document a rationale and indicate a duration for its use (i.e.: 3 months)". There was a check mark that the physician agreed with the recommendation. The note was signed, but not dated.</p> <p>A telephone order dated 6/26/18 for Resident #1 stated to discontinue the Clonazepam.</p> <p>A quarterly minimum data set (MDS) for Resident</p> | F 758 | <p>rational for continued use from the attending physician or prescribing practitioner. This audit was completed by the facility Director of Nursing Services (DNS), Assistant Director of Nursing (ADON) and Clinical Care Coordinator (CCC) on September 18, 2018. Any opportunities were corrected by the Administrative Nurses by September 18, 2018.</p> <p>Licensed Nursing staff (RNs & LPNs) have been re-educated on the intent of F 758, related to ensuring that any PRN order for psychotropic medication received from the any attending physician or prescribing practitioner will be given an automatic 14 day stop date. It will be the responsibility of the charge nurse to notify the attending physician or prescribing practitioner that a rational will be required to continue the PRN psychotropic medication beyond the 14 days. This training was completed by the facility DNS and Staff Development Coordinator as of 10/15/2018.</p> <p>Monitoring Procedure: Physician orders are reviewed daily M-F at the morning clinical meeting. During this order review the Administrative Nurses will review any PRN psychotropic medication orders to ensure there is an automatic 14 day stop date. If the physician has decided that the medication is to be extended this review will ensure that the physician or prescribing practitioner has documented a rational to continue the medication beyond the 14</p> | | |

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| F 758 | <p>Continued From page 3</p> <p>#1 dated 8/26/18 revealed her cognition was moderately impaired did not identify any mood or behavior concerns.</p> <p>An interview with the MD (Doctor of Medicine) for Resident #1 on 9/18/18 at 1:30 pm revealed she didn ' t recall the resident having an order for prn Clonazepam. The MD stated she didn ' t believe the resident had any significant issues with anxiety. She stated the pharmacist would typically provide recommendations for medication adjustments, including the use of prn anti-anxiety medication without an end date for the order. The MD added she was still working on how to manage residents on prn psychotropics within the regulation guidelines.</p> <p>A phone interview on 9/19/18 at 10:55 am with the Pharmacist revealed she had been the Consultant Pharmacist for the facility since March 2018. She stated her first review for Resident #1 was on 4/30/18 and her records didn ' t indicate the resident had been on a prn anti-anxiety medication. She added she wasn ' t sure if there was an order for the PRN Clonazepam on the 4/30/18 visit. The Pharmacist stated her next review of the resident was on 5/31/18 and that was when she identified the order for a prn anti-anxiety medication and left a recommendation for Resident #1 ' s physician.</p> <p>An interview was conducted on 9/19/18 at 11:49 with the Director of Nursing (DON), Administrator and MD. The DON stated the Pharmacist had identified the prn anti-anxiety order for Resident #1 on 5/31/18 and the order was discontinued by the MD on 6/26/18. She added the facility had a process for identification of prn anti-anxiety medications, but in this case the process wasn ' t</p> | F 758 | <p>days.</p> <p>This audit will continue daily for 4 weeks, then 3 times a week for 3 months, and finally monthly for 6 months.</p> <p>A summary of audit results will be analyzed for patterns and trends and reported to the Quality Assurance Performance Improvement (QAPI) Team by the Director of Nursing Services for 3 months. The QAPI Committee will evaluate the effectiveness of the interventions to determine if additional auditing is necessary to maintain compliance.</p> <p>Title of person responsible for implementing the Plan: Director of Nursing Services</p> <p>Date of compliance: October 15, 2018</p> | | |

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

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| F 758 | Continued From page 4 handled timely. The DON stated the facility had discussed looking at their systems for the management of prn psychotropics, but she didn't believe they had a quality assurance plan to address the process. An interview with the Administrator on 9/19/18 at 12:40 pm confirmed that the facility did not have a quality assurance plan that included evaluation of all residents on prn psychotropics, staff in-services and monitoring tools. She added it was her expectation that prn orders for psychotropic medications were written per the guidelines. | F 758 | | | |