



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

August 18, 2023

Ms. Shannon McHale, Administrator  
Crescent Manor Care Ctrs  
312 Crescent Blvd  
Bennington, VT 05201-0170

Dear Ms. McHale:

Enclosed is a copy of your acceptable plans of correction for the recertification survey conducted on **July 26, 2023**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

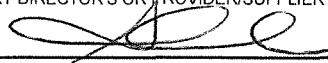
Enclosure

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

PRINTED: 08/14/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475033</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>CRESCENT MANOR CARE CTRS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>312 CRESCENT BLVD BENNINGTON, VT 05201</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments  The Division of Licensing and Protection conducted an emergency preparedness review on 7/26/23, during the re-certification survey, to determine compliance with 42 CFR Part 483.73 Emergency Preparedness requirements for Long Term Care Facilities. As a result of this review, the Facility was determined to be in substantial compliance with these requirements.	E 000		
F 000	INITIAL COMMENTS  The Division of Licensing and Protection conducted an unannounced, on-site re-certification survey from 7/24/23 to 7/26/23 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. Deficiencies were cited as a result of this survey.	F 000		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)  §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined	F 657	<b><u>F-657- Care Plan Timing and Revision</u></b> <b>I. The following actions were accomplished for the residents identified in the sample:</b>  The care plan for Resident #52 was updated with resident centered interventions to reflect the resident's current care needs.  Direct care staff were educated on the updated care plan.  <b>II. The following corrective actions will be implemented to identify other residents who may be affected by the same practice:</b>  All residents had the potential to be impacted by the deficient practice.  An audit was conducted to identify all residents who had a recent change in condition.	

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



TITLE

*Administrator*

(X6) DATE

*8/16/23*

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 657	<p>Continued From page 1</p> <p>not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure that a resident's care plan was updated after a change in condition with resident centered interventions that reflected the resident's current care needs for 1 of 22 residents included in the sample (Resident #2). Findings include:</p> <p>Per observations made throughout survey between 7/17 - 7/19/2023 Resident #2 was assisted with mobility in a Broda (reclining chair) with one staff member pushing the chair. Per record review Resident #2 has a diagnosis of dementia with behavior disturbance and has experienced a recent decline in cognition and ambulation status related to disease progression. Per the resident's activities of daily living (ADL) care plan S/he requires extensive assistance from two staff members to transfer and ambulate. S/he also requires total assistance with wheelchair mobility and a Broda.</p> <p>A care plan focus for falls reflects that Resident #2 wanders frequently and does not recognize when S/he is tired or unable to ambulate due to safety and fatigue. An intervention states "Ensure [Resident] has [his/her] walker when walking independently."</p>	F 657	<p>Care plans of residents who have experienced a recent change in condition were reviewed and/or updated with resident centered interventions that reflect the resident's current care needs.</p> <p>Direct care staff were educated on the updated care plans.</p> <p><b>III. The following system changes will be implemented to assure continuing compliance with regulations:</b></p> <p>The Comprehensive Care Plan Policy &amp; Procedure was reviewed and revised.</p> <p>All nurses were re-educated on the revised Comprehensive Care Plan Policy &amp; Procedure.</p> <p><b>IV. The facility's compliance will be monitored utilizing the following quality assurance system:</b></p> <p>An audit will be conducted weekly x 4 weeks and monthly x 3 months to identify residents who experience a change in condition to ensure that the care plan has been updated with resident centered interventions that reflect the resident's current care needs.</p> <p>Results of the audits will be reviewed in the QAPI committee meeting x 4 months for further resolution if needed.</p> <p><b>Completion Date:</b> <u>09/01/2023</u></p> <p><b>Responsibility:</b> <u>Director of Nursing</u></p>		

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F 657	Continued From page 2	F 657	<p><b>Tag F 657 POC accepted on 8/18/23 by D. Hoffman/P. Cota</b></p> <p><b><u>F-697-Pain Management</u></b></p> <p><b>I. The following actions were accomplished for the residents identified in the sample:</b></p> <p>The Care Plan for Pain Management for Resident #2 was reviewed with no revision required.</p> <p><b>II. The following corrective actions will be implemented to identify other residents who may be affected by the same practice:</b></p> <p>All residents had the potential to be impacted by the deficient practice.</p> <p>An audit was conducted to ensure all resident care plans for Pain Management were reviewed and/or updated with resident centered interventions.</p>		
F 697 SS=D	<p>Pain Management CFR(s): 483.25(k)</p> <p>§483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to ensure that pain management was provided to residents who require such services, consistent with professional standards of practice and the comprehensive person-centered care plan for one resident [Res.#35] of 26 sampled residents. Findings include:  Per record review, Res.#35 was admitted to the facility with diagnoses that include Chronic Pain and Osteoarthritis [Inflammation of one or more joints, a form of arthritis that affects joints in the hand, spine, knees, and hips.] A review of Res.#35's Care Plan reveals the resident identified as having "chronic pain related to Arthritis" and "I am on narcotic pain medication</p>	F 697			

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F 697	<p>Continued From page 3</p> <p>therapy related to chronic pain related to osteoarthritis, osteoporosis." Care Plan interventions to address the resident's pain include "Administer medications as per MD orders," "update MD as indicated, "and "Administer Analgesic medications [medications used to relieve pain] as ordered by a physician".</p> <p>Review Physician Orders for Res.#35 and of the Medication Administration Record [MAR] for Res.#35 for June 2023 reveals an order for Oxycodone [an opioid pain medication used to treat moderate to severe pain] to be administered twice daily, at 7:30 AM and 4:00 PM. The June MAR documents on 6/28/23 at 4:00 PM; the Oxycodone was not given as ordered to Res.#35. The corresponding Nursing Notes record the medication as "on order" with no further documentation. Further review of the MAR reveals the next dose, due on 6/29/23 at 7:30 AM, also documented as not given, with the Nurse's Note recording the pain medication as "unavailable" with no follow-up notes. The next ordered dose, on 6/30/23, again is marked as not given with the corresponding Nurses Note recording "not available" and again with no further documentation.</p> <p>An interview was conducted with the Unit Manager [UM] for resident #35 on 7/25/23 at 1:43 PM. The UM stated that the facility's process regarding unavailable medications or if the medication is not given includes contacting the resident's Physician to determine how to proceed. The UM stated that the Physician's notification would be documented in the resident's Nurse's Notes.</p> <p>Per interview and record review, the UM confirmed that medical records for resident #35</p>	F 697	<p><b>III. The following system changes will be implemented to assure continuing compliance with regulations:</b></p> <p>The Medication Administration policy was reviewed and revised.</p> <p>All nurses were re-educated on the revised Medication Administration policy with a focus on the facility process regarding unavailable medications or contacting the Physician when the medication is not given to determine how to proceed.</p> <p><b>IV. The facility's compliance will be monitored utilizing the following quality assurance system:</b></p> <p>The MAR's for all pain medication will be audited weekly x 4 weeks and monthly x 3 months to ensure that the medication has been provided as ordered and/or, if not provided as ordered, has been addressed according to policy.</p> <p>Results of the audit will be reviewed in the QAPI committee meeting x 4 months for further resolution if needed.</p> <p><b>Completion Date:</b> <b>09/01/2023</b></p> <p><b>Responsibility: Director of Nursing</b></p> <p><b>Tag F 697 POC accepted on 8/18/23 by D. Hoffman/P. Cota</b></p>		

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F 697	Continued From page 4 revealed Medication Administration Records [MAR] documented medications as not given and referrals to Nurses Notes. Referral back to Nurse's Notes on the days where the MAR indicates the medications were not given, include notations that the medications were "unavailable" or "on order" and no further notation. Per an interview with the UM and per record review, the UM confirmed that Res #35's Care Plan interventions included "Administer medications as per MD orders" and "update MD as indicated." The UM confirmed that the Care Plan interventions were not implemented, and there was no documentation in Res.#35's medical record that the resident's Physician was notified that the prescribed pain medication was not given as ordered.	F 697		
F 744 SS=D	Treatment/Service for Dementia CFR(s): 483.40(b)(3)  §483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. This REQUIREMENT is not met as evidenced by:  Based on observation, interview, and record review, the facility failed to provide activities that are directed toward understanding, preventing, relieving, and/or accommodating a resident's loss of abilities for 1 of 6 sampled residents who reside on the locked special care unit (Resident #2). Findings include:  1. Per record review Resident #2 has diagnoses that include dementia with behavior disturbance, anxiety, and major depressive disorder. Review	F 744	<b><u>F-744 Treatment/Service for Dementia</u></b>  <b>I. The following actions were accomplished for the residents identified in the sample:</b>  An activity specific care plan was developed for Resident #2.  Direct care staff were educated on the updated care plan.  <b>II. The following corrective actions will be implemented to identify other residents who may be affected by the same practice:</b>  All residents had the potential to be impacted by the deficient practice.  An audit was conducted to identify any additional residents on the dementia unit that did not have an activity specific care plan.	



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F 744	<p>Continued From page 5</p> <p>of Resident #2's care plan reveals that there is no activity specific care plan. A social work care plan focus initiated on 7/24/2019 revealed that Resident #2 suffers the effects of dementia and has memory loss and confusion. The care plan goal is "I will become comfortable with my new home" Interventions provided to assist in meeting this goal are "will become comfortable with my new home. I enjoy yard work and would like to work on a garden. I like to be outside in the sunshine. I like to work with my hands. Please provide me with things to do. Please help me to stay busy."</p> <p>Per observations on 7/17/23 at 2:00 PM Resident #2 was seen sitting at a table in the dining/activities room. S/he had a magazine placed in front of her/him and was sleeping. Each day between 7/17/23 and 7/19/23 both in the morning and afternoon there was a group of residents gathered outside socializing, Resident #2 was observed sitting in the dining/activity room at a table. On 7/18/23 at 12:45 PM a Licensed Nursing Assistant (LNA) was assisting the resident to finish her/his meal. When the meal was finished the LNA left the room to assist other residents, leaving Resident #2 at the table with another resident who was sleeping. Resident #2 was not assisted outside at all over the three days of survey.</p> <p>Per interview with an activity assistant on 7/19/2023 at 8:15 AM S/he stated that there is an activity calendar for the unit and they do activities based on what is on the calendar when they can. When asked about Resident #2 the assistant stated that S/he has had a recent change. The resident used to walk around, and it was hard to get her/him to sit down to participate. Now he sits</p>	F 744	<p>An activity specific care plan was implemented for all residents identified in the audit.</p> <p>Direct care staff were educated on the updated activity specific care plans.</p> <p><b>III. The following system changes will be implemented to assure continuing compliance with regulations:</b></p> <p>The Comprehensive Care Plan Policy &amp; Procedure was reviewed and revised.</p> <p>The Director of Activities was re-educated on the revised Comprehensive Care Plan Policy &amp; Procedure.</p> <p><b>IV. The facility's compliance will be monitored utilizing the following quality assurance system:</b></p> <p>An audit will be conducted weekly x 4 weeks and monthly x 3 months to ensure all residents on the Dementia Unit have an activity specific care plan.</p> <p>Results of the audit will be reviewed in the QAPI committee meeting x 4 months for further resolution if needed.</p> <p><b>Completion Date:</b> <b>09/01/2023</b></p> <p><b>Responsibility:</b> <b>Director of Nursing</b></p> <p><b>Tag F 744 POC accepted on 8/18/23 by D. Hoffman/P. Cota</b></p>		

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F 744	Continued From page 6 in the chair all day and they give her/him books to look at. The activity assistant confirmed that Resident #2 had not been assisted outside over the past three days.  Review of the Therapeutic Activities Task Sheets Resident #2 spent 10-15 minutes per day in activities between 6/27-7/25/2023.  Per interview with the Director of Activities and an activity assistant on 7/19/23 at approximately 11:00 AM activity staff who work on the special care unit they tailor the activities toward the residents who are up and able to participate.	F 744			
F 755 SS=E	Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)  §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.  §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-  §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in	F 755	<b><u>F-755 Pharmacy Svcs/Procedures/Pharmacist/Records</u></b>  <b>I. The following actions were accomplished for the residents identified in the sample:</b>  The medication errors identified for Residents #35, #42 and #43 were brought to the attention of the physician for direction.  The Medication errors were reviewed with the nurses responsible for them on the dates specified.  <b>II. The following corrective actions will be implemented to identify other residents who may be affected by the same practice:</b>  All residents had the potential to be impacted by the deficient practice.		



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F 755	Continued From page 7 the facility.  §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and  §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to provide routine and emergency drugs and biological's to its residents as ordered by a Physician for 3 residents [Res.#35, #42, & #43] of 26 sampled residents. Findings include:  1.) Review of Res.#35's medical record reveals the resident was admitted to the facility with diagnoses that include Chronic Pain related to Osteoarthritis, Lactose Intolerance, Major Depressive Disorder, and Hypertension [high blood pressure]. Review of Physician Orders for Res.#35 and of the Medication Administration Record [MAR] for June 2023 reveals an order for Oxycodone [an opioid pain medication used to treat moderate to severe pain] to be administered twice daily. Res.#35's MAR records that the Oxycodone was not administered as ordered on 6/28, 6/29, & 6/30/23. Further review of Res.#35's MAR reveals an order for Lactaid [a medication used to treat Lactose Intolerance] to be given daily before each meal. Res.#35's MAR records that the Lactaid medication was not administered as ordered on 6/13, 6/15, & 6/16/23. Res.#35's Physician Orders and MAR also contain an order for	F 755	An audit was conducted to identify other instances of missed medications or medications documented as unavailable. Any instances where a missed dose or unavailable medication was identified was addressed with the physician and nurse responsible.  The list of medications available in the 1 <sup>st</sup> dose and the e-kit were updated.  <b>III. The following system changes will be implemented to assure continuing compliance with regulations:</b>  The Medication Administration policy was reviewed and revised.  All nurses were re-educated on the revised Medication Administration policy with a focus on the facility process regarding unavailable medications or contacting the Physician when the medication is not given to determine how to proceed.  <b>IV. The facility's compliance will be monitored utilizing the following quality assurance system:</b>  The MAR's will be audited weekly x 4 weeks and monthly x 3 months to ensure that medication has been provided as ordered and/or if not provided as ordered, has been addressed according to policy.  Results of the audit will be reviewed in the QAPI committee meeting x 4 months for further resolution if needed.  <b>Completion Date:</b> <b>09/01/2023</b>  <b>Responsibility: Director of Nursing</b>		

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F 755	<p>Continued From page 8</p> <p>Sertraline [an antidepressant medication ordered to treat Res.#35's diagnosis of Major Depressive Disorder] to be administered daily. A Review of Res.#35's MAR records the Sertraline was not given as ordered on 6/3/23.</p> <p>A Review of Res.#35's July Medication Administration Record [MAR] again records multiple medications not given as ordered by the physician.</p> <p>On 7/10/23, Res.#35's MAR records Ibuprofen [a pain relief medication], Melatonin [a sleep aide medication], and Docusate [stool softener] all not given as ordered. Further review reveals that on 7/14/23, in addition to the 3 July medications listed above, Metoprolol [a medication used to treat high blood pressure] was also not given as ordered.</p> <p>A Review of Res.#35's medical record reveals no documentation that the resident's physician was notified that the prescribed medications were not given as ordered on any of the June or July listed dates.</p> <p>2.) Review of Res.#42's medical record reveals the resident was admitted to the facility with diagnoses that include Chronic Obstructive Pulmonary Disease [a chronic inflammatory lung disease], Asthma, Diabetes, and Hyperlipidemia [high cholesterol].</p> <p>Review of Physician Orders for Res.#42 and of the Medication Administration Record [MAR] for Res.#42 for June 2023 reveals an order for Jardiance [a medication used to treat high blood sugar related to Diabetes] and Atorvastatin [used to treat high cholesterol] to be administered daily.</p> <p>Review of Res.#42's MAR for 7/9/23 records neither medication administered to the resident.</p> <p>Additionally, Res.#42's July MAR records that the medication Symbicort [used to control wheezing</p>	F 755	<b>Tag F 755 POC accepted on 8/18/23 by D. Hoffman/P. Cota</b>	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475033</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/26/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>CRESCENT MANOR CARE CTRS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>312 CRESCENT BLVD BENNINGTON, VT 05201</b>		
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F 755	<p>Continued From page 9</p> <p>and shortness of breath caused by asthma or chronic obstructive pulmonary disease] not given as ordered on 7/22 &amp; 7/23/23.</p> <p>Review of Res.#42's medical record reveals no documentation that the resident's physician was notified that the prescribed medications were not given as ordered on any of the listed dates.</p> <p>3.)A Review of Res.#43's medical record reveals the resident was admitted to the facility with diagnoses that include Anxiety Disorder, Hypothyroidism, and contractures of both knees and ankles. Review of Physician Orders for Res.#43 and of the Medication Administration Record [MAR] for June 2023 reveals an order for Gabapentin [used to treat pain caused by dysfunction in the nervous system]. Review of Res.#43's MAR for 6/21/23 records the medication not given to the resident. Review Physician Orders for Res.#43 and MAR for July 2023 reveals the Gabapentin again not given to the resident as ordered on 7/14/23. Further review of Res.#43's July MAR reveals the medication Atorvastatin [used to treat high cholesterol] not given as ordered on 7/14/23, Levothyroxine [for Res.#43's Hypothyroidism] not given to the resident as ordered on 7/5 &amp; 7/13/23, and the medication Buspirone [prescribed for Anxiety] was not given as ordered 2 times on 7/4/23.</p> <p>A Review of Res.#43's medical record reveals no documentation that the resident's physician was notified that the prescribed medications were not given as ordered on any of the June or July listed dates.</p> <p>An interview was conducted with the Unit Manager [UM] for residents #35, #42, &amp; #43 on 7/25/23 at 1:43 PM. The UM stated that the</p>	F 755			

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F 755	Continued From page 10 facility's process regarding unavailable medications or if the medication is not given includes contacting the resident's Physician to determine how to proceed. The UM stated that the Physician' notification would be documented in the resident's Nurses Notes. Per interview and record review, the UM confirmed that medical records for residents #35, #42, & #43 revealed Medication Administration Records [MAR] documented medications as not given and referrals to Nurses Notes. Referral back to Nurses Notes on the days where the MAR indicate the medications were not given include notations that the medications were "unavailable", "on order" or no notation at all. Per interview with the UM and per record review, the UM confirmed there was no documentation in any of the reviewed residents' medical records that the residents' Physician[s] were notified that the prescribed medications were not given as ordered.	F 755			
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---	F 758	<b><u>F-758 Free from Unnec Psychotropic Meds/PRN Use</u></b>  <b>I. The following actions were accomplished for the residents identified in the sample:</b>  The physician documented the rationale for the extension of a PRN order for a psychotropic drug for Resident #56.  <b>II. The following corrective actions will be implemented to identify other residents who may be affected by the same practice:</b>  All residents had the potential to be impacted by the deficient practice.		

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F 758	<p>Continued From page 11</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 beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure the physician documented a rationale for extending an as needed (PRN) order for a psychotropic drug for more than 14 days for 1 of 5 sampled residents (Resident # 56).</p>	F 758	<p>An audit was conducted to identify any additional residents with a PRN order for a psychotropic drug extending past 14 days.</p> <p>The physician was notified to document the rationale for PRN orders found for psychotropic drugs extending past 14 days.</p> <p><b>III. The following system changes will be implemented to assure continuing compliance with regulations:</b></p> <p>The Medication Administration Policy was Reviewed and Revised.</p> <p>The Physician was re-educated on the need to provide documentation of rationale each time a PRN order is extended past 14 days.</p> <p><b>IV. The facility's compliance will be monitored utilizing the following quality assurance system:</b></p> <p>An audit will be conducted weekly x 4 weeks and monthly x 3 months to ensure there is physician documented rationale for extending the 14-day order of PRN psychotropic drugs.</p> <p>Results of the audit will be reviewed in the QAPI committee meeting x 4 months for further resolution if needed.</p> <p><b>Completion Date:</b> <u>09/01/2023</u></p> <p><b>Responsibility:</b> <u>Director of Nursing</u></p> <p><b>Tag F 758 POC accepted on 8/18/23 by D. Hoffman/P. Cota</b></p>		

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F 758	<p>Continued From page 12</p> <p>Findings include:</p> <p>Per record review Resident #56 had a physicians order for Lorazepam (an anti-anxiety medication) 0.5 mg 1 tablet by mouth every 4 hours as needed for anxiety or agitation for 14 days. On 6/13/23, 6/28/23, and 7/13/23 the PRN Lorazepam was reordered with no documentation of rationale for extending the 14 day order.</p> <p>During interview on 7/26/23 at 2:30 PM the Director of Nursing confirmed that the order for Lorazepam had been extended on 6/13, 6/28, and 7/13/23 without physician documented rationale.</p>	F 758		