



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

September 19, 2019

Mr. Chad Dingman, Administrator
Pines Rehab & Health Ctr
601 Red Village Road
Lyndonville, VT 05851-9068

Dear Mr. Dingman:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 8, 2019. This survey was conducted by federal contractors, but the State Agency will be completing the process.** 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

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

Printed: 08/23/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2019
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NAME OF PROVIDER OR SUPPLIER PINES REHAB & HEALTH CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 601 RED VILLAGE ROAD LYNDONVILLE, VT 05851
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F 000 INITIAL COMMENTS

A Focused Dementia Care Survey was conducted by Healthcare Management Solutions, LLC on behalf of the Centers for Medicare and Medicaid. The facility was found not to be in substantial compliance with 42 CFR 483 subpart B.

Survey Dates: 08/06/19 through 08/08/19

Survey Census: 51

Sample Size: 5

Supplemental Residents: 0

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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

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1. Resident #2 had no negative effect as a result of the alleged deficient practice.
2. Residents with care plan interventions to monitor and track behaviors have the potential to be affected by the alleged deficient practice.
3. Care plans have been reviewed for resident's receiving antipsychotic medication to ensure targeted behaviors and interventions are addressed

(X8) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Administrator* 9/17/2019

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 656	<p>Continued From page 1</p> <p>rehabilitative services the nursing facility will 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.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(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.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This Requirement is not met as evidenced by: Based on interview and record review, the facility failed to ensure the staff implemented the care plan directions to document the resident's behavioral status for one of five sampled residents, (Resident (R)2).</p> <p>Findings include:</p> <p>1. Review of R2's paper-based medical record and "Face Sheet" revealed the facility admitted the resident on 06/14/18 with diagnoses that included vascular dementia without behavioral disturbance.</p> <p>Review of R2's quarterly "Minimum Data Set (MDS)," with an "Assessment Reference Date (ARD)" of 06/25/19, revealed the resident had a "Brief Interview for Mental Status (BIMS)" score of "00" out of 15, which indicated he had severe cognitive impairment. The MDS indicated the</p>	F 656	<p>4. A process was developed to address monitoring behaviors and interventions and documentation to include utilization of the medication administration record.</p> <p>5. Education will be provided to staff regarding the process developed.</p> <p>6. Documentation audits will be completed weekly by the Director of Nursing or designee to monitor the effectiveness of the plan</p> <p>7. Results of the audits will be reported to the QAA committee x3 months at which time the committee will determine further frequency of the audits</p> <p>8. Corrective action to be completed by 9/18/19.</p> <p><i>F656 POC accepted 7/19/19 mncstark</i></p>		

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F 656	<p>Continued From page 2</p> <p>resident had no hallucinations or delusions, no episodes of physical or verbal behaviors, and no rejection of care, or wandering during the assessment's seven-day look-back period. The MDS revealed the resident received an antipsychotic medication on all seven days of the seven-day look-back period.</p> <p>Review of R2's care plan, initiated on 04/12/19 with a target review date of 10/09/19, revealed a problem area that read: "Risk of resident to staff verbal/physical abuse," which indicated R2 was at risk for harm to self or others and for not receiving necessary care. The "Goal" read: "Resident will not harm self or staff, occurrences will be eliminated and or resolved, [the] resident will use socially acceptable behavior to resolve conflict, and [the] resident will receive necessary care and services." One of the "Interventions" directed the staff to, "Report and document all behavior every shift (see behavior tracking sheet)."</p> <p>Review of R2's "Behavior/Intervention Monthly Record" flowsheets for February 2019 revealed the staff failed to document whether the resident exhibited behaviors on 10 of the 84 eight-hour blocks of time in the month.</p> <p>Review of R2's "Behavior/Intervention Monthly Record" flowsheets for March 2019 revealed the staff failed to document whether the resident exhibited behaviors on five of the 90 eight-hour blocks of time in the month.</p> <p>Further review of R2's medical record revealed no April 2019 "Behavior/Intervention Monthly Record" flowsheets. Review of the "Interdisciplinary Notes" for April 2019 revealed only four documented behaviors out of the 15</p>	F 656		

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F 656	<p>Continued From page 3 entries documented for the month.</p> <p>Review of R2's "Behavior/Intervention Monthly Record" flowsheets for May 2019 revealed the staff failed to document whether the resident exhibited behaviors on 14 out of 93 eight-hour blocks of time in the month.</p> <p>Further review of the resident's medical record revealed no "Behavior/Intervention Monthly Record" flowsheets for June, July, or August 2019.</p> <p>Review of R2's "Interdisciplinary Notes" from 06/01/19 to 08/08/19 revealed two entries related to R2's behaviors. No additional documentation of the resident's behavioral status was found for the remaining 69 days or 138 shifts.</p> <p>During an interview on 08/07/19 at 11:30 AM, the Interim Director of Nursing (DON) reviewed R2's care plan and verified that it directed the staff to document every shift whether the resident had behaviors and any interventions implemented. The Interim DON stated they had no behavior documentation except what may be in the nursing notes after May 2019 because, "We no longer require the use of the behavior tracking documents. We chart only by exception." When asked how they justify the use of antipsychotic medication based on behaviors, the Interim DON shrugged her shoulders.</p> <p>During a subsequent interview on 08/07/19 at 5:30 PM, Interim DON stated the staff should follow the care plan, and they did not follow R2's care plan.</p>	F 656		
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5)	F 756		

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F 756	<p>Continued From page 4</p> <p>§483.45(c) Drug Regimen Review.</p> <p>§483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>§483.45(c)(2) This review must include a review of the resident's medical chart.</p> <p>§483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.</p> <p>(i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.</p> <p>(ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.</p> <p>(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This Requirement is not met as evidenced by: Based on interview and record review, the facility</p>	F 756	<ol style="list-style-type: none"> 1. Resident's #3, 4, and 5 no longer receive antipsychotic medication 2. Residents receiving antipsychotic medication have the potential to be affected by the alleged deficient practice. 3. An initial audit was completed by the consultant pharmacist to evaluate residents receiving psychotropic medication to ensure appropriate diagnosis or rationale for use. 4. The consultant pharmacist and facility administration is aware of the regulatory requirement for identification and reporting of irregularities in the continued use of antipsychotic medications. 5. An audit will be completed by the Director of Nursing or designee monthly with pharmacy consultant reports to monitor effectiveness of the plan. 6. The results of the audits will be reported to the QAA committee x3 months at which time the committee will determine further frequency of the audits. 7. Corrective action will be completed by 9/18/19. <p><i>F756 POC accepted 9/19/19 pmcatu/en</i></p>		

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F 756	<p>Continued From page 5</p> <p>failed to ensure the consultant pharmacist identified and reported irregularities in the continued use of antipsychotic medications for three of five sampled residents with dementia, (Resident (R)3, R4, and R5), when the residents exhibited no symptoms of significant distress, nor any behaviors that presented a danger to the residents or others.</p> <p>Findings include:</p> <p>1. Review of R3's paper-based medical record revealed a "Face Sheet" that indicated the facility admitted the resident on 10/23/17 with diagnoses that included unspecified dementia without behavioral disturbance. The facility re-admitted the resident on 07/15/19 after a hospital stay.</p> <p>Review of R3's quarterly "Minimum Data Set (MDS)" with an "Assessment Reference Date (ARD)" of 06/17/19, and significant change in status assessment (SCSA), with an ARD of 07/22/19 revealed the resident was unable to complete the "Brief Interview for Mental Status (BIMS)" evaluation on either assessment. The "Staff Assessment for Mental Status" for each MDS indicated R3 had severe cognitive impairment. The MDS assessments indicated the resident wandered daily, but had no hallucinations or delusions, no episodes of physical or verbal behaviors, and no rejection of care during both assessments' seven-day look-back periods. Both MDS assessments indicated the resident received antipsychotic medication on six of seven days, and on seven of seven days, respectively, during the assessments' seven-day look-back periods.</p> <p>Review of R3's physician's orders revealed an</p>	F 756			

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F 756	<p>Continued From page 6</p> <p>order for risperidone (an antipsychotic medication), 0.25 mg (milligrams) twice daily at 2:00 PM and 5:00 PM (ordered on 05/02/19). The order provided no diagnosis or rationale to explain why R3 received an antipsychotic medication.</p> <p>Review of R3's "Interdisciplinary Notes" from 06/01/19 through 08/07/19, failed to identify any behaviors except for wandering. Review of the resident's "Behavior/Intervention Monthly Record" flowsheets revealed the staff had not documented on the tracking sheets since the end of May 2019. A review of the resident's active care plan, identified R3's behaviors as: "use of foul language," "resistive to care," "urinates in inappropriate places and objects," and "rummaging through other resident's belongings."</p> <p>Review of R3's 07/15/19 readmission orders following a stay in the hospital, revealed an order for risperidone, 0.25 mg twice daily at 2:00 PM and 5:00 PM. The order provided no diagnosis or rationale to explain why R3 received an antipsychotic medication.</p> <p>Review of a "Pharmacist Initial Medication Regimen Review for New Admissions," dated 07/16/19, revealed the consultant pharmacist requested clarification of the diagnosis for R3's risperidone as follows, "Medication orders missing corresponding diagnoses: risperidone 0.25 mg PO [by mouth] BID [twice a day]." The physician's response read, "Dementia with behaviors." The consultant pharmacist made no further inquiries regarding the use of an antipsychotic medication without clinically significant symptoms of distress, or evidence of behaviors that presented a danger to the resident or others.</p>	F 756			

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F 756	<p>Continued From page 7</p> <p>During an interview on 08/06/19 at 4:10 PM, the Director of Clinical Services (DCS) verified that R3's diagnosis of dementia with behaviors did not warrant the use of antipsychotic medication. The DCS verified no target behaviors were identified for the use of the antipsychotic medication.</p> <p>During an interview on 08/07/19 at 10:30 AM with Nurse Practitioner (NP)70, after a review of R3's behavioral documentation and use of risperidone 0.25 mg two times a day for "dementia with behaviors," NP70 agreed the use of an antipsychotic medication to treat the resident's behavioral symptoms would be inappropriate.</p> <p>During an interview on 08/07/19 at 12:01 PM, Licensed Practical Nurse (LPN)22 stated that sometimes R3 would urinate in an inappropriate place, otherwise the resident had no behaviors.</p> <p>2. Review of R4's paper-based medical record revealed the facility admitted R4 on 12/08/14 with diagnoses that included dementia with aggressive behavior, but no mental health diagnoses.</p> <p>Review of R4's physician's orders revealed an order for Seroquel (an antipsychotic medication), 12.5 mg at 7:00 AM and 1:00 PM, and 25 mg at bedtime (ordered on 09/04/18).</p> <p>Review of R4's quarterly MDS assessments with ARDs of 02/23/19 and 05/16/19, revealed the resident had BIMS scores of four out of 15, and three out of 15, respectively, which indicated she had severe cognitive impairment. Both MDS assessments indicated R4 had no hallucinations or delusions, and exhibited no physical or verbal</p>	F 756		
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F 756	<p>Continued From page 8</p> <p>behaviors towards herself or others during each assessment's seven-day look-back period. The resident received antipsychotic medication on all seven days of each assessment's look-back period.</p> <p>Review of the physician's "Nursing Facility Report[s]" from 01/23/19 through 06/05/19, and the nursing "Interdisciplinary Notes" and "Behavior/Intervention Monthly Flow Record[s]" from 02/01/19 through 08/07/19, revealed no documentation that indicated R4 experienced hallucinations, delusions, or other symptoms that caused the resident to experience significant distress, or that she exhibited behaviors that presented a danger to herself or others.</p> <p>Review of the "Consultant Pharmacist's Medication Regimen Review" forms dated 02/14/19, 03/07/19, 04/09/19, 05/21/19, 06/12/19, and 07/10/19 revealed the consultant pharmacist did not address R4's lack of clinically significant symptoms of distress or behaviors for the ongoing use of Seroquel on any of the six reviews.</p> <p>During an interview on 08/06/19 at 4:10 PM, the DCS verified the pharmacy recommendations for R4 did not address the resident's lack of clinically significant symptoms or behaviors for the ongoing use of Seroquel.</p> <p>3. Review of R5's paper-based medical record revealed the facility admitted the resident on 07/05/18 with diagnoses that included dementia with behavioral disturbance, but no mental health diagnoses.</p> <p>Review of R5's physician's orders revealed an order for Seroquel, 50 mg twice daily at 8:00 AM</p>	F 756			

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F 756	<p>Continued From page 9 and 5:00 PM (ordered 07/05/18). Further review of the physician's orders revealed:</p> <p>An order dated 04/09/19, to decrease Seroquel to 12.5 mg twice a day.</p> <p>An order dated 05/06/19, to decrease Seroquel to 12.5 mg once a day.</p> <p>An order dated 07/10/19 to discontinue the resident's Seroquel.</p> <p>An order dated 07/15/19, which restarted Seroquel at 12.5 mg twice a day for "dementia with behaviors."</p> <p>Review of R5's annual MDS assessment, with an ARD of 06/14/19, revealed R5 was unable to complete the BIMS evaluation. The "Staff Assessment for Mental Status" indicated the resident had severe cognitive impairment. The assessment indicated R5 exhibited verbal behaviors on one to three days of the assessment's seven-day look-back period, but no hallucinations, delusions, or physical behaviors. He received an antipsychotic medication on all seven days of the assessment's look-back period.</p> <p>Review of the physician's "Nursing Facility Report[s]" from 04/09/19 through 07/10/19, and the nursing "Interdisciplinary Notes" from 04/09/19 through 07/29/19, revealed no documentation that indicated R5 experienced hallucinations, delusions, or other symptoms that caused the resident to experience significant distress, or exhibited behaviors that presented a danger to himself or others.</p> <p>Review of the "Consultant Pharmacist's</p>	F 756			

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F 756	Continued From page 10 Medication Regimen Review" forms dated 02/14/19, 03/07/19, 04/09/19, 05/21/19, 06/12/19, and 07/10/19 revealed the consultant pharmacist did not address R5's lack of clinically significant symptoms of distress or behaviors for the ongoing use of Seroquel on any of the six reviews. During an interview on 08/06/19 at 4:10 PM, the DCS verified the pharmacy recommendations for R5 did not address the resident's lack of clinically significant symptoms or behaviors for the ongoing use of Seroquel. The facility failed to provide a policy for review that addressed the monthly medication review process.	F 756			
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that— §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;	F 758 F758	1. Resident's #3, 4, and 5 no longer receive antipsychotic medication. 2. Residents receiving psychotropic medication have the potential to be affected by the alleged deficient practice. 3. An initial audit was completed for residents receiving antipsychotic medication to ensure appropriate diagnosis or rationale for use and most recent GDR. Those found to have inappropriate diagnosis or rationale are being reviewed by the medical provider for discontinuation of medication.		

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F 758	<p>Continued From page 11</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 observations, interview, and record review, the facility failed to ensure that three of five sampled residents with diagnoses of dementia, (Resident (R)3, R4, and R5) received antipsychotic medications only when indicated to treat clinically significant symptoms of distress or behaviors that presented a danger to the resident or others. The facility also failed to attempt a gradual dose reduction (GDR) of R4's antipsychotic medication per regulation.</p> <p>Findings include:</p>	F 758	<ol style="list-style-type: none"> 4. A policy was developed and reviewed to address the requirement for appropriate diagnosis and/or rationale for use including assessment, monitoring, and GDR requirements. 5. Education will be provided to staff regarding the requirements for diagnosis and/or rationale for use of antipsychotic medication, behavior documentation requirements, and GDR requirements as indicated in the policy developed. 6. Audits will be completed weekly by the Director of Nursing or designee to monitor effectiveness of the plan. 7. Results of the audits will be reported at the QAA committee x3 months at which time the committee will determine further frequency of the audits. 8. Corrective action will be completed by 9/18/19. <p><i>F758 POC accepted 9/19/19 mnatarN</i></p>		

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F 758	<p>Continued From page 12</p> <p>1. Review of R3's paper-based medical record revealed a "Face Sheet" that indicated the facility admitted the resident on 10/23/17 with diagnoses that included unspecified dementia without behavioral disturbance. The facility re-admitted the resident on 07/15/19 after a hospital stay.</p> <p>Review of R3's quarterly "Minimum Data Set (MDS)," with an "Assessment Reference Date (ARD)" of 06/17/19, and significant change in status assessment (SCSA), with an ARD of 07/22/19, revealed the resident was unable to complete the "Brief Interview for Mental Status (BIMS)" evaluation on either assessment. The "Staff Assessment for Mental Status" for each MDS indicated R3 had severe cognitive impairment. The MDS assessments indicated the resident wandered daily, but had no hallucinations or delusions, no episodes of physical or verbal behaviors, and no rejection of care during both assessments' seven-day look-back periods. Both MDS assessments indicated the resident received antipsychotic medication on six of seven days, and on seven of seven days, respectively, during the assessments' seven-day look-back periods.</p> <p>Review of R3's "Physician's Orders" revealed an order for risperidone (an antipsychotic medication) 0.25 mg (milligrams) twice daily at 2:00 PM and 5:00 PM (ordered on 02/22/19). The order did not indicate a diagnosis or rationale for the antipsychotic medication.</p> <p>Review of R3's 07/15/19 readmission orders following a stay in the hospital, revealed an order for risperidone, 0.25 mg twice daily at 2:00 PM and 5:00 PM. The order provided no diagnosis or rationale to explain why R3 received an</p>	F 758		

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F 758	<p>Continued From page 13 antipsychotic medication.</p> <p>A review of the resident's active care plan, identified R3's behaviors as: "use of foul language," "resistive to care," "urinates in inappropriate places and objects," and "rummaging through other resident's belongings."</p> <p>Review of R3's "Interdisciplinary Notes" from 06/01/19 through 08/07/19, failed to identify any behaviors except for wandering. Review of the resident's "Behavior/Intervention Monthly Record" flowsheets revealed the staff had not documented on the tracking sheets since the end of May 2019.</p> <p>During an interview on 08/06/19 at 4:10 PM, the Director of Clinical Services (DCS) stated that R3's behavior of wandering or urinating in inappropriate places did not warrant the use of an antipsychotic medication.</p> <p>During an interview on 08/07/19 at 10:30 AM, Nurse Practitioner (NP)70 stated the use of risperidone 0.25 mg two times a day for behaviors such as wandering or urinating in inappropriate places, did not warrant the use of an antipsychotic medication.</p> <p>2. Review of R4's paper-based medical record revealed a "Face Sheet," which indicated the facility admitted the resident on 12/08/14 with diagnoses that included dementia with aggressive behavior, but no mental health diagnoses.</p> <p>Observation on 08/06/19 at 10:00 AM revealed R4 sat in a recliner looking at the newspaper. The resident appeared calm and in no distress.</p>	F 758			

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F 758	<p>Continued From page 14</p> <p>Observation on 08/06/19 at 12:00 PM revealed R4 and the resident's roommate walked to the dining room to eat lunch. R4 and the roommate chatted while waiting to be served lunch. R4 appeared calm and in no distress.</p> <p>Observation on 08/07/19 at 9:30 AM revealed R4 sat in a recliner looking at a book. The resident appeared calm and in no distress.</p> <p>Observation on 08/07/19 at 1:00 PM revealed R4 walked to the activity room. The resident did not appear agitated or aggressive with other residents or staff encountered on the way to the activity room.</p> <p>Review of R4's physician's orders revealed an order dated 09/04/18 for Seroquel (an antipsychotic medication), 12.5 mg at 7:00 AM and 1:00 PM, and an additional 25 mg dose at bedtime for "behavior."</p> <p>Review of R4's quarterly MDS with an ARD of 05/16/19 revealed R4 had a BIMS score of three out of 15, which indicated the resident had severe cognitive impairment. The MDS indicated R4 had no hallucinations or delusions, and exhibited no physical or verbal behaviors towards self or others during the assessment's seven-day look-back period. The assessment further indicated that R4 received antipsychotic medication on all seven days of the same look-back period, and that a GDR had not been attempted, nor documented by the physician as clinically contraindicated.</p> <p>Review of a physician's "Nursing Facility Report" dated 12/07/18 revealed R4's physician documented, "I am meeting with [R4] and [R4's Family Member, (FM)1] . . . [FM1] states that</p>	F 758			

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F 758	<p>Continued From page 15</p> <p>[R4] has been doing very, very well. Nursing has no concerns . . . [R4] has not had the belligerent behavior . . . [exhibited] in the recent past . . . I would like to consider decreasing [R4's] antipsychotic [medication]. [R4] is doing so well at this time that I hate to rock the boat. I also spoke with [FM1] and [FM1] agrees to not make any changes."</p> <p>Review of the physician's "Nursing Facility Report[s]" from 01/23/19 through 06/05/19, and the nursing "Interdisciplinary Notes" and "Behavior/Intervention Monthly Flow Record[s]" from 02/01/19 through 08/07/19 revealed R4 had no hallucinations, delusions, or symptoms of significant distress, nor did the resident exhibit behaviors that presented a danger to self or others.</p> <p>Review of R4's "Medication Administration Record[s] (MARs)" from 01/23/19 through 08/06/19 revealed that although R4 had no hallucinations, delusions, or behaviors that presented a danger to self or others, [R4] received Seroquel 12.5 mg twice a day, and additional 25 mg at bedtime for "behavior."</p> <p>Review of the "Consultant Pharmacist's Medication Regimen Review" dated 03/07/19 revealed a recommendation that read, ". . . Seroquel 12.5 mg BID [twice a day] and 25 mg q [every] hs [bedtime] . . . Would it be appropriate to attempt a GDR . . . to help determine the lowest effective dose at this time?" In response to this GDR request, the physician wrote, "No change" but did not provide a clinical rationale for not attempting the GDR.</p> <p>During an interview on 08/06/19 at 5:30 PM, the Medical Director (also R4's attending physician)</p>	F 758		

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F 758	<p>Continued From page 16</p> <p>stated, "I signed 'No' because [R4's] family does not want any changes and [R4] is stable."</p> <p>During an interview on 08/07/19 at 10:00 AM, Licensed Nursing Assistant (LNA)59 stated R4 exhibited no symptoms of significant distress, or behaviors that presented a danger to the resident or others.</p> <p>During an interview on 08/07/19 at 12:30 PM, LNA58 stated she had worked at the facility and with R4 for six months. LNA58 stated, "I have never seen any behavior issues with [R4]."</p> <p>During an interview on 08/07/19 at 1:30 PM, Registered Nurse (RN)65 stated that R4 forgets that [the resident's spouse] has passed away and wants to call [the spouse] in the evenings. R4 becomes a "little teary-eyed" when [R4] remembers [the spouse] has passed away. RN65 stated that R4 can get confused and agitated when [the resident's] daily routine changes, but [R4's] behavior does not put [the resident] or others at significant risk of harm. RN65 stated R4 can be easily redirected and "calmed down."</p> <p>3. Review of R5's paper-based medical record revealed a "Face Sheet," which indicated the facility admitted the resident on-07/05/18 and readmitted him on 08/12/18 with diagnoses that included dementia with behavioral disturbance, but no mental health diagnoses.</p> <p>Review of R5's physician's orders revealed a medication order dated 07/05/18 for Seroquel (an antipsychotic medication), 50 mg at 8:00 AM and 5:00 PM for "behaviors." Further review of the physician's orders revealed:</p> <p>An order dated 04/09/19, to decrease Seroquel</p>	F 758			

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F 758	<p>Continued From page 17 to 12.5 mg twice a day;</p> <p>An order dated 05/06/19, to decrease Seroquel to 12.5 mg once a day;</p> <p>An order dated 07/10/19 to discontinue the resident's Seroquel.</p> <p>Review of R5's annual MDS with an ARD of 06/14/19, revealed the resident was unable to complete the BIMS evaluation. The "Staff Assessment for Mental Status" indicated he had severe cognitive impairment. The MDS indicated R5 exhibited verbal behaviors on one to three days of the assessment's seven-day look-back period, but no hallucinations, delusions, or physical behaviors. He received an antipsychotic medication on all seven days of the assessment's look-back period.</p> <p>Review of R5's physician's "Nursing Facility Report[s]" from 04/09/19 through 07/10/19 revealed R5 exhibited no hallucinations, delusions, or symptoms of significant distress, nor did the resident exhibit behaviors that presented a danger to himself or others.</p> <p>Review of the nursing "Interdisciplinary Notes" from 04/09/19 through 07/11/19 revealed R5 exhibited no hallucinations, delusions, or symptoms of significant distress, nor did the resident exhibit behaviors that presented a danger to himself or others.</p> <p>Review of the resident's nursing "Interdisciplinary Notes" dated 07/11/19 through 07/15/19 (prior to the restart of Seroquel on 07/15/19) revealed the following documentation of R5's behaviors:</p> <p>A nurse's note dated 07/11/19 (no time</p>	F 758		

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F 758	<p>Continued From page 18</p> <p>documented) revealed: "Res [resident] agitated today. Easily redirected. Will continue to monitor."</p> <p>A nurse's note dated 07/13/19 (no time documented) revealed: "Res refused lunch and dinner. Offering fluids, he is drinking some. Increased aggression towards staff."</p> <p>A nurse's note dated 07/14/19 (no time documented) revealed: "Refused breakfast. Wife in for lunch [and] fed him."</p> <p>A nurse's note dated 07/14/19 at 9:00 PM revealed: "Resident in living room with peers. Appears agitated. Mumbling to himself. When another resident began yelling at the door and windows, [R5] hollered [sic] for her to 'sit down and shut up!'. The other resident continued and [R5] got out of his chair and patted the resident on the arm. Successfully separated the two. [R5] still agitated but no further instances of aggression this shift."</p> <p>A nurse's note dated 07/15/19 (no time documented) revealed: "Refused breakfast. Wife in and fed him lunch. New orders received . . . new medications started. Will continue to monitor."</p> <p>Additional review of the physician's orders revealed an order dated 07/15/19 for Seroquel, 12.5 mg twice a day for "dementia with behaviors."</p> <p>Observations of R5 on 08/06/19 at the following times revealed the resident exhibited no agitation, apparent anxiety, or distress:</p> <p>At 10:30 AM, R5 appeared to be napping in a</p>	F 758		

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F 758	<p>Continued From page 19 chair in the activity room.</p> <p>At 11:40 AM, R5 appeared to be napping in the same chair with a blanket on his lap.</p> <p>At 12:35 PM, LNA59 woke up R5 and asked him if he wanted to eat. He sat up and began feeding himself lunch.</p> <p>At 1:10 PM, R5 walked independently in the activity room moving the furniture (recliner and bedside table) closer to a wall. R5 talked with another resident about moving the chair and did not appear agitated or aggressive with the staff or other residents in the activity room.</p> <p>At 5:50 PM, R5 sat in a chair in the activity room with other residents. The resident mumbled to himself, but did not appear to be agitated or aggressive.</p> <p>Observation on 08/07/19 at 9:45 AM revealed R5 sat in a chair in the activity room. He wore the same clothes from 08/06/19. He did not appear agitated or aggressive with the staff or other residents.</p> <p>During an interview on 08/06/19 at 5:10 PM, the Medical Director (also R5's attending physician) stated, "Because his [R5] behaviors became so aggressive, I put him back on what he was on before when he was stable. If staff or other residents are in danger, I will start antipsychotic medications for behaviors."</p> <p>During an interview on 08/07/19 at 10:00 AM, LNA59 stated that R5 refused his breakfast and refused to change his clothes that morning. LNA59 stated when R5 refuses care, the staff leave him alone and go back later. LNA59 stated</p>	F 758		

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F 758	Continued From page 20 if he still refuses, his wife will come in to help change him. LNA59 stated that R5's behaviors do not put him or others at a significant risk of harm. During an interview on 08/07/19 at 11:15 AM, RN65 stated that R5 can become combative with staff and refuse care. RN65 stated if he becomes combative during care, the staff will let him calm down and try later. RN65 stated R5 will refuse to eat because he thinks he has to pay for the meal, and he does not have any money. RN65 stated if he continues to refuse care, the staff will call his wife to come in and assist with lunch and changing his clothes. RN65 stated that R5's behaviors do not put him or others at a significant risk of harm. During an on 08/07/19 at 12:30 PM, R5's wife stated, "The staff call me if he gets stubborn and won't [sic] let them give him a shower or change his clothes. He will usually do it for me." R5's wife stated the resident's behaviors do not put him or others at a significant risk of harm. The facility did not provide a policy related to unnecessary medication use.	F 758		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This Requirement is not met as evidenced by: Based on interview, record review, and review of the "Drug Label Information" for Seroquel, the facility failed to ensure the staff administered an antipsychotic medication per the physician's orders as part of a gradual dose reduction (GDR) attempt for one of five sampled residents with a	F 760	F760 1. Resident #5 no longer receives Seroquel and no negative effects were noted. 2. Residents receiving antipsychotic medications and requiring a GDR have the potential to be affected by the alleged deficient practice.	

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F 760	<p>Continued From page 21</p> <p>diagnosis of dementia, (Resident (R)5).</p> <p>Findings include:</p> <p>Review of the drug manufacturer's "Drug Label Information" (package insert) for Seroquel (quetiapine fumarate), revised 11/2018, indicated: "Warning: . . . Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death . . . Consideration should be given to a . . . lower target dose in the elderly."</p> <p>Review of R5's paper-based medical record and "Face Sheet" revealed the facility admitted this 87-year-old (birth year 1932) resident on 07/05/18 with diagnoses that included dementia with behavioral disturbance, but no mental health diagnoses.</p> <p>Review of R5's physician's orders revealed a medication order, dated 07/05/18, for Seroquel, 50 mg (milligrams) twice daily at 8:00 AM and 5:00 PM for "behaviors." Further review of the physician's orders revealed the following changes to R5's Seroquel:</p> <p>An order dated 04/09/19, to decrease Seroquel to 12.5 mg twice a day.</p> <p>An order dated 05/06/19, to decrease Seroquel to 12.5 mg once a day.</p> <p>Review of R5's "Medication Administration Record" for May 2019 and June 2019 revealed the nursing staff continued to administer 12.5 mg of Seroquel to R5 twice a day from 05/01/19 until 06/07/19.</p> <p>During an interview on 08/06/19 at 5:10 PM, the</p>	F 760	<ol style="list-style-type: none"> 3. An initial audit was done to review other pharmacy recommendations to ensure orders were transcribed and carried out appropriately. 4. A policy and procedure were developed to address order transcription and follow through to include discontinuation of medication. 5. Education will be provided to licensed staff regarding the correct process for transcription and follow-through of physician orders as addressed in the policy and procedure. 6. Audits will be completed weekly by the Director of Nursing or designee to monitor effectiveness of the plan. 7. Results of the audits will be reported to the QAA committee x3 months at which time the committee will determine further frequency of the audits. 8. Corrective action will be completed by 9/18/19. <p><i>F760 POC accepted 9/19/19 Amootaru</i></p>	

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F 760	Continued From page 22 Medical Director (also R5's attending physician) stated the orders dated 04/09/19 and 05/06/19 were a GDR attempts to lower the resident's dosage of Seroquel. During an interview on 08/07/19 at 4:10 PM, the Director of Clinical Services stated she was unaware that the nursing staff administered additional doses of Seroquel to R5 from 05/01/19 until 06/07/19.	F 760		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable	F 842 F842	1. The identified Ativan order for resident #2 was discontinued at the time of the survey. There was no negative effect to the resident as the resident had not received the medication. 2. Residents with physician order changes have the potential to be affected by the alleged deficient practice. 3. An initial audit was completed to review other pharmacy recommendations to ensure orders were transcribed and followed through. 4. A policy and procedure were developed to address order transcription and follow through including the discontinuation of medication.	

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F 842	Continued From page 23 law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This Requirement is not met as evidenced by:	F 842	5. Education will be provided to licensed staff regarding the correct process for transcription and follow-through of physician orders per the policy and procedure. 6. Audits will be completed weekly by the Director of Nursing or designee to monitor effectiveness of the plan. 7. Results of the audits will be reported to the QAA committee x3 months at which time the committee will determine further frequency of the audits. 8. Corrective action will be completed by 9/18/19. <i>FB42 poc accepted 9/19/19 pncofurn</i>	

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F 842	<p>Continued From page 24</p> <p>Based on interview and record review, the facility failed to ensure a physician's order to discontinue an anti-anxiety medication was implemented for one of five sampled residents, (Resident (R)2), when the discontinued medication remained on the resident's "Medication Administration Record (MAR)" as a current order.</p> <p>Findings include:</p> <p>Review of R2's paper-based medical record revealed a "Face Sheet" that indicated the facility admitted the resident on 06/14/18 with diagnoses that included vascular dementia without behavioral disturbance.</p> <p>Review of R2's quarterly "Minimum Data Set (MDS)," with an "Assessment Reference Date (ARD)" of 06/25/19, revealed the resident had a "Brief Interview for Mental Status (BIMS)" score of 00 out of 15, which indicated he had severe cognitive impairment. The MDS indicated the resident had no hallucinations or delusions, and no episodes of physical or verbal behaviors, rejection of care, or wandering during the assessment's seven-day look-back period; however, the resident received an antipsychotic medication on all seven days of the seven-day look-back period.</p> <p>Review of the "Interdisciplinary Notes," dated 05/19/19 at 5:10 PM, revealed the nurse documented R2, "Was in the bathroom yelling for help observed sitting on the toilet. The writer was trying to get him back into his wheelchair he swung his fist hitting me." Placed on MD's list to be seen in AM. At 5:20 PM, [the] Res [resident] grabbed wheel of res in 4 A's chair. Then punched housekeeper in shoulder as she was separating them. At 5:25 PM, Res punched an</p>	F 842		

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F 842	<p>Continued From page 25</p> <p>LNA in the face as well as hit her in back of head when she attempted to redirect him from alarmed door."</p> <p>Review of the "Interdisciplinary Notes," dated 05/20/19 at 8:55 AM, revealed the nurse documented that R2's attending physician, "Examined [R2] D/T [due to] physical aggression toward staff. See order for Seroquel [an antipsychotic medication], 25 mg [milligrams] po TID [by mouth three times a day] and Ativan [an antianxiety medication also known as lorazepam] 0.5 mg po BID [two times day] PRN [as needed] for severe agitation only and re-eval in 2 weeks (June 5th)."</p> <p>Review of a "Physician's/Prescriber" telephone order slip for R2, dated 05/20/19, revealed an order for "Ativan 0.5 mg PO BID PRN."</p> <p>Review of a "Consultant Pharmacist's Medication Regimen Review" form, dated 07/11/19, revealed the consultant pharmacist recommended to the physician to, "Discontinue an order for the use of lorazepam 0.5 mg 1 PO BID PRN for anxiety. Resident has not used any doses in June or July - consider discontinuing." The resident's attending physician agreed with the recommendation, and documented "OK" to discontinue R2's lorazepam on 08/01/19.</p> <p>On 08/06/19 at 5:50 PM, a review of the R2's MAR for August 2019 with Licensed Practical Nurse (LPN)69 revealed a medication entry for, "Lorazepam Tab 0.5 mg Take one tablet by mouth twice daily as needed for agitation, PRN" remained as a current medication order. During an interview at this same time, LPN69 stated that the medication was delivered on 07/11/19 and remained in the narcotic drawer of the A Unit cart</p>	F 842		

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F 842	Continued From page 26 available for administration. During an interview 08/06/19 at 6:15 PM, the Director of Clinical Service and the Interim Director of Nursing stated the medication should have been marked off the MAR as discontinued to prevent further use of the medication. When asked what designated staff member should have completed the process the management staff stated, "With all the changes in administration we haven't figured everything out yet." The facility did not provide a policy or procedure for discontinuing medications.	F 842			