

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155312	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/10/2013
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-INDIAN CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 240 BEECHMONT DR CORYDON, IN 47112
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F000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey Dates: September 3, 4, 5, 6, 7, 8, 9, and 10, 2013</p> <p>Facility Number: 000206 Provider Number: 155312 Aim Number: 100284940</p> <p>Survey Team: Gloria Reisert, MSW TC Joan Laux, RN Gwen Pumphrey, RN (9/4, 9/9, 9/10/13)</p> <p>Census Bed Type: SNF/NF: 107 Total: 107</p> <p>Census Payor Type: Medicare: 12 Medicaid: 58 Other: 37 Total: 107</p> <p>These deficiencies also reflect State findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September 18, 2013 by Cheryl</p>	F000000	<p>Attached you will find the completed Plan of Correction and attachments for the recertification and state licensure survey dated September 10, 2013. We respectfully request that our plan of correction, be considered for a paper compliance desk review. Should you have any questions, please feel free to contact me at (812) 738-8127. Sincerely, Bonnie Fallin Executive Director</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and observation, the facility failed to notify the Psychiatrist that his/her orders were not going to be implemented after the primary physician was</p>	F000157	1. Residents #11's and #100's psychiatrist was notified of attending physician's refusal of new order. Resident # 100's physician notified of Depression Scale results. 2. All psychiatrist's	10/05/2013			

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	<p>notified and indicated "No New Orders." The facility also failed to notify the physician of the results of a "Depression Scale" to be performed before implementing a dose reduction of the resident's anti-depressant. This deficient practice affected 2 of 2 residents reviewed for physician notification in a sample of 6 residents reviewed. (Residents #11 and 100)</p> <p>Findings included:</p> <p>1. Review of the clinical record for Resident #11 on 9/10/13 at 8:30 a.m., indicated the resident had diagnoses which included, but were not limited to: depressive disorder, anxiety and insomnia.</p> <p>At 9:00 a.m., a request was made to the Social Worker for the January - April 2013 Psychiatrist Notes. At 9:10 a.m., they were received from the Social Worker. Review of the April 15, 2013 note indicated the staff had made a request for the resident's Restoril [a hypnotic] to be changed from PRN [as needed] to Routine as the resident was not doing well although the resident told the psychiatrist during her visit, his sleep was good.</p> <p>The note indicated the resident was</p>		<p>recommendations checked for notification of physician refusal, and addressed. All orders for Depression Scales checked and follow up provided as needed. 3. Licensed Nurse Managers and Social Service staff inserviced on procedure for notifying psychiatrist of physician refusals of recommendations/orders. Social Services inserviced on notifying physician when requested depression scales completed. 4. Director of Nursing Services, or designee, will monitor all physician orders for Depression Scale orders and timely follow up daily x 2 weeks, twice a week x 1 week, weekly x 4 weeks, and monthly x 3 months. Social Worker, or designee, will audit all monthly psychiatrist recommendations/orders for physician acceptance and notify psychiatrist of refusals monthly x 3 months. The results of these audits will be reviewed and analyzed monthly then quarterly in the monthly Quality Assurance meeting with a subsequent action plan developed and implemented if indicated.</p>		

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	<p>not having any problems with mood or behaviors per staff. The resident also told the psychiatrist that he "felt happy" and was observed to be cheerful. The psychiatrist then wrote an order to "D/C [discontinue] Restoril PRN and start Restoril 15 mg [milligrams] PO [by mouth] Q [every] HS [night] for insomnia."</p> <p>Review of the 5/6/13 Psychiatric Follow-up Note indicated "Recommendation from last visit 4/15/13: D/C PRN Restoril 15 mg Q HS replace with Restoril 15 mg Q HS Routine (*Note not followed)."</p> <p>During an interview with the Social Worker on 9/10/13 at 10:00 a.m., she indicated that the reason the order was not implemented was because when the nurse called the primary physician to let him know the psychiatrist gave new orders, the physician had replied "No New Orders." She indicated that the nurses took that to mean the psychiatrist's orders were rejected.</p> <p>During an interview with the Director of Nursing [DoN] on 9/10/13 at 2:30 p.m., she also confirmed that this is what the physician meant when he said "No New Orders."</p>			

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	<p>During the final exit meeting with the facility Department Heads on 9/10/13 at 3:30 p.m., the DoN also indicated that the psychiatrist was not notified after the physician had replied "No New Orders" to let her know her changes to the medications were not going to be implemented</p> <p>2. Review of the clinical record for Resident #100 on 9/10/13 at 10:40 a.m. indicated the resident had diagnoses which included, but were not limited to: adjustment disorder with depression.</p> <p>Review of the Psychiatrist's notes between April and September 2013 in the clinical record, indicated the following: - 4/15/13 Psychiatric Note: "Treatment Plan: New orders: D/C Lexapro [an anti-depressant] 10 mg PO QD [every day] as GDR [Gradual Dose Reduction] per SW [Social Worker] - observe for signs of [increased] s/s [signs and symptoms] of depression." On 4/16/13, the physician was called and replied "No new orders at this time."</p> <p>8/5/13 Psychiatric note: ""Chart</p>			

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	<p>Review/Staff Report: Per staff report patient has been doing well. No problems with mood or behaviors reported. No issues with sleep or appetite noted...Recommendation from last visit 7/1/13: Increase Lexapro 20 mg QD (*Not Followed)".</p> <p>- 9/3/13 Psychiatrist Note: "Chart Review/Staff Report: Per staff report patient has been doing well on current medications. no problems with mood or behaviors reported. No issues with sleep or appetite noted...Recommendation from last visit 7/1/13: Increase Lexapro 20 mg QD (*Not Followed)".</p> <p>During a 4/15/13 Psychiatrist visit, the following order was noted : "D/C Lexapro 10 mg PO QD as GDR per SW. Observe for [increased] s/s of depression."</p> <p>On 4/17/13, the physician was notified of the new order by the psychiatrist and gave another order for "I would like a Depression Scale done. Notify me of results. She always strikes me as depressed."</p> <p>On 4/18/13, the Social Worker completed the "Resident Mood Interview" portion of the Minimum Data Set [MDS] Assessment. The</p>			

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	<p>"Total Severity Score" was a "7". Documentation was lacking of the physician had been notified of the results.</p> <p>3.1-5(a)(3)</p>			

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F000272 SS=D	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>Based on record review and interview, the facility failed to complete a comprehensive assessment on a resident who was experiencing difficulty with sleep and</p>	F000272	<p>1. In addition to the scheduled RAI's that are completed on the residents, a comprehensive assessment addressing insomnia was completed on Resident #11. 2. Audit all residents with PRN</p>	10/05/2013

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	<p>was receiving a PRN [as needed] hypnotic 6 of 7 days a week routinely to determine possible causes of inability to sleep. This affected 1 of 6 residents reviewed for PRN hypnotic use. (Resident #11)</p> <p>Finding includes:</p> <p>1. Review of the clinical record for Resident #11 on 9/10/13 at 8:30 a.m., indicated the resident had diagnoses which included, but were not limited to: depressive disorder, anxiety and insomnia.</p> <p>Review of the 12/31/12, 3/22/13 and 6/14/13 Quarterly MDS [Minimum Data Set] Assessments indicated the resident scored a 15 on his Brief Interview Mental Status [BIMS] which indicated the resident was alert, oriented and reliable.</p> <p>Review of the September 2013 MAR [Medication Administration Record] indicated the resident had an order dated 5/21/12 for "Restoril 15 mg [milligrams] - 1 tablet PRN at Bedtime for insomnia. Hold every 10th dose."</p> <p>During an interview with LPN #1 on 9/9/13 at 9:50 a.m., she indicated that there has been GDRs [Gradual Dose</p>		<p>hypnotic use for comprehensive assessment to identify and address causes of insomnia. 3. Social Service staff inserviced on completing comprehensive assessment on any resident with unresolved insomnia and PRN hypnotic use. 4. Director of Nursing Services, or designee, will audit all physician orders for PRN hypnotic and verify completion of comprehensive assessment for insomnia daily x 2 weeks, twice a week x 1 week, weekly x 4 weeks, and monthly x 3 months. The results of these audits will be reviewed and analyzed monthly then quarterly in the monthly Quality Assurance meeting with a subsequent action plan developed and implemented if indicated.</p>				

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	<p>Reductions] tried on the resident's Restoril and that the resident would count down and begin to get really nervous when he knew the drug holiday is coming. She also indicated that although the medication was PRN, there should be documentation on the Flowsheet every time when nursing gave it as to why it was being given. She also indicated she did not know there was no documentation in the interdisciplinary notes by anyone of how nervous he got as that day approached.</p> <p>Review of the June to September 2013 MARs indicated the resident received the PRN 15 mg of Restoril ordered on 5/21/12 every night, holding it every 10th day. Documentation was lacking every time it was administered as to why the resident was unable to sleep and need for the medication.</p> <p>During an interview with the Social Worker on 9/9/13 at 2:04 p.m., the Social Worker also indicated the resident would count down to the days of his drug holiday and would become anxious. She indicated GDRs have been tried in the past and have failed and the facility had to put him back on the medications. When queried as to what kind of symptoms</p>				

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	<p>the resident displayed when the medications were decreased or changed, she was unable to reply other than the resident had said he could not sleep.</p> <p>During an interview with the resident on 9/10/13 at 10:15 am, he indicated that he just couldn't sleep and didn't know why. He indicated "Never thought about it." He also indicated he did not want milk or someone to talk to to encourage him to rest, he just wanted his medication. When queried if anyone had ever done a sleep study or assessed him to see if there were any medical or other reasons for his inability to sleep, the resident replied "No."</p> <p>During the final exit meeting with the facility Department Heads on 9/10/13 at 3:30 p.m., the Director of Nursing indicated no formal sleep study or assessment had been completed on Resident #11 to determine why he could not sleep and needed his PRN hypnotic so frequently.</p> <p>Review of the resident's care plan dated 9/5/13 on "Psychotropic Drug Use" listed among its approaches: "(4) Assess need for/effectiveness of meds quarterly, annually and PRN."</p>			

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	<p>Documentation was lacking of these assessments having been completed to justify the need for the continued use of the PRN hypnotic being used routinely.</p> <p>3.1-31(a) 3.1-31(b)(1) 3.1-31(b)(2) 3.1-31(b)(3) 3.1-31(b)(4) 3.1-31(b)(7) 3.1-31(b)(12) 3.1-31(b)(13)</p>			

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure Psychiatrist orders to increase an anti-depressant and change a hypnotic from PRN [as needed] to routine were implemented. The facility also failed to notify the primary physician per his order, of the results of a "Depression Scale" in order to implement the Psychiatrist's order. This deficient practice affected 2 of 2 residents reviewed for psychiatric services in a sample of 6 residents. (Resident #11 and 100).</p> <p>Findings included:</p> <p>1. Review of the clinical record for Resident #11 on 9/10/13 at 8:30 a.m., indicated the resident had diagnoses which included, but were not limited to: depressive disorder, anxiety and insomnia.</p> <p>At 9:00 a.m., a request was made to the Social Worker for the January - April 2013 Psychiatrist Notes. At 9:10 a.m., they were received from the Social Worker. Review of the April 15,</p>	F000282	<p>1. Residents #11's and #100's psychiatrist was notified of attending physician's refusal of new order. Resident # 100's physician notified of Depression Scale results.2. All psychiatrist's recommendations checked for notification of physician refusal, and addressed.All orders for Depression Scales checked and follow up provided as needed. 3. Licensed Nurse Managers and Social Service staff inserviced on procedure for notifying psychiatrist of physician refusals of recommendations/orders.Social Services inserviced on notifying physician when requested depression scales completed.4. Director of Nursing Services, or designee, will audit all physician orders for Depression Scale orders and timely follow up to physician daily x 2 weeks, twice a week x 1 week, weekly x 4 weeks, and monthly x 3 months. Social Worker, or designee, will audit all monthly psychiatrist recommendations/orders for physician acceptance and notify psychiatrist of refusals monthly x 3 months. The results of these audits will be reviewed and analyzed monthly then quarterly</p>	10/05/2013			

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	<p>2013 note indicated the staff had made a request for the resident's Restoril [a hypnotic] to be changed from PRN to Routine as the resident was not doing well although the resident told the psychiatrist during her visit, his sleep was good.</p> <p>The note indicated the resident was not having any problems with mood or behaviors per staff. The resident also told the psychiatrist that he "felt happy" and was observed to be cheerful. The psychiatrist then wrote an order to "D/C [discontinue] Restoril PRN and start Restoril 15 mg [milligrams] PO [by mouth] Q [every] HS [night] for insomnia."</p> <p>Review of the 5/6/13 Psychiatric Follow-up Note indicated "Recommendation from last visit 4/15/13: D/C PRN Restoril 15 mg Q HS replace with Restoril 15 mg Q HS Routine (*Note not followed)."</p> <p>During an interview with the Social Worker on 9/10/13 at 10:00 a.m., she indicated that the reason the order was not implemented was because when the nurse called the primary physician to let him know the psychiatrist gave new orders, the physician had replied "No New Orders." She indicated that the</p>		in the monthly Quality Assurance meeting with a subsequent action plan developed and implemented if indicated.		

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	<p>nurses took that to mean the psychiatrist's orders were rejected.</p> <p>During an interview with the Director of Nursing [DON] on 9/10/13 at 2:30 p.m., she also confirmed that this is what the physician meant when he said "No New Orders."</p> <p>2. Review of the clinical record for Resident #100 on 9/10/13 at 10:40 a.m. indicated the resident had diagnoses which included, but were not limited to: adjustment disorder with depression.</p> <p>Review of the Psychiatrist's notes between April and September 2013 in the clinical record, indicated the following: - 4/15/13 Psychiatric Note: "Treatment Plan: New orders: D/C Lexapro [an anti-depressant] 10 mg PO QD [every day] as GDR [Gradual Dose Reduction] per SW [Social Worker] - observe for signs of [increased] s/s [signs and symptoms] of depression." On 4/16/13, the physician was called and replied "No new orders at this time."</p> <p>- 8/5/13 Psychiatric note: ""Chart Review/Staff Report: Per staff report</p>			

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	<p>patient has been doing well. No problems with mood or behaviors reported. No issues with sleep or appetite noted...Recommendation from last visit 7/1/13: Increase Lexapro 20 mg QD (*Not Followed)".</p> <p>- 9/3/13 Psychiatrist Note: "Chart Review/Staff Report: Per staff report patient has been doing well on current medications. no problems with mood or behaviors reported. No issues with sleep or appetite noted...Recommendation from last visit 7/1/13: Increase Lexapro 20 mg QD (*Not Followed)".</p> <p>During an interview with the DON on 9/10/13 at 11:30 a.m., she indicated that the protocol was to run all orders from consultants by the primary physician and then he/she decided whether they wanted to have them implemented. She indicated that if the physician said "No new orders at this time", then it was interpreted to mean the physician did not want to proceed with that order.</p> <p>During a 4/15/13 Psychiatrist visit, the following order was noted : "D/C Lexapro 10 mg PO QD as GDR per SW. Observe for [increased] s/s of depression."</p>						

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	<p>On 4/17/13, the physician was notified of the new order by the psychiatrist and gave another order for "I would like a Depression Scale done. Notify me of results. She always strikes me as depressed."</p> <p>On 4/18/13, the Social Worker completed the "Resident Mood Interview" portion of the Minimum Data Set [MDS] Assessment. The "Total Severity Score" was a "7". Documentation was lacking of the physician had been notified of the results.</p> <p>3.1-35(g)(2)</p>			

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F000329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interviews, the facility failed to ensure a resident's drug regimen had adequate indications for use of a PRN [as needed] hypnotic being used 6 of 7 days routinely. This deficient practice affected 1 of 6 residents reviewed for unnecessary medications. (Resident #11)</p> <p>Finding includes:</p>	F000329	<p>1. Resident 11's medication was discontinued. 2. All residents with psychotropic medication orders have potential to be affected. A chart audit was completed on all residents with psychotropic medications to validate monthly behavior flow sheets addressing related behaviors and side effects of medication, associated plan of care, and gradual dose reduction has been attempted or physician has documented patient specific rationale of contraindication is in place. Any discrepancy has been corrected with immediate</p>	10/05/2013			

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	<p>During the clinical record review for Resident #11 on 9/8/13 at 10:20 a.m., diagnoses included, but were not limited to: depression, anxiety and insomnia.</p> <p>Review of the 12/31/12, 3/22/13 and 6/14/13 Quarterly MDS [Minimum Data Set] Assessments indicated the resident had no trouble with sleep during the 7 day review periods.</p> <p>Review of the September 2013 MAR [Medication Administration Record] indicated the resident had an order dated 5/21/12 for "Restoril 15 mg [milligrams] - 1 tablet PRN at Bedtime for insomnia. Hold every 10th dose."</p> <p>During an interview with LPN #1 on 9/9/13 at 9:50 a.m., she indicated that there has been GDRs [Gradual Dose Reductions] tried on the resident's Restoril and that the resident would count down and begin to get really nervous when he knew the drug holiday was coming. She also indicated that although the medication was PRN, there should be documentation on the Flowsheet every time when nursing gave it as to why it was being given.</p> <p>Review of the June to September 2013 MARs indicated the resident</p>		<p>placement of monthly behavior flow sheets addressing related behaviors and signs and symptoms of medication, updated plan of care, immediate physician and family/responsible party notification, and gradual dose reduction attempt initiated or documented patient specific rationale of contraindication obtained. 3. The ED has met with the medical director, and provided education related to PRO 61011 Psychoactive Medications. The SDC or designee will in-service the Social Service staff and licensed nurses on PRO 61011 Psychoactive Medications, Behavior Monitoring Flow Sheets, and Monthly Behavior Summary/Psychoactive Gradual Dose Reduction (GDR) Review.</p> <p>4. The Social Worker or designee will audit Behavior Monitoring Flow Sheets daily x 2 weeks, twice a week x 1 week, weekly x 4 weeks, and monthly x 3 months, to validate related behaviors and side effects of medication are documented. The Director of Nursing or designee will audit Consultant Pharmacist Recommendations for physician affirmative response or patient specific reasoning for contraindication monthly for 3 months; and discuss Behavior Monitoring Flow Sheets, psychoactive medication changes during monthly behavior meeting tracked on Monthly Behavior Summary/Psychoactive Gradual</p>		

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	<p>received the PRN 15 mg of Restoril ordered on 5/21/12 every night, holding it every 10th day. Documentation was lacking every time it was administered as to why the resident was unable to sleep and need for the medication.</p> <p>Review of the Monthly Behavior Summary/Psychoactive Gradual Dose Reduction (GDR) Review for August 2012 through August 2013 and the Monthly Behavior Monitoring Flowsheets for this time frame indicated the resident had no issues with trouble sleeping or any other mood or behavior issues.</p> <p>During an interview with the Social Worker on 9/9/13 at 2:04 p.m., the Social Worker also indicated the resident would count down to the days of his drug holiday and would become anxious. She indicated GDRs have been tried in the past and have failed and the facility had to put him back on the medications. When queried as to what kind of symptoms the resident displayed when the medications were decreased or changed, she was unable to reply other than the resident had said he could not sleep.</p> <p>On 9/10/13 at 9:00 a.m. a request</p>		Dose Reduction (GDR) Review as an ongoing process of this facility. Audit results will be reviewed in monthly Quality Assurance meeting to achieve 100% compliance as determined by Quality Assurance committee.		

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	<p>was made to the Social Worker for the January - April 2013 Psychiatrist Notes. At 9:10 am, they were received from the Social Worker. Review of the April 15, 2013 note indicated the staff made a request for the Restoril to be changed from PRN to Routine as the resident was not doing well although the resident told the psychiatrist his sleep was good.</p> <p>The note also indicated the resident was not having any problems with mood or behaviors per staff. The resident also told the psychiatrist that he "felt happy" and was observed to be cheerful. The psychiatrist then wrote an order to "D/C Restoril PRN and start Restoril 15 mg PO Q HS for insomnia." Documentation was lacking in the Interdisciplinary notes and the Monthly Behavior Flowsheet for March and April 2013 of the resident having any mood or emotional issues causing him to not be able to sleep.</p> <p>3.1-48(a)(3) 3.1-48(a)(4)</p>			

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F000428 SS=D	<p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>Based on record review and interview, the facility failed to ensure Consultant Pharmacy recommendations were acted upon by the physician in a timely manner and gave "Patient-specific information" for refusing to reduce or change a resident's hypnotic medication. This deficient practice affected 1 of 6 residents reviewed for Pharmacy recommendations.</p> <p>Finding includes:</p> <p>During the clinical record review for Resident #11 on 9/8/13 at 10:20 a.m., diagnoses included, but were not limited to: depression, anxiety and insomnia.</p> <p>Review of the September 2013 MAR [Medication Administration Record] indicated the resident had an order dated 5/21/12 for "Restoril 15 mg [milligrams] - 1 tablet PRN at Bedtime for insomnia. Hold every 10th dose."</p>	F000428	<p>1. Resident 11's medication was discontinued. 2. All residents with psychotropic medication orders have potential to be affected. A chart audit was completed on all residents with psychotropic medications to validate monthly behavior flow sheets addressing related behaviors and side effects of medication, associated plan of care, and gradual dose reduction has been attempted or physician has documented patient specific rationale of contraindication is in place. Any discrepancy has been corrected with immediate placement of monthly behavior flow sheets addressing related behaviors and signs and symptoms of medication, updated plan of care, immediate physician and family/responsible party notification, and gradual dose reduction attempt initiated or documented patient specific rationale of contraindication obtained. 3. The ED has met with the medical director, and provided education related to PRO 61011 Psychoactive Medications. The SDC or designee will in-service</p>	10/05/2013			

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	<p>A 1/17/13 Pharmacy recommendation to GDR [Gradual Dose Reduction] the resident's PRN Restoril indicated the physician was to decide if he wanted to reduce the medication or provide patient-specific information if he chose not to decrease it. The physician did not check any of the boxes but wrote "Disagree - have attempted d/c [discontinue] in past, always failed. To continue as has had hx [history] of poor response to in past." Documentation was lacking of this patient-specific information of what happened when the medication was reduced or discontinued.</p> <p>A 3/18/13 Pharmacy recommendation was made again for the physician to consider reducing the resident's PRN Restoril and to give patient-specific information as to why the medication cannot be reduced or discontinued. The physician checked the box that indicated "the patient had good response to treatment and requires this dose for condition stability. Dose reduction is contraindicated because benefits outweigh risks for this patient at this time and a reduction is likely to impair the resident's function and/or cause psychiatric instability." Documentation was lacking of the physician giving patient- specific</p>		<p>the Social Services staff and licensed nurses on PRO 61011 Psychoactive Medications, Behavior Monitoring Flow Sheets, and Monthly Behavior Summary/Psychoactive Gradual Dose Reduction (GDR) Review.</p> <p>4. The Social Worker or designee will audit Behavior Monitoring Flow Sheets daily x 2 weeks, twice a week x 1 week, weekly x 4 weeks, and monthly x 3 months, to validate related behaviors and side effects of medication are documented. The Director of Nursing or designee will audit Consultant Pharmacist Recommendations for physician affirmative response or patient specific reasoning for contraindication monthly for 3 months; and discuss Behavior Monitoring Flow Sheets, psychoactive medication changes during monthly behavior meeting tracked on Monthly Behavior Summary/Psychoactive Gradual Dose Reduction (GDR) Review as an ongoing process of this facility. Audit results will be reviewed in monthly Quality Assurance meeting to achieve 100% compliance as determined by Quality Assurance committee.</p>		

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	<p>examples of what has happened in the past when reductions have been made.</p> <p>At 3:05 p.m., The DON indicated that although the recommendation for "Please elaborate with patient specific information" by the physician was requested to justify why a medication should not be changed or reduced, she believed the information was optional and that the physician didn't have to write it if he/she did not want to. She indicated that the physician saying "likely to impair physical functioning and/or cause psychiatric instability" was enough - the physician did not have to give examples of what happens when the medication was changed.</p> <p>During the final exit meeting with the facility Department Heads on 9/10/13 at 3:30 p.m., the DON indicated she understood the concerns about the pharmacy consultant recommendation form asking for "Patient-specific information" and was going to ask pharmacy to change the form to take that request off because the physician indicated likely to cause psychiatric instability was good enough.</p> <p>3.1-25(h)</p>			

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	3.1-25(j)			

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F000431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review the facility failed to ensure medications were stored properly. This deficient practice</p>	F000431	1. Supplements were labeled appropriately. Expired medication for resident #36 was removed and destroyed per facility policy. Expired medication	10/05/2013			

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	<p>affected 3 of 6 medication carts observed. (Resident#36 and Resident #62)</p> <p>Findings include:</p> <p>1. During an observation on 9/9/13 at 9:40 a.m., of the medication cart on the 100 unit, 3 packets of L-Emental Argine(wound supplement) was found without any resident label.</p> <p>In an interview with LPN#2, on 9/9/13 at 9:43a.m., indicated "She just left and went to another facility. When resident's are discharged we pull the meds (medications) from the cart."</p> <p>During an observation of the medication cart on the 100 hall on 9/9/13 9:49a.m., 2 packets of L-Emental Argine (wound supplement) without any resident label.</p> <p>In an interview with RN#1 on 9/9/13 at 9:50a.m., indicated the packets should have the resident's name on it.</p> <p>Review of the policy and procedure titled, "Storage of Medications" on 9/10/13 at 9:30a.m., indicated if the patient is discharged or the medication is discontinued, remove the medication from the medication</p>		<p>for resident #62 was removed and destroyed per facility policy. Physician and family notified of use of expired medication. 2. All medications and supplements audited for expiration and improper labels. Labels added as needed. Expired medications discarded per facility policy. 3. Staff Development Coordinator, or designee, inserviced all licensed nurses on Storage of Medications policy, with special attention to expired or discontinued meds, and labeling. 4. Director of Nursing Services, or designee, will audit all medication carts, treatment carts, medication storage rooms and refrigerators to ensure proper storage and labeling of all medications, daily x 2 weeks, twice a week x 1 week, weekly x 4 weeks, and monthly x 3 months. The results of these audits will be reviewed and analyzed monthly then quarterly in the monthly Quality Assurance meeting with a subsequent action plan developed and implemented if indicated.</p>		

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	<p>cart and return to the pharmacy for credit or dispose of the medication according to procedure.</p> <p>2. During an observation of the medication cart on the 200 hall a medication Levalbuterol HCL 0.31mg/3ml, belonging to Resident# 36. The pharmacy label indicated "expires 14 days after pouch is opened. Please date pouch upon opening." The package was handwritten with date 8/2/13 on the package.</p> <p>In an interview with LPN#3 9/9/13 at 10:30a.m., indicated Resident#36's medication was an old medication when he came back from the hospital. LPN#3 removed the package from the cart and disposed of the medication.</p> <p>Review of the medical record on 9/20/13 at 2:15p.m., indicated Resident #36 had a diagnosis including but not limited to depressive disorder, shortness of breath, wheezing, pneumonia, and reflux.</p> <p>3. During an observation on 9/9/13 at 10:17a.m., of the medication cart on the 200 hall, a vial of Lantus insulin was found to be expired. The</p>						

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	<p>medication belonging to Resident #62 was opened on 8-10-13 with a pharmacy label indicating to discard 28 days after opening.</p> <p>Review of the September Medication Administration record on 9/9/13 at 10:20a.m., indicated Resident t#62 received a dose of Lantus insulin on 9/7/2013, 9/8/2013, and 9/9/2013 after the medication had expired.</p> <p>Review of the medical record on 9/10/13 at 2:30p.m., indicated Resident #62 had a diagnosis including but not limited to dementia, atrial fibrillation, CHF, diabetes, and anxiety.</p> <p>In an interview on 9/9/13 at 10:30a.m., LPN#3 indicated the medication was expired and removed the medication from the cart. She indicated there were no other vials belonging to Resident #62 on the unit. She indicated she would order another vial from the pharmacy.</p> <p>Review of the policy titled "Storage of Medications on 9/10/13 at 9:30a.m., indicated the nurse is to remove and dispose of medications that are outdated.</p> <p>3.1-25(j)(k)(o)(p)</p>			

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F000514 SS=D	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure the clinical records had current diagnoses, were complete with current signed monthly physician orders readily accessible. This deficient practice affected 2 of 40 resident clinical records reviewed for being complete, accurate and readily available. (Residents #11 and 100)</p> <p>Findings included:</p> <p>1. During the record review for Resident #11 on 9/8/13 at 10:20 a.m., the last signed physician orders on the record were from 5/30 to 7/31/13. Documentation was lacking of any further signed physician orders.</p>	F000514	<p>1. Current physician orders were placed on Resident #11's active chart. Resident #100's diagnosis was changed to "Depression" per physician. 2. All charts were audited for current physician orders. All residents with "Adjustment Disorder" were reviewed for appropriateness and changed if needed, per physician. 3. Staff Development Coordinator, or designee, inserviced all licensed nurses, and medical records staff on Medical Records, including need for timely Physician Orders on chart. Staff Development Coordinator, or designee, inserviced all licensed nurses and social service staff on Psychoactive Drug Use, with appropriate use of "Adjustment Disorder". 4. Director of Nursing Services, or designee, will audit all active medical records for</p>	10/05/2013

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	<p>In an interview with LPN #1 at 10:30 a.m., she indicated that she was unsure where the current signed orders were and why they were not currently on the record. She indicated she would have to go look in Medical Records' office to see if they had been pulled off for some reason.</p> <p>At 11:10 a.m., the LPN presented the signed physician orders for 8/1 to 9/30/13 and indicated they were in the Medical Records' locked office but still did not understand why. Review of these orders at this time indicated the physician had signed them on 8/1/13.</p> <p>During an interview with the Director of Nursing [DON] on 9/9/13 at 9:10 am, the DON brought a copy of the signed physician orders for 6/20/13 to 8/31/13 which also had been signed by the MD on 8/1/13. She indicated that these orders were considered the "in-between orders" as they overlapped every month and that they had signed orders to follow, but that they just were not on the chart at the time.</p> <p>During an interview with Medical Record Clerk #1 on 9/9/13 at 9:58 a.m., she indicated "[Name of Pharmacy] calls us weekly when they</p>		<p>accurate Physician Orders daily x 2 weeks, twice a week x 1 week, weekly x 4 weeks, and monthly x 3 months. Social Worker, or designee, will monitor all psychiatric diagnoses for appropriateness daily x 2 weeks, twice a week x 1 week, weekly x 4 weeks, and monthly x 3 months. The results of these audits will be reviewed and analyzed monthly then quarterly in the monthly Quality Assurance meeting with a subsequent action plan developed and implemented if indicated.</p>	

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	<p>have questions or are doing audits and we have to pull the MD [physician] orders from the charts. I can't tell you how long that Physician order sheet had been off the chart but we just need to be more timely in getting them back onto the charts."</p> <p>2. Review of the clinical record for Resident #100 on 9/10/13 at 10:40 a.m., indicated the resident had diagnoses which included, but were not limited to: adjustment disorder with depression.</p> <p>Review of the 8/20/13 to 10/31/13 Physician orders signed by the physician on 8/30/13, indicated the resident was on the following medications: - 6/20/12 and re-ordered again on 7/1/12 - Wellbutrin 100 mg [milligrams] [anti-depressant] - 1 tablet 4 times a day. A note of "Failed GDR [Gradual Dose Reduction]" was listed next to the order. Diagnosis was "Adjustment Disorder with Depression".</p> <p>- 2/13/13 - Lexapro 10 mg [an anti-depressant] - 1 tablet daily. The diagnosis was "Adjustment Disorder with Depression".</p>			

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	<p>- 3/20/13 - Trazadone HCL 50 mg [an anti-depressant] - 1 tablet daily at bedtime PRN [as needed] for Insomnia related to Adjustment Disorder with Depression.</p> <p>During an interview with the DON on 9/10/13 at 3:00 p.m., she indicated that monthly physician orders had the accurate diagnoses given by the physician for the medications the resident used, but diagnoses could also include ones given by the consultants, i.e. Psychiatrist.</p> <p>When queried if the resident was still experiencing Adjustment Disorder as the Psychiatrist made no reference to it in her notes, she indicated that it probably was not a current diagnosis but that the "Depression" diagnosis part was still accurate and that she would speak to the physician about changing it.</p> <p>3.1-50(a)(1) 3.1-50(a)(2) 3.1-50(a)(3)</p>			