

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155522	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/17/2012
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NAME OF PROVIDER OR SUPPLIER COMMUNITY PARKVIEW CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 PARKVIEW LN ELWOOD, IN 46036
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 13, 14, 15, 16, 17, 2012</p> <p>Facility number: 000372 Provided number: 155522 AIM number: 100289060</p> <p>Survey Team: Toni Maley, BSW, TC Tammy Alley, RN Linn Mackey, RN</p> <p>Census bed type; SNF/NF: 82 Total: 82</p> <p>Census payor type: Medicare: 16 Medicaid: 58 Other: 8 Total: 82</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 8/22/12 by Suzanne Williams, RN</p>	F0000	Submission of this plan of correction shall not constitute or be construed as an admission by Community Parkview Care Center the allegations contained in this survey report are accurate or reflect accurately the provision of care and service to the residents at Community Parkview Care Center. The facility requests the following plan of correction be considered its allegation of compliance. The facility also request paper compliance due to the low scope and severity of the tags written.	

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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F0329 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 interview, the facility failed to ensure the increase of a psychotropic medication did not occur without justification for the increase for 1 of 10 residents reviewed for unnecessary medications. (Resident # 39)</p> <p>Findings include:</p> <p>The record for Resident # 39 was reviewed on 8/17/12 at 2 p.m.</p>	F0329	<p>***WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE.1. Resident #39 was seen by her physician on August 5, 2012 and resumed all of her orders.2. Resident #39 will be re-evaluated by her physician during the week of 8/27/12 - 8/31/12 during his regular visit to assure her Risperdal is at the appropriate dose.(Attachment "F" - 2 pgs) 3. Resident # 39 is not displaying</p>	09/16/2012	

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	<p>Current diagnoses included, but were not limited to dementia, confusion, and anxiety.</p> <p>A physician order dated 7/16/12 indicated the resident's Risperdal (anti-psychotic) was increased to 0.5 milligrams twice daily from 0.25 milligrams in the morning and 0.5 milligrams at bedtime.</p> <p>A psychiatric progress note from the Psychiatrist dated 7/16/12 indicated the resident was uncooperative and and agitated.</p> <p>A nursing note dated dated 7/16/12 at 4:05 p.m., indicated (name of doctor) had seen the resident and to increase the a.m. dose of Risperdal.</p> <p>Psychiatric progress notes dated 1/2012-6/26/2012 indicated the resident was stable.</p> <p>There was no increase in behaviors or anxiety documented in the nursing notes between 7/1-7/16/2012.</p> <p>Additional information was requested from the Director of Nursing on 8/17/12 at 12:35 p.m., regarding any increase in behavior for the resident prior to the increase in the Risperdal.</p>		<p>any signs of behaviors at this time. The current dose seems to be effective.***HOW OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE WILL BE IDENTIFIED AND WHAT CORRECTIVE ACTION WILL BE TAKEN.1. All residents on a psychotropic medication have the potential to be affected. 2. An increase of any type of psychotropic medication will be discussed with the Psychiatrist/physician prior to any changes to assure that it is needed based on proper documentation for the behaviors being exhibited.3. The Unit Manager or other nursing personnel will accompany the Psychiatrist during his visits to assure he is receiving proper information from nursing staff and to assure that info is documented correctly.****WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR.1. All visits by Psychiatrist will be accompanied by the Unit manager to assure he receives the proper information from employees. 2. An audit tool will be used to track all behaviors and possible increases in medications. (attachement "A") 3. Behavior meetings will be held one time weekly to discuss all</p>		

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	<p>On 8/17/12 at 1:30 p.m., the Director of Nursing provided a behavior tracking form that indicated anxious verbalizations on 7/4/12 and 7/5/12. No other behaviors were noted.</p> <p>A policy titled "Psychotropic Drug Use Policy" was provided by the Director of Nursing on 8/17/12 at 2:53 p.m. The policy indicated: "Purpose: To ensure that psychotropic drugs will be administered only when medically indicated to treat a specific condition.</p> <p>3.1-48(a)(4)</p>		<p>behaviors and medication changes. 4. A committee comprised of the DON/designee, SSD, Consultant Pharmacist is being started and will meet one time monthly to go over any behavior, medication changes. 5. In-services were conducted during the week of August 27 - August 31 for all nursing staff to assure that documentation is completed appropriately prior to the use of any psychotropic medication being added. A discussion of behaviors that might require this medication was included. (Attachment "B" - 7 pgs)***HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR1. The audit tool will be utilized 5 days weekly for six months to assure continued compliance. After 6 months, it will be utilized one time weekly for the next 6 months until we achieve 100% compliance. Once 100% compliance is achieved for 6 months, the audits could be discontinued based on the opinion of the QA&A committee. 2. The DON or her designee will be responsible for monitoring this audit tool. 3. The results of the audit tool will be presented during the regular quarterly QA&A committee meetings with the Medical Director.</p>		

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F0412 SS=D	<p>483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist.</p> <p>Based on record review, observation and interview, the facility failed to ensure dental care was provided timely after an initial visit for 1 of 3 residents reviewed for dental care. (Resident # 44)</p> <p>Findings include:</p> <p>During an observation on 8/16/12 9:40 a.m., Resident # 44 had no upper teeth and her bottom teeth were jagged, broken, and blackened.</p> <p>A dentist visit progress note dated 3/16/12 indicated the resident's oral condition had generalized severe decline and there was need for extraction.</p> <p>A 3/16/12 social service note indicated "Resident was seen by the dentist on this date. Dentist to call</p>	F0412	<p>***WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE.1. Resident #44 has a dental appointment to see the oral surgeon on September 13, 2012 with Dr. Tuttle in Kokomo. 2. Resident #44 has not been affected physically and has a feeding tube so her intake is fine. The new dentures are purely cosmetic in nature. ***HOW OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE WILL BE IDENTIFIED AND WHAT CORRECTIVE ACTION WILL BE TAKEN.1. All residents could be affected.2. All residents who have orders for dental work to be completed have received a follow up visit. 3. There have been no other issues with missed appointments.****WHAT</p>	09/16/2012			

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	<p>back with recommendations for an oral surgeon for resident. After all teeth are extracted, dentist to work on new dentures."</p> <p>During an interview with the Social Service Designee (SSD) on 8/16/12 at 4:19 p.m., she indicated she had made rounds with the dentist and he was concerned about Resident # 44's teeth being broken at the gum line and was going to send her for oral surgery.</p> <p>During an interview the SSD on 8/17/12 at 10:14 a.m., she indicated there had been no follow-up regarding an oral surgeon. She indicated she had spoken with the dentist on 8/16/12 and he had indicated he had referred her to a surgeon, but the staff had no information regarding this. He then gave the SSD two telephone numbers for oral surgeons. The resident is now being referred to an oral surgeon at present.</p> <p>3.1-24(a)(1)</p>		<p>MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR.1. During visits from the dentist the SSD will assure that we document all follow up needed on the system immediately. 2. In-services were conducted during the week of August 27 - August 31 for all nursing staff to assure that if there is an order for a follow up visit it will be communicated appropriately. (Attachment "B" 7 pgs)3. An audit tool will be used to track the appointments to assure continued compliance. (Attachment "C") ***HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR1. SSD will monitor to assure compliance by using an audit tool. 2. Any issues will be brought before the QA&A committee. The results of the audit tool will be discussed during the meeting with the Medical Director. This monitoring will continue indefinitely to assure compliance. It will be used for no less than 1 year. If 100% compliance is achieved during at least 6 months of the year, the QA&A committee will determine whether to continue or stop.</p>		

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F0465 SS=E	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to ensure resident rooms, resident bathrooms, shower rooms and guest bathrooms were clean, neat and in good repair for 14 of 40 rooms reviewed for clean neat environment (rooms 204, 206, 108, 200, 205, 201, 110, 112, 202, 310, 311, 312, 318, and 320) and 1 of 3 shower rooms (200 shower room) and a guest bathroom (lilac hall guest bath). This deficient practice has the potential to impact the 28 residents who could reside in the above 14 rooms and the 31 residents who could reside on hall 200.</p> <p>Finding include:</p> <p>1.) Room 204: During an 8/14/12, 8:52 a.m. observation, Room 204 had wall paper trim around the top of the room. Small pieces of trim where torn off all around the border.</p> <p>2.) Room 206: During a 8/14/12. 9:00 a.m. observation, Room 206 was missing a piece of non-skid tape in front of the bathroom toilet. The missing tap left a sticky, dark gray</p>	F0465	<p>***WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE.1. The wallpaper in room 204 has been repaired.2. The missing piece of non-skid tape in room 206 has been replaced.3. The bathroom vanity in room 108 has been replaced and re-caulked.4. The wall paper in room 200 has been repaired.5. The bathroom floor in room 205 has been replaced and the vanity has been replaced. The hard water build up on the faucet has been cleaned.6. The vanity in room 201 has been replaced and the faucet cleaned.7. The vanity in room 110 has been replaced and re-caulked. The over the bed light cover has been repaired.8. The vent that was bowed in on the air conditioner in room 202 is fixed.9. The vanity and the air conditioner in room 112 has been re-caulked.10. The door in room 310 going into the bathroom has been replaced. The floor in that room has been replaced. The blackened area on the wall has been repaired.11. The floor in the bathroom of room 311 has been replaced.12. The floor in room</p>	09/16/2012	

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	residue stripe on the floor.		312 has been replaced.13. The bathroom door in room 318 has been replaced. The floor has also been replaced.14. The wood above the air conditioner in room 320 has been replaced. The floor in that room has also been replaced.15. The guest bathroom on Lilac Lane has been re-painted. 16. The 200 shower room is being remodeled in February, 2013. At this time it has been closed down and we are currently using the other 2 shower rooms to shower our residents. Please see attached documentation. (Attachment "D" - 2 bids for shower rooms and letter from corporate with approval for remodel in February, 2013 -3 pgs) ***HOW OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE WILL BE IDENTIFIED AND WHAT CORRECTIVE ACTION WILL BE TAKEN.1. All residents have the potential to be affected.2. Rounds of the rooms have been completed with all areas that need to be repaired noted. All repairs have been completed.****WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR.1. A rounds tool will be utilized on a monthly basis to assure that repairs are being		

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	<p>3.) During observation on 8/14/12 between 9:45 a.m., and 2 p.m., the following was observed:</p> <p>Room 108: the bathroom vanity was cracked on underneath side. The caulking was cracked around the sink and the vanity.</p> <p>Room 200: the wall paper was peeling off the wall above bed 1.</p> <p>Room 205: the bathroom floor had tears in the linoleum by the entry door and a yellow stain the width of the entry door. The bathroom vanity was cracked and broken on the bottom side and the faucet had a build up of hard water stains.</p>		<p>made to rooms as needed. (Attachment "E")2. The rounds will be conducted by Maintenance with a report to the Administrator monthly.***HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR1. The results of the rounds tool will be monitored by the Administrator and the Maintenance Supervisor. It will also be presented to the QA&A committee quarterly meetings with the Medical Director. The rounds will continue monthly for an indefinite period of time and will be added to the preventative maintenance schedule.</p>		

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	<p>Room 201: the vanity in the bathroom was cracked and broken and the faucet has hard water build-up.</p> <p>Room 110: the over the bed light cover was broken on the left end and the bathroom vanity was cracked on underneath side. The caulking was cracked around the sink and the vanity.</p> <p>Room 202: the air conditioner vent was bowed in.</p> <p>Room 112: the caulking around the air conditioner was cracked with pieces missing and the caulking was cracked around the vanity in bathroom.</p> <p>4.) During observations between 8/14/12 at 9:21 a.m. and 8/15/12 at 10:00 a.m., the following was observed: 300 hall: Room 310: The door going into the bathroom had a piece of wood missing, and the areas were rough to touch. There was a blackened area noted on the wall beside the bed 1. In the corner of the room, between</p>			

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	<p>the hallway door and the closet, was a large area with gray brown discoloration.</p> <p>Room 311: There was discoloration noted around the base of the toilet and around the edges of the baseboard in the bathroom.</p> <p>Room 312: In the corner of the room, between the hallway door and the closet, was a large area with gray brown discoloration.</p> <p>Room 318: The bathroom door had a 2 by 2 inch hole in it. In the corner of the room, between the hallway door and the closet, was a large area with gray brown discoloration</p> <p>Room 320: The wood above the air conditioner was broken. In the corner of the room between the hallway door and the closet was a large area with gray brown discoloration.</p> <p>5.) During the environmental tour on 8/16/12 at 1:00 p.m., with the Maintenance Supervisor and the</p>			

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	<p>Housekeeping Supervisor, the following was noted:</p> <p>The guest bathroom in the Lilac court hallway had an area 6 inches by 5 inches where the wallpaper was peeled off the wall.</p> <p>The following was noted in the 200 hall shower room: The panel on the door was pulling off. The wall between the showers had 3 by 2.5 inches of tile missing, exposing an area of wire mesh that was filled with gray material. The first shower stall above the white panel had black discoloration in the grout in 6 tiles and red discoloration in 7 tiles. The grout in the floor tile in the bathroom had discoloration from a light brown to black as it goes into the shower stall. The heater in the shower room was pushed into the wall. The mirror was discolored at the bottom.</p> <p>3.1-19(f)</p>				

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F0520 SS=D	<p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>Based on record and interview, the facility failed to identify and implement a plan of action through their quality assessment and assurance committee for the identified concern of psychotropic medications (unnecessary medications) being monitored for use for 1 of 10 residents reviewed for unnecessary medication (Resident #39).</p> <p>Findings include:</p>	F0520	<p>***WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE. 1. Resident #39 was seen by her physician on August 5, 2012 and resumed all of her orders.2. Resident #39 will be re-evaluated by her physician during the week of 8/27/12 - 8/31/12 during his regular visit to assure her Risperdal is at the appropriate dose.(Attachment "F" - 2 pgs.)3.</p>	09/16/2012

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NAME OF PROVIDER OR SUPPLIER COMMUNITY PARKVIEW CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 PARKVIEW LN ELWOOD, IN 46036
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	<p>The record for Resident # 39 was reviewed on 8/17/12 at 2 p.m.</p> <p>Current diagnoses included, but were not limited to dementia, confusion, and anxiety.</p> <p>A physician order dated 7/16/12 indicated the resident's Risperdal (anti-psychotic) was increased to 0.5 milligrams twice daily from 0.25 milligrams in the morning and 0.5 milligrams at bedtime.</p> <p>A psychiatric progress note from the Psychiatrist dated 7/16/12 indicated the resident was uncooperative and and agitated.</p> <p>A nursing note dated dated 7/16/12 at 4:05 p.m., indicated (name of doctor) had seen the resident and to increase the a.m. dose of Risperdal.</p> <p>Psychiatric progress notes dated 1/2012-6/26/2012 indicated the resident was stable.</p> <p>There was no increase in behaviors or anxiety documented in the nursing notes between 7/1-7/16/2012.</p> <p>Additional information was requested from the Director of Nursing on</p>		<p>Resident # 39 is not displaying any signs of behaviors at this time. The current dose seems to be effective.***HOW OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE WILL BE IDENTIFIED AND WHAT CORRECTIVE ACTION WILL BE TAKEN.1. All residents on a psychotropic medication have the potential to be affected. 2. An increase of any type of psychotropic medication will be discussed with the Psychiatrist/physician prior to any changes to assure that it is needed based on proper documentation for the behaviors being exhibited.3. The Unit Manager or other nursing personnel will accompany the Psychiatrist during his visits to assure he is receiving proper information from nursing staff and to assure that info is documented correctly.****WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR.1. All visits by Psychiatrist will be accompanied by the Unit manager to assure he receives the proper information from employees. 2. An audit tool will be used to track all psychotropic meds and possible increases in medications. (Attachment "A")3.</p>	

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	<p>8/17/12 at 12:35 p.m., regarding any increase in behavior for the resident prior to the increase in the Risperdal.</p> <p>On 8/17/12 at 1:30 p.m., the Director of Nursing provided a behavior tracking form that indicated anxious verbalizations on 7/4/12 and 7/5/12. No other behaviors were noted.</p> <p>During an interview with the Administrator, Assistant Director of Nursing and the Social Service Director on 8/17/12 at 2:20 p.m., the Administrator indicated the use of psychotropic medication administration had not been a topic identified as an area of concern in the quality assurance committee with need to improve or correct a problem. She indicated the Pharmacist reviewed the overall statistics of the psychotropic medication use, but had not identified this as an area of concern.</p> <p>3.1-52(a)(2)</p>		<p>Behavior meetings will be held one time weekly to discuss all behaviors and medication changes. 4. A committee comprised of the DON/designee, SSD, Consultant Pharmacist is being started and will meet one time monthly to go over any behavior, medication changes. 5. In-services were conducted during the week of August 27 - August 31 for all nursing staff to assure that documentation is completed appropriately prior to the use of any psychotropic medication being added. A discussion of behaviors that might require this medication was included. (Attachment "B" - 7 pgs)***HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR1. The audit tool will be utilized 5 days weekly for six months to assure continued compliance. After 6 months, it will be utilized one time weekly for the next 6 months until we achieve 100% compliance. At that time, the QA&A committee will decide if it needs to continue. 2. The DON or her designee will be responsible for monitoring this audit tool. 3. The results of the audit tool will be presented during the regular quarterly QA&A committee meetings with the Medical Director. 4. Any and all issues with reference to psyschotropic medications will be brought before the QA&A</p>		

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			committee. This committee meets quarterly and the consultant Pharmacist monitors all psychotropic meds. As a matter of fact, we have reduced our dependence on these medications significantly and will continue to do so.	