

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155657	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/11/2013
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-HARRISON	STREET ADDRESS, CITY, STATE, ZIP CODE 150 BEECHMONT DR CORYDON, IN 47112
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00129891.</p> <p>Complaint IN00129891 - Substantiated - No deficiencies related to the allegations are cited.</p> <p>Survey dates: July 2, 3, 8, 9, 10, and 11, 2013</p> <p>Facility number: 010597 Provider number: 155657 AIM number: 200204440</p> <p>Survey team: Gloria J. Reisert MSW - TC Nicole Wright, RN Debbie Peyton, RN (7/2 and 7/3/13) Gordon Tyree, RN (7/2 and 7/3/13) Joan Laux, RN (7/2, 7/8, 7/9, 7/10 and 7/11/13)</p> <p>Census bed type: SNF/NF: 85 Total: 85</p> <p>Census payor type: Medicare: 16 Medicaid: 47 Other: 22 Total: 85</p>	F000000	Attached you will find the completed Plan of Correction and attachments for the recertification and state licensure and complaint survey dated July 11, 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) 738-0550. Sincerely, Sheila Bieker Executive Director	

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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	<p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 7/17/13 by Suzanne Williams, RN.</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 interview, the facility failed to ensure the resident's drug regimen was free from excessive dosage of an anti-depressant and anti-psychotic medication for 1 of 10 residents reviewed for unnecessary medications. (Resident #115)</p> <p>Finding includes:</p> <p>Review of the clinical record for Resident #115 on 7/8/13 at 12:50</p>	F000329	<p>I. The ED has met with physician and nurse practitioner and provided education related to <u>PRO 61011-CA Antipsychotic Psychoactive Medications</u>. Received order for resident #115 to reduce Risperdal. Response to medication reduction is being monitored. Resident specific reasoning for contraindication for gradual dose reduction of Lexapro has been obtained and placed in the medical record. Monthly Behavior Flow sheet updated to include</p>	08/08/2013			

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	<p>p.m. indicated the resident had diagnoses which included, but were not limited to: dementia with Lewy bodies, dementia with behavior disturbances, depressive disorder, and episodic mood disorder.</p> <p>Review of the July 2013 Medication Administration Record [MAR] indicated the resident had orders dated 9/29/12 for Lexapro [anti-depressant] 20 milligrams [mg] daily and Risperdal [anti-psychotic] 1 mg daily.</p> <p>A care plan dated 5/1/13 indicated: "Has potential for adverse drug reactions r/t [related to] use of psychotropics." Goal: "Will have no adverse drug reactions as a result of psychotropic medication use"; Approaches included: "Monitor for s/s [signs/symptoms] adrs [adverse drug reactions] and notify Physician as needed; PRN [as needed] review for GDRs [gradual dose reductions], RPH [Pharmacist] review monthly."</p> <p>On 3/20/13, the Pharmacist made a recommendation to consider tapering the Risperdal dose of 1 mg. The physician refused on 3/25/13 indicating the resident was stable - no other specific reasoning was given as to why the medication could not be</p>		<p>non-pharmacological interventions and monitoring target behaviors. Care Plan has been updated.</p> <p>II. 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 potential side effects 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.</p> <p>III. The SDC or designee will in-service the Interdisciplinary Team and licensed nurses on <u>PRO 61011-CA Antipsychotic Psychoactive Medications</u>, Behavior Monitoring Flow Sheets, and Monthly Behavior Summary/Psychoactive Gradual Dose Reduction (GDR) Review.</p>				

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	<p>reduced.</p> <p>On 4/17/13, the Consultant Pharmacist made a recommendation to evaluate the current dose of Lexapro and consider a gradual taper to ensure the resident was on the lowest possible dose. On 4/23/13, the Physician replied back and indicated that the resident had had good response to treatment and that the benefits outweighed the risks. Documentation was lacking on resident specific reasoning for not reducing the medication.</p> <p>Review of the Monthly Behavior Monitoring Flow sheets for February 2013 through June 2013 for the use of Risperdal and Lexapro failed to list documentation of the resident experiencing sad expressions which was why the resident was on the 2 medications.</p> <p>Documentation was also lacking of any non-pharmacological interventions being used to manage the resident's mood.</p> <p>During an interview with the Social Worker on 7/8/13 at 1:30 p.m., she indicated "[Resident's name] has been stable all along and the MD refused the GDR because she was</p>		<p>IV. The Director of Nursing or designee will audit Behavior Monitoring Flow Sheets 5 times a week for 30 days, then 3 times a week for 30 days, then twice weekly for 30 days to validate related behaviors and side effects of medication are documented. The Director of Nursing or designee and Interdisciplinary Team 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 in Point Click Care as an ongoing process of this facility. Audit results will be reviewed in monthly PI meeting to achieve 100% compliance as determined by PI committee.</p>				

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	<p>stable."</p> <p>Review of the All Staff Progress notes between 9/29/12 and 7/8/13 failed to locate documentation of the resident experiencing any signs or symptoms of depression or psychosis.</p> <p>On 7/9/13, the Administrator presented a copy of the facility's current policy on "Antipsychotic/Psychoactive Medication." She indicated that anti-depressant medications fall into the same category of use and reduction as the psychotropic medications. Review of this policy at this time included, but was not limited to: "Rationale:...The patient's attending physician is responsible for disclosing the information necessary to make a decision to accept or refuse the use of an antipsychotic medication or psychoactive medication...Procedure: 11. Attempt alternative methods to psychoactive drugs use and document effectiveness..."</p> <p>3.1-48(a)(1) 3.1-48(a)(4)</p>						

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F000428 SS=D	<p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON 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. Based on record review and interview, the facility failed to ensure specific reasoning for refusing to follow the Consultant Pharmacist's recommendations to taper down the dosage of a resident's anti-depressant and anti-psychotic medications. This deficient practice affected 1 of 10 residents reviewed for unnecessary medications. (Resident #115)</p> <p>Finding includes:</p> <p>Review of the clinical record for Resident #115 on 7/8/13 at 12:50 p.m. indicated the resident had diagnoses which included, but were not limited to: dementia with Lewy bodies, dementia with behavior disturbances, depressive disorder, and episodic mood disorder.</p> <p>Review of the July 2013 Medication Administration Record [MAR] indicated the resident had orders</p>	F000428	<p>I. The ED has met with physician and nurse practitioner and provided education related to <u>PRO 61011-CA Antipsychotic Psychoactive Medications</u>. Received order for resident #115 to reduce Risperdal. Response to medication reduction is being monitored. Resident specific reasoning for contraindication for gradual dose reduction of Lexapro has been obtained and placed in the medical record. Monthly Behavior Flow sheet updated to include non-pharmacological interventions and monitoring target behaviors. Care Plan has been updated.</p> <p>II. 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</p>	08/08/2013			

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	<p>dated 9/29/12 for Lexapro [anti-depressant] 20 milligrams [mg] daily and Risperdal [anti-psychotic] 1 mg daily.</p> <p>A care plan dated 5/1/13 indicated: "Has potential for adverse drug reactions r/t [related to] use of psychotropics." Goal: "Will have no adverse drug reactions as a result of psychotropic med use"; Approaches included: "PRN [as needed] review for GDRs [gradual dose reductions], RPH [Pharmacist] review monthly."</p> <p>On 3/20/13, the Pharmacist made a recommendation to consider tapering the Risperdal dose of 1 mg. The physician refused on 3/25/13 indicating the resident was stable - no other specific reasoning was given as to why the medication could not be reduced.</p> <p>On 4/17/13, the Consultant Pharmacist made a recommendation to evaluate the current dose of Lexapro and consider a gradual taper to ensure the resident was on the lowest possible dose. On 4/23/13, the Physician replied and indicated the resident had had good response to treatment and that the benefits outweighed the risks. Documentation was lacking of resident specific</p>		<p>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 potential side effects 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.</p> <p>III. The SDC or designee will in-service the Interdisciplinary Team and licensed nurses on <u>PRO 61011-CA Antipsychotic Psychoactive Medications</u>, Behavior Monitoring Flow Sheets, and Monthly Behavior Summary/Psychoactive Gradual Dose Reduction (GDR) Review.</p> <p>IV. The Director of Nursing or designee will audit Behavior Monitoring Flow Sheets 5 times a week for 30 days, then 3 times a week for 30 days, then twice weekly for 30 days to validate related behaviors and side effects of medication are documented. The Director of Nursing or designee and Interdisciplinary Team will audit Consultant Pharmacist Recommendations for physician affirmative response or patient specific reasoning for contraindication monthly for 3</p>		

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	<p>reasoning for not reducing the medication.</p> <p>Review of the Monthly Behavior Monitoring Flow sheets for February 2013 through June 2013 for the use of Risperdal and Lexapro failed to list documentation of the resident experiencing sad expressions, which was why the resident was on the two medications.</p> <p>During an interview with the Social Worker on 7/8/13 at 1:30 p.m., she indicated "[Resident's name] has been stable all along and the MD [physician] refused the GDR because she was stable."</p> <p>On 7/9/13, the Administrator presented a copy of the facility's current policy on "Antipsychotic/Psychoactive Medication." Review of this policy at this time included, but was not limited to: "Rationale:...The patient's attending physician is responsible for disclosing the information necessary to make a decision to accept or refuse the use of an antipsychotic medication or psychoactive medication..15.d. A discussion of why the present dose is necessary to manage the symptoms of the patient...17. Assess patient to</p>		<p>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 in Point Click Care as an ongoing process of this facility. Audit results will be reviewed in monthly PI meeting to achieve 100% compliance as determined by PI committee.</p>				

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	<p>determine if psychoactive is effective or may be reduced or eliminated by determining: a. The patient's target symptoms and the effect of the medication on the severity, frequency, and other characteristics of the symptoms.18. Collaborate with the physician in considering whether the current medication, dose and duration is appropriate or should be reduced, changed or discontinued...22. Document the clinical rationale for why any additional attempted dose reduction at that time would be likely to impair the patient's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder...c. A description of the justification for the choice of a particular treatment, or treatments, and d. A discussion of why the present dose is necessary to manage the symptoms of the patient...."</p> <p>3.1-25(i)</p>				