STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING / B. WING	X3) DATE SURVEY COMPLETED
	155019	A. BUILDING 00 / B. WING	11/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN VILLA - BLOOMINGTON	1100 S CURRY PK BLOOMINGTON, IN 47403

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. Survey Dates: November 9, 10, 12, 13, 16, and 17, 2015. Facility number: 000007 Provider number: 155019 AIM number: 100275040 Census bed type: SNF: 3 SNF/NF: 155 Total: 158 Census payor type: Medicare: 7 Medicaid: 128 Other: 23 Total: 158 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1. QR completed by 14466 on November 25, 2015.	F 0000		
F 0164	483.10(e), 483.75(l)(4)			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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SS=D Bldg. 00	PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility. The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law. The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident. Based on observation, interview, and record review, the facility failed to ensure a resident's clinical record was kept confidential as indicated by facility policy in that a Treatment Administration Record (TAR) was left open and exposed private clinical information for 1 of 1 resident randomly observed (Resident #6) and Medication Administration Records	F 0164	We respectfully submit this plan of correction as proof of our compliance with State and Federal regulations, and per the laws that mandate the submission of this plan. We respectfully request a desk review/paper compliance for the plan of correction submitted. Please review the attached documents with this plan of	12/17/2015

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	(MAR) and TAR's were left unattended on top of the hallway medication and treatment carts with the potential for unauthorized individuals to view resident's private medical information. Findings include: 1.) On 11/10/2015 at 10:30 a.m., the TAR book for the Unit 100 was observed on top of the 100 hall treatment cart and to be opened to Resident #6's treatments. Resident #6's TAR contained information including the resident's diagnosis and the treatments being provided. On 11/10/2015 at 10:31 a.m., an interview with the Unit Manager (UM) for the 100 unit indicated the TAR should not have been left open for Resident #6, due to the Health Insurance and Portability and Accountability Act (HIPPA). 2.) During the survey period dates of November 9 through November 17, 2015, multiple observations of the MAR's and TAR's were observed on the medication and treatment carts in the hallway unattended and accessible to unauthorized staff, family and resident's who were observed walking up and down the hallways.		correction, as evidence of completion of this plan of correction and evidence of compliance. It is the policy of Garden Villa that the resident has the right to personal privacy and confidentiality of his or her personal and clinical records. 1) What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice; Immediately the record for resident #6 was closed and confidentiality secured. 2) How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All residents have the potential to be affected by this deficiency. Audits will be completed to ensure all records are kept private and confidential. 3) What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur All staff will be in-serviced on privacy and confidentiality of records. 4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. All staff are being held individually accountable for maintaining privacy and confidentially of records. Daily administrative staff or designee will make rounds at least ten times a day to monitor	

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	On 11/17/2015 at 11:40 a.m., the Director of Nursing (DON) provided the facility's policy, "Clinical Record Service - Orientation, Training and Assessment Privacy of Health Information" undated, and indicated it was the one currently being used by the facility. The policy indicated: " ... Maintain Privacy Around the Workplace ... Records kept in areas not accessible to unauthorized individuals ..." 3.1-3(o)		for compliance of security and privacy of records. The results of these rounds will be presented monthly to QA . See attachment A and B	
F 0279 SS=D Bldg. 00	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe 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 §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10,			

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	including the right to refuse treatment under §483.10(b)(4).			
	Based on interview and record review, the facility failed to ensure a care plan was developed for a resident who received an as needed (prn) pain medication and had a diagnosis of chronic pain for 1 of 2 residents reviewed for pain (Resident #176) and the facility failed to ensure a careplan was developed after assessment for resident prescription antidepressant for exhibited behaviors of OCD (obsessive compulsive disorder) for 1 of 5 resident reviewed for unnecessary medication use. (Resident #207) Findings include: 1.) Resident #176's clinical record was reviewed on 11/16/2015 at 11:00 a.m. Diagnoses included, but were not limited to depression and chronic pain. The quarterly Minimum Data Set (MDS) assessment dated 8/15/2015, assessed Resident #106 as taking prn pain medication the last 5 days. Physician's orders dated October 2015, indicated Resident #106's medications included, but were not limited to: Norco tablet (a pain medication) 5-325 milligrams every 6 hours as needed for moderate to severe pain. The original	F 0279	We respectfully submit this plan of correction as proof of our compliance with State and Federal regulations, and per the laws that mandate the submission of this plan. We respectfully request a desk review/paper compliance for the plan of correction submitted. Please review the attached documents with this plan of correction, as evidence of completion of this plan of correction and evidence of compliance. It is the policy of Garden Villa to develop a comprehensive care plan for each resident to meet their individual needs. 1) What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice; Immediately care plans were put into place for residents #176 and #207 to address pain control and antidepressant medication use. 2) How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All residents have the potential to be affected by this deficiency. All care plans have been reviewed and updated as needed. 3) What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur	12/17/2015

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	start date of the Norco was 6/04/2015. The October and September 2015, Medication Administration Records for Resident #106 indicated prn Norco had been administered 28 out of 61 days. On 11/17/2015 at 10:20 a.m., the Director of Nursing (DON) provided the current care plan for Resident #106. The care plan did not address chronic pain nor the use of prn pain medication. On 11/17/2015 at 2:00 p.m., an interview with the Unit Manager (UM) for the 200 unit indicated, there is currently no care plan for Resident #106's pain, but there absolutely should be since the resident is on a prn pain medication. She further indicated Resident #106 was on another unit before coming to the 200 unit and the care plan for pain must have been missed by mistake. On 11/17/2015 at 11:40 p.m., the DON indicated the facility does not have an actual policy on care plans, but uses the Minimum Data Assessment Process as the facility policy. A copy of "The Care Area Assessment (CAA) Process and Care Plan Completion" dated October 2015, was provided at that time. The policy indicated, "... The resident enters the nursing home with a set of		Every care plan will be reviewed and updated as need with each order. 4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. With every new order the unit manager or designee will review and update the care plan as needed. Three times a week nursing administration or a designee will audit all new orders to ensure care plan compliance. Monthly these results will be reported to QA for three months; if after three months compliance is 100% then it will be recommended to decrease audit to quarterly and reported to QA. See attachment C	

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	physician-based treatment orders. Nursing home staff should review those orders and begin to assess the resident and to identify potential care issues/problems. ..." 2). Resident #207's clinical record was reviewed on 11/13/15 at 10:44 a.m. Diagnoses included, but were not limited to: paranoid delusions,OCD (obsessive compulsive disorder), and anxiety. Physician's orders dated 9/1/15 through 10/31/15, indicated Resident #207 received Prozac 40 mg (milligram) (antidepressant) since 8/19/15, for mood. Resident #207's clinical record lacked a careplan for OCD (obsessive compulsive disorder) and the use of the antidepressant Prozac. On 11/16/15 at 2:40 p.m., interview with the 600 hall Unit Manager indicated there was no care plan for Resident #207's antidepressant. On 11/17/15 at 10:00 a.m., interview with the 600 hall Unit Manager indicated Resident #207 received Prozac for OCD. On 11/17/2015 11:43 a.m., interview with the Director of Nursing (DON) indicated they do not have a care plan policy, but follow the MDS (Minimum			

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	Data Set) Care process. On 11/17/2015 at 11:40 p.m., the DON indicated the facility does not have an actual policy on care plans, but uses the Minimum Data Set Process as the facility policy. A copy of "The Care Area Assessment (CAA) Process and Care Plan Completion" dated October 2015, was provided at that time. The policy indicated, " ... The resident enters the nursing home with a set of physician-based treatment orders. Nursing home staff should review those orders and begin to assess the resident and to identify potential care issues/problems. ..." 3.1-35(a)			
F 0329 SS=E Bldg. 00	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS 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.			

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	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. Based on interview and record review, the facility failed to ensure residents who received a psychotropic medication were monitored for targeted behaviors and for effectiveness of medications for 5 of 5 residents reviewed for unnecessary medication use. (Resident #71, Resident #47, Resident #207, Resident #199, Resident #186) Findings include: 1.) The clinical record was reviewed for Resident #71 on 11/17/15 at 2:03 p.m. Diagnoses included, but were not limited to: dementia and major depressive disorder. The physician's November 2015, orders for Resident #71 indicated the following: On 11/19/14 (start date), the resident was ordered Nuedexta (antipsychotic medication) 20 mg (milligrams) two	F 0329	We respectfully submit this plan of correction as proof of our compliance with State and Federal regulations, and per the laws that mandate the submission of this plan. We respectfully request a desk review/paper compliance for the plan of correction submitted. Please review the attached documents with this plan of correction, as evidence of completion of this plan of correction and evidence of compliance. 1) What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice; Nursing will be monitoring at least daily for targeted behaviors that the anti-psychotics medications were prescribed for residents #71, 47, 207, 199 and 186. 2) How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All residents have the potential to be	12/17/2015

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	times daily. On 5/21/15 (start date), the resident was ordered Lexapro (antidepressant medication) 15 mg every morning. On 9/23/15 (start date), the resident was ordered lithium (antidepressant medication) 150 mg daily. On 11/4/15 the medication was discontinued. The clinical record lacked documentation which indicated targeted behaviors for which the medication was prescribed were daily monitored for Resident #71's Nuedexta, lithium, nor Lexapro. The Wolters Kluwer Nursing 2014 Drug Handbook, 34th edition, copyright 2015, Black Box Warning for Lexapro included: "Monitor patient closely for worsening of depression or suicidal behavior ... report signs of worsening depression (such as agitation, irritability, insomnia, hostility, and impulsivity) and signs of suicidal behavior to prescriber immediately." On 11/14/15 at 10:00 a.m., the Social Worker indicated staff usually documents by exception in regard to behavior monitoring and if a resident displayed a behavior, then the nurse would document the behavior under nursing notes.		affected by this deficiency. All records will be audited to ensure that targeted behaviors are being monitored for at least daily and documented as such. 3) What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur With all new orders the unit manager or designee will include the targeted behavior monitoring on the MAR to be documented on at least daily. 4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. Three times a week nursing administration or designee will audit that all targeted behaviors are being monitored for and documented daily. These results will be reported to QA monthly times three months and then if compliance is 100% then audits will be done quarterly and reported to QA . See attachment D and E	

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	On 11/17/15 at 10:47 a.m., the DON (Director of Nursing) indicated staff charts by exception in regard to behavior monitoring. On 11/17/15 at 3:08 p.m., the DON provided the facility's policy, "Behavior Management Policy and Procedure," updated on August, 2015, and indicated it was the policy currently being used by the facility. The policy did not address daily monitoring for targeted behaviors related to psychotropic medication use. 2). Resident #47's clinical record was reviewed on 11/13/15 at 10:33 a.m. Diagnoses included, but were not limited to: anxiety, depression, and psychotic disorder. Physician's order dated 11/1/15 through 12/31/15, indicated Resident #47 received Xanax (antianxiety) 0.25 mg (milligram) bid (twice a day) since 4/1/15; Remeron (antidepressant) 45 mg hs (hour of sleep) since 1/21/15, for insomnia; and Risperdal (antipsychotic) 0.5 mg every morning and 1 mg at night since 4/3/15, for paranoia. Care plan "BEHAVIOR MANAGEMENT PLAN" dated 10/15/15 through 1/2016, indicated,"Resident experiences delusions and hallucinations			

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	... anxiety ...Goals: ...improvement with s/s [signs and symptoms] of anxiety within 5 minutes of onset. ..." Care plan "Antipsychotic" dated 11/12/15 through 12/31/15, "...use Risperdal for Dx: Dementia, Depression, Paranoia..Intervention: ...notify social service and Dr. of changes in behavior. ... " Care plan "Antidepressant" dated 11/2015 through 2/2016, indicated " ... Remeron ...Goals: ... Interventions: ...notify SS [Social Service] and MD with changes in behaviors ..." Care plan "anxiety" dated 10/2015 through 1/2016, indicated, "Potential for anxiety related to: COPD [Chronic Obstructive Pulmonary Disease] ... Goals: ..will verbal [sic] feelings in calm manner, ...Interventions: ... Notify M.D. of abnormal effects, ... " On 11/13/15 at 10:00 a.m., the Director of Nursing (DON) indicated nurses chart by exception and if there was a behavior the nursing notes would reflect. The DON indicated the behavior being monitored for Resident #47's Risperdal was paranoia and the nurses would know to monitor it.			

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	On 11/13/15 at 10:45 a.m., interview with the Social Service Director indicated, Resident #47 had memory issue when not wearing oxygen and that is when behaviors happen. The Social Service Director indicated, Resident #47 gets real anxious. The IDT (Interdisciplinary team) meets and discusses what behaviors and how often they are being exhibited. On 11/16/14 at 2:43 p.m., interview with the 600 hall Unit Manager indicated, Resident #47 had behavior of false accusations. On 11/16/15 at 3:19 p.m., interview with LPN #1 indicated Resident #47 had a behavior of making a loud noise. "We chart if there is a behavior, anything that was not normal for Resident #47." Resident #47's clinical record lacked documentation indicating targeted behaviors for which Risperdal, Remeron, and Xanax were prescribed were being monitored at that time. 3). Resident #207's clinical record was reviewed on 11/13/15 at 10:44 a.m. Diagnoses included but were not limited to:paranoid delusions, OCD (obsessive compulsive disorder), and anxiety.			

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	Physician's order dated 9/1/15 through 10/31/15, indicated Resident #207 received Prozac 40 mg (milligram) (antidepressant) since 8/19/15, for mood; Ativan 0.25 mg (antianxiety) since 8/19/15, for anxiety; and Zyprexa 10 mg (antipsychotic) at bedtime since 8/19/15, for delusions. Care plan "BEHAVIOR MANAGEMENT PLAN" dated 9/16/15 through 12/16/15, indicated, " ... False accusations ...related to paranoid delusions, ... carrying fork around unit to defend self from others, ... Goal: Resident will have no harmful items in possessions, ...Intervention: Report and document all behavior ..." Care plan "Anxiety" dated 9/13/15 through 1/2016, indicated, " ... possible anxiety d/t [due to] ecf [extended care facility] placement...Goal: Resident will verbal feelings in calm manner, ...Intervention: ... Ativan 0.25 mg PO BID, 0.5 mg QHS." Care plan "Black box warning: Antipsychotic" dated 11/2015 through 2/2016, indicated, "Zyprexa for paranoid delusions monitor side effects and adverse reactions /black box warning, changes in behavior, ..."			

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NAME OF PROVIDER OR SUPPLIER GARDEN VILLA - BLOOMINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S CURRY PK BLOOMINGTON, IN 47403	

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	On 11/13/15 at 10:00 a.m., the Director of Nursing (DON) indicated nurses chart by exception and if there was a behavior the nursing notes would reflect. On 11/13/15 at 10:45 a.m., interview with the Social Service Director indicated the IDT (Interdisciplinary team) meets and discusses what behaviors and how often they are being exhibited. On 11/16/15 at 2:40 p.m., interview with the 600 hall Unit Manager indicated there was no care plan for Resident #207's antidepressant. On 11/17/15 at 10:00 a.m., interview with the Unit Manager indicated Resident #207 received Prozac for OCD. Resident #207's clinical record lacked documentation indicating targeted behaviors for which Risperdal, Remeron, and Xanax were prescribed were being monitored at that time. 4). Resident #199's clinical record was reviewed on 11/16/15 at 11:32 a.m. Diagnosis included, but was not limited to: insomnia and anxiety. Physician's orders dated 11/1/15 through 12/31/15 indicated, Resident #199 received Haldol 1 mg (milligram) qhs			

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	(every hour of sleep) for behaviors since 11/4/15; Ativan (antianxiety) 0.5 mg daily since 10/7/15, for anxiety; Zoloft (antidepressant) 125 mg since 7/1/15, for anxiety; and trazodone 100 mg (antidepressant) daily since 7/1/15, for insomnia. Care plan "Potential for adverse side effects of antianxiety medication" dated 10/7/2015 through 1/2016, indicated, "...side effects of antianxiety medication, ...Ativan..." Care plan "Antipsychotic" dated 10/23/15 through 1/7/16, indicated "...Haldol for diagnosis of Anxiety, ... Goal: ... no adverse reactions to Atypical antipsychotic, ...Intervention ...Notify Social Services and Doctor of changes in behavior. ..." Care plan "Behavior Management plan" dated 11/9/15 through 2/9/16, indicated Socially inappropriate-non aggressive touch of another resident. Goal: will have no occurrences of socially inappropriate touch of another resident , ... Intervention: ... Report and document all behavior and interventions..." Care plan "Behavior Management plan dated 11/9/15 through 1/1/2016, indicated, "Physical or verbal aggression			

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	toward staff. ... Goal: ...will have 1 or less episodes of physical or verbal aggression toward staff ...Intervention: Report and document all behavior and interventions to NSG [nursing] Unit..." Care plan "history of delusions" dated 11/9/15 through 2/9/2016, " ...Goal: ... remain free from psychosocial distress daily, ...Interventions: Contact Social services or Recreational therapy for 1:1 as needed ..." Care plan "Potential for adverse side effects of antidepressant" dated 11/2015 through 2/2016, indicated, "... effects of antidepressant medication: ... Zoloft, trazodone... Goal: Resident will be free of adverse side effects daily... Interventions: ... Report to MD and SS if changes in behaviors noted, ..." On 11/13/15 at 10:00 a.m., the Director of Nursing (DON) indicated nurses chart by exception and if there was a behavior the nursing notes would reflect. On 11/13/15 at 10:45 a.m., interview with the Social Service Director indicated the IDT (Interdisciplinary team) meets and discusses what behaviors and how often they are being exhibited. On 11/16/15 at 2:40 p.m., interview with			

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	the 600 hall Unit Manager indicated staff charts by exception. If there was no behavior than nothing would be charted in the nursing notes. If there were behaviors then the nursing notes should be documented. Resident #199's clinical record lacked documentation indicating targeted behaviors for which Zoloft, trazodone, Ativan, and Haldol were prescribed were being monitored at that time. 5). Resident #186's clinical record was reviewed on 11/17/15 at 2:09 p.m., Diagnoses included, but were not limited to: anxiety, dementia with behavioral disturbance, and depression. Physician's orders dated 9/1/15 through 10/31/15, indicated Resident #186 received Depakote 125 mg (milligram) (mood stabilizer) daily since 4/13/15, for mood; Lexapro (antidepressant) 15 mg since 9/9/14, for depression; and Xanax 0.25 mg bid (twice a day) since 10/3/15, for anxiety. Careplan "Potential for anxiety" dated 9/30/15 through 1/2016, indicated, " Anxiety, ... Goal: ... will verbal feelings in calm manner, ... Intervention: Xanax as ordered, ..." There was no indication of targeted behavior for which the Xanax			

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	was prescribed being documented. Care plan "Minimal Depression ..." dated 9/2015 through 12/2015, indicated, "Resident triggered for feeling tired/little energy 2-6 days feeling bad about self 2-6 days ... stating (I just don't always feel like myself lately) ...Goals: will have no statement of feeling better off dead ...Intervention: ... observe ... for s/sx [signs and symptoms] of depression and report, ..." There was no indication of targeted behavior for which the Lexapro was prescribed being documented. On 11/13/15 at 10:00 a.m., the Director of Nursing (DON) indicated nurses chart by exception and if there was a behavior the nursing notes would reflect. On 11/13/15 at 10:45 a.m., interview with the Social Service Director indicated the IDT (Interdisciplinary team) meets and discusses what behaviors and how often they are being exhibited. On 11/17/15 at 2:55 p.m., interview with the 400 hall Unit Manager indicated Resident #186's behavior of tearfulness is charted by exception. That was the reason for the Lexapro and Xanax. The Wolters Kluwer Nursing 2014 Drug Handbook, 34th edition, copyright 2015,			

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	Black Box Warning for Lexapro included: "... Monitor patient closely for worsening of depression or suicidal behavior... report signs of worsening depression (such as agitation, irritability, insomnia, hostility, impulsivity) and signs of suicidal behavior to prescriber immediately." On 11/17/15 at 10:15 a.m., the Director of Nursing provided the policy, "General Guidelines for the Use of Chemical Restraints" dated August 2002, and indicated the policy was the one currently used by the facility. The policy indicated, "...10. Designated facility staff will document episodes of behavior, the impact of the medication on behavior and the presence or absence of side effects. 11. Nursing services, social services and other members of interdisciplinary team will address the behaviors in progress notes, ... Medication use is not the sole approach for behavioral intervention. ... Unnecessary Drugs 1. ...Unnecessary drugs are any drugs when used: ...c. Without adequate monitoring; ... " On 11/17/15 at 10:15 a.m., the Director of Nursing provided documentation labeled, "Antipsychotic regulations dated 2011, and indicated the documentation was the one currently used by the facility. The documentation indicated, " ...			

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	Monitoring /Adverse Consequences ... When antipsychotics are used without monitoring, they may be considered unnecessary medications because of inadequate monitoring." 3.1-48(a)(3)			