STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155489	A. BUILDING 00 B. WING	06/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER HEALTH CARE & REHABILITATION CENTER	359 RANDOLPH ST PARKER CITY, IN 47368

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F 0000 Bldg. 00	This survey was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey. Survey dates: June 10 - 12, 15 - 17, 2015 Facility number: 000419 Provider number: 155489 AIM number: 100273190 Census bed type: SNF/NF: 66 Residential: 7 Total: 73 Census payor type: Medicare: 12 Medicaid: 38 Other: 23 Total: 73 This deficiency reflects state findings cited in accordance with 410 IAC 16.2. -3.1.	F 0000	This Plan of Correction is prepared and executed because it is required by the provisions of state and federal law, and not because Parker Health Care agrees with the allegations contained there in. Parker Health Care maintains that each deficiency does not jeopardize the health and safety of the residents, nor is it of such character as to limit our capacity to render adequate care. Please let this Plan of Correction serve as the facility's credible allegation of compliance for the date of July 17, 2015. Parker Health Care also respectfully requests paper compliance.	
F 0329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM			

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

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Bldg. 00	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. 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 observation, interview and record review, the facility failed to ensure a resident did not receive an increase/initiation in a psychoactive medication without identified documented behavioral indicators for use for 1 of 5 residents reviewed for unnecessary medications. (Resident #40) Findings include: The clinical record for Resident #40 was reviewed on 6/12/15 at 12:38 p.m. Diagnoses for Resident #40 included, but was not limited to, Alzheimer's disease,	F 0329	1. The facility was unable to correct the lack of documented behavioral indicators due to the incident occured in the past. Resident #40's seroquel was discontinued. 2. A 100% audit was completed over the last 30 days to ensure behavioral indicators were documented prior to the initiation/increase of psychoactive meds. 3. DON/Designee will audit new orders during AM meeting to ensure identified documented behavioral indicators are present prior to an initiation/increase of a psychoactive medication. 4. Results of the audits will be	07/17/2015

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	dementia with delusions and depression. On 6/12/15 at 1:22 p.m., Resident #40 was observed calmly seated in the hallway watching people from his wheelchair. On 6/15/15 at 9:20 a.m., Resident #40 was observed calmly seated in his wheelchair near the nurse's station. On 6/15/15 at 1:24 p.m., Resident #40 was observed calmly seated in the hallway watching people from his wheelchair. On 6/16/15 at 2:44 p.m., Resident #40 was in his bed with his eyes closed. A quarterly Minimum Data Set assessment, dated 4/25/15, indicated Resident #40 was severely cognitively impaired and rarely or never made decisions. A history of psychoactive medication physician orders for Resident #50 included, but were not limited to, the following: a. Seroquel (an antipsychotic medication) 25 milligrams (mg) two times a day for 14 days, then decrease to 25 mg once a day which was initiated on		forwarded to QA monthly for review times 3 months, then quarterly for a total of 6 months. 5. Date of compliance: July 17, 2015.	

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	2/2/15. On 3/4/15, the Seroquel was decreased to 12.5 mg by mouth once a day at bedtime. b. Buspar (an antianxiety medication) was discontinued in October of 2014. On 1/20/15 Buspar 10 mg by mouth three times a day was initiated. On 1/30/15, the Buspar was increased to 15 mg by mouth three times a day. c. Lexapro (an antidepressant medication) was decreased to 5 mg by mouth daily on 7/2/14. On 1/8/15, the Lexapro was increased to 10 mg by mouth once a day. On 1/30/15, the Lexapro was increased again to 20 mg by mouth once a day. d. Depakote (a mood stabilizing medication) 250 mg by mouth two times a day was initiated on 2/2/15. e. Xanax (an antianxiety medication) was discontinued in July of 2014. On 2/12/15, Xanax 0.25 mg by mouth once a day at bedtime was initiated/restarted. On 3/4/15, the Xanax was decreased to 0.25 mg every 8 hours as needed for anxiety. On 6/8/15, the Xanax was discontinued. The psychoactive medications Buspar and Lexapro were both increased on 1/30/15. The psychoactive medications			

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	Seroquel and Depakote were both initiated/started on 2/2/15, a period of two days from the Buspar and Lexapro dosage increases. The clinical record for Resident #40 lacked documentation of any delusions, hallucinations or maladaptive behaviors from 1/31/15 to 2/3/15. The clinical record indicated Resident #40 was not seen by his physician when the medications were ordered or increased on 1/30/15 or 2/2/15. During an interview on 6/16/15 at 12:31 p.m., the Pharmacy Consultant indicated a period of 14 days is needed to determine effectiveness for medications not treating an "episode". She indicated if the medication was a low dose you could increase the dose in a week. She further indicated she prefers to start one medication or increase the dose of one medication at a time if possible, to track the results of the increase and/or initiation of the medication. During an interview on 6/17/15 at 9:17 a.m., the RN Consultant indicated there were no identified documented behaviors for Resident #40 from 1/31/15 to 2/3/15 to support the initiation of 2 additional psychoactive medications (Seroquel and Depakote) after the increase of 2 different psychoactive medications (Buspar and			

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	Lexapro). During an interview on 6/17/15 at 1:05 p.m., the RN Consultant indicated they did not have a policy specific to starting a psychoactive medication or increasing the dose of a psychoactive medication. Review of the current facility policy, dated 6/2012, title "Behavior Management", provided by the RN Consultant on 6/17/15 at 1:05 p.m., included but was not limited to, the following: "Policy: To ensure the resident receives effective treatment and intervention for behavior and mood symptoms. Procedure: 1. The CNAs will document behaviors in the Electronic Medical Record when behaviors occur. The CNA will notify the nurse of the behavior. 2. The nurse or social service will complete the Behavior Sheet upon being notified of or witnessing a behavior.... ...6. Residents that are on Behavior Management Programs will have documentation of behavior symptoms completed every shift by the nursing staff on Point of Care. This will allow for accurate documentation and assessment of the resident's behaviors, and therefore appropriate follow-up by the Interdisciplinary team.			

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	7. Residents that have a new behavior will have documentation on behaviors on the Point of Care for two weeks to determine if the behavior is ongoing. This will allow for appropriate assessment of the behaviors...." 3.1-48(a)(6)			
R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. Residential Census: 7 Residential sample: 7 Parker Health Care and Rehabilitation Center was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.	R 0000	This Plan of Correction is prepared and executed because it is required by the provisions of state and federal law, and not because Parker Health Care agrees with the allegations contained there in. Parker Health Care maintains that each deficiency does not jeopardize the health and safety of the residents, nor is it of such character as to limit our capacity to render adequate care. Please let this Plan of Correction serve as the facility's credible allegation of compliance for the date of July 17, 2015. Parker Health Care also respectfully requests paper compliance.	