

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155526	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/16/2024
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NAME OF PROVIDER OR SUPPLIER PERSIMMON RIDGE REHABILITATION CENTRE	STREET ADDRESS, CITY, STATE, ZIP COD 200 N PARK ST PORTLAND, IN 47371
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 12, 13, 14, 15, and 16, 2024</p> <p>Facility number: 000148 Provider number: 155526 AIM number: 100275500</p> <p>Census Bed Type: SNF/NF: 91 Total: 91</p> <p>Census Payor Type: Medicare: 10 Medicaid: 70 Other: 11 Total: 91</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed August 20, 2024.</p>	F 0000	Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under state and federal law. Please accept this Plan of Correction as our credible allegation of compliance.	
F 0758 SS=D Bldg. 00	<p>483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use</p> <p>§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Melinda Hodgson	Administrator	08/30/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>Based on a comprehensive assessment of a resident, the facility must ensure that--</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.</p> <p>Based on observation, record review, and interview, the facility failed to ensure non-pharmacological interventions were</p>	F 0758	1 Residents' 39 and 59 had no adverse outcome from non-pharmacologic interventions	09/13/2024

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	<p>implemented prior to the PRN (as needed) administration of psychotropic medications for 2 of 6 residents reviewed for unnecessary medications. (Resident 39 and Resident 59)</p> <p>Findings include:</p> <p>1. During an observation, on 8/14/24 at 10:16 a.m., Resident 39 sat quietly in a tilt-in-space positioning wheelchair in while watching a group activity.</p> <p>During an observation, on 8/15/24 at 8:57 a.m., the resident lay quietly in bed with her eyes closed in her darkened room.</p> <p>During an observation, on 8/16/24 at 8:32 a.m., the resident sat quietly in a tilt-in-space positioning wheelchair in the dining room at a table.</p> <p>Resident 39's clinical record was reviewed on 8/14/24 at 12:01 p.m. Diagnoses included Alzheimer's disease with early onset, psychotic disorder with hallucinations due to known physiological condition, unspecified psychosis not due to a substance or known physiological condition, major depressive disorder, recurrent, mild, generalized anxiety disorder, borderline personality disorder, and dementia.</p> <p>Physician's orders included buspirone (antianxiety) 10 mg three times a day (started 3/21/24), donepezil (for Alzheimer's) 10 mg daily (started 12/21/23), haloperidol lactate (antipsychotic) 2 mg/ml concentrate 5 mg twice a day (started 5/24/24), lorazepam (antianxiety) 0.5 mg three times a day PRN for generalized anxiety disorder (started 4/2/24 and discontinued 4/15/24), memantine (for Alzheimer's) 14 mg extended release daily (started 12/22/23) , and sertraline</p>		<p>prior to PRN psychotropic medication being documented. Staff has been re-educated on assuring non-pharmacological interventions are implemented and documented prior to PRN administration of psychotropic medication.</p> <p>2 All residents receiving PRN psychoactive medications have the potential to be affected by alleged deficient practice. Staff has been re-educated on assuring non-pharmacological interventions are implemented and documented prior to PRN administration of psychotropic medication.</p> <p>3 The facility's policy Psychotropic Medication, Gradual Dose Reduction policy was reviewed with no changes indicated at this time. The staff has been re-educated on the policy with a special focus on assuring non-pharmacologic interventions occur and are documented prior to use of PRN psychotropic medication administration. A monitoring tool has been initiated.</p> <p>4 The DON and/or her designee will be responsible for completing the monitoring tool to ensure non-pharmacologic interventions are implemented and documented prior to use of PRN psychotropic medication. This monitoring will occur on scheduled workdays as follows: daily for two weeks, weekly for two weeks, and</p>	

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	<p>(antidepressant) 200 mg daily (started 4/19/24).</p> <p>A quarterly Minimum Data Set (MDS) assessment completed on 5/24/24 indicated the resident had no recall of current season, location of room, staff names and faces, or that she was in a nursing home. She had moderately impaired decision-making and made poor decisions. She exhibited physical behavioral symptoms both directed toward others and not directed toward others for one to three days during the assessment period.</p> <p>A current care plan, initiated on 12/21/23 and last revised on 7/3/24, indicated the resident had a diagnosis of anxiety. The goals included the following: episodes of increased anxiety will be successfully addressed, and resident calmed as evident by documented efficacy of interventions listed in the Behavior Memo(s). Interventions will be effective as evidenced by fewer episodes of anxiety as evident by review of documented Behavior Memo(s) denoting number of episodes of anxiety exhibited. The interventions included the following: ensure calm environment, ensure all basic needs have been met, encourage activities of preference such as watching television, encourage resident to express thoughts and feelings, provide reassurance and comfort as needed, provide relaxation techniques as needed, such as visualization, relaxing music, and massage, and administer medication as ordered as needed.</p> <p>The medication administration record (MAR) for 4/5/24 through 4/15/24 indicated the resident had received the PRN lorazepam 0.5 mg on the following days 4/5/24 (twice), 4/6/24, 4/7/24, 4/8/24, 4/9/24 (twice), 4/11/24 (twice), 4/12/24, 4/13/24 (twice), 4/14/24 (twice), and 4/15/24 at 6:54</p>		<p>monthly thereafter for a minimum of six months. Should a concern be noted, immediate corrective action shall occur. Results of this monitoring and any corrective action will be discussed during the facility's monthly QA meetings for a minimum of six months and the frequency of the monitoring increased or decreased according to the findings</p> <p>5 9-13-24</p>	

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	<p>a.m. The MAR lacked documentation of non-pharmacological interventions attempted prior to the administration of the lorazepam.</p> <p>The "Mood and Behavior Communication Memos", for the time span between 1/1/24 and 8/16/24, received from the DON on 8/16/24 at 10:24 a.m., were reviewed. The memos included the description of the resident's behavior, interventions attempted, and the outcome of the interventions used. No memos were completed for 4/9/24, 4/11/24, 4/12/24, 4/13/24, and 4/15/24 when Resident 39 received lorazepam.</p> <p>A nurses note, dated 3/28/24 at 9:25 a.m., indicated the mental health provider had been updated on an increase in the resident's yelling and behaviors. A new order was received (to increase sertraline 100 mg by 25 mg daily until dose reached 200 mg).</p> <p>A nurses note, dated 4/15/24 at 12:20 p.m., indicated the resident was sent to the hospital for increase in agitation and constant yelling and screaming.</p> <p>The nurses notes lacked the resident's behaviors and interventions provided for 4/9/24, 4/11/24, 4/12/24, 4/13/24, and 4/15/24 prior to administration of the PRN lorazepam.</p> <p>During an interview, on 8/16/24 at 4:21 p.m., RN 4 indicated prior to the administration of a PRN psychotropic medication, non-pharmacological interventions were to be provided such as redirecting the resident or offering a snack. She thought the interventions were to be documented on the MAR.</p> <p>During an interview, on 8/16/24 at 4:23 p.m. RN 5</p>			

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	<p>indicated prior to the administration of a PRN psychotropic medication, reasons why giving the medication must be listed, try to redirect the behavior, and do the least invasive things before administering a medication. If the behavior is really bad, then a behavior report should be filled out and the interventions are put on the bottom. The interventions can be documented on the MAR and the nurses notes.</p> <p>During an interview, on 8/16/24 at 5:10 p.m., the DON indicated she was unable to locate documentation of interventions being provided prior to the administration of the lorazepam for Resident 39.</p> <p>2. During an observation, on 8/12/24 at 10:52 a.m., Resident 59 laid on her bed with her eyes closed.</p> <p>During an observation, on 8/14/24 at 8:52 a.m., the resident laid on her bed watching television.</p> <p>During an observation, on 8/16/24 at 10:00 a.m., the resident laid on her bed and talked on the phone.</p> <p>Resident 59's clinical record was reviewed on 8/14/24 at 2:01 p.m. Diagnoses included depression, generalized anxiety disorder, emphysema, and chronic obstructive pulmonary disease.</p> <p>Physician's orders included lorazepam (antianxiety) 0.25 mg PRN three times a day for generalized anxiety disorder (started 6/19/24 and discontinued 8/8/24) and sertraline (antidepressant) 150 mg daily (started 8/8/24).</p> <p>A quarterly Minimum Data Set (MDS) assessment completed 7/23/24 indicated the resident was cognitively intact. No behaviors were identified.</p>			

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	<p>A current care plan (initiated 6/19/24 and last revised 8/5/24) indicated the resident required the use of an antianxiety medication. The goal was the resident would have no signs or symptoms of adverse reaction associated with the use of lorazepam through the next review. The interventions included the following: administer the medication as ordered, monitor for adverse effect, and observe for changes in mood or behavior.</p> <p>The medication administration record (MAR) for 7/21/24 through 7/31/24 indicated the resident had received the PRN lorazepam on the following days: 7/21/24 (twice), 7/22/24 (twice), 7/23/24, 7/24/24 (twice), 7/25/24, 7/26/24, 7/27/24, 7/28/24 (twice), 7/29/24 (twice), 7/30/24, and 7/31/24 (twice). The MAR lacked documentation of interventions given prior to the administration of the lorazepam.</p> <p>The "Mood and Behavior Communication Memos", for the time span between 6/19/24 and 8/16/24, received from the DON on 8/16/24 at 2:29 p.m., were reviewed. The memos included the description of the resident's behavior, interventions attempted, and the outcome of the interventions used. No memos were completed for 7/21/24 through 7/29/24 and 7/31/24. A behavior memo concerning the resident's refusal of taking a shower because she was tired was completed on 7/30/24.</p> <p>The nurses notes lacked the resident's behaviors and interventions provided prior to the administration of the PRN lorazepam from 7/21/24 through 7/31/24.</p> <p>During an interview, on 8/16/24 at 2:15 p.m., QMA</p>			

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	<p>2 indicated prior to the administration of a PRN psychotropic medication, non-medication type interventions should be attempted. The nurse would also have to give permission to give the PRN medication prior to a QMA administering the medication.</p> <p>During an interview, on 8/16/24 at 2:17 p.m. the Unit Manager indicated prior to giving a PRN psychotropic medication, a non-pharmacological intervention, should be attempted and documented.</p> <p>During an interview, on 8/16/24 at 4:34 p.m., the DON indicated prior to the administration of lorazepam she expected non-pharmacological interventions to be implemented such as relaxation then reevaluate before giving the medication.</p> <p>During an interview, on 8/16/24 at 5:10 p.m., the DON indicated she was unable to locate documentation of interventions being provided prior to the administration of the lorazepam for Resident 59.</p> <p>A facility policy, revised 9/2017, provided by the DON on 8/16/24 at 5:34 p.m., titled "PRN Medications," indicated "PURPOSE: To ensure non-pharmacological interventions are attempted, as appropriate, prior to PRN medication administration ...Upon resident request or nurse observation indicating potential need for PRN psychoactive medication, the nurse shall be responsible to intervene, as appropriate, and list/code all non-pharmacological approaches attempted to resolve the resident's symptom(s)"</p>			

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F 0761 SS=D Bldg. 00	<p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals 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>§483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) 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>§483.45(h)(2) 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. Based on observation, record review, and interview, the facility failed to label over-the-counter medications with resident name and physician name and failed to dispose of expired medications for 1 of 6 medication carts observed. (Medication cart on 300 Hall)</p> <p>Findings include: During a medication storage observation of the 300 Hall medication cart for rooms 310 -317, on</p>	F 0761	1 There were no resident's affected by this alleged deficient practice. The melatonin, doxylamine, antifriction body powder and psyllium fiber supplement were immediately removed from the cart. Staff was re-educated on medication storage with a special focus on proper labeling of and expired medications.	09/13/2024

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	<p>8/16/24 at 2:07 p.m., accompanied by QMA 2, the following medications were observed and lacked a resident name and physician name: one container of melatonin 10 mg strength with initials written on the lid and one container of doxylamine succinate with initials written on the lid. An opened container of antifriction, body powder lacked a resident name, physician name, directions, and an expiration date. A container of psyllium fiber supplement with a last name on the lid lacked a physician name and had expired 8/2020.</p> <p>During an interview at the same time of the observation, QMA 2 indicated over-the-counter medications should have the resident's name, the prescriber's name, and the date opened on them. The expired medication should have been disposed of.</p> <p>During an interview, on 8/16/24 at 2:17 p.m., the Unit Manager indicated over-the-counter medications should be labeled with the resident's name, the prescriber's name, the date opened, and the directions. The container of psyllium fiber supplement belonged to a resident who had admitted from home, and she thought the family had provided the medication.</p> <p>During an interview, on 8/16/24 at 2:26 p.m., the DON indicated expired medications should be disposed of and medications should have resident names and prescriber names on them.</p> <p>A facility policy, dated 4/2021, provided by the DON on 8/16/24 at 2:35 p.m., titled "Drug Labels," indicated the following: "...Drugs will be labeled in compliance with federal and state laws as well as standards of pharmacy practice"</p>		<p>2 All residents have the potential to be affected by this alleged deficient practice. All medication carts were checked for improper labeled and or expired medications.</p> <p>3 The facility policies for Drug labels and Storing Drugs was reviewed and no changes are indicated at this time. The Nursing staff was re-educated on the policy with a special focus on proper labeling of medications, and monitoring for expired medications. A monitoring tool has been implemented.</p> <p>4 The DON and/or her designee will be responsible to complete the monitoring to ensure medications are labeled appropriately and expired medications are pulled from the cart. The monitoring will occur on scheduled workdays as follows: Daily for two weeks, weekly for 4 weeks, and monthly thereafter for a minimum of six months. Should a concern be noted, immediate corrective action shall occur. Results of this monitoring and any corrective action will be discussed during the facility's monthly QA meetings for a minimum of six months and the frequency of the monitoring increased or decreased according to the findings</p> <p>5 9-13-24</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	A facility policy, dated 4/2021, provided by the DON on 8/16/24 at 2:35 p.m., titled "Storing Drugs," indicated the following: " ...Any outdated, contaminated, or deteriorated drugs, or those that have containers that are cracked, soiled, or without closures must be removed from stock and destroyed according to policy" 3.1-25(k)(1) 3.1-25(k)(2) 3.1-25(o)				