

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

PRINTED: 10/24/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155710		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/27/2022	
NAME OF PROVIDER OR SUPPLIER CHASE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2 CHASE PARK LOGANSPORT, IN 46947			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00390462. This visit resulted in a Partially Extended Survey-Substandard Quality of Care-Immediate Jeopardy.</p> <p>Complaint IN00390462- Substantiated. Federal/State deficiencies related to the allegations are cited at F678.</p> <p>Survey dates: September 19, 20, 21, 22, 23, 26 and 27, 2022</p> <p>Facility number: 000021 Provider number: 155710 AIM number: 100275270</p> <p>Census Bed Type: SNF/NF: 48 SNF: 1 Total: 49</p> <p>Census Payor Type: Medicare: 4 Medicaid: 32 Other: 13 Total: 49</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed October 5, 2022.</p>			F 0000	<p>Please accept the attached plan of correction as credible allegation of compliance to the deficiencies cited during this inspection. I would like to formally request your consideration for granting this facility paper compliance. Chase Center submits this plan of correction (POC) in accordance with specific regulatory requirements. The submission of the POC does not indicate an admission by Chase Center that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Chase Center. If after reviewing our plan of correction you have any questions or require additional information, please do not hesitate to contact myself, Lacey Schnurpel, Administrator at 574-753-4137.</p>		
F 0644 SS=D Bldg. 00	<p>483.20(e)(1)(2) Coordination of PASARR and Assessments §483.20(e) Coordination.</p>						

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 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 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>A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes:</p> <p>§483.20(e)(1) Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care.</p> <p>§483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment.</p> <p>Based on interview and record review, the facility failed to submit a revised Preadmission Screen and Resident Review (PASARR) Level I after new mental health diagnoses were added for 2 of 4 residents reviewed for PASARR (Resident 12 and 38)</p> <p>Findings include:</p> <p>1. The record for Resident 12 was reviewed on 9/21/22 at 3:18 p.m. Diagnoses included, but were not limited to, dementia with behavioral disturbance, psychotic disorder with delusions, hypertension, depressive disorder and chronic pain.</p> <p>A PASARR Level I, completed on 4/13/22, indicated no mental health diagnosis was known or suspected and no Level II was required. If changes occurred or new information refuted these findings then a new screen must be</p>			F 0644	<p>F644 Coordination of PASARR and Assessments:</p> <ul style="list-style-type: none"> - The PASARR for resident #12 and #38 have been completed (SEE ATTACHED EXHIBIT A1-A4) - An audit was completed to verify PASARR assessments have been completed for residents with new mental health diagnoses (SEE ATTACHED EXHIBIT A5) - Re-education was provided to Admission Coordinator and Social Services related to PASARR assessments (SEE ATTACHED EXHIBIT A6) - An audit of PASARR assessments will be conducted weekly for 4 weeks and monthly for 5 months. Results will be forwarded for review and disposition to QAA Committee. 		10/17/2022

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	<p>submitted.</p> <p>A physician's order, dated 7/7/22, indicated Seroquel (an antipsychotic) 50 mg (milligram) tablet, give 1 tablet by mouth daily. The diagnoses for the medication was psychotic disorder with delusions.</p> <p>2. The record for Resident 38 was reviewed on 9/23/22 at 2:15 p.m. Diagnoses included, but were not limited to, dementia with behavioral disturbance, psychotic disorder with delusions, hypertension, depressive disorder and chronic pain.</p> <p>A PASARR Level I, completed on 10/8/18, indicated no mental health diagnosis was known or suspected and no Level II was required. If changes occurred or new information refuted these findings then a new screen must be submitted.</p> <p>A Behavior Management Evaluation, dated 8/4/22, indicated the resident had a diagnosis of delusional behaviors.</p> <p>During an interview, on 9/27/22 at 9:48 a.m., the Administrator and Director of Nursing indicated a PASARR Level II needed to be done if they were put on a psychotropic medication.</p> <p>During an interview, on 9/27/22 at 11:30 a.m., the Administrator indicated a new PASARR should have been completed when the antipsychotic medication was added.</p> <p>During an interview, on 9/27/22 at 12:53 p.m., the Director of Nursing indicated the facility did not have a policy on PASARR.</p>				(SEE ATTACHED EXHIBIT A7) - 10/17/2022		

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F 0677 SS=D Bldg. 00	<p>3.1-16(d)(1)(A) 3.1-16(d)(1)(B)</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; Based on observation, interview and record review, the facility failed to ensure a resident needing assistance with ADL's (activity of daily living) was provided the scheduled daily showers for 1 of 5 residents reviewed for showers. (Resident 12)</p> <p>Finding includes:</p> <p>During an observation, on 9/19/22 at 2:34 p.m., Resident 12 was sitting in a recliner. The resident was covered with a blanket and his hair was greasy and not combed.</p> <p>During an observation, on 9/23/22 at 9:53 a.m., RN 8 was putting the resident's shirt back on. She indicated the resident could be difficult to provide care at times.</p> <p>The record for Resident 12 was reviewed on 9/21/22 at 3:18 p.m. Diagnoses included, but were not limited to, Parkinson's disease, hypertension, dementia with Lewy body dementia (affect chemicals in the brain), psychotic disorder with delusions.</p> <p>A care plan, dated 9/14/22, indicated the resident needed assistance with activities of daily living. The goal included the resident would be clean, fed and well groomed with assistance of staff.</p>			F 0677	<p>F677 ADL Care provided for Dependent Residents -The shower schedule for resident #12 has been reviewed and updated according to Resident/Resident Representative (See attached Exhibit A8) -An audit was completed to verify residents' shower preferences and schedules updated. (See attached Exhibit A9) -Re-education was provided to nursing staff regarding providing showers as scheduled (See attached Exhibit A10) -An audit will be completed to ensure showers are being provided as scheduled for 10 Residents weekly for 4 weeks then monthly for 4 months. Results will be forwarded for review and disposition to QAA Committee. (See attached Exhibit A11) -10/17/22</p>		10/17/2022

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	<p>The MDS (Minimum Data Set) assessment, dated 4/20/22, indicated the resident needed one person physical assist with showers and bathing.</p> <p>A facility report, received from the Resident Care Manager (RCM) 9 on 9/27/22 at 3:15 p.m., indicated Resident 12 was missing 21 showers from 4/20/22 through 9/25/22. The report was marked did not occur on the missed showers. The resident's hair was shampooed 4 times between 9/4/22 through 9/25/22.</p> <p>During an interview, on 9/20/22 at 10:59 a.m., the resident's family member indicated the staff were short handed and they take a long time to get to him. He was supposed to get a shower two times a week and was not sure when he had one.</p> <p>During an interview, on 9/26/22 at 3:08 p.m., RCM 9 indicated, on 8/15/22, the facility started offering 3 showers a week. They had a care plan meeting and discussed the showers. The resident was receiving 2 showers per week on Wednesday and Saturday. It was very hard to give him a shower because of his Lewy body.</p> <p>A current policy, titled "Activities of Daily Living (ADL's)," dated as revised 5/15/17 and received from the Director of Nursing on 9/27/22 at 11:30 a.m., indicated "...Assisting in activities of daily living are skills required in nursing as well as other professions such as nursing assistants. This include assisting in resident with personal hygiene, oral care, nail care, or toileting etc. (This list is not intended to be all inclusive)...Grooming/Personal Hygiene: Always allow residents to do as much as possible for themselves...."</p>						

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F 0678 SS=J Bldg. 00	<p>3.1-38(a)(3)(B)</p> <p>483.24(a)(3) Cardio-Pulmonary Resuscitation (CPR) §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. Based on interview and record review, the facility failed to ensure Cardiopulmonary Resuscitation (CPR) was initiated and 911 was called for a Full Code status resident found unresponsive and without vital signs for 1 of 2 residents reviewed for death. (Resident B)</p> <p>The immediate jeopardy began on 6/25/22, when staff entered Resident B's room at 8:30 a.m., to get her up for breakfast. She was found unresponsive with no blood pressure, no apical or radial pulse, and no respirations. The resident was a Full Code. Registered Nurse (RN) 2 did not initiate CPR or call 911. She stated the resident was beyond resuscitating. The facility policy and procedures indicated staff should perform CPR and call 911 for all unresponsive Full Code residents. At 8:44 a.m., RN 2 notified the facility physician via text of the resident's death. The on call physician was called at 9:25 a.m. At 10:32 a.m., the on call physician gave the order to release the body to the funeral home. The Administrator and Director of Nursing were notified of the immediate jeopardy at 12:14 p.m., on 9/22/22. The Immediate Jeopardy was removed on 9/23/22 and the deficient practice corrected on 6/28/22 prior to the start of the survey and was therefore Past Noncompliance.</p> <p>Findings include:</p>			F 0678	Past noncompliance: No POC required.		10/10/2022

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	<p>The record for Resident B was reviewed on 9/21/22 at 2:00 p.m. Diagnoses included, but were not limited to, chronic atrial fibrillation, chronic heart failure, pacemaker, and chronic obstructive pulmonary disease.</p> <p>An Indiana Physicians Orders for Scope of Treatment (POST), dated 10/26/01, indicated the resident wished to have Cardiopulmonary Resuscitation (CPR) performed and full interventions including life support measures in the intensive care unit. The resident wished to use intubation, advanced airway interventions, and mechanical ventilation as indicated. The document indicated a preference to transfer to the hospital and/or intensive care unit if indicated to meet medical needs.</p> <p>A Care Plan, dated 2/10/22, indicated the resident was a Full Code status. The goal was to honor the resident's choice and wishes. The interventions included, but were not limited to, monitor for complaints of pain and discomfort, honor the residents wishes and initiate CPR, if needed and dial 911.</p> <p>A progress note, dated 6/25/22 at 8:48 a.m., indicated Certified Nursing Assistant (CNA) 7 walked into Resident B's room and immediately summoned Registered Nurse (RN) 2. RN 2 was unable to get the resident's blood pressure, respiration rate, an apical or radial pulse. RN 2 sent Physician 5 a text message to inform him the resident appeared to be beyond the point of resuscitation and was a full code.</p> <p>A facility copy of the text messages to the Physician 5, dated 6/25/22 at 8:44 a.m., indicated RN 2 could not obtain vital signs on Resident B.</p>						

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	<p>The resident was too far beyond point of resuscitating and was a full code. An order to release the body was requested. Physician 5 responded to the text at 1:48 p.m., and asked who the message was from.</p> <p>A progress note, dated 6/25/22, indicated at 9:25 a.m., Physician 6 was called to request a release of body.</p> <p>A progress note, dated 6/25/22, indicated at 10:32 a.m., an order was received from Physician 6 to release the body.</p> <p>A facility investigation report, dated 6/27/22, indicated RN 2 was passing medication when CNA 7 requested assistance in Resident B's room. CNA 7 reported the resident did not "look right." RN 2 went into the resident's room and found the resident on her side with her leg hanging over the bed. RN 2 verified the code status immediately after assessing the resident. RN 2 apologized for her poor judgement but denied making the decision to withhold CPR. The Director of Nursing (DON) indicated RN 2's lack of action was her decision.</p> <p>A Certificate of Death form, dated 6/28/22, indicated the resident's cause of death was cardiac arrhythmia, atrial fibrillation and coronary artery disease.</p> <p>During an interview, on 09/21/22 at 3:38 p.m., the Administer indicated the staff went into the resident's room to get her up for breakfast and they found the resident unresponsive. Staff immediately summoned RN 2 to check the resident. RN 2 was unable to get a blood pressure, an apical or radial pulse, respirations or an oxygen saturation. Physician 5 was sent a text message</p>						

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	<p>and informed the resident appeared beyond the point of resuscitating and was a full code. RN 2 did not initiate CPR. The facility policy indicated for residents with a full code to start CPR and call 911. The staff should have started CPR and called 911.</p> <p>During an interview, on 9/22/22 at 11:32 a.m., Housekeeping Staff 3 indicated on 6/25/22 at 6:45 a.m., or 7:00 a.m., she knocked on Resident B's door and there was no response. Resident B appeared to be sleeping. Housekeeping Staff 3 proceeded to clean the resident's bedside table and her bathroom. The resident's color was normal, she was not gray.</p> <p>During an interview, on 9/22/22 at 1:47 p.m., Licensed Practical Nurse (LPN) 4 indicated she was working the morning shift on 6/25/22. She was passing medication when she went to get something from the kitchen. CNA 7 asked for LPN 4 to come help RN 2 because they found Resident B unresponsive. RN 2 was doing vital signs and asked LPN 4 to phone the physician. She paged Physician 6 who was on call although she did not know the exact time of the page. The on call physician answered and RN 2 indicated she had tried to contact the facility Physician 5 and he was not returning the call. She told the on call Physician 6 the resident did not have a pulse or breath sounds. LPN 4 asked if the physician wanted CPR and the on call Physician 6 said to hold CPR since it would not do any good to start at this point. For residents who have a full code status, CPR should be started immediately, 911 called and staff should bring the crash cart into the room. The physician should be notified after these steps.</p> <p>During an interview, on 9/22/22 at 4:45 p.m., CNA</p>						

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	<p>7 indicated on 6/25/22 she was working the morning shift. The staff was running late, and breakfast was already on the unit, and they were trying to wake up residents. Resident B did not respond to verbal conversation, looked very pale and gray, had no color at all, and her legs were hanging off the bed. RN 2 was notified and asked to check the resident. Then CNA 7 went to the kitchen to get LPN 4 to assist RN 2.</p> <p>A current policy, titled "Advance Directives," dated as revised on 7/1/22 and received from the Administrator on 9/20/22 at 4:35 p.m., indicated "...Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives...Code Status refers to the level of medical interventions a person wishes to have started if their heart or breathing stops...If a resident is found unresponsive, experiencing cardiac or respiratory arrest, call 9-1-1 and initiate CPR. Have another staff member dial 564 to page overhead and announce, 'All available nursing staff to room...STAT'...A crash cart is located on each unit in the 'Solid/Clean Utility Room'...."</p> <p>The Past Noncompliance Immediate Jeopardy began on 6/25/22. The Immediate Jeopardy was removed on 9/23/22 and the deficient practice corrected on 6/28/22 when the facility implemented a systemic plan which included the following actions: the facility completed a house wide audit of code status', validated the nursing staffs CPR, reviewed Advanced Directives and Code Status policy, revised the Code Status policy, reviewed and updated the Notification of Change in Condition policy and re-educated licensed nurses with any changes, terminated the</p>						

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F 0692 SS=D Bldg. 00	<p>nurse after the investigation was completed, schedule CPR class, educated staff on overhead paging, labeled all phones providing directions for emergency overhead paging, re-educated all licensed nurses on code status and appropriate response.</p> <p>This Federal tag relates to Complaint IN00390462.</p> <p>3.1-37(a)</p> <p>483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. Based on interview and record review, the facility failed to recognize and notify the physician of a significant weight loss for 1 of 6 residents reviewed for nutrition. (Resident 29)</p>			F 0692	<p>F692 Nutrition/Hydration Status Maintenance - Physician has been notified of significant weight loss for Resident #29. (See attached Exhibit A12)</p>		10/17/2022

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(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
	<p>Finding includes:</p> <p>The record for Resident 29 was reviewed on 9/24/22 at 2:42 p.m. Diagnoses included, but were not limited to, end stage renal disease (dialysis), shaft of left femur, chronic kidney disease, type 2 diabetes mellitus and hypertension.</p> <p>A physician's order, dated 9/1/22, indicated the resident was on a consistent carbohydrate diet, no added salt, avoid tomatoes, potatoes, oranges and bananas.</p> <p>A physician's order, dated 7/24/22, indicated the resident was on a 1500 ml (milliliter) fluid restriction, may have 180 ml at bedside, early morning 120 ml, breakfast 240 ml, lunch 240 ml, midday 120 ml with medication, supper 240 ml.</p> <p>A care plan, dated 7/27/22, indicated the resident had a potential for fluid volume deficit. The interventions included, but were not limited to, encourage fluid intake, provide assist with fluids and monitor indicators of hydration. The care plan did not include monitoring the resident's weights.</p> <p>A care plan, dated 7/27/22, indicated the resident was at a nutritional risk related to end stage renal disease, dependent on hemodialysis, therapeutic diet related to dialysis had a potential for fluid volume deficit. The interventions included, but were not limited to, obtain weight as ordered and offer substitutions as needed.</p> <p>The resident had the following weights:</p> <ol style="list-style-type: none"> 1. On 8/1/22, the weight was 193.2 pounds (lbs.). 2. On 9/5/22, the weight was 174 lbs. <p>The resident had a 9.95% weight loss in 1 month.</p>				<p>-An audit has been completed to identify residents with significant weight loss and completion of MD notification with no concerns identified. (See attached Exhibit A13)</p> <p>- Re-education was provided to staff regarding physician notification of significant weight loss. (See attached Exhibit A14)</p> <p>- An audit will be conducted to ensure physician notification of significant weight loss weekly for 4 weeks, then monthly times 5 months. Results will be forwarded for review and disposition to QAA Committee. (See attached Exhibit A15)</p> <p>-10/17/22</p>		

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	<p>A progress note, dated 9/21/22 at 12:07 p.m., indicated Physician 5 was notified of a 10.9% eight loss in 30 days.</p> <p>The physician was notified 17 days after the significant weight loss occurred.</p> <p>A current policy, titled "Weight Assessment and Intervention," dated as revised on 7/08/22 and received from the Director of Nursing (DON) on 9/26/22 at 11:30 p.m., indicated "...It is the policy of [name of facility] multidisciplinary team to prevent, monitor, and intervene for undesirable weight loss or gain for our residents...Any weight change of 5% in one month, 7.5% in 3 months, or 10% in 6 months or more since the last weight will be reweighed within 3 days to verify the weight...If a resident is on a fluid restriction due to excessive fluid intake the MD and Resident Representative will be notified of weight changes +/- 5lbs. Dialysis patients will be weighed daily or per physician order...Physician and resident representative will be notified of any significant weight change...."</p> <p>A current policy, titled "Dining Services Policy and Procedure," dated 9/2022 and received from the DON on 9/26/22 at 11:30 p.m., indicated "...To communicate nutritional monitoring tools used by dietary and IDT team...Nutrition Assessment will be completed upon admission and documented in the medical record...Resident weights will be monitored for significant unexpected change. (5% in 1 month, 7.5% in 3 months, 10% in 6 months). Appropriate intervention will be planned, implemented, reviewed and changed as needed until weight is stable...</p> <p>3.1-46(a)(1)</p>						

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F 0758 SS=E 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> <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</p>						

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	<p>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. Based on interview and record review, the facility failed to ensure the diagnoses were appropriate for the use of psychotropic medications for 5 of 5 residents reviewed for unnecessary medications (Residents 7, 12, 38, 24 and 40).</p> <p>Findings include:</p> <p>1. The record for Resident 7 was reviewed on 9/23/22 at 10:34 a.m. Diagnoses included, but were not limited to, Alzheimer's disease, hypertension, impulse disorder, depressive disorder and dementia in other disease with behavioral disturbance and psychotic disorder with delusions.</p> <p>A physician's order, dated 7/28/21, indicated risperidone (an antipsychotic) 0.5 mg (milligram) by mouth twice a day for psychotic disorder with delusions (typically a symptom of mental disorder).</p> <p>A physician's order, dated 7/28/21, indicated risperidone (an antipsychotic) 0.25 mg (milligram) by mouth in the morning for psychotic disorder with delusions.</p> <p>A care plan, dated 9/19/22, indicated the resident had delusions, Alzheimer's disease and the resident received an antipsychotic medication.</p>	F 0758	<p>F758</p> <p>-Appropriate diagnoses for the use of psychotropic medications have been reviewed and updated as indicated for Residents #7, #12, #24, #38 and #40. (See attached Exhibit A16)</p> <p>-An audit has been completed to identify residents receiving psychotropic medications and appropriate diagnoses have been reviewed and updated as indicated (see attached Exhibit A17)</p> <p>- Re-education was completed with licensed nurses and Social Services staff regarding appropriate diagnoses for the use of psychotropic medications (See attached Exhibit A18)</p> <p>-An audit will be completed to ensure appropriate diagnoses for the use of psychotropic medications weekly for 4 weeks, then monthly for 5 months. Results of the audits will be forwarded to the QAA Committee for review and disposition. (See attached Exhibit A19)</p> <p>-10/17/22</p>		10/17/2022		

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	<p>The resident was prescribed an antipsychotic medication to help manage behavior symptoms. Approaches included, but were not limited to, rule out delirium, assist the resident to call his wife and offer a snack.</p> <p>2. The record for Resident 12 was reviewed on 9/21/22 at 3:18 p.m. Diagnoses included, but were not limited to, Parkinson's disease, hypertension, dementia with Lewy bodies, psychotic disorder with delusions.</p> <p>A physician's order, dated 7/7/22, indicated Seroquel (an antipsychotic) 50 mg tablet by mouth daily for psychotic disorder with delusions due to know physiological condition.</p> <p>A care plan, dated 9/14/22, indicated the resident was at a potential risk for side effect for antipsychotic medications.</p> <p>3. The record for Resident 38 was reviewed on 9/23/22 at 2:15 p.m. Diagnoses included, but were not limited to, dementia with behavioral disturbance, psychotic disorder with delusions, hypertension, depressive disorder and chronic pain.</p> <p>A physician's order, dated 8/28/22, indicated Zyprexa (an antipsychotic) 2.5 mg tablet by mouth daily for psychotic disorder with delusions.</p> <p>A care plan, dated 8/20/22, indicated the resident had dementia with behavioral disturbance, a psychotic disorder with delusions. The resident was prescribed an antipsychotic medication to help manage behavior symptoms. Approaches included, but were not limited to, provide medication and avoid overstimulation.4. The record for Resident 24 was reviewed on 9/21/22 at</p>						

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	<p>4:30 p.m. Diagnoses included, but were not limited to, Fahr's disease (degenerative disease of the basil ganglia), dyskinesia (a movement disorder), and polyneuropathy (a malfunction of many peripheral nerves through out the body).</p> <p>A physician's order, dated 5/5/21, indicated to administer risperidone (an antipsychotic medication for schizophrenia) 0.5 milligrams twice daily for Fahr's syndrome.</p> <p>A physician's order, dated 5/18/21, indicated to reduce risperidone to 0.25 milligrams in the a.m., and 0.5 milligrams in the p.m., for 2 weeks, then re-evaluate verified medication usage for tremors.</p> <p>A physician's order, dated 12/31/21, indicated risperidone 0.25 milligrams twice daily for dyskinesia due to Fahr's disease.</p> <p>A fax, dated 5/25/22, was sent to the physician from the facility indicating the resident was having an increase in tremors. The response was to continue gradual dose reduction and the resident would be seen in 2 weeks.</p> <p>A fax, dated 6/8/21, sent to the physician from the facility indicated the resident was having worsening tremors and rolling of the right shoulder since the risperidone was stopped. The response from the physician was to continue to observe the worsening tremors. The physician indicated the symptoms were not prominent at a visit earlier in the day.</p> <p>A physician's note, dated 8/11/21 at 10:40 a.m., indicated the use of risperidone was for movement disorder in her right arm and shoulder. The risperidone was discontinued upon admission to the facility due to an unclear reason for the use of</p>						

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	<p>the medication. The physician also indicated the lack of familiarity with treating the movement disorder with risperidone. The use of risperidone seemed to be counterintuitive.</p> <p>A neurologist's progress note, dated 9/8/21 at 2:18 p.m., indicated the resident was referred due to right dyskinesia lasting for more than a year. Sinemet (an anti-Parkinson medication) 25/100 milligrams was started as a trial.</p> <p>A neurologist's note, dated 12/3/21 at 12:44 p.m., indicated the arm movement had worsened and increased. No symptom relief was noted from the use of Sinemet. The risperidone was restarted at a low dose of 0.25 milligrams twice daily.</p> <p>A physician's note, dated 12/14/22, indicated the risk versus benefits of risperidone were discussed with staff at the facility. He agreed with the restart of risperidone.</p> <p>During an interview, on 9/23/22 at 3:17 p.m., the Resident Care Manager indicated the resident was on risperidone and the medication was gradually decreased on admission due to an unclear diagnosis. The symptoms returned and she had an unsuccessful trial of Sinemet.</p> <p>During an interview, on 9/27/22 at 3:30 p.m., the pharmacist indicated the use of the risperidone for Fahr's disease was an off label use.</p> <p>5. The record for Resident 40 was reviewed on 09/22/22 1:39 p.m. Diagnoses included, but were not limited to, Alzheimer's disease, (mental confusion) impulse control disorder (failure to resist a temptation, urge or an impulse or having inability not to speak on a thought) and chronic kidney disease.</p>						

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	<p>A behavior note, dated 4/18/22, indicated the resident wandered into peers' rooms 5 times. The peers' did not seem affected by the wandering. The interventions included, but were not limited to, allowed resident to voice concerns, offered snack, provided 1:1, and walk with the resident. The outcome indicated the resident did not appear distressed.</p> <p>A behavior note, dated 5/20/22 10:24 a.m., indicated the resident had wandered into the doorway of 2 other residents rooms. She was offered snacks, provided 1:1 and assisted to walk around the facility. The interventions were effective.</p> <p>A psychiatric note, dated 7/7/22, indicated the staff reported increased wandering, reports she was waiting to go home, taking items from others rooms and reports of verbal aggression with staff. A failed dose reduction was noted due to the above behaviors.</p> <p>A physician's order, dated 7/7/22, indicated Divalproex (Depakote) 250 milligrams twice daily for impulse control disorder.</p> <p>A care plan, dated 8/22/22, indicated history of being sexually inappropriate related to dementia. Interventions included, but were not limited to, have 2 staff members when she was provided a bath, 1:1 visits to provide education regarding procedure and necessity.</p> <p>A care plan, dated 9/2/22, indicated refusals of care related to Alzheimer's disease.</p> <p>A care plan, dated 9/2/22, indicated disruptive behavior related to dementia, resident would</p>						

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	<p>urinate in the trash can, on plate covers, the floor or her meal tray rather than using the restroom.</p> <p>A care plan, dated 9/6/22, indicated impulse control disorder related to impulsiveness, manifested by yelling at staff and family and repeatedly calling son.</p> <p>During an interview, on 9/27/22 at 3:30 p.m., the pharmacist indicated the Depakote was being used off label.</p> <p>A recent publication of "PDR.net" (physicians desk reference) indicated "...the approved use of risperidone was to treat schizophrenia, bipolar disorder, including acute mania or mixed episodes associated with bipolar 1 disorder in adults...the black box warning indicates antipsychotic's are not approved for the treatment of dementia-related psychosis in geriatric patients and the use of risperidone in this population should be avoided if possible due to an increase in morbidity and mortality...."</p> <p>A recent publication of "PDR.net" indicated "...Seroquel (quetiapine) was indicated for the treatment of bipolar disorder, including mania, bipolar depression and major depressive disorder...the black box warning indicates antipsychotic's are not approved for the treatment of dementia-related psychosis in geriatric patients and the use of Seroquel in this population should be avoided if possible due to an increase in morbidity and mortality"....</p> <p>A recent publication of "PDR.net" indicated "...Zyprexa (olanzapine) was indicated for the treatment of schizophrenia...the black box warning indicates antipsychotic's are not approved for the treatment of dementia-related psychosis in</p>						

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	<p>geriatric patients and the use of Zyprexa in this population should be avoided if possible due to an increase in morbidity and mortality...."</p> <p>A recent publication of "PDR.net" indicated "...Depakote was indicated for the treatment of bipolar disorder including mania...the black box warning indicates antipsychotic's are not approved for the treatment of dementia-related psychosis in geriatric patients and the use of Depakote in this population should be avoided if possible due to an increase in morbidity and mortality...."</p> <p>A current policy, titled "Resident management of behavioral changes/concerns/modifications of behavior management plans/use of Psychotropic medications/prn use of psychotropic medications," with a revision date of 12/7/21 and received from the Director of Nursing on 9/27/22 at 11:30 a.m., indicated "...a psychotropic drug affecting brain activity associated with mental processes and behaviors...these drugs include, but are not limited to...antipsychotics, antidepressants, antianxiety and hypnotics...necessary to treat a specific condition as diagnosed and documented in the clinical record...."</p> <p>3.1-48(a)(4)</p>						