STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155115	A. BUILDING 00 B. WING	02/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARDINAL NURSING AND REHABILITATION CENTER	1121 E LASALLE AVE SOUTH BEND, IN 46617

(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 the Investigation of Complaint IN00318307, IN00318766, and IN00320235. Complaint IN00318307 - Substantiated. Federal/state deficiencies related to the allegations are cited at F758. Complaint IN00318766 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00320235 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: February 17, and 18, 2020 Facility number: 000048 Provider number: 155115 AIM number: 100275330 Census Bed Type: SNF/NF: 113 Total: 113 Census Payor Type: Medicare: 5 Medicaid: 76 Other: 32 Total: 113 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality Review was completed on February 26, 2020.	F 0000	**The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.** **Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit on or after 3/12/20.**	
F 0758 SS=D	483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN			

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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Bldg. 00	Use §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 Based on a comprehensive assessment of a resident, the facility must ensure that--- §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; §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; §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 §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			

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	medical record and indicate the duration for the PRN order. §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 record review and interview, the facility failed to ensure a recommendation for a Gradual Dose Reduction (GDR) was followed in a timely manner for 1 of 3 resident's reviewed for unnecessary medications. (Resident B) Finding includes: The clinical record for Resident B was reviewed on 2/17/2020 at 1:00 P.M.. Diagnoses included, but not limited to, schizoaffective disorder, anxiety disorder, major depressive disorder, single episode, mood disorder, and vascular dementia without behavioral disturbance. A Pharmacy Recommendation, dated 12/15/2019, indicated a recommendation to decrease Resident B's Lexapro (an antidepressant medication] to 15mg (milligram) per day. A Resident Progress Note, dated 12/18/2019 at 2:52 P.M., indicated "..Monthly Behavior Meeting: IDT [Interdisciplinary Team] med to discuss resident utilization of psychotropic medications. Resident has no negative bx [behaviors] at this time, is pleasant and friendly, voices no distress. Resident has dx [diagnoses] of Schizoaffective d/o [disorder], dx of anxiety d/o, dx of Major Depressive d/o , Vascular Dementia w/o [without] Behavioral Disturbance IDT in agreement to GDR Lexapro to 15 mg	F 0758	**F758 – Free From Unnecessary Psychotropic Meds/PRN Use** It is the practice of this facility that 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; and that residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** Resident B – GDR was implemented for this resident and the Lexapro was decreased, per the physician order. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective**	03/12/2020

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	[milligram] PO [by mouth] daily Guardian notified..." A Resident Progress Note, dated 1/23/2020, at 4:22 P.M., indicated "...GDR request received for Lexapro, message left with [name of guardian] regarding Lexapro decrease...." During an interview, on 2/17/2020 at 2:30 P.M., the DNS (Director of Nursing Services)indicated that the pharmacy recommendation had been missed and the GDR was not implemented until 1/23/2020. The DNS provided a policy, at that time, titled "Resident Change of Condition" however, it did not address the facility protocol for not following a recommendation. This Federal tag is related to Complaint IN00318307. 3.1-48(b)(1)		**action(s) will be taken:** Any resident with orders to receive a psychotropic medication have the potential to be affected by this finding. A facility audit will be conducted by the Nurse Management Team/Social Services Team and will review all residents receiving psychotropic medications to ensure GDR reviews are timely and to ensure all physician orders for GDRs are implemented. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** The Nurse Management Team/Social Services Team will be responsible for daily review of all new orders for psychotropic medication GDRs to ensure thorough and complete documentation is present, monitoring is in place for resident behaviors and that physician orders are implemented timely. An all staff in-service will be held on or before 3/10/20. The in-service will be conducted by the DNS/designee and will include review of the facility policy related to the Psychoactive Medication Management Program. All nursing staff will be re-educated regarding clinical justification for use of any psychoactive	

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			medication, requirement of regular review of GDRs, and requirement of timely implementation of physician orders as it relates to GDRs. **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:** Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program. The DNS/designee will be responsible for completing the QAPI Audit tool titled “Unnecessary Medications” weekly for 4 weeks and monthly for 6 months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the Quality Assurance and Performance Improvement Committee for review and follow-up. **By what date the systemic changes will be completed:** Compliance Date: 3/12/20	