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	155740	A. BUILDING 00 B. WING	10/04/2017

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TIMBERCREST CHURCH OF THE BRETHREN HOME	2201 EAST ST NORTH MANCHESTER, IN 46962

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F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey. Survey dates: September 27, 28, 29, and October 2, 3, 4, 2017. Facility number: 000448 Provider number: 155740 AIM number: 100275140 Census Bed Type: SNF/NF: 60 Residential: 126 Total: 186 Census Payor Type: Medicare: 2 Medicaid: 12 Other: 46 Total: 60 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality reveiw completed on October 11, 2017.	F 0000	It is, and always has been that residents at Timbercrest receive care to promote the highest quality of life.	
F 0272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS			

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

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Bldg. 00	(b) Comprehensive Assessments (1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following: (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision. (vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status. (xii) Skin Conditions. (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatments and procedures. (xvi) Discharge planning. (xvii) Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS). (xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and non-licensed direct care staff			

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	members on all shifts. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and non-licensed direct care staff members on all shifts. Based on interview and record review, the facility failed to correctly code an MDS (Minimum Data Set) assessment related to termal prognosis for 1 of 23 MDS assessments reviewed. Findings include: A record review, on 9/29/17 at 10:22 a.m., indicated Resident 70 was admitted to the facility on 5/5/17. His diagnoses included, but were not limited to: Carcinoma of bronchus and lung, pneumonia, cough, anxiety, SOB (shortness of breath) and peripheral autonomic neuropathy. The resident was admitted with Hospice services due to the resident having a terminal illness diagnosis of Lung cancer. The resident expired on 5/22/17. An interview with the MDS coordinator, on 9/29/17 at 11:18 a.m., indicated the prognosis section of the admission MDS (Minimal Data Set) assessment dated 5/12/17 was not coded/checked.	F 0272	It is, and always has been the intent of Timbercrest that MDS assessment properly reflect the care provided and the resident's current health status. 1. 1. The MDS assessment in question was corrected and re-submitted on 10-19-17. 2. 2. MDS staff reviewed all the MDS assessments for hospice residents dated July 26, 2016, to October 19, 2017. A few minor inconsistencies were identified, updated, and the MDS re-submitted. 3. 3. One of Timbercrest's MDS nurses will contact the appropriate hospice agency within 14 days of admission to hospice services or prior to the scheduled MDS to confirm having the physician-signed admission assessment. This will ensure the assessment includes the terminal diagnosis with the physician's signature that qualifies the resident for hospice services. 4. 4. Each hospice related, change of condition, MDS (Section J 1400) will be audited, prior to submission, by a MDS nurse to check for the presence of the terminal diagnosis per physician and the MDS Coordinator's signature. Audit	10/19/2017

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	On 9/29/17 at 1:52 p.m., the DON provided a copy of the Hospice patient admission agreement. This document indicated the resident was admitted to hospice services on 5/5/17 related to the patient's terminal diagnosis of small cell lung cancer. On 10/2/17 at 8:28 a.m., the DON provided a section of the RAI (resident assessment instrument) manual the MDS coordinator refers to. This document indicated for J1400 the facility should code yes if " ...2) the resident is receiving hospice services ...." On 10/3/17 at 11:38 a.m., the ADON provided the resident's most recent order set prior to him expiring. A physician order dated, 5/5/17, indicating the resident is to have hospice services. 3.1-31(i)		results will be submitted to the QAPI Committee for review after the 90-day audit period. If 90% compliance is obtained within the first 90 days, then monitoring will continue on monthly basis. Results will be reviewed by the QAPI committee. Monitoring will continue until 95% compliance is obtained for at least nine consecutive months. %. 5. Compliance Date: 10/19/2017	
F 0309 SS=D Bldg. 00	483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical,			

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	mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following: (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.			
	Based on observation, interview, and record review, the facility failed to attempt non-pharmacological interventions, assess emotional status, and assess for underlying causes of behaviors prior to the initiation or increase of psychoactive and psychotropic medications (Residents 11 and 56) for 2 of 2 residents reviewed for	F 0309	1. It is, and always has been Timbercrest's intent to provide the highest quality of care to residents. 1. The identified residents (#11 and #56) were reviewed by the IDT for potential GDR. Care plans were updated to reflect current medications and diagnosis. Resident #11 will be seen by	10/23/2017

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	behavior and emotional status. Findings include: 1. On 9/29/17 at 10:26 a.m., Resident 11 was seated in a recliner near nurse's station, sleeping. On 9/29/17 at 11:10 a.m., she remained in the recliner near the nurse's station. She was smiling and drinking from a cup. On 9/29/17 at 12:56 p.m., she was seated in the dining room for lunch, speaking to a staff member seated next to her. On 9/29/17 at 1:26 p.m., she was saying "come on now, I gotta pee- I told ya- I gotta pee," as she was being assisted to room per LPN 5. At 1:34 p.m., she was assisted back down the hallway to the nurse's station area by CNA 3. On 10/2/17 at 8:36 a.m., she was laying quietly in bed; her room was darkened. On 10/2/17 at 10:06 a.m., she was in her wheelchair near the nurse's station, drinking orange juice and eating a snack. On 10/2/17 at 11:18 a.m., she remained seated near the nurse's station, drinking from cup; another cup with soda in it sat on the table in front of her.		psychologist during his next scheduled visit to Timbercrest on October 30, 2017. 2. 2. Timbercrest's Social Services Consultant: a) audited all readmissions to Timbercrest in the last 6 months to ensure proper diagnosis and dosage for antipsychotic medication; and b) audited progress notes and orders for residents who in the last 6 months have a PHQ9 score of 5 or greater. This was done to ensure all referrals for mental health support services were followed or scheduled. Similarly, progress notes and orders for residents monitored by the Behavior Management IDT were reviewed to ensure all referrals for mental health services had been followed or scheduled. 3. 3. Timbercrest's admitting nurse will notify the Social Service Designee and/or the Director of Resident Care whenever a resident is returning from a hospitalization with an order for antipsychotic medication. The Social Service Designee will review to determine if the dosage and diagnosis are the same as prior to hospitalization. If there is a change the SSD will assure there is documentation to support the change. The SSD will review all care plans related to antipsychotic medications and behaviors. Updates will be made as needed. Timbercrest will no longer allow a	

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	On 10/3/17 at 11:50 a.m., she was seated in her wheelchair, between the aviary and the nurse's station, saying "help, hey," and attempting to push the wheelchair backward. At 11:57 a.m., CNA 4 assisted her to the lounge outside of the dining room. On 10/4/17 at 1:50 p.m., she was laying quietly in bed; her room was darkened. Review of the clinical record began on 9/27/17 at 11:31 a.m. Diagnoses included, but were not limited to, altered mental status, chronic pain, chronic atrial fibrillation, major depressive disorder, vascular dementia with behaviors, insomnia, hypertension, and anxiety. She had current physician orders for, but not limited to, the following medications: Ativan 0.5 mg (antianxiety) three times daily, Ativan 0.5 mg every four hours as needed, Lexapro 20 mg (antidepressant) once daily, and Risperdal 0.5 mg (antipsychotic) twice daily. A 7/17/17, quarterly, Minimum Data Set (MDS) assessment indicated she was severely cognitively impaired, had no signs or symptoms of depression, had no delusions or hallucinations, and no behaviors during the look-back period. It		resident's close family member to be that resident's primary or routine nurse. 4. The meeting frequency of Timbercrest's Behavioral Management IDT was increased to at least twice a month. The IDT meets for the purpose of a) reviewing residents with existing and/or new/changed orders for anti-psychotic and psychotropic medications to assure the orders are appropriate and supporting documentation is provided; b) evaluating the implementation and completion of GDRs; c) evaluating the appropriateness and use of non-pharmacological interventions and the administration of anti-psychotic and psychotropic PRN orders; and d) evaluating the accuracy and appropriateness of the related care plans. The Behavioral Health IDT will monitor ongoing compliance best practices. This monitoring will continue as long as necessary but not less than 9 months from inception. 5. 4. Additionally, the Director of Resident Care or Associate Administrator will review related care plans to ensure compliance. This will be done within 10 days of admission. If 90% compliance is obtained within the first 90 days, then monitoring will continue on monthly basis. Results will be reviewed by the QAPI committee. Monitoring will continue until 95% compliance is	

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	indicated she required extensive assistance for ADLs and transfers, limited assistance to ambulate in her room and supervision to ambulate in the hallway. A 9/6/17, significant change, MDS assessment indicated she was severely cognitively impaired, had no signs or symptoms of depression, had no delusions or hallucinations, and no behaviors during the look-back period. It indicated she required extensive assist for ADLs and transfers, ambulated only once or twice in her room, and did not ambulate outside of her room. She had a current care plan problem, dated 8/25/17 and revised 9/13/17, of repetitive yelling out, attempting to get up repeatedly, becoming agitated with staff during care with yelling, hitting, and kicking related to anxiety. Her goal was to not exhibit signs of isolation. Interventions included, but were not limited to, Ativan as needed after non-pharmacological attempts were unsuccessful, assess for mood/behavior problems, show acceptance toward resident, allow resident to verbalize feelings and fears, ensure basic needs were met, establish a trusting relationship, offer to call her son, and offer sweets and Coke.		obtained for at least nine consecutive months. 7. Compliance Date 10-23-2017	

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	There was a current careplan for taking Risperdal for increased agitation, being resistive towards care, and hitting, kicking, and yelling at staff to shut up/go away. The careplan indicated she had also yelled at other residents, telling them to shut up/quit talking, and had pushed walker into another parked walker when agitated, and would refuse to eat or accept meds at times. Interventions included, but were not limited to, distract resident, ensure needs had been met, offer sweets or Coke, piano music, and talk about her mom and Knightstown. A current careplan for depression indicated it was manifested by tearful, sad expressions. Interventions included, but were not limited to, 1:1 and talk about son and Knightstown, call son, show acceptance towards resident, identify relationships resident could draw from, provide activities and and a daily schedule that resembled her previous lifestyle. Review of Progress Notes indicated the following: 8/4/17- a urinalysis was obtained to send to the lab. 8/6/17- amoxicillin (antibiotic) was			

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	ordered by the physician for a urinary tract infection (UTI). 8/7/17- she was ambulating with her walker "per usual." 8/8/17- she was "achy all over." 8/9/17- she was experiencing a fever, increased agitation, and was unsteady on her feet. Her physician was also consulted regarding changing the amoxicillin to another antibiotic due to the medication not being listed on the sensitivity report for the UTI. An additional note indicated Resident 11 began having difficulty with her walker and was confused as to where she was going when walking to the dining room. The note indicated she was "more defiant than usual" and stood by her chair for 15 minutes before she would it down. She also ran her walker into another resident's parked walker and refused to go into the dining room for lunch. She also refused to eat supper. Her daughter-in-law requested a new antibiotic order be obtained and the physician ordered Keflex (antibiotic). 8/10/17- she was experiencing increased confusion, indicated she did not feel well, and was requiring assistance from two staff for transfers and was utilizing a			

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	wheelchair. She became combative with staff as they attempted to catheterize her to obtain a urinalysis sample. She later refused to take her antibiotic and an injection of antibiotic was ordered by the physician. The nurse assessed the resident as being extremely agitated and telling people to get away from her. Her daughter-in-law requested she be kept at the facility for treatment. 8/11/17- she was "largely confused" and became combative and argumentative with bedtime care. 8/13/17- she experienced large watery stools and wanted staff to stay out of room when approached for care. 8/14/17- she was agitated and resistive to care and transfers, complained of burning with urination, and refused to go to lunch (she indicated she was waiting for her mother). 8/15/17- her physician was notified of agitation and yelling "every time staff gets near her." She yelled out during lunch to be left alone. 8/16/17- a physician's order was received to increase her Lexapro to 20 mg daily due to "failed GDR (gradual dose reduction)."			

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8/18/17- she was resistive to care, became physically aggressive with staff, and was stating shut up/where am I, when no one was around. A new order was received to begin Risperdal 0.5 mg daily for behaviors.

8/20/17- she continued with agitation, began "mocking" staff and calling them names, and indicated her mother was going to take her home. She was assisted to ambulate by a staff member on two occasions. In the evening, she continued to yell at staff and "multiple items to keep resident busy" were unsuccessful. An order was received from the on-call physician to administer Ativan 0.5 mg per injection and orally every four hours as needed. She was in bed resting quietly within 30 minutes of the medication being administered.

8/21/17- she continued to be "pleasant" with staff and was out to the dining room for meals per a wheelchair.

8/22/17- she was agitated and combative during her shower and had not received Ativan since the previous evening. A dose of Ativan was administered to her after the shower for "behaviors". An order was obtained from the physician for routine Ativan three times daily in

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	addition to every four hours as needed. An 8/25/17 Social Services note indicated a review of the new medication orders and a discussion with the resident's daughter-in-law indicated the medications were not helpful at this time. A new order was received for her to see the psychologist to evaluate her behaviors and change in condition. Progress notes from 8/25/17 through 8/29/17 indicated she continued to yell at staff when anyone made "any form of noise or overture towards resident" and was resistant to care. A urinalysis was obtained on 8/28/17. 8/29/17- new orders were obtained from the physician to increase her Risperdal to 0.5 mg twice daily and to continue the Ativan both routinely and as needed. 8/30/17- new orders were obtained from the physician for Keflex 500 mg three times daily for 10 days for a UTI. 9/5/17- the physician's office was notified of "improved behavior with increase of Risperdal to 0.5 mg bid [twice daily] and/or initiating atb [antibiotic] for recurrent UTI." A significant change Restorative Note indicated she was using a wheelchair for mobility at that time, but			

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	usually used a walker independently. A nurse's note indicated she would become irritated with multiple staff members talking at the table and she had been medicated with her routine Ativan at that time. An Activity Assessment indicated she had been sleeping a lot more in the recliners near the nurse's station and could become overwhelmed when she was around a lot of people. No episodes of agitation or resisting care was documented after 9/5/17 through 9/17/17, when she had an episode of yelling out and swearing . 9/19/17- she sustained a fall while attempting to get out of a recliner by herself, 10 minutes after receiving Ativan for agitation. She complained of a headache and had an elevated temperature. 9/23/17- a nurse's note indicated she had been receiving a diuretic to treat edema (swelling) to her ankles for the previous two days. 9/25/17- treatment was initiated for a yeast infection to her groin and buttocks. 10/3/17- a new order was received to increase her thyroid medication. She was also yelling/agitated with staff at 1:28			

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	p.m., received dose of Ativan 0.5 mg, and was assisted to bed per her request. Review of the Medication Administration record (MAR) indicated she also received her routine dose of Ativan at 2:35 p.m. 10/4/17- at 12:45 a.m., she had been found on the floor in her room, lying on her back, and complaining of right hip pain. Additional notes indicated she was transferred to the hospital for evaluation and was admitted for treatment of a hip fracture. Review of a 9/12/17 Social Services assessment indicated the resident had presented with increased mood and behaviors in the previous 30 days and had received PRN Ativan 51 times in the previous 30 days. The assessment indicated she would hit and kick staff during care and yelled out at other residents/visitors. Review of MARs and Progress Notes for August, September, and October 2017 indicated non-pharmocological interventions attempted were toileting, snacks, and music. During an interview, on 10/2/17 at 11:24 a.m., the Social Services Director (SSD) indicated Resident 11 was on her			

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	155740	A. BUILDING 00 B. WING	10/04/2017

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	medications and behavior management due to increased behaviors, consisting of refusing to eat meals, refusing to take meds, and yelling at staff. She indicated the resident had not been evaluated by the psychologist as ordered, but was discussed in a behavior meeting the psychologist had attended on 8/12/17. She indicated she could not answer why she had not been seen, but it was the SSD's responsibility to convey the need for residents to be seen to the psychologist. During an interview, on 10/2/17 at 2:07 p.m., the DON indicated the facility chose to start the Risperdal due to Resident 11 having been on it at a previous facility for similar behaviors and it had been successful. She indicated the third round of antibiotics had finally cleared her UTI. During an interview, on 10/3/17 at 10:01 a.m., the ADON indicated the facility could not attest to whether the antibiotic or the medications had improved her agitation. 2. On 9/27/17 at 2:22 p.m., Resident 56 was in bed with his eyes closed and the TV on. On 9/29/17 at 8:50 a.m., he was in bed			

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	asleep; the room was darkened. On 9/29/17 at 11:10 a.m., he remained in his room as above. On 9/29/17 at 11:45 a.m., he was in the dining area for lunch. On 10/2/17 at 8:37 a.m., he was in bed asleep. Review of the clinical record began on 9/27/17 at 11:37 am. Diagnoses included, but were not limited to, atrophy of the thyroid, nutritional anemia, anorexia, benign prostatic hyperplasia (BPH) with signs and symptoms, prostate cancer, adult failure to thrive, Alzheimer's disease, repeated falls, and dysphagia. He had current physician's orders for, but not limited to, the following medications: Anbesol to gums before meals, Casodex 50 mg (prostate cancer drug) daily, mirtazapine 45 mg (antidepressant) daily at bedtime, Nystatin swish and swallow (antifungal) four times daily, and Boost shakes three times daily. An 8/23/17, quarterly, MDS assessment indicated he was moderately cognitively impaired, had shown no behaviors or depression, and required extensive			

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	assistance with ADLs and supervision with eating. He had a current careplan problem of taking mirtazapine for an appetite stimulant and also having a diagnosis of depression. The sole intervention was to monitor for increased signs of depression. He had a current careplan problem of refusing to get out of bed and requiring lots of encouragement to get out of bed, bathe, and get dressed. The sole intervention was to encourage him to accept care. A current careplan problem of depression indicated he had a poor appetite, refused to get out of bed, toilet, or bathe, sad facial expressions, voices feeling tired everyday. The careplan indicated he denied depression, but his family felt he had become more depressed after his wife died four years ago. Interventions included, but were not limited to, monitor for pain during care, turn on ball games or golf on TV, and talk to him about his hobbies. A current activities careplan indicated he preferred independent leisure activities such as watching TV but was sleeping frequently due to a deterioration in his health. The careplan indicated he			

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	preferred to eat his meals in his room. He also had a current care plan problem of oral pain due to poor hygiene. The sole intervention was to encourage hygiene twice daily. A Pharmacy Note, dated 5/9/17, indicated a recommendation to the physician regarding Resident 56's mirtazapine 15 mg daily for appetite stimulation to be decreased due to recent falls. The note indicated mirtazapine can cause dizziness. The physician signed on 5/12/17 to reduce the mirtazapine to 7.5 mg daily for "one week." An unsigned sticky note was attached to the copy of the recommendation, asking "DO YOU STILL WISH TO DECREASE?" and indicated the falls had taken place prior to admission to the facility. The physician indicated next to the sticky note, "No. I actually want to decrease [arrow pointing downward] med." A 5/11/17 psychological evaluation indicated he denied depression, but complained of decreased appetite. The psychologist recommended the physician consider reducing the mirtazapine to 7.5 mg to maximize the appetite stimulation aspect of the medication. Hospital discharge orders, dated 5/24/17,			

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	indicated he had been hospitalized for urosepsis from 5/16/17 through 5/24/17. Discharge orders included, but were not limited to, an increase in Remeron to 30 mg daily at bedtime and Nystatin swish and swallow four times a day. There was no supporting documentation in the clinical record indicating the rationale for these medication changes. A 6/7/17 Progress Note indicated there had been an increase in the mirtazapine, but the resident indicated he was "just not hungry". A physician's order, dated 6/9/17, was received to increase the mirtazapine to 45 mg daily at bedtime for appetite and depression. A 6/9/17 Progress Note indicated the Consultant Pharmacist had been contacted regarding increasing the mirtazapine to 45 mg daily; the Pharmacist indicated doses over 7.5 mg or 15 mg did not stimulate appetite. The note discussed that while the mirtazapine was started as an appetite stimulant, he also had a depression diagnosis and his cancer may not be in remission as once thought. The Pharmacist recommended Marinol (an appetite stimulant). A 6/10/17 Behavior and Mood Event			

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	document indicated a staff interview was completed for the resident's depression symptoms, with a score showing moderate depression. A 6/13/17 Progress Note indicated he began Bactrim (antibiotic) for a UTI. A 6/16/17 Progress Note indicated his favorite foods had been reviewed with him, although he indicated he just was not hungry and was not consistent with likes/dislikes. A 6/16/17 note indicated his antibiotic was changed due to the Bactrim not being effective. A 6/24/17 physician progress note indicated a continued decline in health, with known metastasis to the bones, although not to the liver. A 6/26/17 progress note indicated he was not qualified for hospice, as he was still receiving treatment for his cancer. During an interview, on 10/2/17 at 11:37 a.m., the SSD indicated she thought the increase in Remeron to 45 mg may have been due to his depression symptoms, but she would have to look into it. She indicated his depressive symptoms were poor appetite and not wanting to come			

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	out of his room for meals. She confirmed this had been his normal since admission. During an interview, on 10/2/17 at 11:43 a.m., the ADON indicated he had been eating more fast food that was brought in by staff and family, and had also been coming to the dining room once or twice a week. Review of a policy, titled "PSYCHOACTIVE MEDICATIONS OTHER THAN ANTIPSYCHOTICS AND SEDATIVE/HYPNOTICS," revised 4/2015 and provided by the SSD on 10/2/17 at 1:54 p.m., indicated antidepressants should be used in accordance with pertinent literature, including clinical practice guidelines. Review of a policy, titled "Behavior Management Program Policy and procedure [sic]," revised 5/15/14, and provided by the ADON on 10/3/17 at 11:02 a.m., indicated the program was designed to accommodate individual needs, prevent and manage behavioral symptoms and ensure regulatory compliance. The policy indicated the facility would "quantitatively and objectively" monitor anyone receiving an antianxiety or sedative drug with a diagnosis of cognitive disorders, which are persistent and not due to preventable			

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	reasons. Additionally, residents on antipsychotic medications would be monitored for yelling, screaming, and pacing if these behaviors caused impairment in functional capacity. 3.1-37(a)			
F 0314 SS=G Bldg. 00	483.25(b)(1) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES (b) Skin Integrity - (1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. Based on observation, interview and record review, the facility failed to prevent the development of an unstageable pressure ulcer for 1 of 1 residents reviewed for pressure ulcer. This deficient practice resulted in an	F 0314	1. It is, and always has been Timbercrest's intent to provide care to residents to ensure the highest quality of care. 1. Identified resident, #10, was assessed per Weekly Nursing	10/25/2017

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	unstageable pressure ulcer on the foot for the resident (Resident 10). Findings include: A record review, on 9/29/17 10:52 a.m., indicated Resident 10 was admitted to the facility on 8/6/13 with diagnoses including but not limited to: dementia without behavioral disturbances, age related physical debility, pain, GERD, edema, depression, Atrial fibrillation, end stage renal failure and heart failure. A physician order, dated 4/11/14, indicated the resident was to have weekly nursing assessments on Fridays. An MDS (Minimum Data Set) assessment, dated 8/9/17, indicated the resident required extensive assistance by two staff members for bathing, dressing and mobility. There was no pressure ulcer noted in the assessment. A care plan focus dated, 9/22/17, indicated the resident acquired a deep tissue injury on the left lateral foot. Interventions included but were not limited to: apply povidone-iodine pad daily, monitor and record any complaints of pain, monitor and report any signs or symptoms of infection and no shoes.		Summary on 10-6-17, 10-13-17, and 10-20-17. Skin Integrity Conditions Observations were completed on 10-2-17, 10-8-17, 10-13-17, 10-20-17, 10-23-17 and 10-24-17. Resident received Doxycycline and Keflex antibiotic starting on 10-8-17 for 10 days. Continuing to apply providone-iodine prep to injury on left lateral foot. Resident also assessed by Heartland Hospice Wound Nurse. 2. 2. Residents were observed by an independent Certified Wound Specialist Nurse for any skin irregularities on 10-23-17. All skin irregularities were assessed and documented. Treatment and follow up was initiated as necessary. 3. 3. Nurses were educated/counseled/disciplined on the importance and necessity of conducting weekly assessments. They were also advised on the necessity of alerting other staff whenever the assigned weekly assessment could not be completed to ensure the assessment is completed as required. Additionally, the MatrixCare Point of Care system was modified to include a guided process which allows C.N.A.s to chart pertinent information about residents' skin condition on a daily basis. 4. 4. The completion of weekly assessments will be audited by a staff R.N. no less than twice a week for one month	

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	A nursing note, dated 9/22/17 at 5:08 p.m., indicated a deep tissue injury found to the left lateral foot. The pressure area was noted to be in the area where the leather of her shoe was thicker and reinforced. The spouse was in the room and he voiced the shoes were donated to the resident by the facility. The note referred to the wound as both a pressure ulcer and a deep tissue injury. A wound assessment worksheet, dated 9/22/17, indicated a wound to the left lateral foot. The wound was unstageable, 0.6cm x 0.3cm x 0, wound base was brown/black, no drainage, no odor, the peri-area was erythematous (reddened) and edematous (swollen) and the area was tender to the touch. A physician order, dated 9/23/17, indicated the resident was to receive an application of povidone-iodine pad daily for the unstageable pressure injury to the left foot. This order was clarified on 9/28/17 as a treatment for a deep tissue injury for the left foot. A nursing note, dated 9/25/17 at 4:00 p.m., indicated the unstageable pressure was being changed to a deep tissue injury. A nursing note, dated 9/29/17 at 5:00		and weekly thereafter until compliance is obtained for 4 consecutive weeks. If 90% compliance is obtained within the first 90 days, then monitoring will continue on monthly basis. Results will be reviewed by the QAPI committee. Monitoring will continue until 95% compliance is obtained for at least nine consecutive months. 5. Compliance Date 10-25-2017	

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	p.m., indicated the resident received a pair of shoes donated by the facility on 11/8/13. The SSD followed up with the Resident's husband and informed him the resident was now wearing moccasins that did not apply any pressure. A wound assessment worksheet, dated 10/2/17, indicated a wound to the left lateral foot. The wound was unstageable, 1cm x 0.5cm x 0, wound base was brown/black, no drainage, no odor and the peri area was erythematous and edematous. Weekly Nursing Summary dates completed were as follows: 6/3/17, 6/16/17, 6/30/17, 7/28/17, 9/10/17 and 9/22/17. During this time period reviewed, from 6/1/17 through 10/4/17 there were 19 weekly summaries not completed. During an observation of the resident with Employee 35, on 10/2/17 at 1:30 p.m., an irregular shaped wound, approximately the size of a small kidney bean, was observed to her left lateral foot. During this observation the skin was intact (closed). The wound bed was dark purple and black in color with reddening and swelling around the area approximately the size of a half dollar coin. Employee 35 asked the resident if it			

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	was tender to the touch and the resident shook her head yes. Employee 35 indicated the area looked a little bigger and the redness had "spread". An interview with the DON, on 9/29/17 at 1:50 p.m., indicated the nurses were to do a weekly skin assessment during the weekly summary. An interview with Employee 38, on 10/2/17 at 10:36 a.m., indicated the CNA's (Certified Nursing Assistant) were to do a skin check with all care and during showers. They report any concerns to the nurses and the nurses would do a skin assessment. The nurses were to do a complete skin assessment weekly and document it in the weekly summary. An interview with the DON, on 10/4/17 at 8:32 a.m., indicated there were no other weekly summaries to provide. On 10/2/17 at 10:56 a.m., the DON provided a copy of a policy titled "Skin Assessment Wound Evaluation". This policy indicated " ....2. In addition to daily observations of the resident's skin by the nursing staff, a Licensed Nurse will be assigned to complete an assessment of every residents' skin at least weekly as completed on the "Weekly Nursing Summary ...."			

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	3.1-40(a)			
F 0329 SS=E Bldg. 00	483.45(d)(e)(1)-(2) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS 483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-- (1) In excessive dose (including duplicate drug therapy); or (2) For excessive duration; or (3) Without adequate monitoring; or (4) Without adequate indications for its use; or (5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or (6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. 483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that-- (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;			

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	(2) Residents who use psychotropic 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 residents were free from psychotropic and psychoactive medications without indication for use (Resident 11) or for increase in dosage without indication (Resident 11 and 56) for 2 of 6 residents reviewed for unnecessary medications. The facility also failed to demonstrate an indication for use and subsequent lack of gradual dose reduction of a sedative for 1 of 6 residents reviewed for unnecessary medications (Resident 42). Findings include: 1. On 9/29/17 at 10:26 a.m., Resident 11 was seated in a recliner near nurse's station, sleeping. On 9/29/17 at 11:10 a.m., she remained in the recliner near the nurse's station. She was smiling and drinking from a cup. On 9/29/17 at 12:56 p.m., she was seated in the dining room for lunch, speaking to a staff member seated next to her. On 9/29/17 at 1:26 p.m., she was saying "come on now, I gotta pee- I told ya- I	F 0329	1. It is, and always has been the intent of Timbercrest to provide resident care in a manner that is free from unnecessary medications. 1. The identified residents (#11 and #56) were reviewed by the IDT for potential GDR. Care plans were updated to reflect current medications and diagnosis. Resident #11 will be seen by psychologist during his next scheduled visit to Timbercrest on October 30, 2017. 2. Resident #42's sleep patterns will be monitored and documented in order to assess the need for the prescribed sedative. The results of this monitoring will determine whether or not a GDR is appropriate. A person-centered care plan will be developed based upon the results of the monitoring process. 3. Timbercrest's Medical Director will discuss the care and treatment of resident #42 with the psychologist who has treated resident #42 for several years in an attempt to gain his cooperation related to the use of a gradual dose reduction effort. 4. 2. Timbercrest's Social Services Consultant: a) audited all readmissions to Timbercrest in the last 6 months to ensure proper diagnosis and dosage for	10/26/2017

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	gotta pee," as she was being assisted to room per LPN 5. At 1:34 p.m., she was assisted back down the hallway to the nurse's station area by CNA 3. On 10/2/17 at 8:36 a.m., she was laying quietly in bed; her room was darkened. On 10/2/17 at 10:06 a.m., she was in her wheelchair near the nurse's station, drinking orange juice and eating a snack. On 10/2/17 at 11:18 a.m., she remained seated near the nurse's station, drinking from a cup; another cup with soda in it sat on the table in front of her. On 10/3/17 at 11:50 a.m., she was seated in her wheelchair, between the aviary and the nurse's station, saying "help, hey," and attempting to push the wheelchair backward. At 11:57 a.m., CNA 4 assisted her to the lounge outside of the dining room. On 10/4/17 at 1:50 p.m., she was laying quietly in bed; her room was darkened. Review of the clinical record began on 9/27/17 at 11:31 a.m. Diagnoses included, but were not limited to, altered mental status, chronic pain, chronic atrial fibrillation, major depressive disorder, vascular dementia with behaviors,		anti-psychotic medication; and b) audited progress notes and orders for residents who in the last 6 months have a PHQ9 score of 5 or greater. This was done to ensure all referrals for mental health support services were followed or scheduled. Similarly, progress notes and orders for residents monitored by the Behavior Management IDT were reviewed to ensure all referrals for mental health services had been followed or scheduled. 5. 3. Timbercrest's admitting nurse will notify the Social Service Designee and/or the Director of Resident Care whenever a resident is returning from a hospitalization with an order for anti-psychotic medication. The Social Service Designee will review to determine if the dosage and diagnosis are the same as prior to hospitalization. If there is a change the SSD will assure there is documentation to support the change. The SSD will review all care plans related to anti-psychotic medications and behaviors. Updates will be made as needed. 9. Additionally, Timbercrest will no longer allow a resident's close family member to be that resident's primary or routine nurse. 6. The meeting frequency of Timbercrest's Behavioral Management IDT was increased to at least twice a month. The	

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	insomnia, hypertension, and anxiety. She had current physician orders for, but not limited to, the following medications: Ativan 0.5 mg (antianxiety) three times daily, Ativan 0.5 mg every four hours as needed, Lexapro 20 mg (antidepressant) once daily, and Risperdal 0.5 mg (antipsychotic) twice daily. A 7/17/17, quarterly, Minimum Data Set (MDS) assessment indicated she was severely cognitively impaired, had no signs or symptoms of depression, had no delusions or hallucinations, and no behaviors during the look-back period. It indicated she required extensive assist for ADLs and transfers, limited assistance to ambulate in her room and supervision to ambulate in the hallway. A 9/6/17, significant change, MDS assessment indicated she was severely cognitively impaired, had no signs or symptoms of depression, had no delusions or hallucinations, and no behaviors during the look-back period. It indicated she required extensive assistance for ADLs and transfers, ambulated only once or twice in her room, and did not ambulate outside of her room. She had a current care plan problem,		IDT meets for the purpose of a) reviewing residents with existing and/or new/changed orders for antipsychotic and psychotropic medications to assure the orders are appropriate and supporting documentation is provided; b) evaluating the implementation and completion of GDRs; c) evaluating the appropriateness and use of non-pharmacological interventions and the administration of antipsychotic and psychotropic PRN orders; and d) evaluating the accuracy and appropriateness of the related care plans. This monitoring will continue as long as necessary but not less than 9 months from inception. the 4. Director of Resident Care or Associate Administrator will review related care plans to ensure compliance. This will be done within 10 days of admission. If 90% compliance is obtained within the first 90 days, then monitoring will continue on monthly basis. Results will be reviewed by the QAPI committee. Monitoring will continue until 95% compliance is obtained for at least nine consecutive months. 5. Compliance Date 10-23-2017	

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	dated 8/25/17 and revised 9/13/17, of repetitive yelling out, attempting to get up repeatedly, becoming agitated with staff during care with yelling, hitting, and kicking related to anxiety. Her goal was to not exhibit signs of isolation. Interventions included, but were not limited to, Ativan as needed after non-pharmacological attempts were unsuccessful, assess for mood/behavior problems, show acceptance toward resident, allow resident to verbalize feelings and fears, ensure basic needs were met, establish a trusting relationship, offer to call her son, and offer sweets and Coke. There was a current careplan for taking Risperdal for increased agitation, being resistive towards care, and hitting, kicking, and yelling at staff to shut up/go away. The careplan indicated she had also yelled at other residents, telling them to shut up/quit talking, and had pushed walker into another parked walker when agitated, and would refuse to eat or accept meds at times. Interventions included, but were not limited to, distract resident, ensure needs had been met, offer sweets or Coke, piano music, and talk about her mom and Knightstown. A current careplan for depression indicated it was manifested by tearful,			

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	sad expressions. Interventions included, but were not limited to, 1:1 and talk about son and Knightstown, call son, show acceptance towards resident, identify relationships resident could draw from, provide activities and and a daily schedule that resembled her previous lifestyle. Review of Progress Notes indicated the following: 8/4/17- a urinalysis was obtained to send to the lab. 8/6/17- amoxicillin (antibiotic) was ordered by the physician for a urinary tract infection (UTI). 8/7/17- she was ambulating with her walker "per usual." 8/8/17- she was "achy all over." 8/9/17- she was experiencing a fever, increased agitation, and was unsteady on her feet. Her physician was also consulted regarding changing the amoxicillin to another antibiotic due to the medication not being listed on the sensitivity report for the UTI. An additional note indicated Resident 11 began having difficulty with her walker and was confused as to where she was			

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	going when walking to the dining room. The note indicated she was "more defiant than usual" and stood by her chair for 15 minutes before she would sit down. She also ran her walker into another resident's parked walker and refused to go into the dining room for lunch. She also refused to eat supper. Her daughter-in-law requested a new antibiotic order be obtained and the physician ordered Keflex (antibiotic). 8/10/17- she was experiencing increased confusion, indicated she did not feel well, and was requiring assistance from two staff for transfers and was utilizing a wheelchair. She became combative with staff as they attempted to catheterize her to obtain a urinalysis sample. She later refused to take her antibiotic and an injection of antibiotic was ordered by the physician. The nurse assessed the resident as being extremely agitated and telling people to get away from her. Her daughter-in-law requested she be kept at the facility for treatment. 8/11/17- she was "largely confused" and became combative and argumentative with bedtime care. 8/13/17- she experienced large watery stools and wanted staff to stay out of room when approached for care.			

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	8/14/17- she was agitated and resistive to care and transfers, complained of burning with urination, and refused to go to lunch (she indicated she was waiting for her mother). 8/15/17- her physician was notified of agitation and yelling "every time staff gets near her." She yelled out during lunch to be left alone. 8/16/17- a physician's order was received to increase her Lexapro to 20 mg daily due to "failed GDR (gradual dose reduction)." 8/18/17- she was resistive to care, became physically aggressive with staff, and was stating shut up/where am I, when no one was around. A new order was received to begin Risperdal 0.5 mg daily for behaviors. 8/20/17- she continued with agitation, began "mocking" staff and calling them names, and indicated her mother was going to take her home. She was assisted to ambulate by a staff member on two occasions. In the evening, she continued to yell at staff and "multiple items to keep resident busy" were unsuccessful. An order was received from the on-call physician to administer Ativan 0.5 mg			

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	per injection and orally every four hours as needed. She was in bed resting quietly within 30 minutes of the medication being administered. 8/21/17- she continued to be "pleasant" with staff and was out to the dining room for meals per a wheelchair. 8/22/17- she was agitated and combative during her shower and had not received Ativan since the previous evening. A dose of Ativan was administered to her after the shower for "behaviors". An order was obtained from the physician for routine Ativan three times daily in addition to every four hours as needed. An 8/25/17 Social Services note indicated a review of the new medication orders and a discussion with the resident's daughter-in-law indicated the medications were not helpful at this time. A new order was received for her to see the psychologist to evaluate her behaviors and change in condition. Progress notes from 8/25/17 through 8/29/17 indicated she continued to yell at staff when anyone made "any form of noise or overture towards resident" and was resistant to care. A urinalysis was obtained on 8/28/17.			

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	8/29/17- new orders were obtained from the physician to increase her Risperdal to 0.5 mg twice daily and to continue the Ativan both routinely and as needed. 8/30/17- new orders were obtained from the physician for Keflex 500 mg three times daily for 10 days for a UTI. 9/5/17- the physician's office was notified of "improved behavior with increase of Risperdal to 0.5 mg bid [twice daily] and/or initiating atb [antibiotic] for recurrent UTI." A significant change Restorative Note indicated she was using a wheelchair for mobility at that time, but usually used a walker independently. A nurse's note indicated she would become irritated with multiple staff members talking at the table and she had been medicated with her routine Ativan at that time. An Activity Assessment indicated she had been sleeping a lot more in the recliners near the nurse's station and could become overwhelmed when she was around a lot of people. No episodes of agitation or resisting care was documented after 9/5/17 through 9/17/17, when she had an episode of yelling out and swearing . 9/19/17- she sustained a fall while attempting to get out of a recliner by			

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	herself, 10 minutes after receiving Ativan for agitation. She complained of a headache and had an elevated temperature. 9/23/17- a nurse's note indicated she had been receiving a diuretic to treat edema (swelling) to her ankles for the previous two days. 9/25/17- treatment was initiated for a yeast infection to her groin and buttocks. 10/3/17- a new order was received to increase her thyroid medication. She was also yelling/agitated with staff at 1:28 p.m., received dose of Ativan 0.5 mg, and was assisted to bed per her request. Review of the Medication Administration record indicated she also received her routine dose of Ativan at 2:35 p.m. 10/4/17- at 12:45 a.m., she had been found on the floor in her room, lying on her back, and complaining of right hip pain. Additional notes indicated she was transferred to the hospital for evaluation and was admitted for treatment of a hip fracture. Review of a 9/12/17 Social Services assessment indicated the resident had presented with increased mood and			

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	behaviors in the previous 30 days and had received PRN Ativan 51 times in the previous 30 days. The assessment indicated she would hit and kick staff during care and yelled out at other residents/visitors. During an interview, on 10/2/17 at 11:24 a.m., the Social Services Director (SSD) indicated Resident 11 was on her medications and behavior management program due to increased behaviors, consisting of refusing to eat meals, refusing to take meds, and yelling at staff. She indicated the resident had not been evaluated by the psychologist as ordered, but was discussed in a behavior meeting the psychologist had attended on 8/12/17. She indicated she could not answer why she had not been seen, but it was the SSD's responsibility to convey the need for residents to be seen to the psychologist. During an interview, on 10/2/17 at 2:07 p.m., the DON indicated the facility chose to start the Risperdal due to Resident 11 having been on it at a previous facility for similar behaviors and it had been successful. She indicated the third round of antibiotics had finally cleared her UTI. During an interview, on 10/3/17 at 10:01			

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	a.m., the ADON indicated the facility could not attest to whether the antibiotic or the medications had improved her agitation. 2. On 9/27/17 at 2:22 p.m., Resident 56 was in bed with his eyes closed and the TV on. On 9/29/17 at 8:50 a.m., he was in bed asleep; the room was darkened. On 9/29/17 at 11:10 a.m., he remained in his room as above. On 9/29/17 at 11:45 a.m., he was in the dining area for lunch. On 10/2/17 at 8:37 a.m., he was in bed asleep. Review of the clinical record began on 9/27/17 at 11:37 am. Diagnoses included, but were not limited to, atrophy of the thyroid, nutritional anemia, anorexia, benign prostatic hyperplasia (BPH) with signs and symptoms, prostate cancer, adult failure to thrive, Alzheimer's disease, repeated falls, and dysphagia. He had current physician's orders for, but not limited to, the following medications: Anbesol to gums before meals, Casodex			

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	50 mg (prostate cancer drug) daily, mirtazapine 45 mg (antidepressant) daily at bedtime, Nystatin swish and swallow (antifungal) four times daily, and Boost shakes three times daily. An 8/23/17, quarterly, MDS assessment indicated he was moderately cognitively impaired, had shown no behaviors or depression, and required extensive assistance with ADLs and supervision with eating. He had a current careplan problem of taking mirtazapine for an appetite stimulant and also having a diagnosis of depression. The sole intervention was to monitor for increased signs of depression. He had a current careplan problem of refusing to get out of bed and requiring lots of encouragement to get out of bed, bathe, and get dressed. The sole intervention was to encourage him to accept care. A current careplan problem of depression indicated he had a poor appetite, refused to get out of bed, toilet, or bathe, sad facial expressions, voices feeling tired everyday. The careplan indicated he denied depression, but his family felt he had become more depressed after his wife died four years ago. Interventions			

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	included, but were not limited to, monitor for pain during care, turn on ball games or golf on TV, and talk to him about his hobbies. A current activities careplan indicated he preferred independent leisure activities such as watching TV but was sleeping frequently due to a deterioration in his health. The careplan indicated he preferred to eat his meals in his room. He also had a current care plan problem of oral pain due to poor hygiene. The sole intervention was to encourage hygiene twice daily. A Pharmacy Note, dated 5/9/17, indicated a recommendation to the physician regarding Resident 56's mirtazapine 15 mg daily for appetite stimulation to be decreased due to recent falls. The note indicated mirtazapine can cause dizziness. The physician signed on 5/12/17 to reduce the mirtazapine to 7.5 mg daily for "one week." An unsigned sticky note was attached to the copy of the recommendation, asking "DO YOU STILL WISH TO DECREASE?" and indicated the falls had taken place prior to admission to the facility. The physician indicated next to the sticky note, "No. I actually want to decrease [arrow pointing downward] med."			

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A 5/11/17 psychological evaluation indicated he denied depression, but complained of decreased appetite. The psychologist recommended the physician consider reducing the mirtazapine to 7.5 mg to maximize the appetite stimulation aspect of the medication.

Hospital discharge orders, dated 5/24/17, indicated he had been hospitalized for urosepsis from 5/16/17 through 5/24/17. Discharge orders included, but were not limited to, an increase in Remeron to 30 mg daily at bedtime and Nystatin swish and swallow four times a day. There was no supporting documentation in the clinical record indicating the rationale for these medication changes.

A 6/7/17 Progress Note indicated there had been an increase in the mirtazapine, but the resident indicated he was "just not hungry".

A physician's order, dated 6/9/17, was received to increase the mirtazapine to 45 mg daily at bedtime.

A 6/9/17 Progress Note indicated the Consultant Pharmacist had been contacted regarding increasing the mirtazapine to 45 mg daily; the Pharmacist indicated doses over 7.5 mg

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	or 15 mg did not stimulate appetite. The note discussed that while the mirtazapine was started as an appetite stimulant, he also had a depression diagnosis and his cancer may not be in remission as once thought. The Pharmacist recommended Marinol (an appetite stimulant). A 6/10/17 Behavior and Mood Event document indicated a staff interview was completed for the resident's depression symptoms, with a score showing moderate depression. A 6/13/17 Progress Note indicated he began Bactrim (antibiotic) for a UTI. A 6/16/17 Progress Note indicated his favorite foods had been reviewed with him, although he indicated he just was not hungry and was not consistent with likes/dislikes. A 6/16/17 note indicated his antibiotic was changed due to the Bactrim not being effective. A 6/24/17 physician progress note indicated a continued decline in health, with known metastasis to the bones, although not to the liver. A 6/26/17 progress note indicated he was not qualified for hospice, as he was still			

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	155740	A. BUILDING 00 B. WING	10/04/2017

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	receiving treatment for his cancer. During an interview, on 10/2/17 at 11:37 a.m., the SSD indicated she thought the increase in Remeron to 45 mg may have been due to his depression symptoms, but she would have to look into it. She indicated his depressive symptoms were poor appetite and not wanting to come out of his room for meals. She confirmed this had been his normal since admission. During an interview, on 10/2/17 at 11:43 a.m., the ADON indicated he had been eating more fast food that was brought in by staff and family, and had also been coming to the dining room once or twice a week. She indicated she did not know why he had been on Nystatin since his discharge from the hospital. She indicated he wouldn't see a dentist, so the facility was trying to manage his oral pain and was also getting Ensure and milkshakes. On 10/3/17 at 10:01 a.m., the ADON indicated a note sent to the physician on 6/7/17 regarding increasing the mirtazapine from 30 mg to 45 mg, also determined he was depressed and continued with a decreased appetite. Review of a policy, titled "PSYCHOACTIVE MEDICATIONS			

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	OTHER THAN ANTIPSYCHOTICS AND SEDATIVE/HYPNOTICS," revised 4/2015 and provided by the SSD on 10/2/17 at 1:54 p.m., indicated antidepressants should be used in accordance with pertinent literature, including clinical practice guidelines. Review of a policy, titled "Behavior Management Program Policy and procedure [sic]," revised 5/15/14, and provided by the ADON on 10/3/17 at 11:02 a.m., indicated the program was designed to accommodate individual needs, prevent and manage behavioral symptoms and ensure regulatory compliance. The policy indicated the facility would "quantitatively and objectively" monitor anyone receiving an antianxiety or sedative drug with a diagnosis of cognitive disorders, which are persistent and not due to preventable reasons. Additionally, residents on antipsychotic medications would be monitored for yelling, screaming, and pacing if these behaviors caused impairment in functional capacity. 3. Review of Resident 42's clinical record began on 9/27/17 at 11:41 a.m. Diagnoses included, but were not limited to, malaise, depressive episodes, insomnia, Alzheimer's disease, bipolar disorder, age-related physical debility,			

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	anxiety, fibromyalgia, and dementia without behaviors. She had current physician's orders for, but not limited to, the following medications: Tramadol 50 mg (opiate pain medication) three times daily and every six hours as needed, Latuda 100 mg (antipsychotic) once daily, Lamictal 75 mg (mood stabilizer) three times daily, diazepam 10 mg (antianxiety) daily at bedtime and 5 mg at breakfast, and Ambien 10 mg (sedative) daily at bedtime. An 8/30/17, quarterly, MDS assessment indicated she was cognitively intact and had a PHQ-9 screening score of three, indicating mild depressive symptoms. She denied having trouble falling asleep or staying asleep. She had a current careplan problem of major depressive disorder and bipolar disorder with the following: will move/speak very fast and sometimes very slowly. Will become resistant to care, wants someone with her all of the time, repetitive (undefined) verbalizations, and (undefined) statements. Life long history of becoming manic and requiring hospitalization. Interventions included, but were not limited to, keep a proactive approach- likes structured environment,			

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	likes to visit others and be helpful. talk about raggity Ann dolls and volunteering, ensure consistent schedule. Meds may need to be increased during a manic episode, then decreased afterward. The careplan indicated she liked to nap after lunch and was to be encouraged to not nap during the day so she would sleep well at night. An 8/18/17 Pharmacy Recommendation document indicated the Ambien was due for a gradual dose reduction (GDR). The psychiatrist responded on 9/5/17 that the resident was stable and reduction may cause harm and result in deterioration. A 9/12/17 Social Services note indicated the Ambien was due for a GDR. Weekly nursing assessments, dated 8/12/17 and 8/19/17, indicated she slept at night, needed naps, and needed rest. During an interview, on 10/2/17 at 11:19 a.m., the SSD indicated the resident's admission MDS indicated she felt tired or had little energy on 2/10/17. She indicated she would have to call the psychiatrist to inquire about the resident's insomnia. She indicated the facility did not monitor the resident's sleep patterns or sleeplessness.			

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	On 10/2/17 at 1:41 p.m., the SSD indicated the resident had an 11/11/16 inpatient psychiatric stay, during which she had indicated she had trouble falling and staying asleep. She indicated the admission was for a manic episode and the resident had not had a manic episode since then. A 7/13/17 psychiatrist note indicated she was doing well, and was working on coping with her current situation. An 8/21/17 psychiatrist note indicated she was doing well with the Latuda, and had no depression, no mania. On 10/2/17 at 3:00 p.m., the SSD provided three progress notes, dated 2/5/17 at 9:33 p.m., 8/10/17 3:15 a.m., and 8/13/17 1:53 a.m. where resident was awake. She indicated this showed that the resident was awake at night on these dates. (The notes indicated on 2/5/17, she had expressed the need to toilet three times in a row before bed, as she had for years. The August 2017 notes indicated she reported having fallen and placing herself back in bed on 8/10 and was awoken to complete a neurological check in follow up to the 8/10/17 fall.) Review of a policy, titled "SEDATIVE/HYPNOTIC DRUGS,"			

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	revised 4/2015 and provided by the SSD on 10/2/17 at 1:54 p.m., indicated sedative/hypnotic drugs shall be used only when it is necessary to treat a specific condition. The policy indicated evidence should exist that other treatable causes of sleep disorder have been considered and ruled out, interventions and outcomes should be documented, and the facility should attempt to reduce the medication quarterly unless clinically contraindicated with documented rationale explaining why such an action would prove harmful. 3.1-48(a)(6)			
F 0334 SS=E Bldg. 00	483.80(d)(1)(2) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS (d) Influenza and pneumococcal immunizations (1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has			

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	already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. (2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum,			

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	the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. Based on record review and interview, the facility failed to ensure appropriate consent was obtained prior to the administration of a vaccination (Resident 11) and failed to ensure completion of pneumococcal vaccination per recommendations (Residents 11, 32, and 39). Findings include: 1. Review of Resident 11's immunization history began on 10/3/17 at 9:30 a.m. The clinical record indicated she had received a influenza vaccination on 9/8/17. Her immunization consent was signed by her daughter-in-law, who was not the resident's Power of Attorney (POA). The record also indicated she had received a pneumococcal polysaccharide(Pneumovax) vaccination on 12/15/08. She had not received a pneumococcal conjugate (Prevnar) vaccination.	F 0334	1. Consent for vaccination was obtained by the designated Power of Attorney for resident #11. 2. The designated representative for resident #39, who previously had declined vaccination approval, was re-contacted and this time consent for vaccinations was given. 3. Timbercrest's Medical Director was contacted for direction concerning residents who had not received the pneumococcal conjugate (Prevnar 13) vaccination. The representatives and physicians of residents who had not received the pneumococcal conjugate (Prevnar 13) vaccination were notified and advised that Timbercrest would be following the direction of the Medical Director. 4. 2. Vaccination consents were audited to ensure resident, resident's Power of Attorney or other documented designated representative had signed the consent. Residents having consents to receive	10/26/2017

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	2. Review of Resident 32's immunization history began on 10/3/17 at 9:40 a.m. The clinical record indicated she had received a pneumococcal polysaccharide(Pneumovax) vaccination on 11/26/03. She had not received a pneumococcal conjugate (Prevnar) vaccination. 3. Review of Resident 39's immunization history began on 10/3/17 at 9:53 a.m. The clinical record indicated her POA had declined a pneumococcal vaccination on 2/27/13 due to a concern with an egg allergy. The clinical record did not indicate education had been completed regarding no correlation with egg allergy and pneumococcal vaccination, although she did receive influenza vaccinations beginning in 2014. During an interview, beginning on 10/3/17 at 11:15 a.m., RN 9 indicated once a resident declines a vaccine, they are not asked again. She indicated she was aware Resident 11's daughter-in-law was not her POA, but knew she signed for things in place of the POA. Review of a policy, titled "INFLUENZA AND PNEUMOCOCCAL VACCINATION," revised 7/20/15 and provided as part of the Entrance Conference, indicated "...Pneumococcal		pneumococcal vaccination where reviewed to determine if the pneumococcal conjugate (Prevnar 13) vaccination had been given at another site. If not, the personal representative and physician were notified that resident had not received the pneumococcal conjugate (Prevnar 13) vaccination and that Timbercrest had scheduled Grandview Pharmacy to come on site and would be administering the pneumococcal conjugate (Prevnar 13) vaccination on October 26, 2017. 5. An audit was conducted to verify primary/emergency contact for each resident was the Power of Attorney or the documented designated representative. Inconsistences were corrected or documentation stating reason or designation for alternate primary contact was obtained if not present. 6. 3. All new residents admitting to Timbercrest will have their Power of Attorney or other documented designated representative listed as the primary contact. If resident or Power of Attorney request and authorize an alternate primary contact, this will be noted on the face sheet. 7. Resident face sheets have been revised to include fields to record the pneumococcal vaccination status for both Pneumovax 23 and Prevnar 13. 8. Consent forms will be	

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	[vaccine] will be offered to all residents..." and the pneumococcal vaccine would be available at any time to residents as ordered by the physician. Review of a "Pneumococcal Vaccine Timing for Adults," document, obtained from cdc.gov, indicated both pneumococcal polysaccharide and pneumococcal conjugate vaccinations are recommended for persons over the age of 65, and are to be administered at least one year apart. 3.1-13(a)		audited as part of the admission audit. Additionally, residents' designated representative, contacts, and vaccination status will be reviewed and documented during each care plan meeting. Residents (or their representative) who have declined vaccinations will be contacted at least annually for the purpose of seeking approval or confirmation of continued refusal. 9. 4. The Director of Resident Care will audit new admissions and care plan meeting documentation to ensure compliance. Audit results will be submitted to the QAPI Committee for review after the 90-day audit period. If 90% compliance is obtained within the first 90 days, then monitoring will continue on monthly basis. Results will be reviewed by the QAPI committee. Monitoring will continue until 95% compliance is obtained for at least nine consecutive months. 10. Compliance Date: 10/26/2017.	
R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey. Survey dates: September 27, 28, 29 and	R 0000	It is, and always has been that residents at Timbercrest receive care to promote the highest quality of life.	

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	October 2, 3, 4, 2017. Facility number: 000448 Residential Census: 126 Timbercrest Church of the Brethren Home was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey. Quality Review completed on October 11, 2017.			