

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

PRINTED: 01/09/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155432	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  12/19/2022
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NAME OF PROVIDER OR SUPPLIER  ALBANY HEALTH CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 910 W WALNUT ST ALBANY, IN 47320
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00396346.</p> <p>Complaint IN00396346 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 12, 13, 14, 15, 16, and 19, 2022</p> <p>Facility number: 000309 Provider number: 155432 AIM number: 100288960</p> <p>Census Bed Type: SNF/NF: 78 Total: 78</p> <p>Census Payor Type: Medicare: 10 Medicaid: 57 Other: 11 Total: 78</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed December 21, 2022.</p>	F 0000		
F 0758 SS=D Bldg. 00	<p>483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use</p> <p>§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rose Smalley	Regulatory Compliance Director	01/04/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>the following categories:</p> <ul style="list-style-type: none"> <li>(i) Anti-psychotic;</li> <li>(ii) Anti-depressant;</li> <li>(iii) Anti-anxiety; and</li> <li>(iv) Hypnotic</li> </ul> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or</p>			

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	<p>prescribing practitioner evaluates the resident for the appropriateness of that medication. Based on observation, interview, and record review, the facility failed to ensure a resident was not administered a PRN (as needed) antipsychotic medication without indication for use or non-pharmacological interventions for 1 of 5 residents reviewed for unnecessary medications (Resident 25).</p> <p>Findings include:</p> <p>On 12/12/22 at 3:44 p.m., Resident 25 was sitting in a high-back reclining wheelchair in the activity area. She was continually moving about in her chair, with a staff member sitting beside her.</p> <p>On 12/13/22 at 9:34 a.m., the resident was sitting in a high-back reclining wheelchair in the hall yelling repeatedly for two minutes "I gotta go to the toilet." Staff indicated they would assist her in a minute.</p> <p>Resident 25's clinical record was reviewed on 12/14/22 at 10:58 a.m. Her diagnoses included, but were not limited to, Alzheimer's disease with late onset, cognitive communication deficit, delusional disorders, unspecified psychosis, depression, psychotic disorder with delusions, and dementia.</p> <p>Her current physician orders included the following: olanzapine (antipsychotic) 2.5 milligrams (mg) twice daily ordered 6/23/22, morphine sulfate (opioid pain medication) solution 5 mg every two hours as needed for pain or shortness of breath ordered 8/18/22, hydrocodone-acetaminophen (opioid pain medication) 5-325 mg four times a day ordered 9/28/22, and acetaminophen 650 mg as needed every four hours as needed for pain ordered</p>	F 0758	<p>The completion of this plan of correction does not constitute an admission that the alleged deficiency exists. The plan of correction is provided as evidence of the facilities desire to comply with the regulations and continue to provide quality care in a safe environment. The facility is requesting a desk review for compliance.</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p><b>1:1 education with LPN 5 regarding behavior management and policy titled "psychoactive medication/GDR/unnecessary medications".</b></p> <p><b>Resident did not suffer any adverse side effects from one time use of medication.</b></p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.</p> <p><b>There are currently no other residents who have PRN antipsychotic medications ordered.</b></p> <p><b>60 day lookback order review indicated no other orders have</b></p>	01/06/2023

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	<p>6/23/22.</p> <p>An 8/25/22, significant change, Minimum Data Set (MDS) assessment indicated she was severely cognitively impaired. She had verbal behavioral symptoms directed toward others and other behavioral symptoms not directed at others one to three days of the assessment period.</p> <p>A current care plan, initiated 9/27/21, indicated the resident had behavioral symptoms such as delusions, resistant to care, hitting others, tearful, and calling others names. The interventions included allow me to express my feelings (revision 11/2/21), approach me from the front and make sure you have my attention, I will report and you will observe for changes in my behaviors and determine if any alterations in care plan is needed, and medications as needed. An intervention dated 2/2/22 indicated when I am upset, comb and fix my hair.</p> <p>An "eInteract SBAR Summary" dated 8/31/22 at 2:57 p.m., indicated the resident experienced a change in condition related to behavioral symptoms and pain. The document indicated the resident sat in the dining room and had increased behavior and aggression. The resident indicated her back hurt. New orders were received from the primary care provider for Haldol (an antipsychotic medication) 5 mg/ml, give 0.5 ml intramuscularly (per injection) one time only and to increase her hydrocodone-acetaminophen 5-325 mg from twice daily to four times daily.</p> <p>A Behavior Assessment, dated 8/31/22 at 3:00 p.m., indicated the resident exhibited a behavioral symptom of throwing objects with severe intensity. The frequency of the behavior was one time. The interventions included the following:</p>		<p><b>been received for PRN antipsychotic use.</b></p> <p>3. What measures will be put into place and what systemic changes will be made to ensure the deficient practice does not recur? <b>Nursing staff educated to contact DON/designee prior to administration of any PRN antipsychotic medication administration. Will educate NP Marshall with Heart-to-Heart Hospice on regulation and policy regarding use of PRN antipsychotic medications.</b></p> <p>4. How the corrective action(s) will be monitored to ensure deficient practice will not recur, i.e., what QA program will be put into place. <b>DON/designee will audit "order listing report" daily during clinical meeting to ensure no PRN antipsychotic medications are administered without appropriate indication for use and that non-pharmacological interventions were attempted prior to administration. Audits will be completed daily times 4 weeks, 2 times weekly for 8 weeks, monthly for 3 months, then quarterly for a minimum 6 months.</b></p> <p>5. By what date will the</p>	

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	<p>approached in a calm manner, identified self, established eye contact, took for a walk, called resident by name, explained what they were going to do, used simple sentences, allowed decision making, don't argue or confront, validated resident's feeling, involved in an activity, toileted, offered a snack, offered a back rub, talk with resident and medication. The behavior improved with each intervention. The resident had picked up a drink from the table and threw it at the dining room door. The Nurse Practitioner (NP) was notified. A new order for Haldol 2.5 mg intramuscularly one time for increased agitation/behavior was received and the medication administered.</p> <p>During an interview, on 12/19/22 at 9:04 a.m., LPN 5 indicated the behavior assessment was documented after the Haldol was given. The other interventions were effective after the Haldol was given. They had been unable to redirect the resident by walking with her, repositioning her in the recliner, or with distraction. The resident had grabbed things from the table and threw them, she grabbed the staff, and hit them during one on ones. They could not calm her down. She indicated the resident was on routine pain medication and additional pain medication had not been given prior to the Haldol injection.</p> <p>During an interview, on 12/19/22 at 11:26 a.m., the Dementia Care Director indicated the resident had become very agitated, so the hospice NP had been notified and gave a one-time order for Haldol. She did not see any delusions or hallucinations listed in the clinical record.</p> <p>A current facility policy, titled "Administrative - Psychoactive Medication/GDR/Unnecessary Medications," revised on 10/2022, and provided</p>		<p>systemic changes be put into place? <b>December 6, 2023</b></p>	

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	<p>by the Dementia Care Director on 12/19/22 at 12:06 p.m., indicated the following: "...Unnecessary drugs - Every resident's drug regimen is to be free from unnecessary drugs. An unnecessary drug is any drug when used: ... without adequate indications for its use: Medication is prescribed for a diagnosed condition and not being used for convenience or discipline. Medication is clinically indicated to manage a resident's symptoms or condition where other causes have been ruled out...."</p> <p>Review of the Haldol black box warning, accessed on 12/20/22 at 1:20 p.m. at the <a href="https://accessdata.fda.gov">accessdata.fda.gov</a> website, indicated: "...HALDOL® brand of haloperidol injection ... WARNING Increased Mortality in Elderly Patients with Dementia-Related Psychosis: Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death ... HALDOL Injection is not approved for the treatment of patients with dementia-related psychosis...."</p> <p>3.1-48(a)(4)</p>				