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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey. The 2567 was sent to the facility electronically on 12/26/19.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and	F 656		

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

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desired outcomes.
(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.
(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.
This REQUIREMENT is not met as evidenced by:
The facility identified a census of 39 residents. The sample included 13 residents with one resident reviewed for dementia care. Based on observation, record review, and interviews, the facility failed to develop a person-centered comprehensive dementia care plan for Resident (R) 29.

Findings included:

-The "Electronic Medical Record" (EMR) for R29 from the "Face Sheet" tab documented the current diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), dementia (progressive mental disorder characterized by failing memory, confusion), and depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness).

The " Significant Change Minimal Data Set" (MDS) dated 11/10/19 documented a Brief Interview of Mental Status (BIMS) score of zero which indicated severe cognitive impairment. The MDS documented that R29 required

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extensive assistance of one staff member for Activities of Daily Living (ADL). R29 received antipsychotic, antidepressant medications five days and antianxiety four days during the look back period.

The "Quarterly MDS" dated 09/11/19 for R29 documented a BIMS score of four which indicated severe cognitive impairment. The MDS documented that R29 required extensive assistance of one staff member for ADL's. R29 received antipsychotic and antidepressant medication for seven days during the look back period.

The "Cognitive Loss Care Area Assessment" (CAA) dated 11/18/19 documented R29 has diagnoses of vascular dementia (a progressive mental disorder characterized by failing memory and confusion caused by a decreased blood flow to the brain), psychosis (any major mental disorder characterized by a gross impairment testing), and cognitive impairment.

The "Cognitive Loss Care Plan" dated 11/23/19 directed staff to encourage and engage R29 in activities of interest daily for stimulation.

On 12/10/19 at 08:30 AM R29 sat in his wheelchair in his room with the call light in his lap, heel protectors were placed on his bilateral lower extremities (BLE). The TV was on and lights were off.

During an interview on 12/12/19 01:37 PM Certified Nurses Aide (CNA) M stated that she did not know of any one on one activities for R29.

During an interview on 12/12/19 at 02:28 PM

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F 656	Continued From page 3 Licensed Nurse (LN) H stated that R29 behaviors occured during times when staff were providing care to the resident. During an interview on 12/12/19 at 02:31 PM Activity Director Z stated that R29 has no one on one activity care planned. During an interview on 12/12/19 at 02:35 PM Administrative Nurse D stated R29 should have a dementia care plan to address his needs. The "Care Planning-Interdisciplinary Team" facility policy with a revision date of 09/13 documented the care plan is based on the resident's comprehensive assessment (MDS) and is developed by a care planning interdisciplinary team within seven days of completion of the MDS. The facility failed to develop a person centered care plan for R29 related to dementia to maintain his psychosocial wellbeing.	F 656		
F 744 SS=D	Treatment/Service for Dementia CFR(s): 483.40(b)(3) §483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. This REQUIREMENT is not met as evidenced by: The facility identified a census of 39 residents. The sample included 13 residents with one resident reviewed for dementia care. Based on observation, record review, and interviews, the facility failed to assess and provide the necessary	F 744		

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activities to maintain the social well-being of Resident (R) 29.

Findings included:

-The "Electronic Medical Record" (EMR) for R29 from the "Face Sheet" tab documented the current diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), dementia (progressive mental disorder characterized by failing memory, confusion), and depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness).

The"Significant Change Minimal Data Set" (MDS) dated 11/10/19 documented a Brief Interview of Mental Status (BIMS) score of zero which indicated severe cognitive impairment. The MDS documented that R29 required extensive assistance of one staff member for Activities of Daily Living (ADL). R29 received medication for antipsychotic, antidepressant five days and antianxiety four days during the look back period.

The "Quarterly MDS" dated 09/11/19 for R29 documented a BIMS score of four which indicated severe cognitive impairment. The MDS documented that R29 required extensive assistance of one staff member for ADL's. R29 received antipsychotic and antidepressant medication for seven days during the look back period.

The "Cognitive Loss Care Area Assessment" (CAA) dated 11/18/19 documented R29 has diagnoses of vascular dementia (a progressive mental disorder characterized by failing memory

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and confusion caused by a decreased blood flow to the brain), psychosis (any major mental disorder characterized by a gross impairment testing), and cognitive impairment.

The care plan fpr cognitive loss, dated 11/23/19, directed staff to encourage and engage R29 in activities of interest daily for stimulation.

On 12/10/19 at 08:30 AM R29 sat in his wheelchair in his room with the call light in his lap, heel protectors were place on bilateral lower extremities (BLE). The TV was on and lights were off.

During an interview on 12/12/19 01:37 PM Certified Nurses Aide (CNA) M stated that she did not know of any one on one activities for R29.

During an interview on 12/12/19 at 02:28 PM Licensed Nurse (LN) H stated that R29 behaviors occured during times when staff were providing care to the resident.

During an interview on 12/12/19 at 02:31 PM Activity Director Z stated that R29 had no one on one activity care planned.

During an interview on 12/12/19 at 02:35 PM Administrative Nurse D stated R29 should have a dementia care plan to address his needs.

The Life Enrichment facility policy dated 02/26/19 documented that life enrichment activities will occur on four levels. Individual activity preferences of the resident that are solitary or involve a small group of residents, employee or volunteers. Activities and events planned by residents and team members within a household.

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F 744	Continued From page 6 Activities and events planned by residents and employees that involve more than one household. Events planned for the community that will involve all households. The facility failed to develop and implement personalized activities to help maintain R29 highest practicable psychosocial wellbeing.	F 744		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and	F 755		

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§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.
This REQUIREMENT is not met as evidenced by:
The facility identified a census of 39 residents. The sample included five residents for unnecessary medication review. Based on observation, record review, and interview the facility failed to ensure that medication was available for administration as ordered for Resident (R) 4 and R38.

Findings included:

-The "Electronic Medical Record" (EMR) for R4 included diagnoses of diabetes mellitus (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), anemia (condition without enough healthy red blood cells to carry adequate oxygen to body tissues), hypertension (elevated blood pressure), and chronic obstructive pulmonary disease (COPD- progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing).

The "Admission Minimum Data Set" dated 06/24/19 documented a Brief Interview for Mental Status (BIMS) score of four which indicated severely impaired cognition. R4 required limited staff assistance of one person for all Activities of Daily Living (ADLs) except eating which required staff set-up only. She was on oxygen therapy and hospice.

The "Care Area Assessment" (CAA) for cognition dated 06/24/19 documented that R4 had severe

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cognitive impairment.

The "Quarterly Minimum Data Set" dated 12/4/19 documented a BIMS of eight which indicated moderately impaired cognition. She required limited staff assistance of one person for all ADLs except transfer and walking which required extensive staff assistance of two persons.

The "Hospice Care/Palliative Care Plan" dated 06/19/19 for R4 documented that nursing/hospice staff will, consistent with palliative care orders, administer the drug regimen for R4 as ordered.

The "Physician's Order" tab in the EMR documented an order for Cozaar (antihypertensive) 50 milligram (mg) tablet once a day for hypertension dated 06/17/19.

The "Physician's Order" tab in the EMR documented an order for guaifenesin liquid (an expectorant) 100 mg/5 milliliter (ml) 400 mg twice a day.

The "Medication Administration" tab in the EMR lacked documentation that Cozaar was administered as prescribed on two shifts in September 2019, three shifts in August 2019, and one shift in July 2019. The comment in the medication administration record on those dates stated that the medication was unavailable. The guaifenesin was not administered as prescribed on two shifts in September 2019. Documentation revealed that the medication was unavailable.

On 12/10/19 at 08:24 AM R4 was sitting in her room in her wheelchair. R4 was wearing her oxygen with the tubing in her lap. There were no non-verbal signs of pain observed. She exhibited

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no shortness of breath. Her breathing was regular and unlabored.

On 12/12/19 at 02:04 PM Licensed Nurse (LN) G stated that if a resident doesn't have a medication in the medication cart and it time to administer that medication, she checks other places to see if she can locate some such as another medication cart or the medication room, if it is a stock medication. If she can't locate any, she calls the pharmacy to order the medication. LN G stated that she tries not to wait too long if a medication is unavailable. Often the pharmacy is waiting for an order from the physician. If she still does not hear anything, she will call the physician again and ask him to call the pharmacy. LN G stated that when a medication is ordered it is usually delivered the next day, but it can take three or four days if the pharmacy is waiting for a physician order. She stated that if no medication is available, she calls the physician to tell him the medication is not being given and why. LN G stated that she puts comments in the EMR to document what she has done. The facility uses two local pharmacies which are not open 24 hours. The facility can send someone to the pharmacy to pick up medication if necessary.

On 12/12/19 at 02:39 PM Administrative Nurse D stated that if a resident doesn't have a medication in the cart and it is time to administer that medication, she looks in the overflow, or in the medication room for some. If none is available, she calls the pharmacy to reorder. She stated that usually the medication can be obtained in a day or two, but often the pharmacy is waiting for a pre-authorization so it can take longer. Administrative Nurse D stated she does expect the nurses to document why the medication is not

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coming in. She stated that the facility uses two local pharmacies. They are not open 24 hours, but the facility has an on-call pharmacy which they can call, and the pharmacy can bring the medication.

On 12/12/19 at 01:58 PM Consultant Pharmacist (CP) GG stated that she visits the facility monthly and reviews the resident's medications, monitoring, interactions, dosing, and other things. She said that when reviewing the medication records, she has seen where medications were not available, but it is usually because the pharmacy is waiting to hear from the physician.

The facility's "Consultation by Pharmacist to Households and the Community" policy dated 10/02/19 stated that the CP visits the facility monthly and makes recommendations to improve service or correct potential or actual problems related to medication administration within each household. The policy lacked documentation for the availability of medications.

The facility failed to ensure that the facility medications were available to administer to this resident as ordered by the physician. This deficient practice placed R4 at risk for an increase in her hypertension and decreased ability to cough up secretions.

- Review of R38's "Electronic Medical Record" (EMR) documented the following diagnoses: senile dementia and/or degeneration of the brain (a progressive disease that stems from degeneration in brain cells), abnormal gain and mobility (a deviation from normal walking), and chronic obstructive pulmonary disease (COPD-a progressive and irreversible condition

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characterized by diminished lung capacity and difficulty or discomfort in breathing).

The "Admission Minimum Data Set" (MDS) dated 11/15/19 documented that R38's Brief Interview for Mental Status was not performed, but a staff assessment for cognition revealed that R38 had a short-term memory problem, and his cognitive skills for decision making were severely impaired. Behaviors were continuously present for inattention, disorganized thinking, physical behaviors towards others, and verbal behavior towards others. It further documented that R38 required extensive assistance of two plus staff members for all Activities of Daily Living (ADLs). He received an anti-psychotic (class of medications used to treat psychosis and other mental emotional conditions), an anti-depressant (class of medications used to treat mood disorders and relieve symptoms of depression), and an opioid (a medication used to treat uncontrolled pain) on seven of seven days in the look back period.

The "Care Area Assessment" (CAA) dated 11/26/19 for psychotropic medication (medication used to treat depression and stabilize moods and anxiety) use documented R38 received anti-psychotic medications Risperdal, and Zyprexa, as well as anti-depressant Zoloft on seven of seven look back days.

The "Admission Care Plan" dated 11/29/19 documented staff should assess and record effectiveness of drug treatment, as well as monitor and report signs of adverse side effects, and the pharmacy will review medications per protocol.

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The residents "Medication Administration Record" (MAR) and "Physicians Order Sheet" for October 2019 documented that R38 had an order for Advair Diskus (a bronchodilator medication used to treat COPD) to be given twice daily, ordered on 09/27/19. The MAR documented it as not available for administration on 10/06/19 evening dose, and 10/07/19 for either doses.

Observation of R38 on 12/10/19 at 12:30 PM revealed resident in dining area sitting in his wheelchair at table, his daughter was assisting with feeding him. No behaviors noted, and the resident appeared calm.

Licensed Nurse (LN) G stated on 12/12/19 at 02:05 PM, when a medication is ordered the facility usually received it the next day, but sometimes it may take a couple of days to get. She stated the 24- hour pharmacy was not always available, but staff could call the pharmacy if a medication was needed right way. She also stated that sometimes the facility may be waiting on the physician to renew a prescription which could cause a delay in a medication being available.

LN H stated on 12/12/19 at 02:19 PM that she would call the pharmacy to find out why a medication was not available. The facility did not have a 24-hour pharmacy available, but staff could call the pharmacy and/or pharmacist if a medication was needed right away.

Administrative Nurse D stated on 12/12/19 at 02:28 PM, nurses and or medication aides were expected to check the medication rooms to see if extra medications were in there, and if not, staff should call the pharmacy to see if the medication

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F 755	Continued From page 13 is available. She would not expect it to take more than one day to get a medication unless the pharmacy was waiting on pre-authorization. In that case, she would expect there to be documentation reflecting such. The facility's "Consultation by Pharmacist to Households and the Community" policy dated 10/02/19 stated that the CP visits the facility monthly and makes recommendations to improve service or correct potential or actual problems related to medication administration within each household. The policy lacked documentation for the availability of medications The facility failed to provide a physician ordered inhaled medication for R38, which had the potential to put the resident at risk for respiratory complications.	F 755		
F 756 SS=E	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist	F 756		

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during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.
(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.

§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.
This REQUIREMENT is not met as evidenced by:
The facility identified a census of 39 residents. The sample included five residents for medication review. Based on observation, record review, and interview the facility failed to ensure that the Consulting Pharmacist (CP) identified and reported the lack of medical diagnosis associated with prescribed medications for Residents (R) 4, R30, R18, R29, and R38.

Findings included:

-The "Electronic Medical Record" (EMR) for R4 included diagnoses of diabetes mellitus (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), anemia (condition without enough healthy red

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blood cells to carry adequate oxygen to body tissues), hypertension (elevated blood pressure), and pruritus (itching).

The "Admission Minimum Data Set" dated 6/24/19 documented a Brief Interview for Mental Status (BIMS) score of four which indicated severely impaired cognition. R4 required limited staff assistance of one person for all Activities of Daily Living (ADLs) except eating which required staff set-up only. She was on oxygen therapy and hospice.

The "Care Area Assessment" (CAA) dated 6/24/19 documented that R4 had severe cognitive impairment.

The "Quarterly Minimum Data Set" dated 12/4/19 documented a BIMS of eight which indicated moderately impaired cognition. She required limited staff assistance of one person for all ADLs except transfer and walking which required extensive staff assistance of two persons.

The care plan for "Hospice Care/Palliative Care" dated 6/19/19 for R4 documented that nursing/hospice staff will, consistent with palliative care orders, administer the drug regimen for R4 as ordered.

The "Physician's Order" tab in the EMR documented orders for Calmoseptine (menthol-zinc oxide) ointment (topical ointment for itching) 44-20.6 % to be applied topically as needed every day dated 6/25/19.

The "Physician's Order" tab in the EMR documented orders for hyoscyamine sulfate (medication which decreases gastric acid

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secretions) tablet, sublingual 0.125 milligram (mg) to take 0.5 tablet as needed every day dated 6/21/19.

The "Medication Administration" tab in the EMR lacked documentation for an indication for R4's Calmoseptine and hyoscyamine.

The pharmacist's "Monthly Medication Review" for R4 was reviewed from admission in June 2019 to present. The record lacked documentation that the pharmacist identified and alerted the facility regarding the lack of diagnoses.

On 12/10/19 at 08:24 AM R4 sat in her room in her wheelchair. R4 wore her oxygen with tubing in her lap. There was no date on the oxygen tubing or on the concentrator. There were no non-verbal signs of pain observed. She exhibited no shortness of breath. Her breathing was regular and unlabored.

On 12/12/19 at 2:04 PM Licensed Nurse (LN) G stated that medications are entered into the EMR by the Director of Nursing (DON) and can be entered if there is no diagnosis.

On 12/12 at 2:17 PM LN H stated that new orders are put in the EMR by the nurses. She stated that some of the nurses may not know that the medications need to have a diagnosis in the EMR. She stated that if a medication does not have a diagnosis attached to it, the diagnosis can be entered at a later time.

On 12/12 at 2:39 PM Administrative Nurse D stated that medication orders are usually put in the computer by the charge nurse and

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Administrative Nurse D expects a diagnosis to be entered with the order. The DON or a member of management tries to verify that a diagnosis is entered for each medication monthly. Administrative Nurse D stated that she thinks the CP reviews that at her monthly review.

On 12/12/19 at 1:58 PM CP GG stated that she goes to the facility once a month. At that time, she reviews resident's medications, how they are monitored, the interaction between medications, and other things. She sends her recommendations by encrypted email to the DON. CP GG stated she does expect a diagnosis to be associated with each medication.

The facility's "Consultation by Pharmacist to Households and the Community" policy dated 10/02/19 stated that the CP visits the facility monthly and makes recommendations to improve service or correct potential or actual problems related to medication administration within each household.

The facility failed to ensure that the CP identified and reported the lack of documentation of a diagnosis associated with R4's hyoscyamine and Calmoseptine, and this has the potential of unnecessary medication administration, thus leading to possible harmful side effects.

- R30's Diagnoses tab of the "Electronic Medical Record" (EMR) listed diagnoses of insomnia (inability to sleep) and, dementia (progressive mental disorder characterized by failing memory, confusion).

The "Quarterly Minimum Data Set" (MDS) dated 07/03/19 documented a Brief Interview for Mental

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Status (BIMS) score of three, which indicated severely impaired cognition. He required limited to extensive assistance with his "Activities of Daily Living" (ADLs). He had no weight loss or gain in the last six months. He received an antidepressant (medication used to treat depression-abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, and emptiness) seven of the seven day look back period.

The "Significant Change MDS" dated 11/14/19 documented R30 had long and short-term memory deficits. He required extensive to total staff assistance with his ADLs. He had no weight loss or gain in the last six months. He received an antidepressant seven of the seven day look back period.

The "Psychotropic Drug Use Care Area Assessment" dated 11/21/19 documented R30 received Celexa (medication used to treat depression).

The "Psychotropic Drug Use" care plan dated 11/24/19 documented the facility staff assessed and recorded the effectiveness of medications.

The "Physician's Order" tab of the EMR documented orders for: a multivitamin with minerals daily dated 11/13/19, vitamin C 500 milligrams (mgs) daily, Boost Breeze twice daily dated 11/12/19, and Prostat 30 cubic centimeters daily and Celexa 20 mgs daily. These medications did not have diagnoses to support their need for use.

The "Monthly Medication Review" reviewed January 2019 through November 2019 lacked

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documentation on the administration of the medications without relative diagnoses associated with their use.

On 12/09/19 at 04:17 PM R30 laid in bed with his eyes closed. His body positioning appeared comfortable with no facial grimacing or shortness of air noted.

On 12/12/19 01:58 PM Consultant Pharmacist GG stated she monitored for diagnoses associated with medication use, in the EMR but, not necessarily on the actual order for the medications.

On 12/12/19 at 02:05 PM Licensed Nurse G stated nurses taking medication orders also place relative diagnosis with the orders.

On 12/12/19 at 02:38 PM Administrative Nurse D stated she expected the charge nurse to who documented the medication orders in the computer to also place a diagnosis for the medication use.

The facility's "Consultation by Pharmacist to Households and the Community" policy dated 10/02/19 documented the consultant pharmacist reviewed residents' records monthly and made recommendations or corrected potential or actual problems related to medication administration.

The facility failed to ensure the consultant pharmacist identified the lack of diagnoses for medications in R30's EMR , which had the potential of unnecessary medication use and unwarranted side effects.

- The "Diagnoses" tab of R18's "Electronic

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Medical Record" (EMR) documented diagnoses of chronic obstruction pulmonary disease (COPD- progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), congestive heart failure (CHF- a condition with low heart output and the body becomes congested with fluid), and Parkinson's disease (slowly progressive neurologic disorder characterized by resting tremor, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity and weakness).

The "Annual Minimum Data Set" (MDS) dated 01/16/19 documented a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. R18 required limited to extensive staff assistance with her "Activities of Daily Living" (ADLs). She received a diuretic (medication used to remove excess fluid from the body) seven of the seven days in the look back period. She had no significant weight loss in the last six months.

The "Quarterly MDS" dated 10/16/19 documented a BIMS score of 15. She required limited to extensive assistance with her ADLs. She received a diuretic seven of the seven days in the look back period. She had no significant weight loss in the last six months.

The ADL "Care Area Assessment" dated 01/29/19 documented R18 required limited to extensive staff assistance due to muscle weakness.

The "ADL" care plan reviewed 10/16/19 documented R18 performed most of her ADLs independently and could notify staff if she needed assistance.

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The "Physician's Order" (POS) tab, in the EMR, documented medication orders for: Prednisone three milligrams (mgs,) daily dated 10/15/19, a multivitamin with minerals to be taken daily dated 01/11/19, vitamin C 500mg. tablet daily dated 06/04/19 and Prostat 15 cubic centimeters (ccs.) daily dated 11/13/19. These medications did not have diagnoses to support their need for use.

The "Monthly Medication Review" reviewed January 2019 through November 2019 lacked documentation on the administration of medications without relative diagnoses associated with their use.

On 12/09/19 at 04:00 PM R18 sat in her recliner, watching television. She was alert, cheerful, and denied pain.

On 12/12/19 01:58 PM Consultant Pharmacist GG stated she monitored for diagnoses associated with medication use, in the EMR but, not necessarily on the actual order for the medications.

On 12/12/19 at 02:05 PM Licensed Nurse G stated nurses taking medication orders also place relative diagnosis with the orders.

On 12/12/19 at 02:38 PM Administrative Nurse D stated she expected the charge nurse documenting the medication orders in the computer also place a diagnosis for the medication use.

The facility's "Consultation by Pharmacist to Households and the Community" policy dated 10/02/19 lacked documentation on requirements for the adequate indications for medication use.

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The facility failed to ensure the consultant pharmacist reviewed R18's EMR for pertinent diagnoses for the use of medications, which had the potential of unnecessary medication use and unwarranted side effects.

-The "Electronic Medical Record" (EMR) for R29 from the "Face Sheet" tab documented the current diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), dementia (progressive mental disorder characterized by failing memory, confusion), and depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness).

The "Significant Change Minimum Data Set" (MDS) dated 11/10/19 documented a Brief Interview of Mental Status (BIMS) score of zero which indicated severe cognitive impairment. The MDS documented that R29 required extensive assistance of one staff member for Activities of Daily Living (ADL). R29 received medication for antipsychotic (class of medications used to treat psychosis and other mental emotional conditions), antidepressant (class of medications used to treat mood disorders and relieve symptoms of depression) five days and antianxiety (class of medications that calm and relax people with excessive anxiety, nervousness, or tension) four days during the look back period.

The "Cognitive Loss Care Area Assessment" (CAA) dated 11/18/19 documented R29 had diagnoses of vascular dementia (a progressive mental disorder characterized by failing memory and confusion caused by a decreased blood flow

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to the brain), psychosis (any major mental disorder characterized by a gross impairment testing), and cognitive impairment.

The "Cognitive Loss Care Plan" dated 11/23/19 directed staff to encourage and engage R29 in activities of interest daily for stimulation.

The "Physician's Order" tab in the EMR documented an order dated 11/05/19 for lorazepam concentrate (antianxiety medication) 2 milligram (mg)/milliliter (ml). Administer 0.25 ml to 1 ml every hour as needed (PRN.)

The "Medication Administration Record" (MAR) tab in the EMR lacked documentation for an indication for R29's lorazepam.

Review of the "Monthly Medication Review" (MRR) for R29 from November 2018 to November 2019 lacked any recommendations for a diagnosis for medications.

On 12/10/19 at 08:30 AM R29 sat in his wheelchair in his room with the call light in his lap. Heel protectors were placed on his bilateral lower extremities (BLE). The TV was on and lights were off.

During an interview on 12/12/19 at 02:04 PM Licensed Nurse (LN) G stated that medications were entered in the EMR by the Director of Nursing (DON). The new order could be entered into the computer if there were no diagnosis.

During an interview on 12/12 at 02:17 PM LN H stated that new orders were entered in the EMR by the nurses. She stated that some of the nurses may not know that the medications need

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to have a diagnosis in the EMR. She stated that if a medication did not have a diagnosis attached to it, the diagnosis could be entered later.

During an interview on 12/12 at 02:39 PM Administrative Nurse D stated that medication orders are put in the computer by the charge nurse. Administrative Nurse D expected a diagnosis to be entered with each order. The DON or a member of management reviewed the order to verify that a diagnosis has been entered for each medication monthly. Administrative Nurse D stated that the CP should review the orders during the monthly reviews.

During an interview on 12/12/19 at 01:58 PM Consultant Pharmacist (CP) GG stated that she completes a monthly medication review at the facility. During the monthly the CP reviewed medication, monitoring of medication, the medication interactions. The monthly pharmacy recommendation reports are sent by encrypted email to the directed of nursing (DON).

The facility's "Consultation by Pharmacist to Households and the Community" policy dated 10/02/19 stated that the CP visits the facility monthly and makes recommendations to improve service or correct potential or actual problems related to medication administration within each household.

The facility failed to ensure that the CP identified and reported the lack of documentation of a diagnosis associated with R29's lorazepam. Which had the potential for R29 to receive psychotropic medication for an unordered reason. This placed R29 at risk from complication and side effects related to unnecessary medication

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administration.

- Review of R38's "Electronic Medical Record" (EMR) documented the following diagnoses: senile dementia and/or degeneration of the brain (a progressive disease that stems from degeneration in brain cells), abnormal gain and mobility (a deviation from normal walking), chronic obstructive pulmonary disease (COPD-a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), and constipation (inability to pass stools).

The "Admission Minimum Data Set" (MDS) dated 11/15/19 documented that R38's Brief Interview for Mental Status was not performed, but a staff assessment for cognition revealed that R38 had short and long- term memory problems, and his cognitive skills for decision making were severely impaired. Behaviors were continuously present for inattention, disorganized thinking, physical behaviors towards others, and verbal behavior towards others. It further documented that R38 required extensive assistance of two plus staff members for all Activities of Daily Living (ADLs). He received an anti-psychotic (class of medications used to treat psychosis and other mental emotional conditions), an anti-depressant (class of medications used to treat mood disorders and relieve symptoms of depression), and an opioid (a medication used to treat uncontrolled pain) on seven of seven days in the look back period.

The "Care Area Assessment" (CAA) dated 11/26/19 for psychotropic medication (medication used to treat depression and stabilize moods and anxiety) use documented R38 received

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anti-psychotic medications Risperdal, and Zyprexa, as well as anti-depressant Zoloft on seven of seven look back days.

The "Admission Care Plan" for medications and/or psychotropic medications dated 11/29/19 documented staff should assess and record effectiveness of drug treatment, as well as monitor and report signs of adverse side effects, and the pharmacy will review medications per protocol.

The residents "Medication Administration Record" (MAR) and "Physicians Order Sheet" for September, October, and November 2019 documented that R38 lacked a diagnosis for the following medications: acetaminophen suspension ordered on 09/25/19; Advair Diskus (a bronchodilator used to treat COPD) ordered on 09/25/19; Depakote sprinkles (medication used to treat various seizure disorders) ordered on 09/26/19; buprenorphine (opioid medication used to treat pain) transdermal (applied to the skin) ordered on 09/25/19; ipratropium-albuterol solution (medication used for treatment of COPD that is inhaled through a nebulizer- a machine that converts a liquid medication into a mist) ordered 11/27/19; levothyroxine (medication used to treat hypothyroidism - a condition in which the thyroid gland does not produce enough thyroid hormone) ordered 11/15/19; Bisacodyl suppository (medication used to treat constipation) ordered 12/06/19; Risperdal (an antipsychotic a medication used to treat psychosis and other mental emotional conditions) ordered on 11/20/19; and Zoloft (sertraline-a psychotropic medications used to treat depression) ordered 11/15/19.

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"Monthly Medication Review" (MMR) was completed by the Consultant Pharmacist (CP) for the months of September, October and November 2019 and lacked any recommendations for R38's medications.

Interview with Licensed Nurse (LN) H stated on 12/12/19 at 02:19 PM, that the charge nurse on duty typically received new orders and would enter them into the MAR and she would expect a diagnosis to be included in the order.

Interview with Administrative Nurse D on 12/12/19 at 02:38 PM stated, that the charge nurse or herself received the new medication orders and entered them into the MAR. She would expect each medication to have a proper diagnosis and that she tried to look monthly at medications to make sure medications have a diagnosis. She would expect the CP would look at the MAR to see if there is a diagnosis as well and report any errors.

Interview with CP GG stated on 12/12/19 at 03:10 PM, that she does a medication record review (MRR) monthly, and that she reviews the medications, if they are monitored, any interactions, the dosing, and other things. She reported she did look at the diagnoses associated with each medication and if the diagnosis is in order all is okay.

The facility policy "Consultation by Pharmacist to Households and Community" revised 10/02/19 lacked documentation on requirements for the adequate indications for medication use.

The facility failed to ensure that the consultant pharmacist identified and reported the absence of

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F 756	Continued From page 28 a proper diagnosis for medications ordered for R38.	F 756		
F 757 SS=E	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §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- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: The facility identified a census of 39 residents. The sample included 13 residents. Based on interviews, observations, and record reviews the facility failed to provide the indications for use of medications for Residents (R) 18, R30, R38, and R4 sampled for unnecessary medication use. Findings included:	F 757		

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- The "Diagnoses" tab of R18's "Electronic Medical Record" (EMR) documented diagnoses of chronic obstruction pulmonary disease (COPD- progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), congestive heart failure (CHF- a condition with low heart output and the body becomes congested with fluid), and Parkinson's disease (slowly progressive neurologic disorder characterized by resting tremor, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity and weakness).

The "Annual Minimum Data Set" (MDS) dated 01/16/19 documented a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. R18 required limited to extensive staff assistance with her "Activities of Daily Living" (ADLs). She received a diuretic (medication used to remove excess fluid from the body) seven of the seven days in the look back period. She had no significant weight loss in the last six months.

The "Quarterly MDS" dated 10/16/19 documented a BIMS score of 15. She required limited to extensive assistance with her ADLs. She received a diuretic seven of the seven days in the look back period. She had no significant weight loss in the last six months.

The ADL "Care Area Assessment" dated 01/29/19 documented R18 required limited to extensive staff assistance due to muscle weakness.

The "ADL" care plan reviewed 10/16/19 documented R18 performed most of her ADLs independently and could notify staff if she needed assistance.

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The "Physician's Order" (POS) tab, in the EMR, documented medication orders for: Prednisone three milligrams (mgs) daily dated 10/15/19, a multivitamin with minerals to be taken daily dated 01/11/19, vitamin C 500 mg tablet daily dated 06/04/19 and Prostat 15 cubic centimeters (cc's.) daily dated 11/13/19. These medications did not have diagnoses to support their need for use.

On 12/09/19 at 04:00 PM R18 sat in her recliner, watching television. She was alert, cheerful, and denied pain.

On 12/12/19 at 02:05 PM Licensed Nurse G stated nurses taking medication orders also place relative diagnosis with the orders.

On 12/12/19 at 02:38 PM Administrative Nurse D stated she expected the charge nurse documenting the medication orders in the computer also place a diagnosis for the medication use.

The facility's "Consultation by Pharmacist to Households and the Community" policy dated 10/02/19 lacked documentation on requirements for the adequate indications for medication use.

The facility failed to provide adequate indications for use of R18's medications, which had the potential for unnecessary medication use and the potential for unwarranted side effects.

- R30's "Diagnoses" tab of the "Electronic Medical Record" (EMR) listed diagnoses of insomnia (inability to sleep) and, dementia (progressive mental disorder characterized by failing memory, confusion).

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The "Quarterly Minimum Data Set" (MDS) dated 07/03/19 documented a Brief Interview for Mental Status (BIMS) score of three, which indicated severely impaired cognition. He required limited to extensive assistance with his "Activities of Daily Living" (ADLs). He had no weight loss or gain in the last six months.

The "Significant Change MDS" dated 11/14/19 documented R30 had long and short-term memory deficits. He required extensive to total staff assistance with his ADLs. He had a significant weight loss in the last six months.

The nutrition "Care Area Assessment" dated 11/21/19 documented R30 lost a significant amount of weight recently, and he was receiving occupational therapy for help in feeding himself.

The "Nutritional Status" care plan dated 11/24/19 documented R30 ate independently with staff assistance needed at times.

The "Physician's Order" tab of the EMR documented orders for: a multivitamin with minerals daily dated 11/13/19, vitamin C 500 milligrams (mgs) daily, Boost Breeze twice daily dated 11/12/19, and Prostat 30 cubic centimeters daily. The orders lacked documentation to indicate the diagnosis for the medications.

On 12/09/19 at 04:17 PM R30 was lying in bed with his eyes closed. His body positioning appeared comfortable with no facial grimacing or shortness of air noted.

On 12/12/19 at 02:05 PM Licensed Nurse G stated nurses taking medication orders also place

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relative diagnosis with the orders.

On 12/12/19 at 02:38 PM Administrative Nurse D stated she expected the charge nurse documenting the medication orders in the computer to also place a diagnosis for the medication use.

The facility's "Consultation by Pharmacist to Households and the Community" policy dated 10/02/19 lacked documentation on requirements for the adequate indications for medication use.

The facility failed to provide diagnoses for the use of medications, which had the potential of unnecessary medication use and unwarranted side effects.
- Review of R38's "Electronic Medical Record" (EMR) documented the following diagnoses: senile dementia and/or degeneration of the brain (a progressive disease that stems from degeneration in brain cells), abnormal gain and mobility (a deviation from normal walking), chronic obstructive pulmonary disease (COPD-a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), and constipation (difficulty passing stools).

The "Admission Minimum Data Set" (MDS) dated 11/15/19 documented that R38's Brief Interview for Mental Status was not performed, but a staff assessment for cognition revealed that R38 had short and long- term memory problems, and his cognitive skills for decision making were severely impaired. Behaviors were continuously present for inattention, disorganized thinking, physical behaviors towards others, and verbal behavior towards others. It further documented that R38

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required extensive assistance of two plus staff members for all Activities of Daily Living (ADLs). He received an anti-psychotic (class of medications used to treat psychosis and other mental emotional conditions), an anti-depressant (class of medications used to treat mood disorders and relieve symptoms of depression), and an opioid (a medication used to treat uncontrolled pain) on seven of seven days in the look back period.

The "Care Area Assessment" (CAA) dated 11/26/19 for psychotropic medication (medication used to treat depression and stabilize moods and anxiety) use documented R38 received anti-psychotic medications Risperdal and Zyprexa, as well as anti-depressant (class of medications used to treat mood disorders and relieve symptoms of depression) Zoloft on seven of seven look back days.

The "Admission Care Plan" dated 11/29/19 documented staff should assess and record effectiveness of drug treatment, as well as monitor and report signs of adverse side effects, and the pharmacy will review medications per protocol.

The residents "Medication Administration Record" (MAR) and "Physicians Order Sheet" for September, October, November 2019 R38 lacked a diagnosis for the following medications: acetaminophen suspension ordered on 09/25/19; Advair Diskus (a bronchodilator used to treat COPD) ordered on 09/25/19; Depakote sprinkles (medication used to treat various seizure disorders) ordered on 09/26/19; buprenorphine (opioid medication used to treat pain) transdermal (applied to the skin) ordered on 09/25/19;

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ipratropium-albuterol solution (medication used for treatment of COPD that is inhaled through a nebulizer- a machine that converts a liquid medication into a mist) ordered 11/27/19; levothyroxine (medication used to treat hypothyroidism - a condition in which the thyroid gland does not produce enough thyroid hormone) ordered 11/15/19; and Bisacodyl suppository (medication used to treat constipation) ordered 12/06/19.

Observation of R38 on 12/10/19 at 12:30 PM revealed resident in dining area sitting in his wheelchair at table, his daughter was assisting with feeding him. No behaviors noted, the resident appeared calm.

Interview with Licensed Nurse (LN) H stated on 12/12/19 at 02:19 PM, that the charge nurse on duty typically receives new orders and would enter them into the MAR and she would expect a diagnosis to be included in the order.

Interview with Administrative Nurse D on 12/12/19 at 02:38 PM stated, that the charge nurse or herself receives the new medication orders and enter them into the MAR. She would expect each medication to have a proper diagnosis and that she tries to look monthly at medications to make sure medications have a diagnosis. She would expect the Consultant Pharmacist (CP) would look at the MAR to see if there is a diagnosis as well and report any errors.

The facility's "Consultation by Pharmacist to Households and the Community" policy dated 10/0/19 that the CP visits the facility monthly and makes recommendations to improve service or correct potential or actual problems related to

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medication administration within each household. The policy lacked documentation that a diagnosis must be associated with each medication ordered.

The facility failed to ensure that the facility documented a diagnosis associated with R38's acetaminophen, Advair, buprenorphine, ipratropium-albuterol, levothyroxine, and Bisacodyl which had the potential of unnecessary medication administration, thus leading to possible harmful side effects.
Findings included:

-The "Electronic Medical Record" (EMR) for R4 included diagnoses of diabetes mellitus (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), anemia (condition without enough healthy red blood cells to carry adequate oxygen to body tissues), hypertension (elevated blood pressure), and pruritus (itching).

The "Admission Minimum Data Set" dated 6/24/19 documented a Brief Interview for Mental Status (BIMS) score of four which indicated severely impaired cognition. R4 required limited staff assistance of one person for all Activities of Daily Living (ADLs) except eating which required staff set-up only. She was on oxygen therapy and hospice.

The "Care Area Assessment" (CAA) dated 6/24/19 documented that R4 had severe cognitive impairment.

The "Quarterly Minimum Data Set" dated 12/4/19 documented a BIMS of eight which indicated moderately impaired cognition. She required

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limited staff assistance of one person for all ADLs except transfer and walking which required extensive staff assistance of two persons.

The care plan for "Hospice Care/Palliative Care" dated 6/19/19 for R4 documented that nursing/hospice staff will, consistent with palliative care orders, administer the drug regimen for R4 as ordered.

The "Physician's Order" tab in the EMR documented orders for Calmoseptine (menthol-zinc oxide) ointment (topical ointment for itching) 44-20.6 % to be applied topically as needed every day dated 6/25/19.

The "Physician's Order" tab in the EMR documented orders for hyoscyamine sulfate (medication which decreases gastric acid secretions) tablet, sublingual 0.125 mg to take 0.5 tablet as needed every day dated 6/21/19.

The "Medication Administration" tab in the EMR lacked documentation for an indication for R4's Calmoseptine and hyoscyamine.

On 12/10/19 at 08:24 AM R4 was sitting in her room in her wheelchair. R4 was wearing her oxygen with tubing in her lap. There was no date on the oxygen tubing or on the concentrator. There were no non-verbal signs of pain observed. She exhibited no shortness of breath. Her breathing was regular and unlabored.

On 12/12/19 at 2:04 PM Licensed Nurse (LN) G stated that medications are entered into the EMR by the Director of Nursing (DON) and can be entered if there is no diagnosis.

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F 757	Continued From page 37 On 12/12 at 2:17 PM LN H stated that new orders are put in the EMR by the nurses. She stated that some of the nurses may not know that the medications need to have a diagnosis in the EMR. She stated that if a medication does not have a diagnosis attached to it, the diagnosis can be entered at a later time. On 12/12/19 at 2:39 PM Administrative Nurse D stated that medication orders are usually put in the computer by the charge nurse and Administrative Nurse D expects a diagnosis to be entered with the order. The DON or a member of management tries to verify that a diagnosis is entered for each medication monthly. Administrative Nurse D stated that she thinks the Consultant Pharmacist (CP) reviews that at her monthly review. The facility's "Consultation by Pharmacist to Households and the Community" policy dated 10/02/19 stated that the CP visits the facility monthly and makes recommendations to improve service or correct potential or actual problems related to medication administration within each household. The policy lacked documentation that a diagnosis must be associated with each medication ordered. The facility failed to ensure that the facility documented a diagnosis associated with R4's hyoscyamine and Calmoseptine, and this has the potential of unnecessary medication administration, thus leading to possible harmful side effects.	F 757		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)	F 758		

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§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

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rationale in the resident's 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.
This REQUIREMENT is not met as evidenced by:
The facility identified a census of 39 residents. The sample included 13 residents, with five residents reviewed for medication review. Based on observation, record review, and interview, the facility failed to provide a proper diagnosis for prescribed psychotropic (affection mood or thoughts) medications for Resident (R) 38, R30, and R29.

- - Review of R38's "Electronic Medical Record" (EMR) documented the following diagnoses: senile dementia and/or degeneration of the brain (a progressive disease that stems from degeneration in brain cells), abnormal gain and mobility (a deviation from normal walking), chronic obstructive pulmonary disease (COPD-a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), and constipation (inability to pass stools).

The "Admission Minimum Data Set" (MDS) dated 11/15/19 staff assessment for cognition revealed that R38 had short and long- term memory problems, and his cognitive skills for decision making were severely impaired. R38 required extensive assistance of two plus staff members for all Activities of Daily Living (ADLs). He received an anti-psychotic (class of medications

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MAPLE HEIGHTS NURSING & REHABILITATION CENTER	RR 2 E IOWA STREET HIAWATHA, KS 66434

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used to treat psychosis and other mental emotional conditions), an anti-depressant (class of medications used to treat mood disorders and relieve symptoms of depression), and an opioid (a medication used to treat uncontrolled pain) on seven of seven days in the look back period.

The "Care Area Assessment" (CAA) dated 11/26/19 for psychotropic medication (medication used to treat depression and stabilize moods and anxiety) use documented R38 received anti-psychotic medications Risperdal, and Zyprexa, as well as anti-depressant Zoloft on seven of seven look back days.

The "Admission Care Plan" for medications and/or psychotropic medications dated 11/29/19 documented staff should assess and record effectiveness of drug treatment, as well as monitor and report signs of adverse side effects, and the pharmacy will review medications per protocol.

The residents "Medication Administration Record" (MAR) and "Physicians Order Sheet" for September, October, and November 2019 documented that R38 lacked a diagnosis for the following medications: Risperdal (an antipsychotic a medication used to treat psychosis and other mental emotional conditions) ordered on 11/20/19; Zoloft (sertraline-a psychotropic medications used to treat depression) ordered 11/15/19.

The facility's "Consultation by Pharmacist to Household and the Community" policy dated 10/02/19 documented the consultant pharmacist reviewed residents' records monthly and made recommendations or corrected potential or actual

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problems related to medication administration.

The facility failed to ensure that psychotropic medications prescribed for R38 had a proper diagnosis and/or indication for use for Risperdal, Zyprexa, and Zoloft.

- R30's Diagnoses tab of the "Electronic Medical Record" (EMR) listed diagnoses of insomnia (inability to sleep) and, dementia (progressive mental disorder characterized by failing memory, confusion).

The "Quarterly Minimum Data Set" (MDS) dated 07/03/19 documented a Brief Interview for Mental Status (BIMS) score of three, which indicated severely impaired cognition. He required limited to extensive assistance with his "Activities of Daily Living" (ADLs). He received an antidepressant (medication used to treat depression-abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, and emptiness) seven of the seven day look back period.

The "Significant Change MDS" dated 11/14/19 documented R30 had long and short-term memory deficits. He required extensive to total staff assistance with his ADLs. He received an antidepressant seven of the seven day look back period.

The Psychotropic Drug Use "Care Area Assessment" dated 11/21/19 documented R30 received Celexa (medication used to treat depression).

The "Psychotropic Drug Use" Care Plan dated 11/24/19 documented the facility staff assessed

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and recorded the effectiveness of medications.

The "Physician's Order" tab of the EMR documented an order for Celexa 20 milligrams daily, dated 7/25/19. The EMR lacked documentation of a diagnosis for the use of the medication.

On 12/09/19 at 04:17 PM R30 was lying in bed with his eyes closed. His body positioning appeared comfortable with no facial grimacing or shortness of air noted.

On 12/12/19 at 02:05 PM Licensed Nurse G stated nurses taking medication orders also place relative diagnosis with the orders.

On 12/12/19 at 02:38 PM Administrative Nurse D stated she expected the charge nurse documenting the medication orders in the computer to also place a diagnosis for the medication use.

The facility's "Consultation by Pharmacist to Households and the Community" policy dated 10/02/19 documented the consultant pharmacist reviewed residents' records monthly and made recommendations or corrected potential or actual problems related to medication administration.

The facility failed to ensure a pertinent diagnosis for the use of Celexa, which had the potential of unnecessary medication use and unwarranted side effects.
-The "Electronic Medical Record" (EMR) for R29 from the "Face Sheet" tab documented the current diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), dementia

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(progressive mental disorder characterized by failing memory, confusion), and depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness).

The "Significant Change Minimum Data Set" (MDS) dated 11/10/19 documented a Brief Interview of Mental Status (BIMS) score of zero which indicated severe cognitive impairment. The MDS documented that R29 required extensive assistance of one staff member for Activities of Daily Living (ADL). R29 received medication for antipsychotic, antidepressant five days and antianxiety four days during the look back period.

The "Cognitive Loss Care Area Assessment" (CAA) dated 11/18/19 documented R29 has diagnoses of vascular dementia (a progressive mental disorder characterized by failing memory and confusion caused by a decreased blood flow to the brain), psychosis (any major mental disorder characterized by a gross impairment testing), and cognitive impairment.

The "Cognitive Loss Care Plan dated 11/23/19 directed staff to encourage and engage R29 in activities of interest daily for stimulation.

The "Physician's Order" tab in the EMR documented an order dated 11/05/19 for lorazepam concentrate (antianxiety medication) 2mg(milligram)/ml(milliliter). Administer 0.25 ml to 1 ml every hour as needed (PRN)

The "Medication Administration Record" (MAR) tab in the EMR lacked documentation for an indication for R29's lorazepam.

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On 12/10/19 at 08:30 AM R29 sat in his wheelchair in his room with a call light in his lap, heel protectors were in place on bilateral lower extremities (BLE). The TV was on and lights were off.

During an interview on 12/12/19 at 02:04 PM Licensed Nurse (LN) G stated that medications are entered the EMR by the Director of Nursing (DON) and can be entered if there is no diagnosis.

During an interview on 12/12/19 at 02:17 PM LN H stated that new orders are put in the EMR by the nurses. She stated that some of the nurses may not know that the medications need to have a diagnosis in the EMR. She stated that if a medication does not have a diagnosis attached to it, the diagnosis can be entered later.

During an interview on 12/12/19 at 02:39 PM Administrative Nurse D stated that medication orders are usually put in the computer by the charge nurse and Administrative Nurse D expects a diagnosis to be entered with the order. The DON or a member of management tries to verify that a diagnosis is entered for each medication monthly. Administrative Nurse D stated that she thinks the CP reviews that at her monthly review.

The facility's "Consultation by Pharmacist to Households and the Community" policy dated 10/02/19 stated that the CP visits the facility monthly and makes recommendations to improve service or correct potential or actual problems related to medication administration within each household.

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F 758	Continued From page 45 The facility failed to ensure that R29 medication lorazepam had a diagnosis. This has the potential of unnecessary medication administration, thus leading to possible harmful side effects.	F 758		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;	F 880		

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F 880	Continued From page 46 (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: The facility reported a census of 39 residents with 13 residents sampled for review. Based on interview and record review the facility failed to maintain an infection control program to	F 880		

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recognize and control, to the extent possible, the onset and spread of infection within the facility by failing to analyze data regarding infective pathogens (a bacterium, virus, or other microorganism that can cause disease).

Finding included:

- The facility's 2019 "Infection Control Log" documented the following urinary tract infections which lacked documentation for the causative microorganisms: three in January, five in February, one in March, one in April, one in May, one in June, two in July, two in August, two in October, and three in November.

On 12/12/19 at 10:33 AM Administrative Nurse D stated she uses a surveillance tool log to track and trend infections throughout the facility. She does not consistently put the causative microorganisms in the log.

The facility's "Infection Preventionist" policy dated May 2019 documented the infection preventionist collects and analyzes data and trends of infections to prevent and control infections.

The facility failed to analyze data regarding infective pathogens, which had the potential of increasing the risk for the spread of antibiotic resistive infections to the residents and staff. This deficient practice had the potential to affect all residents in the facility.