STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355100	A. BUILDING _____ B. WING _____	07/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - DEVILS LAKE	302 7TH AVE NE DEVILS LAKE, ND 58301

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F 000	INITIAL COMMENTS For the MDS 3.0 Focused Survey started on 07/05/17 and completed on 07/06/17, the sample included 12 residents for focused review.	F 000		
F 278 SS=F	483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED (g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. (h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. (i) Certification (1) A registered nurse must sign and certify that the assessment is completed. (2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. (j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than $5,000 for each assessment.	F 278		8/10/17

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

Electronically Signed | 07/27/2017

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F 278	Continued From page 1 (2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: ATTESTATION STATEMENT 1. Based on record review and review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.14), the facility failed to use the entire required days of observation when completing Minimum Data Set (MDS) items on 12 of 12 sampled residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, and #12). Failure to include all the days of the look back period when completing the MDS has the potential to affect the accurate development of a comprehensive care plan and the care provided to the residents. Findings include: The Long-Term Care Facility RAI User's Manual, revised October 2016, Chapter 3, page A-31 stated, ". . . As the last day of the look-back period, the ARD [Assessment Reference Date] serves as the reference point for determining the care and services captured on the MDS assessment . . . For example, the MDS item with a 7-day look-back period ending on and including the ARD which is the 7th day of this look-back period . . ." Therefore, the earliest you can code items with a look-back period and attest to the accuracy in Z0400 would be the day after the ARD. Each person completing a section of the MDS is required to sign the attestation statement (Z0400) as identified on page Z-6 that reads, "I certify that	F 278	1. The facility is unable to correct dates for Z0400 on resident's #1-#12. Moving forward we will assure all MDS's are signed after the assessment reference date. For resident #2, modification was made to resident's MDS to identify that resident did not have an active pressure ulcer diagnosis. For resident #3,#4, and #8, modifications were made to residents MDS section I to identify that residents had an active diagnosis of UTI during the look back period. For resident #2,#4,#5, modifications were made to residents MDS's section J to identify that resident's received pain medication during the look back period. For resident #4 and #6, modifications were made to resident's MDS's section J to correctly identify resident's falls during the look back period. For resident #2 modification was made to resident's MDS section K to correctly identify resident's nutritional approaches for nectar thick liquids during the look back period. For resident #2 and #11, modifications were made to resident's MDS's Section M to identify that resident's did not receive ointment/medications other than to feet during the look back period. For residents #2 modification was made to residents MDS section N to identify	

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F 278	Continued From page 2 the accompanying information accurately reflects resident assessment information for this resident . . . " Page Z-7 stated, ". . . All staff who completed any part of the MDS must enter their signatures, titles, sections, or portion(s) of section(s) they completed, and the date completed. . . ." Legally, item Z0400 is an attestation of accuracy with the primary responsibility for its accuracy with the person selecting the MDS item response. - Review of Resident #1's medical record occurred on all days of survey. A Medicare 5-day MDS, dated 05/08/17, identified the required items in Section C, G, H, I, K, M, O, and Q with a 7-day look-back period, and items in Section J with a 5-day and 7-day look-back period completed with a Z0400 date of 05/08/17. A Medicare 14-day MDS, dated 05/16/17, identified the required items in Section C, G, H, I, K, and Q with a 7-day look-back period, items in Section J with a 5-day and 7-day look-back period, and items in Section O with a 7-day and 14-day look-back period completed with a Z0400 date of 05/16/17. - Review of Resident #2's medical record occurred on all days of survey. A combined annual and Medicare 5-day MDS, dated 05/16/17, identified the required items in Section C, G, H, I, K, M, N, P, and Q with a 7-day look-back period, items in Section J with a 5-day and 7-day look-back period, and items in Section O with a 7-day and 14-day look-back period, completed with a Z0400 date of 05/16/17. A Medicare 14-day MDS, dated 05/24/17, identified the required items in Section G, H, and Q with a 7-day look-back period, and Section J with a	F 278	resident received anticoagulant medication during the look back period. For resident #2 and #4, modification was made to resident's MDS's section N to identify resident's received antibiotic therapy during the look back period. 2. The facility has identified all residents have the potential for Z0400 to be affected by this practice. All residents who are identified at risk for pressure sores, experience UTI's, received PRN and scheduled pain medications, experience a fall/falls, have altered diet/thickened liquids, receive ointment/medications other than to feet which may or may not be used for skin treatment, receive anticoagulant medications, and receive antibiotic therapy, have the potential to be affected by this practice. All other residents within the facility will be audited on or before 8/10/17 and corrections will be made as indicated. 3. Good Samaritan Society Rehab/Skilled Clinical Compliance Consultant will be at the facility on Wednesday 8/2/17 to provide re-education to MDS Coordinator, Director of Nursing, Social Service designee, Rehab RN/Unit Coordinator, Activities Director, Director of food and nutrition to ensure accuracy of all MDS Sections. Staff members who complete parts of the MDS will review sections of the RAI manual on 8/1/17. 4. An audit tool has been developed and will be completed by Director of Nursing	

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F 278	Continued From page 3 5-day and 7-day look back period completed with a Z0400 date of 05/24/17. - Review of Resident #3's medical record occurred on all days of survey. A quarterly MDS, dated 06/20/17, identified the required items in Section C, G, H, I, K, and Q with a 7-day look-back period, items in Section J with a 5-day and 7-day look-back period, and items in Section O with a 7-day and 14-day look-back period completed with a Z0400 date of 06/20/17. A Medicare 30-day MDS, dated 04/25/17, identified the required items in Section C and Q with a 7-day look-back period completed with a Z0400 date of 04/25/17. - Review of Resident #4's medical record occurred on all days of survey. An annual MDS, dated 04/02/17, identified the required items in Section C and Q with a 7-day look-back period completed with a Z0400 date of 03/31/17. - Review of Resident #5's medical record occurred on all days of survey. A quarterly MDS, dated 12/31/16, identified the required items in Section C and Q with a 7-day look-back period completed with a Z0400 date of 12/30/16. A quarterly MDS, dated 03/31/17, identified the required items in Section C and Q with a 7-day look-back period, and Section J with a 5-day look-back period completed with a Z0400 date of 03/31/17. - Review of Resident #6's medical record occurred on all days of survey. An annual MDS, dated 06/08/17, identified the required items in Section Q with a 7-day look-back period completed with a Z0400 date of 06/07/17, and	F 278	or designee to ensure accuracy of residents MDS before submission. Audits will be conducted starting on 8/2/17 Weekly X4, Monthly X2 and Quarterly X3. Audit reports will be provided monthly to QAPI Committee for review and further recommendations to insure sustained compliance. 5. Compliance will occur on or before 8/10/17.	

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F 278	Continued From page 4 items in Section G, H, I, K, M, and O with a 7-day and a 14-day look-back period completed with a Z0400 date of 06/08/17. - Review of Resident #7's medical record occurred on all days of survey. A quarterly MDS, dated 02/16/17, identified the required items in Section C and Q with a 7-day and a 14-day look-back period completed on 02/16/17. A quarterly MDS, dated 05/16/17, identified the required items in Section G, H, I, O, and Q with a 7-day look-back period, and Section J with a 5-day and a 7-day look-back period completed on 05/16/17. - Review of Resident #8's medical record occurred on all days of survey. An annual MDS, dated 05/27/17, identified the required items in C, G, H, I, K, and Q with a 7-day look-back period, Section J with a 5-day and a 7-day look-back period, and Section O with a 7-day and 14-day look-back period completed with a Z0400 date of 05/26/17. - Review of Resident #9's medical record occurred on all days of survey. A quarterly MDS, dated 04/09/17, identified the required items in Section C and Q with a 7-day look-back period completed with a Z0400 date of 04/09/17. - Review of Resident #10's medical record occurred on all days of survey. A quarterly MDS, dated 05/01/17, identified the required items in Section G, H, I, K, and Q with a 7-day look-back period, Section J with a 5-day and a 7-day look-back period, and Section O with a 7-day and a 14-day look-back period completed with a Z0400 date of 05/01/17. A quarterly MDS, dated	F 278		

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F 278	Continued From page 5 02/01/17, identified the required items in Section C and Q with a 7-day look-back period completed with a Z0400 date of 02/01/17. - Review of Resident #11's medical record occurred on all days of survey. A quarterly MDS, dated 05/13/17, identified the required items in Section C and Q with a 7-day look-back period completed with a Z0400 date of 05/11/17, and Section G, H, I, and K with a 7-day look-back period, Section J with a 5-day and 7-day look-back period, and Section O with a 7-day and 14-day look-back period completed with a Z0400 date of 05/12/17. An annual MDS, dated 02/13/17, identified the required items in Section C and Q with a 7-day look-back period completed with a Z0400 date of 02/13/17. - Review of Resident #12's medical record occurred on all days of survey. A quarterly MDS, dated 05/01/17, identified the required items in Section C and Q with a 7-day look-back period completed with a Z0400 date of 04/30/17, and the required items in Section G, H, and I with a 7-day look-back period, Section J with a 5-day and 7-day look-back period, and Section O with a 7-day and a 14-day look-back period completed with a Z0400 date of 05/01/17. CODING ACCURACY 2. Based on record review, review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.14), and staff interview, the facility failed to ensure accurate coding of Minimum Data Sets (MDSs) for 7 of 12 sampled residents (Resident #2, #3, #4, #5, #6, #8, and #11). Failure to	F 278		

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F 278	Continued From page 6 accurately complete Section I (active diagnoses), Section J (health conditions), Section K (swallowing/nutritional status), Section M (skin conditions), and Section N (medications) of the MDS does not allow each resident's assessment to reflect their current status/needs, and has the potential to affect the accurate development of a comprehensive care plan and the care provided to the residents. Findings include: SECTION I: ACTIVE DIAGNOSES The Long-Term Care Facility RAI User's Manual, revised October 2016, Chapter 3, page I-3, stated, "I: Active Diagnoses in the Last 7 Days . . . Do not include conditions that have been resolved, do not affect the resident's current status . . . during the 7-day look-back period, as these would be considered inactive diagnoses." Page I-8, stated, "Item I2300 Urinary tract infection (UTI): The UTI has a look-back period of 30 days for active disease . . ." - Review of Resident #2's medical record occurred on all days of survey. A combined annual and Medicare 5-day MDS, dated 05/16/17, and a Medicare 14-day MDS, dated 05/24/17, identified a Stage II left and right buttock pressure ulcer diagnosis. The medical record lacked evidence of an active pressure ulcer. During an interview on 07/06/17 at 11:40 a.m., an administrative nurse (#1) confirmed Resident #2 did not have an active pressure ulcer during the MDS look-back period.	F 278		

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- Review of Resident #3's medical record occurred on all days of survey. A quarterly MDS, dated 06/20/17, failed to identify a diagnosis of a UTI in the 30-day look-back period. The record identified signs and symptoms of a UTI, a positive urinalysis, a physician's diagnosis, and an antibiotic administered from 05/25/17 through 06/01/17.

- Review of Resident #4's medical record occurred on all days of survey. A quarterly MDS, dated 01/02/17, failed to identify a diagnosis of a UTI in the 30-day look-back period. The record identified signs and symptoms of a UTI, a positive urinalysis, a physician's diagnosis, and antibiotic therapy ended on 12/06/16.

- Review of Resident #8's medical record occurred on all days of survey. An annual MDS, dated 05/27/17, and a quarterly MDS, dated 02/27/17, failed to identify a diagnosis of a UTI during the 30-day look-back period. The record identified signs and symptoms of a UTI, a positive urinalysis, a physician's diagnosis, and antibiotics administered 02/09/17 through 02/19/17, and 05/20/17 through 05/24/17.

During an interview on 07/06/17 at 3:40 p.m., an administrative nurse (#1) confirmed staff failed to code the diagnosis of UTIs accurately on these MDSs.

SECTION J: HEALTH CONDITIONS

The Long-Term Care Facility RAI User's Manual, revised October 2016, Chapter 3, page J-2, stated, ". . . Coding Instructions for J0100A-C

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Determine all interventions for pain provided to the resident during the 5-day look-back period. . . . J0100A, Been on a Scheduled Pain Medication Regimen . . . Code 1, yes: if the medical record contains documentation that a scheduled pain medication was received. . . ."

- Review of Resident #2's medical record occurred on all days of survey. A combined annual and Medicare 5-day MDS, dated 05/16/17, identified Resident #2 did not receive a scheduled pain medication. The May 2017 electronic medication administration record (eMAR) showed Resident #2 received scheduled Tylenol during the 5-day look-back period.

During an interview on 07/06/17 at 10:56 a.m., an administrative nurse (#1) confirmed staff failed to code Resident #2's scheduled Tylenol on the MDS, dated 05/16/17.

- Review of Resident #4's medical record occurred on all days of survey. An annual MDS, dated 04/02/17, identified Resident #4 did not receive a scheduled pain medication. The March 2017 and April 2017 MAR showed Resident #4 received scheduled Oxycodone during the 5-day look-back period.

During an interview on 07/06/17 at 3:40 p.m., an administrative nurse (#1) confirmed staff failed to code Resident #4's scheduled Oxycodone on the MDS, dated 04/02/17.

- Review of Resident #5's medical record occurred on all days of survey. A quarterly MDS, dated 12/31/16 and a quarterly MDS, dated 03/31/17, identified Resident #5 did not receive a

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scheduled pain medication. The December 2016 and March 2017 MAR showed Resident #5 received scheduled Gabapentin (for nerve pain) during the 5-day look-back period.

The Long-Term Care Facility RAI User's Manual, revised October 2016, Chapter 3, page J-30, stated, "J1800: Any Falls Since Admission/Entry or Reentry or Prior Assessment . . . whichever is more recent . . . Coding Instructions . . . *Code 0, no: if the resident has not had any fall since the last assessment. . . . Code 1, yes: if the resident has fallen since the assessment. . . ." Pages J-32 and J-33 stated, "J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment . . . whichever is more recent . . . Coding Instructions for J1900A, No Injury . . . Code 1, one: if the resident had one non-injurious fall since admission/entry or reentry or prior assessment . . . Coding Instructions for J1900C, Major Injury . . . Code 0, none: if the resident had no major injurious fall since admission/entry or reentry or prior assessment . . ."

- Review of Resident #4's medical record occurred on all days of survey. An annual MDS, dated 04/02/17, identified one major injury fall since the prior assessment. The medical record lacked evidence of falls since the prior assessment.

During an interview on 07/06/17 at 4:53 p.m., an administrative nurse (#1) confirmed staff failed to correctly code falls on Resident #4's MDS, dated 04/02/17.

- Review of Resident #6's medical record occurred on all days of survey. A quarterly MDS,

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dated 03/10/17, identified no falls since the prior assessment. A fall report, dated 03/01/17, stated, "Resident was transferring from his bed to his wheelchair and missed the wheelchair, falling between the bed and wheelchair. He did not hit his head and no injuries were noted. . . ."

During an interview on 07/06/17 at 1:15 p.m., an administrative nurse (#1) confirmed staff failed to accurately code falls on Resident #6's MDS, dated 03/10/17.

SECTION K: SWALLOWING/NUTRITIONAL STATUS

The Long-Term Care Facility RAI User's Manual, revised October 2016, Chapter 3, page K-11, stated, "K0510: Nutritional Approaches . . . K0510C, mechanically altered diet - require change in texture of food or liquids (e.g., [example given] pureed food, thickened liquids) . . ."

- Review of Resident #2's medical record occurred on all days of survey. A combined annual and Medicare 5-day MDS, dated 05/16/17, identified no nutritional approaches. The physician's orders showed Resident #2 received nectar thickened liquids from 03/24/17 through 05/31/17.

During an interview on 07/06/17 at 10:56 a.m., an administrative nurse (#1) confirmed Resident #2's MDS, dated 05/16/17, lacked coding of a mechanical diet.

SECTION M: SKIN CONDITIONS

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The Long-Term Care Facility RAI User's Manual, revised October 2016, Chapter 3, page M-37, M-38 and M-40, stated, "M1200: Skin and Ulcer Treatments . . . Coding Instructions Check all that apply in the last 7 days. . . . M1200H, Application of ointments/medications other than to feet . . . This category may include ointments or medications used to treat a skin condition . . . This category does not include ointments used to treat non-skin conditions . . ."

- Review of Resident #2's medical record occurred on all days of survey. A combined annual and Medicare 5-day MDS, dated 05/16/17, identified Resident #2 received ointments/medications other than to feet during the 7-day look-back period. The medical record lacked evidence Resident #2 received any skin and ulcer treatments.

During an interview on 07/06/17 at 10:56 a.m., an administrative nurse (#1) confirmed Resident #2 did not receive any ointments or medications other than to feet during the 7-day look-back period.

- Review of Resident #11's medical record occurred on all days of survey. A quarterly MDS, dated 05/13/17, and an annual MDS, dated 02/13/17, identified M1200H (a skin treatment) coded for ointments or medications other than to feet during the 7-day look-back period. The eMARS for February and May 2017 identified Aspercreme Lotion applied topically to both shoulders and right knee, at bedtime, for osteoarthritis pain.

During an interview on the afternoon of 07/06/17,

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an administrative nurse (#1) agreed staff applied the Aspercreme for pain relief and not for a skin condition, and should not have coded M1200H.

SECTION N: MEDICATIONS

The Long-Term Care Facility RAI User's Manual, revised October 2016, Chapter 3, page N-6, stated, "N0410: Medications Received . . . N0410E, Anticoagulant (e.g., warfarin . . .): Record the number of days an anticoagulant medication was received by the resident at any time during the 7-day look-back period . . . N0410F, Antibiotic: Record the number of days an antibiotic medication was received by the resident at any time during the 7-day look-back period . . ."

- Review of Resident #2's medical record occurred on all days of survey. A combined annual and Medicare 5-day MDS, dated 05/16/17, identified Resident #2 did not receive anticoagulant medications during the 7-day look-back period. The May 2017 MAR showed Resident #2 received Warfarin (anticoagulant) one day, on 05/10/17.

A Medicare 14-day MDS, dated 05/24/17, identified Resident #2 received antibiotics on seven days during the 7-day look-back period. The May 2017 MAR showed Resident #2 received Ciprofloxacin (antibiotic) one day, on 05/18/17.

During an interview on 07/06/17 at 10:56 a.m., an administrative nurse (#1) confirmed staff failed to accurately code the number of days Resident #2 received an anticoagulant and an antibiotic on

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F 278	Continued From page 13 these MDSs. - Review of Resident #4's medical record occurred on all days of survey. A quarterly MDS, dated 01/02/17, identified Resident #4 received an antibiotic two days during the 7-day look-back period. Review of the January 2017 MAR showed Resident #4 received Levaquin (antibiotic) one day, on 01/02/17. During an interview on 07/06/17 at 4:53 p.m., an administrative nurse (#1) confirmed staff failed to accurately code the number of days Resident #4 received an antibiotic on the MDS dated 01/02/17.	F 278		
F 315 SS=D	483.25(e)(1)-(3) NO CATHETER, PREVENT UTI, RESTORE BLADDER (e) Incontinence. (1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. (2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon	F 315		8/10/17

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F 315	Continued From page 14 as possible unless the resident's clinical condition demonstrates that catheterization is necessary and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. (3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on record review and review of facility policy, the facility failed to provide timely services and treatment for 1 of 7 sampled residents (Resident #3) with a history of a urinary tract infection (UTI). Failure to ensure prompt diagnosis and treatment of a UTI may result in unnecessary discomfort, behaviors, and/or sepsis. Findings include: Review of the facility policy titled "Definitions of Infection - For Surveillance Purposes Only" occurred on 07/06/17. This policy, revised November 2016, stated, ". . . Urinary Tract Infections (Symptomatic) Resident without indwelling catheter At least one of the following signs or symptoms from this sub-criteria: * Acute dysuria or acute pain . . . leukocytosis and at least one of the following localizing urinary tract sub-criteria: . . . * New or marked increase in	F 315	1. Resident #3 received treatment for her UTI starting on 5/25/17 with a completion date of 6/1/17 and no further signs and symptoms of UTI were noted. The facility will assure that all residents will receive proper monitoring and timely treatment to prevent any unnecessary side effects related to UTIs. 2. The facility has identified all residents at risk for UTI's have the potential to be affected by this practice. 3. Education regarding monitoring, communication with physicians, and obtaining treatment plan for residents with suspicion of UTI's was started on 7/21/17 for all licensed nursing staff. All licensed nurses will be re-educated on or before 8/10/17 or prior to their next scheduled shift.	

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F 315	Continued From page 15 urgency * New or marked increase in frequency. . . ." - Review of Resident #3's medical record occurred on all days of survey. Diagnoses included dementia and stress incontinence. A quarterly Minimum Data Set, dated 06/20/17, identified occasionally incontinent and an extensive assist of one for toileting. Review of progress notes identified the following: * 05/21/17 2:30 p.m. - "writer sent fax regarding res [resident] frequency, urgency and burning with urination. urine is also very cloudy and odorous." * 05/23/17 3:33 p.m. "CNA [certified nursing assistant] stated that resident is going to the bathroom every 30 minutes." * 05/23/17 3:34 p.m. - "On 5-22, AM [morning] shift, CNA stated that resident was in the bathroom every 30 minutes." Review of Resident #3's "Fax Communication To Physician" identified the following: * 05/21/17 2:45 p.m. - ". . . Concern: For last 5 days res has had urgency and frequency with urination. Urine is very cloudy and odorous. Res also appears more confused. Please advise." * 05/23/17 - "Physician comments/non-medication orders: Please obtain urinalysis with microscopic. Dx [diagnosis]: UTI symptoms" Review of Resident #3's urinary analysis lab results, collected and completed on 05/25/17, identified "abnormal clarity (slightly cloudy) . . . leukocytes (small) . . . epithelial cells (occasional) . . . WBC [white blood cells] (10-20) . . . and	F 315	4. An audit tool was developed to monitor any resident who has suspicion for UTI, are monitored and treated within a timely manner. This audit will start on 08/01/2017 and will be completed by QAPI coordinator/RN or designee Weekly X4, Monthly X2 and Quarterly X3. An audit summary report will be provided monthly to the QAPI committee for review and further recommendations to ensure compliance. 5. Compliance will occur on or before 8/10/17.	

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F 315	Continued From page 16 bacteria (moderate)" A physician's order, dated 05/25/17 at 5:03 p.m., stated, "Cipro Tablet 250 MG [milligram] (Ciprofloxacin HCL) Give 250 mg by mouth two times a day for UTI for 7 Days" The record identified Resident #3 experienced UTI symptoms for 5 days prior to faxing the physician on 05/21/17. The facility initiated antibiotics on 05/25/17 (over one week after the record identified the resident had UTI symptoms). Failure to ensure a prompt physician response to the fax and collection of the UA resulted in delayed diagnosis, treatment, and unnecessary confusion and discomfort/pain.	F 315		
F 329 SS=D	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	F 329		8/10/17

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F 329	Continued From page 17 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; (2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, and staff interview, the facility failed to ensure each resident's drug regimen is free from unnecessary medications for 1 of 3 sampled residents (Resident #6) receiving antipsychotic medications. Failure to ensure adequate monitoring and complete the Abnormal Involuntary Movement Scale (AIMS) as per facility policy limited the facility's ability to recognize and evaluate an unanticipated decline or newly emerging or worsening symptom/side effect and modify the drug regimen as appropriate. Findings include: Review of the facility policy titled "PSYCHOTROPIC MEDICATIONS" occurred on	F 329	1. Resident #6 has had an Abnormal Involuntary Movement Scale (AIMS) completed on 7/6/17. Resident received a score of 3, no changes in resident's current status. On 7/17/17 pharmacist consultant completed a medication review of resident #6 psychotropic medications and made a recommendation for dose reduction to resident's primary physician. 2. The facility has identified all residents who receive antipsychotic/psychotropic medications have the potential to be affected by this practice. 3. Director of Nursing or designee will complete Abnormal Involuntary Movement Scale (AIMS) assessments	

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F 329	Continued From page 18 07/06/17. This policy, revised June 2017, stated, ". . . PROCEDURE . . . 9. Throughout the administration of the psychotropic medications, the following must be completed . . . c. If the resident is on an antipsychotic, a registered nurse must complete the Abnormal Involuntary Movement Scale [AIMS] in PCC [point click care] every six months. . . ." Review of Resident #6's medical record occurred on all days of survey. Diagnoses included schizophrenia. The physician's orders, dated 03/31/17, identified Seroquel (antipsychotic medication) 50 milligrams by mouth two times a day for schizophrenia. This was the same dose from the initial order upon admission on 06/14/16. The medical record showed staff completed an AIMS on 06/14/16. A March 2017 "CONSULTANT PHARMACIST'S MEDICATION REVIEW" form stated, "Patients taking antipsychotic medications should be monitored for tardive dyskinesia (TD) at least every 6 months. This patient's last TD assessment is from 6/16. Please complete appropriate TD assessment and updated clinical records. . . ." The record lacked evidence staff completed the AIMS every six months. During an interview on 07/06/17 at 1:15 p.m., an administrative nurse (#1) confirmed staff had not completed an AIMS since 06/14/16.	F 329	according to facility policy for all residents receiving psychotic medications. The Director of Nursing or designee will monitor residents due for Gradual Dose Reduction and will work with pharmacist consultant to assure reductions are addressed with resident's primary physician, according to pharmacist recommendations. Director of Nursing, MDS coordinator, Rehab RN/unit coordinator will review policy and procedure on 7/31/17 and another review will take place on 8/8/17 with pharmacy consultant, as pharmacy consultant will not be available to facility until 8/8/17. 4. An audit tool has been developed and will be completed by MDS coordinator or designee to ensure all residents who receive antipsychotic medications have an Abnormal Involuntary Movement Scale (AIMS) completed. This audit will be started on 8/1/17 and be completed Weekly X4, Monthly X2, and Quarterly X3. An audit report will be provided monthly to QAPI committee for review and further recommendations to ensure compliance. An audit tool has been developed and will be completed by MDS coordinator or designee to ensure all residents who receive psychotropic medications have an attempt at Gradual Dose Reduction completed. This audit will be started on 8/1/17 and be completed Weekly X4, Monthly X2, and Quarterly X3. An audit summary report will be provided monthly	

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F 329	Continued From page 19	F 329	to QAPI committee for review and further recommendations to ensure compliance. 5. Compliance will occur on or before 8/10/17	