

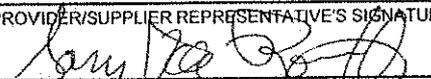
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/03/2021
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165269 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/26/2021 |
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| NAME OF PROVIDER OR SUPPLIER CLEARVIEW HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 406 WEST WASHINGTON MOUNT AYR, IA 50854 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| F 000 gm | <p>INITIAL COMMENTS</p> <p>Correction date <u>06/18/2021</u></p> <p>The following deficiencies relate to the facility's annual recertification and state licensure survey conducted on 5/23/21 -5/26/21</p> <p>See Code of Federal Regulations (42CFR) Part 482, Subpart B-C.</p> <p>F 656 Develop/Implement Comprehensive Care Plan SS=D CFR(s): 483.21(b)(1)</p> <p>§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 -</p> <p>(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</p> <p>(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).</p> <p>(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.</p> | F 000 F 656 | <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or executed because it is required by Federal and/or State law.</p> <p>Please accept this as our credible allegation of compliance.</p> <p>Clearview Homes develops and implements 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 comprehensive assessment</p> <p>Elements detailing how you will correct deficiency Resident 7's care plan and Kardex were updated regarding the pressure ulcer and Unna boots to lower extremities for edema on 05/25/2021. Resident 36's care plan and Kardex was updated regarding restorative nursing recommendation on 05/25/2021.</p> | 05/25/21 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | TITLE ADM. | (X6) DATE 6/16/21 |
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that their safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 656 | <p>Continued From page 1</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(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.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, clinical record review and interviews the facility failed to develop and implement a comprehensive Care Plan for 2 of 16 residents reviewed (Resident #7 & #36). The facility reported a census of 62 residents.</p> <p>Findings include:</p> <p>1. The quarterly Minimum Data Set (MDS) dated 2/21/21 revealed Resident #7 had a Brief Interview for Mental Status (BIMS) score of 7 which indicated severely impaired cognition. The MDS documented she required limited assistance of 1 staff for bed mobility, transfers, walking in and out of room, dressing, toilet use, and personal hygiene. The MDS included diagnoses of anemia, peripheral vascular disease, diabetes mellitus and non- Alzheimer's Dementia.</p> <p>Resident #7's Care Plan updated 3/3/21 lacked information for her pressure injury to the right ear, or any interventions to prevent further skin breakdown. The Care Plan also lacked</p> | F 656 | <p>Include Measure you will take or systems you will alter to ensure that the problems do not recur.</p> <p>Clearview Homes nursing staff were educated on importance of maintaining and updating the residents care plan and Kardex to ensure the resident attains and maintains the highest practicable physical, mental and psychological well-being. MDS coordinator and Director of Nursing reviewed every current resident's care plan and Kardex. Update and changes were made as needed.</p> <p>How you plan to monitor performance to make sure that the solutions are permanent.</p> <p>Director of Nursing and MDS coordinator will perform QA audits to ensure that the comprehensive care plan is developed and implemented. QA audits will consist of review of Kardex, Care Plan, and review of pressure ulcer and skin assessment monitoring sheets. Audits will be completed 10/01/2021</p> | |
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| F 656 | <p>Continued From page 2</p> <p>information about her edema (swelling)and the use of unna boot or interventions to help lessen the edema in her lower extremities.</p> <p>The document Weekly Pressure Injury Record dated 3/31/21 included a Stage II (Partial thickness loss of skin loss with exposed dermis. The wound bed is viable, pink or red, moist and may also present as an intact or ruptured serum-filled blister. Granulation tissue, slough and eschar are not present) Pressure ulcer to her right ear lobe that measured 0.4 centimeters (cm) by 0.3 cm with a depth of 0.2 cm.</p> <p>Resident #7's Treatment Administration Record (TAR) included Cleanse area to right outer ear, apply Duoderm (dressing) change on bath days until resolved, with a start date of 3/31/21. Unna boots to bilateral lower extremities, change on bath days. Okay to cover with Coban with a start date of 4/22/21.</p> <p>An observation on 5/24/21 at 1:09 PM Staff B License Piratical Nurse (LPN) preformed hand hygiene and donned gloves, obtained disinfectant wipes and cleaned over bed table. Staff B doffed gloves used hand sanitizer and donned gloves pulled out treatment items and placed and towel on the table. Placed on top of towel wound cleanser scissors, gauze and Duoderm. Doffed gloves and used hand sanitizer and donned gloves opened packages and placed on table sprayed gauze with wound cleaner and dried. Doffed gloves and used hand sanitizer and donned gloves. Wiped area with skin prep and placed the Duoderm on top. Picked up items and doffed gloves and used hand sanitizer. Staff B used hand sanitizer donned gloves pulled up pants and found out resident did not have her shower yet. CNA checking on it.</p> | F 656 | | |

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| F 656 | Continued From page 3 An observation on 5/24/21 at 2:31 PM Staff B LPN washed hands placed towel on the floor and supplies on top unna boots and coban, gloves and hand sanitizer and washed hands and donned gloves opened unna boots doffed gloves and used hand sanitizer. Donned gloves started at the base of foot right above toes wrapped up to just below the knee and back down then wrapped with coban. Doffed gloves used hand sanitizer and donned gloves. Wrapped the unna boot up to just below the knee on the left leg and back down. Doffed gloves used hand sanitizer and put the coban on over the unna boot. Then attached the lower leg bag strap and pulled down her pant legs. and placed the gripper socks on. Picked up items and used hand sanitizer. Place Residents legs up. 2. The quarterly MDS assessment dated 3/28/21 revealed Resident #36 displayed intact cognitive abilities. The MDS documented she required extensive assistance of 2 staff for bed mobility and dressing, total assist of 2 staff for transfers and toilet use, and limited assist of 1 staff for personal hygiene. The MDS included diagnoses of coronary artery disease, heart failure, diabetes mellitus hip fracture, femur fracture, anxiety disorder and depression. The MDS recorded the resident had no Restorative Nursing Program (RNP) performed during seven of seven days during the assessment reference period. Resident #36's Care Plan updated 4/14/21 lacked any information for her restorative program. The Restorative Nursing Recommendations signed by the therapist on 1/11/21 included upper | F 656 | | |
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| F 656 | <p>Continued From page 4</p> <p>extremities exercises 2 to 10 with either 2# weight or yellow Thera band seated at the edge of the bed to be done 3 to 5 times a week.</p> <p>The Restorative Nursing Recommendations signed by the therapist on 4/10/21 included goal to increase and maintain core and lower extremities strength and Range of Motion (ROM) to progress to EZ stand transfers weight bearing of right lower extremities progresses. Additional instruction complete as tolerated 3 to 6 times a week. No resistance for right lower extremity, active movement to active assistive and to see types exercises attached as follows.</p> <p>Restorative Exercises - Resident #36</p> <ol style="list-style-type: none"> 1. In bed or recliner - use leg lifter to pull foot into dorsiflexion hold 20 -30 seconds. Repeat 3 times each foot. 2. Sit on edge of bed and balance - can work on reaching for cones. 5 plus minutes. 3. Sit on edge of bed, lift (L) foot forward/back, side to side & may use tape as target. Do 8-10 times (L) leg. 4. Sitting on edge of bed, (do all exercise slow and controlled) 8 - 12 times. <ol style="list-style-type: none"> a. Try to straighten left knee (place washcloth under foot to help slid on floor) b. Pull foot back c. March in place 5. Lay in bed (ok to have head up to view legs) 8 to 12 reps each Left Leg <ol style="list-style-type: none"> a. AAROM (Assisted Active Range of Motion) to AROM (Active ROM) hip /knee flexion/extension. b. AAROM to AROM - hip abduction/adduction -knee pointed at ceiling c. AAROM/AROM - straight leg raise right leg d. AAROM to AROM -hip/knee flexion/extension | F 656 | | |

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| F 656 | Continued From page 5 e. AAROM to AROM - hip abduction/adduction - knee pointed at ceiling f. AAROM/AROM -straight leg raise g. Both Ankles - PROM (Passive Range of Motion)- 3 reps During an interview on 5/25/21 at 3:21 PM with the Director of Nursing (DON) explained she would expect the pressure ulcer to be on the care plan for Resident #7 and acknowledged she understood how things got missed Resident #36 since we have done so much with her. The nurses had been down with her all the time. The DON states she could see how things would get missed on her Care Plan. | F 656 | | |
| F 658 SS=D | Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, clinical record review, and staff interviews, the facility failed to ensure staff properly primed an insulin flex pen prior to administering the dose as directed for 1 of 1 residents reviewed (Resident #10). The facility identified a census of 62 residents. Findings include: The quarterly MDS dated 5/12/21 revealed Resident #10 received insulin injections 7 out of 7 days during the look back period. | F 658 | Clearview Homes ensures that services provided meet professional standards of quality. Elements detailing how you will correct deficiency All nurses were instructed on proper use of Insulin FlexPen 05/27/2021. Insulin FlexPen policy and procedure was updated 06/04/2021. Pharmacist and Medical Director approved policy 06/11/2021. Include Measure you will take or systems you will alter to ensure that the problems do not recur. Nurses were educated on proper use of Insulin FlexPen. Policy and procedure were updated. | 06/18/2021 |

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| F 658 | <p>Continued From page 6</p> <p>Resident #10's Order Summary Report dated 5/25/21 included an order for Humalog solution inject per sliding scale according to blood sugar subcutaneously before meals and at bedtime as follows with a start date of 4/14/21:</p> <p>0-175 =0 units 176-225 = 4 units 226-275=8 units 276-325=12 units 326-375=16 units 376-425=20 units If blood sugar exceeds 425, call doctor.</p> <p>The Medication Administration Record for May 2021 revealed on 5/24/21 at 11:00 AM, the resident's blood sugar measured 230 and Staff D, RN gave 8 units of Humalog.</p> <p>The Guide to Using Your Novolog FlexPen insert directed:</p> <ol style="list-style-type: none"> Remove the cap. Pull off the pen cam and wipe the rubber stopper with and alcohol swab. Attach new needle and remove paper tab, push and twist needle on until tight. Remove both needle caps. Prime. Turn the dose selector to select 2 units. Press and hold the dose button. Make sure a drop appears. Select your dose. Turn the dose selector to select the number of units needed. Give injection: Insert needle, press and hold dose button. After dose counter reaches 0, slowly count to 6. After injection, carefully remove needle and put in sharps container. Put the pen cap back on the FlexPen. | F 658 | <p>How you plan to monitor performance to make sure that the solutions are permanent</p> <p>Director of Nursing will have all Registered and Licensed Nursing staff complete competency of procedure by 06/18/2021. Policy and Procedure will be reviewed annually and adjusted as changes are required</p> | |

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| F 658 | <p>Continued From page 7</p> <p>Observation on 5/24/21 at 11:34 AM revealed Staff D wiped the end of Resident #10's FlexPen with alcohol, placed the needle on the pen and dialed up 8 units for the sliding according to the sliding scale order. As Staff D went to inject the insulin, the surveyor stopped Staff D to prime the FlexPen before giving the dose.</p> <p>During an interview on 5/25/21 at 2:49 PM, the Director of Nursing stated she would expect the nurse to follow manufacturers instructions and prime the pen if it is required.</p> <p>In a subsequent interview on 5/26/21 at 9:05 AM, the DON reported Staff D acknowledged she did not prime the insulin pen prior to going to administer the insulin.</p> | F 658 | | |
| F 676 SS=D | <p>Activities Daily Living (ADLs)/Mntn Abilities CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii)</p> <p>§483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:</p> <p>§483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ...</p> <p>§483.24(b) Activities of daily living. The facility must provide care and services in</p> | F 676 | <p>Clearview Homes ensures that all residents are given appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living.</p> <p>Elements detailing how you will correct deficiency Resident #36's restorative program was re-evaluated at time of survey. Resident was currently seeing Physical and Occupational Therapy; and weight bearing status was adjusted related to progress of healing to leg. Restorative program was evaluated and plan for future program will be implemented.</p> | 06/16/2021 |

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| F 676 | <p>Continued From page 8</p> <p>accordance with paragraph (a) for the following activities of daily living:</p> <p>§483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care,</p> <p>§483.24(b)(2) Mobility-transfer and ambulation, including walking,</p> <p>§483.24(b)(3) Elimination-toileting,</p> <p>§483.24(b)(4) Dining-eating, including meals and snacks,</p> <p>§483.24(b)(5) Communication, including</p> <p>(i) Speech,</p> <p>(ii) Language,</p> <p>(iii) Other functional communication systems.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review, resident and staff interviews the facility failed to provide consistent restorative program to maintain, restore or improve the function ability for 1 of 1 Resident reviewed (Resident # 36) with a restorative program. The facility report a census of 62 Residents.</p> <p>Findings include:</p> <p>The quarterly MDS assessment dated 3/28/21 revealed Resident #36 displayed intact cognitive abilities. The MDS documented she required extensive assistance of 2 staff for bed mobility and dressing, total assist of 2 staff for transfers and toilet use, and limited assist of 1 staff for personal hygiene. The MDS included diagnoses of coronary artery disease, heart failure, diabetes mellitus hip fracture, femur fracture, anxiety</p> | F 676 | <p>Include Measure you will take or systems you will alter to ensure that the problems do not recur.</p> <p>Restorative program for all residents will be evaluated for appropriate and continued need by 06/16/2021. Restorative program will be reviewed when resident has need for Physical Therapy or Occupational Therapy. Review of program is done monthly by Licensed or Registered Nurse</p> <p>How you plan to monitor performance to make sure that the solutions are permanent</p> <p>Clearview Homes restorative programs was reviewed and evaluated by Key Rehab and the Director of Nursing to ensure that residents received appropriate program to maintain or improve his or her ability to carry out the activities of daily living. All programs will be updated and revised by 07/01/2021. Updates and revisions may include therapy evaluations. QAPI team will review restorative program once a month for next 3 months with completion and reevaluation completed by 10/01/2021</p> | |

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| F 676 | <p>Continued From page 9</p> <p>disorder and depression. The MDS recorded the resident had no Restorative Nursing Program (RNP) performed during seven of seven days during the assessment reference period.</p> <p>Resident #36's Care Plan dated 12/23/20 included Activity of Daily Living ADL's issues related to the bilateral femur fractures in September of 20. As of 12/23/21 the left femur is healed but still not able to put any weight on the right leg. The Resident needs to bear weight with the EZ stand (mechanical lift to help stand) before able to go home.</p> <p>The Restorative Nursing Recommendations signed by the therapist on 1/11/21 included upper extremities exercises 2 to 10 with either 2# weight or yellow Thera band seated at the edge of the bed to be done 3 to 5 times a week.</p> <p>The Restorative Nursing Recommendations signed by the therapist on 4/10/21 included goal to increase and maintain core and lower extremities strength and Range of Motion (ROM) to progress to EZ stand transfers weight bearing of right lower extremities progresses. Additional instruction complete as tolerated 3 to 6 times a week. No resistance for right lower extremity, active movement to active assistive and to see types exercises attached as follows.</p> <p>Restorative Exercises - Resident #36</p> <ol style="list-style-type: none"> 1. In bed or recliner - use leg lifter to pull foot into dorsiflexion hold 20 -30 seconds. Repeat 3 times each foot, 2. Sit on edge of bed and balance - can work on reaching for cones. 5 plus minutes. 3. Sit on edge of bed, lift (L) foot forward/back, | F 676 | | |

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| F 676 | <p>Continued From page 10</p> <p>side to side & may use tape as target. Do 8-10 times (L) leg.</p> <p>4. Sitting on edge of bed, (do all exercise slow and controlled) 8 - 12 times.</p> <p>a. Try to straighten left knee (place washcloth under foot to help slid on floor)</p> <p>b. Pull foot back</p> <p>c. March in place</p> <p>5. Lay in bed (ok to have head up to view legs) 8 to 12 reps each Left Leg</p> <p>a. AAROM (Assisted Active Range of Motion) to AROM (Active ROM) hip /knee flexion/extension.</p> <p>b. AAROM to AROM - hip abduction/adduction -knee pointed at ceiling</p> <p>c. AAROM/AROM - straight leg raise right leg</p> <p>d. AAROM to AROM -hip/knee flexion/extension</p> <p>e. AAROM to AROM - hip abduction/adduction - knee pointed at ceiling</p> <p>f. AAROM/AROM -straight leg raise</p> <p>g. Both Ankles - PROM (Passive Range of Motion)- 3 reps</p> <p>Documentation related to the resident's Restorative Programs documented a ROM Goal: Resident #36 will participate in exercises 3-6 times per week as desired.</p> <p>January 2021: week 1 = 6 times, week 2 = 6 times, week 3 = 3 times, week 4 = 3 times</p> <p>February 2021: week 1 = 3 times, week 2 = 4 times, week 3 = 5 times, week 4 = 4 times</p> <p>March 2021: week 1 = 5 days, week 2 = 3 times, week 3 = 3 times, week 4 = 5 times, week 5 = 3 times every day</p> <p>April 2021: week 1 = 1 day, week 2 = completed 1 day, offered and refused 1 day, week 3 = 2 days,</p> | F 676 | | |

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| F 676 | <p>Continued From page 11</p> <p>refused 1 day week 4 = 3 days, refused 2 days</p> <p>May 2021: week 1 = 2 days, week 2 = 4 days, week 3 = 1 day</p> <p>During an interview on 5/24/21 at 8:38 AM, Resident # 36 verified she had therapy and is on a restorative program. She added that she does not always have it when she is supposed to because the staff sometimes get "pulled" to the floor to work as a Certified Nursing Aide (CNA) and is not able to do both during her shift.</p> <p>In an interview on 5/25/21 at 1:27 PM, Staff G CNA/RA (Restorative Aide) reported she is the first person pulled to the floor when someone calls in sick and Resident #36 missed a lot of restorative treatments as a results. Staff G reported this upset the resident, but she not blame Resident #36 for getting upset she missed restorative. She added that is why they "mark" her calendar when we do restorative.</p> | F 676 | | |
| F 758 SS=D | <p>Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)</p> <p>§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p> <p>Based on a comprehensive assessment of a</p> | F 758 | <p>Clearview Homes ensures that residents are free from unnecessary Psychotropic medication and use of unnecessary PRN Psychotropic medications.</p> | 06/18/2021 |

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| F 758 | <p>Continued From page 12 resident, the facility must ensure that--</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on observations, clinical record review, and staff interviews, the facility failed to ensure staff evaluated and documented a reason to</p> | F 758 | <p>Elements detailing how you will correct deficiency Resident #62 prn psychotropic medication was to discontinued 05/26/2021. Resident #4's prn psychotropic was reviewed and updated 05/27/2021. Registered and Licensed nurses were educated regarding prn psychotropic medication and recording of prn medication administration in Medication Administration Record, Controlled Drug Receipt form and PRN Me</p> <p>Include Measure you will take or systems you will alter to ensure that the problems do not recur. PRN Order for Psychotropic and Antipsychotic Medication form was made. Policy for Drug Regimen Review was reviewed and updated. Pharmacist and Medical Director will review and approve of form and policy update by 06/18/2021. Staff was educated on need for prn psychotropic and antipsychotic prn medications guidelines and regulations.</p> | |

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| F 758 | <p>Continued From page 13</p> <p>explain the continued use of an 'as needed' (PRN) psychotropic medication beyond 14 days for 1 of 5 residents reviewed (Resident #4). The facility also failed to provide an end date for a PRN psychotropic medication for 2 of 2 residents reviewed (Residents #4 & #62). The facility reported a census of 61 residents.</p> <p>Findings include:</p> <p>1. According to the Minimum Data Set (MDS) assessment tool dated 2/20/21, Resident #4 had diagnoses that included dementia with behavioral disturbance, benign prostatic hyperplasia (BPH), diabetes; non-Alzheimer's dementia; Pick's disease, and insomnia. The MDS documented Resident #4 demonstrated moderate cognitive impairment with poor daily decision-making skills and displayed physical, verbal behavioral symptoms toward others and other behavioral symptoms not directed toward others during the MDS "lookback" period. The MDS also documented the resident as independent with bed mobility and surface-to-surface transfers but required assist of 1 staff with eating and assist of 2 staff with toilet use. The MDS revealed Resident #4 experienced both bowel and bladder incontinence and had 6 falls. The MDS also revealed the resident took an anti-psychotic medication on 5 of 7 days and an anti-anxiety medication on 7 days during the MDS "lookback" period.</p> <p>A facility document titled Physician's telephone orders audit dated 2/9/21-5/20/21 revealed:</p> <p>a. 2/9/21 order for Ativan 0.5 mg 1 by mouth every 4 hours PRN agitation x 14 days (order end date 2/23/21)</p> | F 758 | <p>How you plan to monitor performance to make sure that the solutions are permanent</p> <p>Director of Nursing, Pharmacist Consultant and QAPI team will monitor all prn psychotropic and antipsychotic orders for diagnosed specific condition, rationale for need of duration, and appropriateness of medication by 06/17/2021. Director of Nursing will perform QA Prn Psychotropic and Antipsychotic medication documentation for completeness and QA audit will be completed by 07/01/2021 medication Record on 05/27/2021</p> | |
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| F 758 | <p>Continued From page 14</p> <p>b. Lack of physician order for PRN Ativan with date 2/24/21-3/8/21</p> <p>c. 3/9/21 order for Ativan 0.5 mg x 14 days (order end date 3/23/21)</p> <p>d. Lack of physician order for PRN Ativan with date 3/24-4/5/21</p> <p>e. 4/6/21 order for PRN Ativan x14 days (order end date 4/20/21)</p> <p>f. 4/20/21 order for PRN Ativan x14 days for anxiety/restlessness/agitation (order end date 5/4/21)</p> <p>g. 4/29/21 order for continued PRN Ativan (order without an end date)</p> <p>h. 5/3/21 order for PRN Ativan x14 days (order end date 5/17/21)</p> <p>i. 5/6/21 order for PRN Ativan x 2 weeks (order end date 5/20/21)</p> <p>j. 5/20/21 order to renew Ativan (order without an end date)</p> <p>Review of the Progress Notes dated 2/23/21 -5/18/21 revealed a lack of documentation in the medical record for Resident #4 to have an extended order with rationale beyond 14 days of PRN psychotropic medication and evaluation for the appropriate use of the medication:</p> <p>a. Lack of facility evaluation of PRN effectiveness documentation of 4/20/21 order.</p> <p>b. Lack of facility evaluation of PRN effectiveness documentation of 4/29/21 order.</p> <p>c. Lack of facility evaluation of PRN effectiveness documentation of 5/3/21 order.</p> <p>d. Lack of facility evaluation of PRN effectiveness documentation of 5/6/21 order.</p> <p>On 5/25/21 at 10:10 a.m., the Director of Nursing (DON) stated there is a facility gap in their processes with physicians completing required</p> | F 758 | | |

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| F 758 | <p>Continued From page 15</p> <p>documentation with as needed (PRN) psychotropic medication evaluations when a resident has a need beyond the 14 day order.</p> <p>In a subsequent interview on 5/26/21 at 10:11 a.m., the DON explained that when a nurse administers a controlled medication, he or she is supposed to document on the Medication Administration Record, the Controlled Drug Receipt Form, and the PRN Medication Record.</p> | F 758 | | |