

 STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION Biennial Survey		Date Completed: 1/27/2025
Name of Facility: BEDSIDE MANOR Administrator: JULIANNE BENECKE LEVEL IV RESIDENTIAL CARE FACILITY Census: 8 Total Capacity: 10 License Number: RCD2197		Address 461 BELGRADE RD OAKLAND, ME 04963-4401
Summary Statement of Deficiencies	Plan of Correction	Completion Date

Bedside Manor, a Level IV Residential Care Facility, is not in compliance with 10-144, Chapter 113, Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level IV Residential Care Facilities and Infection Prevention and Control. The following requirements were not met:

7 MEDICATIONS AND TREATMENTS

7.1 Use of safe and acceptable procedures. The administrator shall ensure that all persons administering medications and treatments (except residents who self-administer) use safe and acceptable methods and procedures for ordering, receiving, storing, administering, documentation, packaging, discontinuing, returning for credit and/or destroying of medications and biologicals. All employees must practice proper hand washing and aseptic techniques. A hand-washing sink shall be available for staff administering medications. [Classes I/II/III]

7.1.1 Residents shall receive only the medications ordered by his/her duly authorized licensed practitioner in the correct dose, at the correct time, and by the correct route of administration consistent with pharmaceutical standards. [Classes I/II/III]

 Summary Statement of Deficiencies	Plan of Correction	Completion Date
--	--------------------	-----------------

This has not been met as evidenced by:

Based on record review, interview and observation, the facility failed to use safe and acceptable methods and procedures for receiving, administering, documenting and discontinuing psychotropic medication for 1 out of 2 resident records reviewed (Resident #1).

Finding:

On 1/7/2025 a review of Resident #1's medications, duly authorized licensed practitioner's orders and Medication Administration records (MARs) was completed.

Resident #1's MARs for 6/17/2024 to 1/6/2025, indicate that Resident #1 received Risperidone 0.5 mg oral tablets, take 1 tablet by mouth daily at 3pm for dementia-related agitation/aggression, and 1 tablet every 4 hours as needed for dementia related agitation/aggression. Do not take as needed dose within 1 hour of scheduled dose. Max daily dose = 1 scheduled + 3 PRN for total of 4.

The facility's most recent Risperidone order for Resident #1 was dated 2/20/2024 for Risperidone 0.25 mg oral tablets, take 1 tablet by mouth daily at 3pm for dementia-related agitation/aggression and 1 tablet every 4 hours as needed for dementia related agitation/aggression. Do not give PRN dose within 1 hour of scheduled dose. Max dose between (scheduled and PRN) in 24 hour period= scheduled 0.25mg & PRN .75mg = 1mg total.

On 1/7/2024 the facility's Manager contacted the pharmacy and received a copy of the current Risperidone order dated 4/30/2024 which stated, Risperidone 0.5mg tablet, take 1 tablet by mouth daily in the afternoon as needed for agitation/anxiety.

 Summary Statement of Deficiencies	Plan of Correction	Completion Date
--	--------------------	-----------------

Resident 1's MAR from 4/30/2024 to 6/16/2024 indicated that the facility continued to administer Risperidone .25mg oral tablets, take 1 tablet by mouth daily at 3pm for dementia-related agitation/aggression and 1 tablet every 4 hours as needed for dementia related agitation/aggression and did not increase Resident #1's Risperidone 0.5mg tablet by mouth daily in the afternoon as needed for agitation/anxiety until 6/17/2024.

The Risperidone 0.5 mg tablet order dated 4/30/2024 did not indicate that Resident #1 was to receive a daily dose of Risperidone 0.5mg tablet in the afternoon. The order also did not include the maximum dosage to be given in a twenty-four (24) hour period. The order was for 90 Risperidone 0.5mg tablets for 30 days with 3 refills. The facility did not contact the physician to clarify if the order shall be given daily.

On 1/14/2025 the surveyor confirmed this finding with the facility's Manager.

- 7.1.7** Orders for medications and treatments shall be in writing, signed and dated by a duly authorized licensed practitioner and shall be in effect for the time specified by the duly authorized licensed practitioner, but in no case to exceed twelve (12) months, unless there is a written reorder. Orders for psychotropic medications shall be reissued every three (3) months, unless otherwise indicated by the duly authorized licensed practitioner. Standing orders for individual residents are acceptable when signed and dated by the duly authorized licensed practitioner.

This has not been met as evidenced by:

 Summary Statement of Deficiencies	Plan of Correction	Completion Date
--	--------------------	-----------------

Based on record review and interview, the facility failed to show documented evidence, within three (3) months of duly authorized licensed practitioner order for a psychotropic medication administered for 1 of 2 resident records reviewed (Resident #1).

Finding:

Resident #1's MARs, for 6/17/2024 to 1/6/2025, indicate that Resident #1 received Risperidone 0.5 mg oral tablets, take 1 tablet by mouth daily at 3pm for dementia-related agitation/aggression and 1 tablet every 4 hours as needed for dementia related agitation/aggression. The facility had no evidence of a current order within three months.

The facility's Manager contacted the pharmacy and received a copy of the most recent Risperidone order dated 4/30/2024 which stated, Risperidone 0.5 tablet, take 1 tablet by mouth daily in the afternoon as needed for agitation/anxiety.

On 1/7/2025 the surveyor confirmed with the facility's Manager that there were no orders within 3 months for Resident #1's Risperidone 0.5 mg oral tablets.

This finding was confirmed again with the facility's Manager on 1/14/2025.

- 7.12.1** Individual medication/treatment administration records shall be maintained for each resident and shall include all treatments and medications ordered by the duly authorized licensed practitioner. The name of the medication, dosage, route and time to be given shall be recorded in the medication/treatment administration record. Documentation of treatments ordered and time to be done shall be maintained in the same manner. These rules apply only to

 Summary Statement of Deficiencies	Plan of Correction	Completion Date
--	--------------------	-----------------

treatments ordered by licensed health care professionals. [Class III]

This has not been met as evidenced by:

Based on record review and interview, the facility failed to ensure that a medication ordered by a duly authorized licensed practitioner was included on the Medication Administration Records and transcribed correctly (MAR) for 1 of 2 resident records reviewed (Resident #1).

Findings:

Resident #1's duly authorized licensed practitioner orders were reviewed. A signed order dated 4/30/2024 for Risperidone 0.5mg tablet, take 1 tablet by mouth daily in the afternoon as needed for agitation/anxiety was transcribed incorrectly from 4/30/2024 through 6/16/2024 as Risperidone .25mg oral tablets, take 1 tablet by mouth daily at 3pm for dementia-related agitation/aggression and 1 tablet every 4 hours as needed for dementia related agitation/aggression.

On 6/17/2024 the facility again incorrectly transcribed the signed order dated 4/30/2024 for Risperidone 0.5mg tablet from 6/17/2024 to 1/6/2025 as Risperidone .5mg oral tablets, take 1 tablet by mouth daily at 3pm for dementia-related agitation/aggression and 1 tablet every 4 hours as needed for dementia related agitation/aggression.

This finding was confirmed with the facility's Manager on 1/14/2025.