STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING ______ B. WING ______	R-C 10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD MECHANICSVILLE, VA 23111

(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
{E 000}	Initial Comments An unannounced Emergency Preparedness re-visit to the standard Emergency Preparedness survey conducted 07/14/19 through 07/16/19, and 08/05/19 through 08/07/19 was conducted 10/8/19 through 10/10/19. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities for Emergency Preparedness.	{E 000}		
{F 000}	INITIAL COMMENTS An unannounced Medicare/Medicaid revisit to the standard survey conducted 07/14/19 through 07/16/19, and 08/05/19 through 08/07/19, was conducted 10/08/19 through 10/10/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. Three complaints were investigated during the survey. The census in this 120 certified bed facility was 100 at the time of the survey. The survey sample consisted of 18 resident reviews.	{F 000}		
{F 758} SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §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	{F 758}		10/24/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 10/23/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING ______ B. WING ______	R-C 10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD MECHANICSVILLE, VA 23111

(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
{F 758}	Continued From page 1 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 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: Based on observation, resident interview, staff interview, and clinical record review, the facility staff failed to ensure a Resident was free from	{F 758}	The statements included are not an admission and do not constitute agreement with the alleged deficiencies	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING ______ B. WING ______	R-C 10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD MECHANICSVILLE, VA 23111

(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

{F 758}

Continued From page 2

unnecessary psychotropic medications for one Resident (Resident #1022) in a survey sample of 18 Residents.

The findings included:

For Resident #1022, the facility staff increase her Depakote due to mood disorder. However, review of the clinical record revealed that any behaviors the Resident had displayed had been self-limiting and no behaviors had been documented in the month prior to the increase in medications.

Resident #1022 was admitted to the facility on 10/15/18. Diagnoses for Resident #1022 included but were not limited to: Alzheimer's disease, major depressive disorder, insomnia, repeated falls, anxiety disorder and ataxic gait.

Resident #1022's most recent MDS (minimum data set) (an assessment tool) with an ARD (assessment reference date) of 6/28/19 was coded as a quarterly assessment. Resident #1022 was coded as having a BIMS (brief interview for mental status) score of 1, which indicated severely impaired cognitive skills. Resident #1022 was also coded as having required limited assistance from staff for daily ADL's (activities of daily living), to include transfers, dressing, personal hygiene and bathing.

On 10/8/19 at 4:12 PM, Resident #1022 was observed in the activity room looking at a magazine, with a staff member present. When asked how she was doing, Resident #1022 stated, "good".

{F 758}

herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center□s allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.

1. Resident #1022, resident medical record updated to include behavior documentation.
2. All residents receiving Psychotropic medications are at risk.
3. SDC or Designee will educate Licensed Nurses on appropriate treatment and documentation for those residents receiving psychotropic medication.
4.DON or Designee will audit residents that have received an increase in dosage of Psychotropic medication, to ensure appropriate behavior documentation in place justifying the increase in medication. Audit 3x a week for 2 weeks, then weekly for 2 weeks than monthly x 2 through QAPI process.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING ______ B. WING ______	R-C 10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	**8139 LEE DAVIS ROAD MECHANICSVILLE, VA 23111**

(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
{F 758}	Continued From page 3	{F 758}		

On 10/9/19 at 3:57 PM, Resident #1022 was observed in her room and smiled with interaction.

During review of Resident #1022's clinical record on 10/8/19 and 10/9/19, the record revealed in the October Physician Orders that on 9/27/19 a physician's order; which read, "Depakote tablet delayed release, give 375 mg by mouth two times a day for mood disorder". This was an increase in dosage from the previous order. Review of the physician orders for September 2019 revealed an order with an effective/start date of 5/28/19 which read, "Divalproex Sodium [Depakote] tablet delayed release 250 mg. give 250 mg by mouth two times a day related to dementia in other diseases classified elsewhere with behavioral disturbance".

Review of Resident #1022's nursing notes on 10/9/19 revealed an entry dated 9/27/19, which read, "Resident seen by [name redacted] NP [nurse practitioner] due to increased aggression and exit seeking. New order to d/c Depakote begin Depakote 325 mg po [by mouth] BID [twice a day] for mood disorder and obtain cbc [complete blood count/lab], cmp [complete metabolic panel] and vpa [valproic acid] in 1 week rp [responsible party] [name redacted]." [sic]

Further review of nursing notes for Resident #1022 for the entire month of September were reviewed and revealed no documented behaviors in the 26 days prior to the increase in psychotropic medications.

An entry in the clinical record for Resident #1022 dated 9/17/19 read, "review mood, behavior, and psychosocial functioning/needs: appropriate" which was written by the discharge planner/social

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING ______ B. WING ______	R-C 10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	**8139 LEE DAVIS ROAD MECHANICSVILLE, VA 23111**

(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
{F 758}	Continued From page 4	{F 758}		

worker.

Review of the MAR [medication administration record] for September and October were reviewed. There was an entry to monitor behaviors, which required the nursing staff to indicate each shift if the Resident displayed any behaviors. For the entire month of September there were no documented behaviors for Resident #1022 on the MAR.

Review of the progress notes revealed a note dated 9/25/19, which was written by the mental health nurse practitioner that read, "Per nursing notes/nursing staff report today patient has been exhibited [sic] increased mood destabilization with increased crying, biting and clawing at staff and increased impulsivity where she is trying to walk out of the building". Recommendations of this provider were written as, "patient with dementia and cognitive impairment. Patient having increased impulsive aggression and increased impulsivity with elopement. Patient may benefit from dose titration of valproic acid to attenuate mood dysregulation and reduce impulsivity".

Review of the current careplan for Resident #1022 revealed no evidence of any revisions or any changes in non-pharmacological interventions, in an effort to reduce any behaviors prior to medications being increased.

The careplan revealed several focus areas which read:
1. "the resident is an elopement risk/wanderer exit seeking behaviors" created on 7/30/18 with most recent revision being 7/30/18.

Interventions listed for this elopement risk focus

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING ______ B. WING ______	R-C 10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	**8139 LEE DAVIS ROAD MECHANICSVILLE, VA 23111**

(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
{F 758}	Continued From page 5	{F 758}		

area included:
"monitor location. Notify the nurse of wandering behavior and attempted diversional interventions." created 7/30/18, revision on 7/30/18
"Wander alert: wanderguard right wrist". created 7/30/18, revision on 10/2/19

2. "the resident exhibits adverse behavioral symptoms r/t [related to] crying, paranoia, aggression towards staff, trying to sit on floor". created 8/1/18, revision on 9/21/19

The interventions for this focus area read:
"administer medications as ordered. Monitor/document for side effects and effectiveness." created 10/17/18
"Minimize potential for the resident's disruptive behaviors" created 10/17/18
"redirect resident as needed" created 7/15/19
"wanderguard" created 10/17/18

3. "The resident has depression/mood sxs [symptoms] r/t [related to] feelings of abandonment from family". created 10/11/18, revision on 9/22/19

The interventions for this focus area read:
"Administer medications as ordered". created 10/11/18
"encourage the resident to express feelings" created 9/22/19, revision on 9/22/19
"Monitor/document/report PRN [as needed] any s/sx [signs and symptoms] of depression, included: hopelessness, anxiety, sadness, insomnia, anorexia, verbalizing, negative statements, repetitive anxious or health-related complaints, tearfulness" created on 10/11/18
"Psych consult as needed" created on 9/22/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING ______ B. WING ______	R-C 10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD MECHANICSVILLE, VA 23111

(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
{F 758}	Continued From page 6 On 10/9/19 at approximately 10:40 AM, the Director of Nursing provided a document that she indicated was CNA documentation of behaviors. From 9/10/19-9/26/19 the report indicated Resident #1022 had one instance of frequent crying, one instance of yelling/screaming and 2 instances of wandering. On 10/9/19 at 4:02 PM, an interview was conducted with CNA A. CNA A was asked about Resident #1022's mood and behaviors, CNA A stated, "she is very sweet, speaks no English and walks a little bit". On 10/9/19 at 4:06 PM, an interview was conducted with LPN B. LPN B was asked to describe Resident #1022, LPN B stated, "she is confused, able to follow commands at times, she can ambulate independently and feed herself". LPN B was asked about any behaviors Resident #1022 displays, LPN B stated, "at times she has a moment when she doesn't want to be bothered, we come back later and are usually successful with that". LPN B was asked why Resident #1022 takes Depakote, LPN B stated, "I think she is taking it for behaviors". On 10/9/19 at 4:11 PM, an interview was conducted with LPN A. LPN A was asked to describe Resident #1022, LPN A stated, "she is demented, someday's she will fight with the staff. She understands English but talks in Spanish, she wanders around. The other day, yesterday she went up front and staff had to redirect her". LPN A was asked if Resident #1022 ever displays behaviors towards other Residents, LPN A stated, "No, it's mostly with us". LPN A was asked about the frequency of Resident #1022's behaviors,	{F 758}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING ______ B. WING ______	R-C 10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD MECHANICSVILLE, VA 23111

(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
{F 758}	Continued From page 7	{F 758}		

LPN A stated, "it depends on her mood, it's mostly when she wants to do something and we keep her from going out is when she gets combative with us". LPN A was asked why Resident #1022 takes Depakote, LPN A looked on the computer and stated, "it says for mood disorder".

On 10/9/19 at 4:12 PM, an interview was conducted with the facility Administrator (Employee A), the Director of Nursing (Employee B) and the Regional Nurse Consultant (Employee C). They were notified of the concern of Resident #1022 having an unnecessary increase in psychotropic medications. When asked why Resident #1022 had a recent increase in anti-psychotic medications, Employee A stated "she has been more agitated". The surveyor explained that review of the clinical record for Resident #1022 revealed that any behaviors the Resident had displayed had been self-limiting and no behaviors had been documented in the month prior to the increase in medications. Employee B then stated, "she has been wandering". When asked if these medications are used for wandering, Employee B stated, "when we talk of wandering, she becomes so visibly upset and tearful and has aggressive behaviors when exit seeking". The facility was asked to provide any documentation regarding behaviors being actively displayed at the time of and prior to Resident #1022's increase in medications.

According to the 21st Edition Nursing Drug Handbook, pages 422-423 discusses the use of Depakote. This reference indicated Depakote is a central nervous system drug. Adverse reactions are noted as "sedation, emotional upset, depression, psychosis, aggressiveness,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING ______ B. WING ______	R-C 10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD MECHANICSVILLE, VA 23111

(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
{F 758}	Continued From page 8 hyperactivity, behavioral deterioration, muscle weakness, tremor, ataxia, headache, dizziness, and incoordination". On 10/9/19 at 4:26 PM, the Director of Nursing stated, "what I have given you is what I have". On 10/9/19 during an end of day meeting the facility Administrator and Director of Nursing were made aware of the concern of unnecessary psychotropic medication use in Resident #1022. No further information was provided.	{F 758}		