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

PRINTED: 01/17/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495325	A. BUILDING _____ B. WING _____	C 01/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHEASANT RIDGE NURSING & REHAB CENTER	4355 PHEASANT RIDGE ROAD, SW ROANOKE, VA 24014

(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 000	INITIAL COMMENTS	F 000		

An unannounced Medicare/Medicaid Abbreviated survey was conducted on 1/11/17. One (1) Complaint was investigated. Corrections are required for compliance with 42 CFR Part 483 Requirements for Long Term Care Facilities.

The census in this 101 certified bed facility was 81 at the time of the survey. The survey sample consisted of one (1) current Resident review (Resident #1) and one (1) closed Resident record review (Resident #2).

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F 329 SS=E 483.45(d) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS

(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 paragraphs (d)(1) through (5) of this section.
This REQUIREMENT is not met as evidenced by:
Based on staff interview and clinical record

F 329 F 329 D

1. For Resident #1, the current behavior monitoring flow sheet was reviewed and updated by the DCS/Designee on or before 2/1/2017 as compared to the remaining documentation in the medical record. For Resident #1, the information was transcribed to the behavior monitoring flow sheet from the medical record by the DCS/Designee on or before 2/1/2017. For Resident #1, a medication review has been completed by the physician on or before 2/1/2017.
2. The DCS/Designee conducted a review of the current behavior monitoring flow sheets on or before 2/1/2017 for residents with current orders for psychotropic medications to ensure that residents with orders for psychotropic

LABCRATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mason Jayne | TITLE: Executive Director | (X6) DATE: 1-23-17

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.

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F 329	Continued From page 1 review, it was determined that the facility staff failed to ensure that 1 of 2 Residents in the sample survey was free from unnecessary medications, Resident #1. The Findings Included: For Resident #1 the facility staff failed to monitor for antipsychotic drug use (Seroquel), failed to monitor for antidepressant drug use (Trazodone and Effexor), and failed to monitor for benzodiazepine drug (Klonopin) use. Resident #1 was a 78 year old female who was admitted on 3/18/16. Admitting diagnoses included, but were not limited to: cerebral infarction due to thrombosis, Alzheimer's, dysphagia, chronic kidney disease stage 3, hypertension, depression and pseudobulbar affect. The most current Minimum Data Set (MDS) located in the clinical record was a Quarterly MDS assessment with an Assessment Reference Date (ARD) of 10/27/16. The facility staff coded that Resident #1 had a Cognitive Summary Score of 4 indicating severe cognitive impairment. The facility staff also coded that Resident #1 required extensive assistance (3/3) with Activities of Daily Living (ADL's). On January 11, 2017 at 11:15 a.m. the surveyor reviewed Resident #1's clinical record. Review of the clinical record produced signed physician orders dated 1/2/17. Signed physician orders included, but were not limited to: "Clonazepam 0.5mg (milligrams) Tablet for> Klonopin take ½ tab (tablet) (0.25mg) by mouth every morning. Venlafaxine HCl ER (extended release) 37.5 mg cap (capsule) SR (suspended release) 24H (24 hours) for > Effexor XR take 1 cap by mouth every morning for depression/anxiety. Trazodone HCl 50mg tablet for Trazodone HCl take ¼ tablet (12.5mg) by mouth three times a day for	F 329	medications are being monitored for effectiveness, side effects, interventions, and specific behaviors. 3. Education has been provided to the Licensed Nurses by the DCS/Designee on or before 2/1/2017 regarding documentation for monitoring and documenting psychotropic drug utilization. This education includes documentation on the behavior monitoring flow sheet by the Licensed Nurse to include documentation of monitoring for effectiveness, side effects, interventions, and specific behaviors. The DCS/Designee will conduct a review of behavior monitoring flow sheets for (five) residents weekly for twelve weeks to ensure that documentation on the flow sheet is completed and includes monitoring for effectiveness, side effects, interventions, and specific resident behaviors to support psychotropic medication utilization. 4. Results of the reviews will be discussed at the Quality Assurance Performance Improvement (QAPI) Committee Meeting by the ED/DCS/Designee monthly for (three) months. Revisions to the plan will be recommended by the committee as indicated to sustain substantial	

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F 329	Continued From page 2 depression. Seroquel 6.25 mg po (by mouth) qhs (every evening at bedtime). Trazodone HCl 50mg tablet for >Trazodone HCL take ½ tab (25mg) by mouth at bedtime for depression." (sic) Continued review of the clinical record produced the October 2016, November 2016, December 2016 and January 2017 Medication Administration Records (MAR's). The MARs documented that Resident #1 received the Trazodone, Effexor, Seroquel and Klonopin during October 2016, November 2016, December 2016 and January 2017. The surveyor was unable to locate monitoring for the psychotropic drug use for October 2016, November 2016, December 2016 and January 2017 to include specific behaviors, interventions, side effects and effectiveness. On January 11, 2017, at 1:50 p.m. the surveyor notified the Director of Nursing (DON) and the Regional Nurse (RN) that Resident #1 was receiving psychotropic drugs and that behavior monitoring could not be located in the clinical record. The surveyor informed the DON and RN that when residents received psychotropic drugs the facility staff had to monitor for specific behaviors, effectiveness, interventions and side effects. On January 11, 2017 at 4:15 p.m. the surveyor met with the Administrator (Adm), DON, Assistant Director of Nursing (ADON) and RN. The surveyor notified the Administrative Team (AT) that Resident #1 was receiving psychotropic medications. The surveyor notified the AT that the facility staff were not monitoring Resident #1 for specific behaviors, interventions side effects or effectiveness. No additional information was provided as to why the facility staff failed to ensure that Resident #1 was free from unnecessary medications.	F 329	compliance. Once the QAPI Committee determines that the problem no longer exists, reviews will be completed on a random basis. 5. 2/1/2017	

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