PRINTED: 01/28/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495260	B. WING		02/	15/2017	
	ROVIDER OR SUPPLIER	ILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 200 HIOAKS ROAD RICHMOND, VA 23225			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS		F 00	00			
F 329 SS=E	was conducted 2/14// Corrections are requifollowing Federal Lonand Virginia Rules and Licensure of Nursing Code survey/report where the consisted of 12 currer (Resident #1 through DRUG REGIMEN IS UNNECESSARY DRUCFR(s): 483.45(d) (e): 483.45(d) Unnecessate Each resident's drug unnecessary drugs. If the consisted of 12 currer (Resident #1 through DRUG REGIMEN IS UNNECESSARY DRUCFR(s): 483.45(d) (e): 483.45(d) Unnecessate Each resident's drug unnecessary drugs. If the consisted of	red for compliance with the g Term Care requirements d Regulations for the Facilities. The Life Safety rill follow. 0 certified bed facility was survey. The survey sample nt resident reviews Resident #12). FREE FROM UGS (1)-(2) ary Drugs-General. regimen must be free from An unnecessary drug is any (including duplicate drug	F 32	29		2/28/17	
ABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE		(X6) DATE	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

02/24/2017 **Electronically Signed**

Facility ID: VA0025

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		I DENTIFICATION NUMBED:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		495260	B. WING			02/15/2017	
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F 329	Continued From page 483.45(e) Psychotro Based on a compreh resident, the facility resident, the facility resident, the facility resident, the facility resident who had drugs are not given the medication is necess condition as diagnostical record; (2) Residents who us gradual dose reduction interventions, unless an effort to disconting This REQUIREMENT by: Based on staff interventies it was determined to ensure that sample survey was formedications, Reside #9, Resident #11, Resident #11	e 1 pic Drugs. pensive assessment of a must ensure that ave not used psychotropic hese drugs unless the early to treat a specific ed and documented in the ese psychotropic drugs receive ons, and behavioral clinically contraindicated, in ue these drugs; T is not met as evidenced view and clinical record ined that the facility staff 6 of 12 Residents in the ree from unnecessary and #7, Resident #8, Resident esident #1 and Resident #4.	F 32	DEFICIENCY)	plan of on and do the alleged n in federal ken or will is Plan of llowing plan gation of encies have		
	behaviors, interventice effectiveness. Resident #7 was a 9 originally admitted or 8/16/16. Admitting d	O year old female who was n 2/11/16 and readmitted on liagnoses included, but were ension, major depression,		1. Medications and behavior documentation for residents 7 and 4 have been reviewed and monitoring ordered for every 1 residents on psychoactives won 2/14/17, and behavior mororders changed to every shift reviewed 100% psychoactive orders to ensure medications	7,8,9,11,1, and behavior shift. All ere reviewed nitoring . MD has medication		

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F 329	assessment located Quarterly MDS asses Reference Date (AF staff coded that Res Summary Score of that Resident #7 red to extensive assistad Daily Living (ADL's) the facility staff code days on an antideprantianxiety medication on February 15, 20 reviewed Resident at the clinical record porders dated 1/18/1 included, but were redited to A UNSPECIFIED (F4-DISORDER, RECU (F33.9)." (sic) Continued review of the January and Feddinistration Record January and Feddinistration Record January and Feddinistration Record January 2017 MAF "ANTIDEPRESSAN MEDICATION-MON SEDATION/DROWS TREMORS, FAST/S	inimum Data Set (MDS) in the clinical record was a assment with an Assessment and of 11/14/16. The facility aident #7 had a Cognitive 12. The facility staff coded quired set up assistance (1/1) ance (3/2) with Activities of In Section N. medications and tat Resident #7 received 7 assant and 7 days on an anon. 17 at 9:30 a.m. the surveyor at's clinical record. Review of another record produced signed physician by Signed physician orders and limited to: "CeleXA Tablet another Tablet by Give 20 mg by mouth another pression. Remeron Tablet comide) Give 20 mg by mouth another pression. Remeron Tablet by Give 1 tablet by mouth at another pression. Remeron Tablet comide) Give 20 mg by mouth another pression. Remeron Tablet by Give 1 tablet by mouth at another pression. Review of the another produced by the company and the pression of the pr	F3	necessary for optimal treate 2. All Residents using ps medications are at risk. 3. SDC or designee will peducation to nursing staff of monitoring and documentar behaviors. 4. UM or designee will at weekly x 4 weeks then mor months to ensure necessity medications and correct do of behaviors. Above proc reviewed monthly x 3 mont 5. Date of Compliance 2/	provide provide on behavior ation of udit 5 residents on the same of the same		

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F 329	(blood pressure), HAWEAKNESS, CONSURINATION, BLURF PHOTOSENSITIVIT DIZZINESS. Docum none if the above wa "Other/See Nurses of findings as needed." BEHAVIORS-MONIFOLLOWING: HALL "Y" if monitored and "N" if monitored and observed, select chandes" and progress PRN (as needed)" (there was no docum February 2017 MAR effects, effectiveness related to the antide and Remeron, for Reference in the antidepressant of Remeron, to include effectiveness and sp. #7. Continued review of the Comprehensive the CCP identified the and Interventions." depression r/t (relateresident will remain symptoms) of distressions) of distressions of the comprehensive the CCP identified the resident will remain symptoms) of distressions of	AT GAIN, ABNORMAL B/P ALLUCINATIONS, SEVERE ATIPATION, DIFFICULT RED VISION, CONFUSION, Y, SLURRED SPEECH, ent: "Y" if monitored and served. "N" if monitored and served. "N" if monitored and sobserved, select chart code Notes" and progress note PRN (as needed)" TOR FOR THE UCINATIONS. Document: none if the above observed. any of the above was art code "Other/See Nurses in note findings as needed. sic) The surveyor noted that entation on the January and 's of the interventions, side is and specific behaviors pressant drug use, Celexa esident #7. e clinical record produced the otes." Review of the nursing ot reveal any monitoring of	F 32				

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F 329	needed) any risk for Monitor/document/re depression, including sadness, insomnia, statements, repetitive complaints, tearfulned MD prn risk for harm labile mood or agitat others or thoughts of possession of weapoused as weapons." (On February 15, 201 notified the Director of Resident #7 was received Celexa and Remeror of depression, interveffectiveness for the could not be located DON stated that the Resident #7 and only behaviors. The survest the facility staff also interventions, side end the antidepressants, see the documentation of the specific behave effects and effectiveness and effectiveness and effectiveness and effectiveness and effectiveness and effectiveness and effectivenessident #7 did not a documented on the I the DON that if no do then the facility could monitoring was doned DON that if it's not do prove that it was doned know."	harm to self. port PRN and s/s of g: hopelessness, anxiety, verbalizing, negative e anxious or health-related ess. Monitor/record/report to ing others: increased anger, ion, feels threatened by i harming someone, ons or objects that could be sic) 7 at 10:30 a.m. the surveyor of Nursing (DON) that eiving two antidepressants, n, and that specific behaviors entions, side effects or use of the antidepressants in the clinical record. The facility staff were monitoring of charted if Resident #7 had eyor notified the DON that needed to document effects and effectiveness of The surveyor requested to on regarding the monitoring iors, interventions, side ness. The DON stated that have any behaviors MAR's. The surveyor notified ocumentation was available	F3	329		

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F 329	MDS Nurse and the Coordinator. The si Administrative Team receiving two antide Remeron. The surviverse of the clinical documentation for metal behaviors, intervent effectiveness for the No additional inform the facility staff faile antidepressant drug. 2. For Resident #8 monitor for the use Celexa, Remeron a interventions, side of Resident #8 was a admitted on 12/14/1 included, but were infracture of the tibial osteoporosis, hyper The most current Massessment located 30 Day Medicare Massessment Refere The facility staff coordinates (3/3) to total nursing Daily Living (ADL's) the facility staff coordinates of an antidepress of the staff coordinates of the facility staff coordinates (3/3) to total nursing Daily Living (ADL's) the facility staff coordinates of an antidepress of the staff coordinates of the facility staff coordinates of the facili	dministrator (Adm), DON, Staff Development urveyor notified the n (AT) that Resident #7 was pressants, Celexa and eyor notified the AT that I record failed to produce nonitoring for specific ions, side effects and e antidepressant drug use. Interest and effective and to monitor Resident #7 for use. Interest and effectiveness. Interest and effectiveness. Interest and effectiveness Interest and	F3	229		

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F 329	reviewed Resident # the clinical record pro orders dated 1/16/17 included, but were not Hydrobromide (Celex tablet by mouth one of DEPRESSIVE DISO UNSPECIFIED (F33 Tablet 15 MG Give 1 related to MAJOR DI RECURRENT, UNSI TraZODone HCI Tab mouth at bedtime for mouth) daily." (sic) Continue review of the Hydrobromide (Sic) C	B's clinical record. Review of oduced signed physician orders of limited to: "Citalopram ka) Tablet 40 MG Give 1 time a day related to MAJOR RDER, RECURRENT, 1.9), Mirtazapine (Remeron) tablet by mouth at bedtime EPRESSIVE DISORDER, PECIFIED (F33.9), let 50 MG Give 1 tablet by insomnia 1 pill PO (by insomnia 1 pill PO (F 329		

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F 329	Resident #8. Further review of the nursing "Progress N progress notes did not the antidepressant of and Trazodone, to in effects and effective. Continued review of the Comprehensive the CCP identified the and Interventions." "psychotropic medicate depression. Goal Thof, gait disturbance, cognitive/behavioral ANTIDEPRESSANT FOR SEDATION/DETREMORS, FAST/SHEARTBEAT, AGIT/EXCESSIVE WEIGH (blood pressure), HAWEAKNESS, CONSURINATION, BLURF CONFUSION/DELIFRASH/PHOTOSENS NERVOUSNESS/REside effects and effects a	con and Trazodone for e clinical record produced the otes." Review of the nursing of treveal any monitoring of larguse, Celexa, Remeron include interventions, side mess for Resident #8. the clinical record produced Care Plan (CCP). Review of the following "Focus, Goals Focus The resident uses stions r/t (related to) the resident will be/remain free constipation/impaction or impairment. Interventions- MEDICATION-MONITOR ROWSINESS, MUSCLE LOW/IRREGULAR ATION, HEADACHE, HT GAIN, ABNORMAL B/P ALLUCINATIONS, SEVERE STIPATION, DIFFICULT RED VISION, RIUM, SKIN SITIVITY, ESTLESSNESS. Monitor for	F3	29		

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F 329	surveyor notified to also needed to do effects and effecti. The surveyor requiregarding the more effects and effecti. Resident #8 did in documented on the DON that if not then the facility comonitoring was do DON that if it's not then the facility comonitoring was do DON that if it's not the DON shook in the Bould in the facility staff fair antidepressant didepressant didepressant, in the DON shook in the facility staff fair antidepressant, in the DON shook in the facility staff fair antidepressant, in the DON shook in the facility staff fair antidepressant, in the DON shook in	the DON that the facility staff incument interventions, side eveness of the antidepressants. We sted to see the documentation intoring of the interventions, side eveness. The DON stated that not have any behaviors are MAR's. The surveyor notified of documentation was available ould not validate that the one. The surveyor informed the transport of the documented it wasn't done. Her head up and down. 2017 at 2:30 p.m. the surveyor Administrator (Adm), DON, and Staff Development surveyor notified the fam (AT) that Resident #8 was attidepressants, Celexa, zodone. The surveyor notified to that of the clinical record failed to that of the clinical record failed to that of the monitoring for the effects and effectiveness for the drug use.	F	329			

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F 329	from a psychiatric in hospital. Resident a were not limited to: disease, Schizophro depression and live The most current M assessment located Quarterly MDS asse Reference Date (AF staff coded that Res Summary Score of coded that Residen assistance (1/1) to a Activities of Daily Li Medications the face #9 received 4 days and 4 days of an an On February 14, 20 reviewed Resident at the clinical record p orders dated 11/1/1 included, but were rablet (Zyprexa) Tamouth at bedtime re UNSPECIFIED (F2MG Give 0.5 tablet to MAJOR DEPRESEPISODE, UNSPECIFIED Continue review of the January and Fe Administration Records.	b's most recent admission was apatient stay at a local #9's diagnoses included, but chronic obstructive pulmonary enia, hypothyroidism, major r disease. Inimum Data Set (MDS) I in the clinical record was a essment with an Assessment RD) of 1/13/17. The facility sident #9 had a Cognitive 15. The facility staff also	F 3.	29		
	Trazodone as order	Iministering the Zyprexa and ed by the physician. fthe January and February				

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F 329	MEDICATION-MC CONSTIPATION, DISORIENTATION, DISORIENTATION DARK URINE, YE (nausea/vomiting) EPS SYMPTOMS GAIT, INVOLUNT OR TONGUE), AE PHOTOSENSITIV GAIN. Document the above observe the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above was observed to pisor per not observed the above wa	read: C/ANTIDEPRESSANT NITOR FOR DRY MOUTH, BLURRED VISION, N, DIFFICULTY URINATING, LLOW SKIN, N/V , LETHARGY, DROOLING, (TREMORS, DISTURBED ARY MOVEMENT OF MOUTH BNORMAL BP (blood pressure), TY, HEADACHE, WEIGHT T''' if monitored and none if red. "N" if monitored and any of reved, select chart code related to SCHIZOPHRENIA, 20.9); MAJOR DEPRESSIVE GLE EPISODE, UNSPECIFIED reeded). NITOR FOR THE resident resistive to care at times, and off, refusing to go to rents, non compliant with signing resy, non compliant with wearing resy, keeping urinal on bed side ressments/care, manually resing amount of liters on 02 recentrator. Document: "Y" if re if the above was observed, "Other/See Nurses Notes" and ings as needed related to	F	329			

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F 329	interventions, side et related to the psychological antidepressant, Traz #9." (sic) Further review of the nursing "Progress Notes did not the psychotropic, Zydrug use, Trazodone behaviors, interventive effectiveness for Resident is resistive oxygen on and off, reappointments, non coof facility, non compleyeglasses, keeping refusing assessment increasing/decreasing and concentrator, refusional for the psychotropic drug removement disorder, disturbance, constipations and the psychotropic drug removement disorder, disturbance, constipations." (sic)	res of the specific behaviors, fects and effectiveness stropic, Zyprexa, and odone, drug use for Resident clinical record produced the otes." Review of the nursing of reveal any monitoring of orexa, and antidepressant et, to include specific ons, side effects and sident #9. The clinical record produced Care Plan (CCP). Review of the following "Focus, Goals Focus Mood and Behaviors ic drug use. The resident to care at times, taking effusing to go to doctors ompliant to signing in and out it ince with wearing bifocal urinal on bed side table, as/care, manually g amount of liters on O2 tank fuses to have armband on o) schizophrenia, anxiety and resident will be/remain free of lated complications, including discomfort, hypotension, gait	F3	329		

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F 329	stay at a local hospit. DON that Resident # psychotropic, Zyprex Trazodone, and that interventions, side ef use of the psychotropic not be located in the stated that the facility Resident #9 and only behaviors. The surve Resident #9 had just psychiatric inpatient made in his medicati the DON that monito to include specific be effects and effectiver Resident #9 did not he documented on the Noumented on the Noumented on the Noumented in the facility could monitoring was done DON that if it's not do then the facility could monitoring was done DON that if it's not do the DON did not resistatement. On February 15, 201 team met with the Ac MDS Nurse and the Ac MDS Nurse and the Ac Coordinator. The su Administrative Team receiving a psychotro antidepressant, Traz the AT that review of	cent psychiatric inpatient al. The surveyor notified the 9 was receiving a a, and an antidepressant, specific behaviors, fects or effectiveness for the bic and antidepressant could clinical record. The DON or staff were monitoring or charted if Resident #9 had eyor notified the DON that been readmitted from a stay and that changes were ons. The surveyor notified ring should have been done shaviors, interventions, side ness. The DON stated that have any behaviors MAR's. The surveyor notified ocumentation was available al not validate that the and the surveyor informed the ocumented it wasn't done. pond to the surveyor 7 at 2:30 p.m. the survey alministrator (Adm), DON, Staff Development record failed to cons, side effects and psychotropic and	F	329			

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F 329	Continued From pa	ge 13	F 3	29		
	No additional inform the facility staff faile psychotropic and an	nation was provided as to why d to monitor Resident #9 for ntidepressant drug use.				
	monitor for antidepr Trazodone, drug us	1 he facility staff failed to essant, Cymbalta and e to include specific ions, side effects and				
	admitted on 8/5/16. included, but were in mellitus, asthma, ost anxiety, cerebrovas	69 year old female who was Admitting diagnoses not limited to: diabetes steoarthritis, depression, cular accident, congestive ronic kidney disease.				
	assessments locate Quarterly MDS assi Reference Date (AF staff coded that Res Summary Score of coded that Residen assistance (3/2) wit (ADL's). In Section	inimum Data Set (MDS) and in the clinical record was a ressment with an Assessment RD) of 1/30/17. The facility resident #11 had a Cognitive 15. The facility staff also at #11 required extensive and hActivities of Daily Living by M. Medications the facility begin in the control of the contr				
	reviewed Resident of the clinical record orders dated 12/8/1 were not limited to: Release Particles 6 1 capsule by mouth MAJOR DEPRESS RECURRENT, UNS	•				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495260	B. WING		02/15/2017
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F 329	the January and Feb Administration Reco January and Februar that the facility staff Cymbalta and Trazo physician. Further refebruary 2017 MAR "ANTIDEPRESSAN" FOR SEDATION/DETREMORS, FAST/SHEARTBEAT, AGIT/EXCESSIVE WEIGH (blood pressure), HAWEAKNESS, CONSURINATION, BLURF CONFUSION/DELIFRASH/PHOTOSENS SPEECH, NERVOU Document: "Y" if moobserved. "N" if morwas observed, select Nurses Notes" and pneeded. PRN (as new "BEHAVIORS-MONIFOLLOWING: ITCH RESTLESSNESS (AINCREASE IN COMSPITTING, CUSSIN ELOPEMENT, STEAHALLUCINATIONS,	atted to INSOMNIA, 7.00)." (sic) the clinical record produced oruary 2017 Medication rds (MAR's). Review of the ry 2017 MAR's documented were administering the done as ordered by the eview of the January and 's documented the following: T/MEDICATION-MONITOR ROWSINESS, MUSCLE LOW/IRREGULAR ATION, HEADACHE, HT GAIN, ABNORMAL B/PALLUCINATIONS, SEVERE ETIPATION, DIFFICULT RED VISION, RIUM, SKIN SITIVITY, SLURRED SNESS/RESTLESSNESS. Initored and none if the above of the today of the above of the today of the corogress note findings as needed). TOR FOR THE ING, PICKING AT SKIN, AGITATION), HITTING, PLAINTS, BITING, KICKING, G, RACIAL SLURS, ALING, DELUSIONS, PSYCHOSIS, AGRESSION,	F 329		
	and none if the above and any of the above code "Other/See Nu	Document: "Y" if monitored te observed. "N" if monitored te was observed, select chart trses Notes" and progress the DRN (as needed) " (sic)			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		TE SURVEY MPLETED
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F 329	Continued From page The surveyor noted documentation on the 2017 MAR's of the sinterventions, side e related to the antide and Trazodone for Further review of the nursing "Progress N progress notes did not the antidepressant of Trazodone, to include interventions, side e Resident #11. Continued review of the Comprehensive the CCP identified the and Interventions." "to monitor: resistive appts (appointments in room (hoarding), restlessness, at time to environment. Gowith care through ne behaviors requiring pevidence by increase hoarding, depression appointments (cardie	that there was no e January and February pecific behaviors, ffects and effectiveness pressant drug use, Cymbalta desident #11. e clinical record produced the potes." Review of the nursing ot reveal any monitoring of rug use, Cymbalta and e specific behaviors, ffects and effectiveness for the clinical record produced Care Plan (CCP). Review of the following "Focus, Goals Focus Mood and Behaviors to care, refusing to go to MD), refuses to put items away efuses medications, as r/t (related to) adjustment al The resident will cooperate ext review. Focus Mood and psychoactive drug use as ed complaints, crying, h, refusing to go to plogy and neurology) and	F 3	DEFICIENCY		
	needed). Goals The of psychotropic drug including movement hypotension, gait dis constipation/impactic impairment through Monitor for behavior	on or cognitive/behavioral review date. Interventions s and document , increase in complaints,				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		ATE SURVEY OMPLETED
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F 329	(blood pressure), HAWEAKNESS, CONSURINATION, BLURF CONFUSION/DELIF RASH/PHOTOSENS SPEECH, NERVOU (sic) On February 15, 201 notified the Director Resident #11 was re Cymbalta and Trazo behaviors, interventi effectiveness for the antidepressant could record. The DON stamonitoring Resident Resident #11 had be notified the DON that been done to include interventions, side e DON stated that Resident was accould not validate the documentation was accould not validate the The surveyor informed documented it was not respond to the surveyor notified the documented it was not respond to the surveyor notified the documented it was not respond to the surveyor notified the documented it was not respond to the surveyor notified. The surveyor information was accould not validate the The surveyor information to the surveyor notified the documented it was not respond to the surveyor notified. The surveyor notified the documented it was not not respond to the surveyor notified the documented it was not	SINESS, MUSCLE LOW/IRREGULAR ATION, HEADACHE, HT GAIN, ABNORMAL B/P ALLUCINATIONS, SEVERE STIPATION, DIFFICULT RED VISION, RIUM, SKIN SITIVITY, SLURRED SNESS/RESTLESSNESS." 17 at 11:30 a.m. the surveyor of Nursing (DON) that receiving antidepressants, done, and that specific ons, side effects or ruse of the psychotropic and definition to be located in the clinical ated that the facility staff were #11 and only charted if shaviors The surveyor at monitoring should have be specific behaviors, ffects and effectiveness. The sident #11 did not have any ed on the MAR's. The DON that if no available then the facility at the monitoring was done. ed the DON that if it's not at done. The DON did not everyor statement. 17 at 2:30 p.m. the survey dministrator (Adm), DON, Staff Development	F3	329		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION B	COMPLETED
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F 329	receiving two antide Trazodone. The sureview of the clinical documentation for the behaviors, intervene effectiveness for the antidepressant drug. No additional informatide facility staff faile antidepressant drug. 5. For Resident #1 adequate monitoring antipsychotic medical Resident #1 was as 8/12/09 with diagnorm ellitus, hypertens depression, hemiple the annual minimurassessment references ident scored 14/mental status and symptoms of delirius affecting others. During clinical recomplysician orders for Saphris Tablet Subsublingually two times and the subsublingually two tim	epressants, Cymbalta and rveyor notified the AT that all record failed to produce monitoring for specific tions, side effects and e psychotropic and g use. mation was provided as to why ed to monitor Resident #11 for g use. , facility staff failed to ensure ag of administration of cations Saphris and Depakote. dmitted to the facility on poses including diabetes ion, schizophrenia, major egia, and morbid obesity. On m data set assessment with note date 12/9/2016, the 115 on the brief interview for was assessed to be without um, psychosis, or behaviors and review, the surveyor noted of antipsychotic medications lingual 10 mg give 1 tablet ness a day related to d 10/26/2015 and Depakote ase 250 mg give 1 tablet by day related to schizophrenia. The medication administration	F 32		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTF	RUCTION		E SURVEY PLETED
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F 329	following: restlessneincrease in complair hallucinations, psycle care, sexual ideation discontinued 1/18/1 behaviors were door through 2/14/2017. wording, but with freinstead of every shift 1/18/2017. No behadocumented on the Nurse's notes Deceido not document incexhibiting behaviors monitoring list. The 21:33 "30 Day Revied disoriented, to time for no reason. Fed in time. Inc. of bowel a medications change surveyor was unable hollering incidents of address them. The plan of care documented to address behaviors, and the behavior sheets. The psychiatric progedocumented that nutindicated the resided psychosis without in or acting on delusion to the physician by sithe nurse's notes or The surveyors intervals.	ess (agitation), hitting, hts, cursing, delusions, hosis, aggression, refusing noise, and refusion	F	329			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495260	B. WING		02/15/2017
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F 329	stated that the facil documentation of b for residents who we psychotropic mediciblanks under behavious had been continuous would be a mark in and an associated observed that the 1 and the 1/25/17 psynotes both indicate observed resident be documented on the The concerns were administrator and couring the summar. 6. For Resident # adequate monitoring antipsychotic medicibrate quarterly minimal (MDS) dated 12/30 8/15 on the brief in was assessed as we psychosis, or behavious production mouth one time a condition of the mouth one time a condition of the efficient of the mouth one time a condition of the efficient of the mouth one time a condition of the efficient of the mouth one time a condition of the efficient of the mouth one time a condition of the efficient of the mouth one time a condition of the efficient of the mouth one time a condition of the efficient of the mouth one time a condition of the efficient of the mouth one time and the efficient of the mouth one time a condition of the efficient of the mouth one time and the efficient of the	ity had changed behaviors to PRN in January vere stable long-term on their cations. She stated that all vior monitoring indicated there us monitoring and that there the day's space on the MAR nurse's note. The surveyor 1/9/17 nursing 30 day summary ychiatric physician progress d that nurse's reported behaviors which were not e MAR or nurse's notes. discussed with the director of nursing on 2/16/17 y meeting. 44, facility staff failed to ensure ng of administration of cation Olanzipine. dmitted to the facility on gnoses including bipolar al depression, hypertension.On num data set assessment 1/2016, the resident scored terview fro mental status and vithout symptoms of delirium, viors affecting others. and review the clinical record on ed a physician order dated nzipine 2.5 mg give 1 tablet by day related to bipolar disorder. ring for antipsychotic	F 329		

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE	SURVEY
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F 514	multiple cups, candle inappropriate behavic anxiety, false complated 9/14/2016 and side effects or behav December 1 through the same wording, but needed) instead of extart date 1/18/2017. effects were docume 1/18/2017. The surveyors intervinursing(DON) about symptom monitoring stated that the facility documentation of befor residents who were psychotropic medical blanks under behavior had been continuous would be a mark in the and an associated nutring the summary in RES RECORDS-COMPLE LE CFR(s): 483.70(i)(1)(i) Medical records. (1) In accordance wit standards and practice	o heard things in room, has s, sexual ideations, sexually or, racial slurs, insomnia, ints about other residents" discontinued 1/18/17. No iors were documented from 2/14/2017. New orders with at with frequency PRN (as very shift were entered with No behaviors or side inted on the MAR after. ewed the director of behavior monitoring and on 2/14/2017. The DON in had changed in aviors to PRN in January re stable long-term on their ions. She stated that all for monitoring and that there is eday's space on the MAR irse's note. iscussed with the ector of nursing on 2/16/17 meeting. ETE/ACCURATE/ACCESSIB 5)	F 3:			2/28/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495260	B. WING	 	02/15/2017	
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F 514	Continued From pag	e 21	F 51	4		
	(i) Complete;					
	(ii) Accurately docum	nented;				
	(iii) Readily accessib	le; and				
	(iv) Systematically or	ganized				
	(5) The medical reco	rd must contain-				
	(i) Sufficient informat	ion to identify the resident;				
	(ii) A record of the re	sident's assessments;				
	(iii) The comprehens provided;	ive plan of care and services				
	(iv) The results of an and resident review of determinations conditions					
	(v) Physician's, nurse professional's progre	e's, and other licensed ess notes; and				
	services reports as re This REQUIREMEN	logy and other diagnostic equired under §483.50. Γ is not met as evidenced				
	review, facility staff fa and accurate clinical in the survey sample			For resident #1, 30 day review he corrected to state resident has a yelling out but remains stable and had behaviors on current medical regime. All Residents on psychological process.	history of d has not ation pactive	
	8/12/09 with diagnos mellitus, hypertensio depression, hemiple	nitted to the facility on es including diabetes n, schizophrenia, major gia, and morbid obesity. On data set assessment with		medications were reviewed. 30 of reviews on the same Residents was reviewed as well as corresponding behavior documentation to ensurance accuracy.	were ng	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION	(2	X3) DATE SURVEY COMPLETED
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F 514	resident scored 14/18 mental status and was symptoms of delirium affecting others. During clinical record physician orders for a Saphris Tablet Sublin sublingually two time schizophrenia dated tablet delayed releas mouth two times a dadated 10/30/2015. Trecord indicated the radministered as orde the time of the survey monitoring for antipsy effects and for 'behave following: restlessness increase in complaint hallucinations, psychicare, sexual ideation' discontinued 1/18/17 behaviors were docu through 2/14/2017. No wording, but with free instead of every shift 1/18/2017. No behave documented on the Nurse's notes Decement	e date 12/9/2016, the son the brief interview for as assessed to be without an psychosis, or behaviors. Treview, the surveyor noted antipsychotic medications gual 10 mg give 1 tablet as a day related to 10/26/2015 and Depakote as 250 mg give 1 tablet by any related to schizophrenia the medication administration medications were the december 2016 through and 2/14/17. Medication archotic medication side ariors-monitor for the as (agitation), hitting, as, cursing, delusions, posis, aggression, refusing dated 9/14/2016 and and and No side effects or mented from December 1 and No side effects or mented from December 1 and No side effects were guency PRN (as needed) were entered with start date ariors or side effects were dare 1/18/2017.	F 5		ychoactive will provide aff on the station that reflect on management of ive medications. Il audit 5 resident monthly x 3 ct documentation	of cs
	21:33 "30 Day Review disoriented, to time a for no reason. Fed m	e is a note dated 1/9/17 at w: Resident alert, nd place, hollering at times eals, eats 100% most of the d bladder. Lungs clear. No				

			ATE SURVEY DMPLETED			
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F 514	surveyor was unable hollering incidents or address them. The replan of care docume to address behaviors those behaviors, and the behavior sheets. The psychiatric progradocumented that nurindicated the resident psychosis without into or acting on delusion to the physician by sthe nurse's notes or acting (DON) about symptom monitoring stated that the facility documentation of befor residents who we psychotropic medical blanks under behavior had been continuous would be a mark in the and an associated no observed that the 1/2 and the 1/25/17 psychotes both indicated observed resident bedocumented on the Month of the concerns were considered.	no hospital visit." The to locate documentation of of interventions used to resident's comprehensive ints interventions to be used as including documenting if the interventions used, on the interventions and staff reports at continues to have creased psychotic agitations as. The symptoms reported that were not documented in behavior notes on the MAR, the intervention of the intervention. The DON of the intervention of the interventio	F 5	514		