

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

PRINTED: 11/10/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495403	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/16/2021
NAME OF PROVIDER OR SUPPLIER LAKWOOD MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 LAUDERDALE DRIVE RICHMOND, VA 23238	
(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 A Revisit survey was conducted by Healthcare Management Solutions, LLC on behalf of the Virginia Department of Health - Office of Licensure and Certification. The facility was found not to be in substantial compliance with 42 CFR 483 subpart B. Survey Dates: 06/15/21 - 06/16/21 Survey Census: 76 Sample Size: 31 Supplemental Residents: 0	{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 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	{F 758}		7/30/21

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

TITLE

(X6) DATE

Electronically Signed

07/07/2021

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 758}	<p>Continued From page 1</p> <p>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:</p> <p>Based on record review and interview, the facility failed to ensure monitoring for psychoactive medication efficacy and targeted behaviors was completed for three of four residents (Residents (R)14, R15, and R16) reviewed for psychoactive medication out of a total resident sample of 31. This failure has the potential to affect any of the 52 facility residents receiving psychoactive medications.</p> <p>Findings include:</p> <p>Review of the facility plan of correction for psychotropic medication efficacy monitoring</p>	{F 758}	<p>1. Residents 14, 15 and 16, who are on psychoactive medications, had their MAR updated to reflect the monitoring of side effects specific to psychoactive medications. The individualized, targeted behaviors specific for these residents are also listed on the MAR every shift for monitoring. Also, non-pharmacological interventions are also listed on the MAR every shift so that staff may attempt those interventions to assist with alleviating behaviors. These changes to resident 14, 15 and resident 16's MARS were done on 7/6/21 by the ADON.</p>		

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{F 758}	<p>Continued From page 2</p> <p>revealed: " ...competing [sic] the TBOS [Targeted Behavior Observation Sheet] at the time of admission (based on chart review and resident/family interviews) and weekly for four weeks for any resident on psychoactive medications who is admitted on that type of medication; and then completed monthly if resident's behaviors are stable. The policy will also reflect that any order changes for psychoactive medications will also have a TBOS completed at that time, then weekly for four weeks; if change in medication is determined to be effective, then TBOS will be completed monthly thereafter</p> <p>4. A 100% audit of all residents with orders for antipsychotic medications will be completed by the QAPI [Quality Assurance and Performance Improvement] Director or designee weekly for four weeks to ensure the completion of the TBOS and monitoring of behaviors and side effects and weekly behavior notes. Variances will be investigated, corrected as appropriate and feed-back provided to the responsible team member. Results of all audits will be reviewed and reported at the next scheduled QAPI meeting for continued review and oversight. Variances will be investigated and staff will be re-educated and/or counseled as indicated.</p> <p>5. This plan will be effective May 14, 2021 and measures will be maintained to ensure ongoing compliance."</p> <p>Review of the facility policy titled "Unnecessary Drugs," revised 04/2021, revealed: " ... Each resident's entire drug/medication regimen will be managed and monitored to achieve the following goals: The medication regimen helps promote or maintain the resident's highest practicable</p>	{F 758}	<p>2. All residents in the facility receiving psychotropic medications have the potential to be affected by the deficient practice. A 100% audit will be conducted by the DON or designee, of all residents who currently have orders for psychotropic medications, to ensure the residents' record/MAR includes the documentation for monitoring of targeted behaviors, side effects, non-pharmacological interventions and medication efficacy. Any records found to be out of compliance in this area, will be corrected immediately.</p> <p>3. The IDT has revised the policy/process for psychotropic medication management to include the following: on psychotropic medications, at the time the order is obtained and ongoing as long as the resident has an order, will have their MAR updated to include the monitoring and subsequent documentation for any side effects every shift, monitoring for any behaviors specific to the resident every shift and attempts at non-pharmacological interventions every shift. Licensed nursing staff will be educated by the Staff Development Coordinator or designee regarding the revised process for psychotropic medication monitoring on the MAR according to policy. Behavior monitoring/management will be added to the weekly risk meeting already established by the IDT where all residents on psychotropic medications will be reviewed for medication efficacy, unstable/new/changing behaviors, the need to consult with the physician</p>		

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{F 758}	<p>Continued From page 3</p> <p>mental, physical, and psychosocial well-being Each resident receives only those medications, in doses and for the duration clinically indicated to treat the resident's assessed condition(s) Episodes of behavior treated and or manifestation of the disordered thought process monitored. Clinically significant adverse consequences are minimized The potential contribution of the medication regimen to an unanticipated decline or newly emerging or worsening symptom is recognized and evaluated, and the regimen is modified when appropriate. Behavior monitoring: Behavior and side- effect monitoring and documented of the resident TBOS completion on admission and weekly x 4 weeks, then monitor monthly if behavior is stable ... Weekly behavior notes and any order changes will have TBOS completed at the time of order change then weekly x 4 weeks, ... Proper medication selection and prescribing (including dose, duration, and type of medication(s)) may help stabilize or improve a resident's outcome, quality of life and functional capacity. Any medication or combination of medications - or the use of a medication without adequate indications, in excessive dose, for an excessive duration, or without adequate monitoring - may increase the risk of a broad range of adverse consequences such as medication interactions, depression, confusion, immobility and potential falls"</p> <p>During an interview on 06/16/21 at 8:50 AM, the Assistant (and Interim) Director of Nursing (ADON) stated the TBOS forms would be located in the electronic medical record (EMR) under the</p>	{F 758}	<p>regarding adjustments in medication, gradual dose reductions, and changes in medications and notifications of the physician and RR.</p> <p>4. A 100% review of all residents with orders for psychotropic medications will be completed by the DON or designee weekly for four weeks to ensure the resident's orders have been updated to reflect on the MAR every shift that the side effects, behaviors and non-pharmacological interventions are followed per policy. The behavior monitoring/management completed weekly will be overseen by the DON or designee and this will be accomplished by that individual bringing the MARs of any resident receiving psychotropic medications to the meeting for review. A note will be written in the resident's chart reflecting any changes in behaviors or side effects and/or who needs physician consultation. Variances will be investigated, corrected as appropriate and feedback and re-education and/or counseling will be provided to the responsible team members. Results/findings of the audits will be reviewed and discussed at the next scheduled QAPI meeting for continued review and oversight.</p> <p>5. This plan will be effective July 30, 2021, and measures will be maintained to ensure ongoing compliance.</p>		

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{F 758}	<p>Continued From page 4</p> <p>"Forms and Assessments" heading.</p> <p>Review of R14's undated "Profile Face Sheet" revealed a facility admission date of 06/14/21.</p> <p>Review of R14's printed "Physician's Orders for 06/16/21 Signed Only" revealed prescriptions for zolpidem (a hypnotic medication) nightly for insomnia and duloxetine (an antidepressant medication) for depression.</p> <p>Review of R14's electronic medical record "Forms and Assessments" revealed no TBOS was started upon admission.</p> <p>In an interview on 06/16/21 at 2:57 PM, the ADON stated, "[R14] was a new admit and it [TBOS] was not started yet. Found it after you asked, and it will be started today."</p> <p>2. Review of R15's undated "Profile Face Sheet" revealed a facility admission date of 04/07/21.</p> <p>Review of R15's printed "Physician's Orders for 06/16/21 Signed Only" showed a prescription for quetiapine (an atypical antipsychotic medication) nightly for generalized anxiety disorder.</p> <p>Further review of the "Physician's Orders" revealed an order, dated 05/05/21, for "TBOS once a month - Once a month."</p> <p>Review of R15's EMR "Forms and Assessments" showed a weekly TBOS dated 5/20/21 and one dated 06/06/21. Further review revealed four weeks of TBOS forms were not completed for R15's antipsychotic/behavior monitoring to determine if stable to go to the monthly TBOS form.</p>	{F 758}			

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{F 758}	Continued From page 5 3. Review of R16's undated "Profile Face Sheet" showed a current facility admission date of 05/10/21. Review of R16's printed "Physician's Orders for 06/16/21 Signed Only" showed prescriptions for trazodone (an antidepressant medication) daily for insomnia, alprazolam (an anti-anxiety medication) nightly for anxiety, and paroxetine (an antidepressant medication) daily for depression. Further review of R16's physician's orders revealed an order, dated 05/11/21, for "Monthly summary on 3-11 shift (Pain, TBOS if indicated, and Braden Scale) - Once a month for monthly summary." Review of R16's EMR "Forms and Assessments" showed a TBOS "form date: 05/10/21" that was blank and unsigned. During an interview on 06/16/21 at 2:57 PM, when asked about the absence of a weekly TBOS assessment for R15, a new admission in April 2021, the Assistant Director of Nursing (ADON) stated the Admissions Nurse should have completed a TBOS Assessment. During an interview on 06/16/21 at 3:19 PM, the Administrator could not answer questions regarding the TBOS process. During an interview on 06/16/21 at 3:44 PM, Licensed Practical Nurse (LPN) 3 stated that it was her "understanding that I fill one out for every resident on psychotropic meds, I believe it's weekly." LPN3 then checked the EMR during the interview and identified that she filled out a form	{F 758}			

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{F 758}	<p>Continued From page 6</p> <p>for R15 that was dated 04/20/21 to 05/20/21. LPN3 stated when she filled out the form, she only considered her interactions with the resident for the past month, she did not confer with other nurse or CNAs, nor check the progress notes for any behaviors.</p> <p>During an interview on 06/16/21 at 3:50 PM, LPN2 stated that since the resident she has assigned to her is not on Seroquel, and she only on Ativan, she did not complete a TBOS and did not recall attending an in-service on psychoactive medications and/or the facility's procedure for completing a TBOS.</p> <p>During an additional interview on 06/16/21 at 4:20 PM, when questioned how the facility assesses the resident for behaviors when the documentation for behaviors is not evident, the ADON stated that the facility does not have an interdisciplinary team that looks at behavior monitoring for residents on psychoactive medications; however, staff will discuss them in morning meetings, and it is the pharmacist who looks at the medications for GDR.</p> <p>During an interview on 06/16/21 at 6:30 PM, the Medical Director stated that new admissions require TBOS documentation every week for first month, then monthly. When questioned why he is writing monthly orders for TBOS, the Medical Director stated that he has always written monthly orders for a TBOS for the pharmacist to review during drug regimen review, that is not a new process. In addition, the Medical Director stated he speaks to nurses and the ADON to help make decisions on psychoactive medication treatment. When questioned why there are orders for monthly TBOS when R15 is a new admission, the</p>	{F 758}			

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{F 758}	Continued From page 7 Medical Director stated he did not know about that, he would have to look at specific records to find out why. When questioned if he looked at quantitative documented information on behavior, data in the medical record, the Medical Director stated "no" he goes by the pharmacist recommendations and speaks to the nurses and CNA's and makes his decision from there.	{F 758}			