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

PRINTED: 09/12/2023
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
	49E131	A. BUILDING _____ B. WING _____	08/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SW VA M H INST GERI TRT CTR	340 BAGLEY CIRCLE MARION, VA 24354

(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 survey was conducted 08/28/23 through 08/31/23. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No emergency preparedness complaints were investigated during the survey.	E 000		
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 08/28/23 through 08/31/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this 25 certified bed facility was 17 at the time of the survey. The survey sample consisted of 16 current Resident reviews and 2 closed record reviews.	F 000		
F 756 SS=F	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph	F 756		

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SEP 21 2023
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Deiann K. Smith LCSW/LNHA
TITLE: Director of Geriatric Services
(X6) DATE: September 20, 2023

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 756	Continued From page 1 (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review and facility document review the facility staff failed to ensure that monthly medication regimen reviews were reviewed by the physician and/or the director of nursing and that pharmacist recommendations were acted upon for all residents of the facility. The findings included: While reviewing the monthly "Medication Regimen Review" (MRR) forms for five residents selected for review of psychotropic medication use, it was found that the MRR forms were not	F 756		

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F 756	Continued From page 2 being reviewed by the physician and/or the director or nursing and that pharmacist recommendations were not being acted upon. Surveyor spoke with the unit manager on 08/30/23 at 11:30 regarding MRR's. Unit manager stated they get an email notification that the MRR has been completed, and they review it. Unit manager stated the pharmacist either emails or call the physician with recommendations. Surveyor spoke with the facility pharmacist on 08/30/23 at 3 pm regarding MRR's and how they communicate recommendations to the physician. Pharmacist stated they put their recommendations into the form for each resident, then send a monthly email to the physician, psychiatrist, administrator, and unit manager once each unit is complete, with a summary of recommendations. Pharmacist stated most MRR's go to the psychiatrist. Pharmacist stated they sometimes call the psychiatrist to let them know what the recommendations are. Surveyor spoke with the administrator and unit manager on 08/30/23 regarding MRR's. Surveyor asked how they know if the physician has reviewed and/or followed up on pharmacy recommendations, and administrator stated they look the next month, and if not changed, they "send it back." Surveyor spoke with the psychiatrist on 08/31/23 at 9:25 am. Psychiatrist stated they make a regular monthly note, but it is not specifically related to the MRR, and that they had never made a specific response to an MRR. Psychiatrist stated that until recently, they were never sure when a MRR was completed. Psychiatrist stated,	F 756	Pharmacist and Psychiatrist will identify those residents affected, review their medication regimen, and make necessary corrections. Resident #17's order for prn medication was discontinued on 9/8/2023. Patient was discharged on no prn medications. Pharmacist and Psychiatrist will review medication regimens completed by pharmacy for the Geriatric Ward and identify those that are non-compliant. Psychiatrist will sign off or chart the medication regimen reviews of the residents affected. Medication Regimen Reviews will continue to completed by pharmacist, monthly or as needed or requested per Facility Policy 3086, "Pharmacist Medication Regimen Review". After completion of the Medication Regimen Review an email will continue to be sent to the ordering psychiatrist, nurse unit coordinator, director of nursing, administrator, and medical director with a summary of the physician's Medication Regimen Review with any deficiencies. Education will be provided to staff pertaining to policy and procedures, particularly Facility Policy 3086, "Pharmacist Medication Regimen Review." Ensure all proper communication from Millennium is working correctly. 100% of all residents will be reviewed by the facility pharmacy to ensure compliance and zero deficiencies for six consecutive months. Facility pharmacy director is responsible for the implementation of this element of the Plan of Correction.	09/20/2023 & on going 09/20/2023 & on going 09/20/2023 & on going 09/20/2023 & on going

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F 756	Continued From page 3 "They have started putting them under expiring meds, until then I had to hunt for them." On 08/31/23 at 10:20 am, the unit manager stated the procedure for conducting MRR's was done through the Message Center, in the electronic health record. The MRR was to be completed by the pharmacist, then sent to the physician/psychiatrist in the message center. Physician/psychiatrist can read the MRR, make notes, and save their response. Then it should automatically be put into the clinical record. Unit manager stated they don't know if the psychiatrist is doing that. Surveyor requested and was provided with a facility policy entitled "Pharmacist Medication Regimen Review" which read in part, "Procedures: E. The pharmacist shall document the review and provide this original to the attending medical professional for review and response. G. If irregularities are identified, they are deemed either insignificant or significant. 1. For clinically insignificant irregularities, the pharmacist will refer it for review by the attending medical professional, who will take action by the time of the subsequent review and return the form to the program director. 2. For clinically significant irregularities or those requiring immediate attention, the pharmacist will contact the attending medical professional in person or by telephone, who will review the findings and take action. If the attending medical professional is unavailable, the pharmacist will notify the medical director. All documentation regarding communication shall be noted on the review form, if necessary." The concern of the physician/psychiatrist/director	F 756		

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F 756	Continued From page 4 of nursing not reviewing and/or acting upon pharmacist recommendations was discussed with the administrator and unit manager on 08/31/23 at 1:30 pm. No further information was provided prior to exit.	F 756		
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 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	F 758	Pharmacist will review medication regimen for the Geriatric Ward and identify affected resident's medication orders that are deficient. Pharmacist will notify psychiatrist of the residents affected after the medication regimen review has been completed. The psychiatrist will then update all defiient orders for the resident within 24 hours. Pharmacist will review monthly medication regimens to identify psychotropic medications ordered prn greater than 14 days. Pharmacist will notify psychiatrist of the order that is greater than 14 days. Psychiatrist will review and make appropriate changes to the medication order within 24 hours of notification from the pharmacist. Pharmacist will report to Facility Quality Risk Management psychotropic prn orders greater than 14-days. Pharmacist will include the resident's MRN, and ordering psychiatrist who was notified of the need to correct or make appropriate changes to the psychotropic prn medication order, and indicate the number of corrections or changes were completed by the psychiatrist after notification of a need for corrective action. Education will be provided to staff about policy and procedures, including Facility Policy 3034, "Medication Review and Stop Dates." 100% of all residents will be reviewed by the facility pharmacy to ensure compliance and zero deficiencies for six consecutive months. Facility pharmacy director is responsible for the implementation of this element of the Plan of Correction.	09/20/2023 & on going 09/20/2023 & on going 09/20/2023 & on going 09/20/2023 & on going

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F 758	Continued From page 5 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 staff interview and clinical record review the facility staff failed to ensure one of 16 residents was free from unnecessary psychotropic medications, Resident #17. The findings included: For Resident #17, the facility failed to provide a discontinue date or re-evaluate the resident for continued use for the as needed (prn) medication Zyprexa. Zyprexa is an antipsychotic medication used to treat severe agitation associated with schizophrenia and/or bipolar mania. Resident #17's clinical record listed diagnoses which included but not limited to major neurocognitive disorder due to probable Alzheimer's disease, severe, with other behavioral disturbances, adjustment disorder with anxious mood, and Alzheimer's dementia.	F 758		

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F 758	Continued From page 6 Resident #17's most recent minimum data set with an assessment reference date of 08/07/23 assigned the resident a brief interview for mental status score of 0 out of 15 in section C, cognitive patterns. This indicates that the resident is severely cognitive impaired. Resident #17's comprehensive care plan contained a plan for "Behavioral symptoms." Interventions for this plan included "administer medications per order." Resident #17's clinical record was reviewed and contained physician's order summary which read in part, "Olanzapine (Zyprexa Zydis) 5 mg= 1 tab, Oral, Tab-Dis, every 8 hr for 365 days, PRN, agitation..." This order had a stop date of 06/04/24. Resident #17's medication administration record (MAR) for the month of August 2023 was reviewed and indicated the prn Zyprexa was administered 2 times. The MAR's for June and July 2023 indicated the resident did not receive any prn Zyprexa. Resident #17's clinical record contained "Drug Regimen Review" forms for the months of June, July, and August 2023. Each of these forms read in part, "Medication Regimen Review Findings: Duration of medication review needed. Drug Regimen Comments From Findings: Patient has PRN Olanzapine > (greater than) 14 days. Please evaluate continued need and limit to 14 days if still needed." The concern of not providing a discontinue date and/or re-evaluating the resident for continued	F 758		

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F 758	Continued From page 7 use of PRN Zyprexa was discussed with the administrator and unit manager on 08/31/23 at 1:30 pm. No further information was provided prior to exit.	F 758		