STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175297	A. BUILDING _____ B. WING _____	R 09/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOPEKA PRESBYTERIAN MANOR	4712 SW 6TH AVE TOPEKA, KS 66606

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{F 000}	INITIAL COMMENTS The following citations represent the findings of a Non-Compliance Revisit. The 2567 was sent electronically on 09/15/23.	{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 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	{F 758}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 09/15/2023

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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:
The facility identified a census of 60 residents. The sample included two residents reviewed for unnecessary medications. Based on observations, record review, and interviews, the facility failed to ensure Resident (R) 36 and R44 had an appropriate indication or a documented physician rationale which included the multiple unsuccessful attempts for nonpharmacological symptom management and risk versus benefits for the continued use of antipsychotic (a class of medications used to treat psychosis and other mental emotional conditions) medications usage. This deficient practice had the risk for unnecessary medication use and unwarranted physical complications.

Findings included:

- R36's Electronic Medical Record (EMR) documented diagnoses of Alzheimer's disease (a progressive mental deterioration characterized by

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confusion and memory failure) and encounter for palliative care.

The "Annual Minimum Data Set (MDS)" dated 03/30/23, documented a Brief Interview for Mental Status (BIMS) was not conducted due to R36 was rarely/never understood. She had physical behavioral symptoms directed towards others one to three days in the lookback period. R36 received antipsychotic medications six days in the seven-day lookback period. R36 received hospice services.

The "Quarterly MDS" dated 06/22/23, documented a BIMS was not conducted due to R36 was rarely/never understood. She had delusions (untrue persistent belief or perception held by a person although evidence shows it was untrue), had physical and verbal behaviors directed towards others one to three days, and had other behaviors not directed towards others one to three days in the lookback period. R36 received antipsychotic medications five days in the seven-day lookback period. R36 received hospice services.

The "Cognitive Loss/Dementia (progressive mental disorder characterized by failing memory, confusion) Care Area Assessment (CAA)" dated 03/31/23, documented R36 was unable to answer BIMS questions and staff assessment showed problems with orientation and recall ability.

The "Psychotropic (any drug that affects brain activities associated with mental processes and behavior) Drug Use CAA" dated 04/03/23, documented R36 took an antipsychotic medication daily and was on hospice services for Alzheimer's disease.

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The "Polypharmacy Care Plan," dated 04/12/22, documented R36 took Zyprexa (an antipsychotic medication) for her diagnosis of agitation. The plan directed staff to ensure benefits versus risk for use and to perform a gradual dose reduction (GDR) if possible.

The "Physician's Orders" tab of R36's EMR documented an order with a start date of 01/24/23 for Zyprexa 2.5 milligrams (mg) daily for agitation and anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear).

Upon request, the facility provided a "Physician Communication" from Consultant GG, dated 09/11/23 at 01:22 PM, that documented a medication review was completed with the plan to continue olanzapine 5 mg scheduled for recurrent psychosis (any major mental disorder characterized by a gross impairment in reality testing) with need for ongoing mood stabilization. Risks and benefits of current psychotropic medications had been considered and discussed. There was an improved control of distressing delusional behaviors. It was reasonable to expect acute worsening of symptom management control with a GDR and was not supported at that time.

R36's clinical lacked evidence a documented physician rationale which included the multiple unsuccessful attempts for nonpharmacological symptom management for the continued use of Zyprexa (olanzapine) usage.

On 09/11/23 at 12:57 PM, R36 laid in bed with her eyes closed, her bed was in the lowest position.

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{F 758}	Continued From page 4 On 09/11/23 at 02:00 PM, Licensed Nurse (LN) G stated appropriate diagnoses for antipsychotic medications were schizophrenia (psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought) and bipolar disorder (major mental illness that caused people to have episodes of severe high and low moods). She stated if a resident hallucinated, she thought the cause of the hallucinations should have been determined. LN G stated if a resident had agitation and anxiety, as needed (PRN) antianxiety (class of medications that calm and relax people with excessive anxiety, nervousness, or tension) medications were used first because an antipsychotic medication could mess with dementia. On 09/11/23 at 02:09 PM, Administrative Nurse D stated the hospice provider reviewed R36's medications. She stated she knew antipsychotic medications only had three approved diagnoses and were usually used as a last resort if PRN antianxiety medications, antidepressant (class of medications used to treat mood disorders and relieve symptoms of depression) medications, and nonpharmacological interventions did not work but the resident was still agitated. Administrative Nurse D stated antipsychotic medications were used for end-of-life terminal agitation. The facility's "Psychoactive Psychopharmacological Medications" policy, last revised 07/05/22, documented psychoactive medications would not be used for discipline or for	{F 758}		

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convenience and would not be used unless necessary to treat medical symptoms. For any of these types of medications, GDR and behavioral interventions would be done per physician orders, unless clinically contraindicated, in an effort to discontinue the medication or to reach the lowest effective dose. Psychotropic medications are to be given to treat a specific condition diagnosed and documented in the clinical record.

The facility failed to ensure R36 had an appropriate indication or or the required documentation for use for antipsychotic medication usage. This deficient practice had the risk for unnecessary medication use and unwarranted physical complications.

- R44's Electronic Medical Record (EMR) documented diagnoses of dementia (progressive mental disorder characterized by failing memory, confusion) without behavioral disturbance, Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure), anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), and depressive disorder (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness and hopelessness).

The "Admission Minimum Data Set (MDS)" dated 03/07/23, documented R44 had a Brief Interview for Mental Status (BIMS) score of six which indicated severe cognitive impairment. She had physical and verbal behaviors directed towards others one to three days in the lookback period. R44 received antipsychotic medications six days in the seven-day lookback period. She received hospice services.

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The "Quarterly MDS" dated 06/05/23, documented R44 had a BIMS score of five which indicated severe cognitive impairment. She had no behaviors in the lookback period. R44 received antipsychotic medications one day in the seven-day lookback period. She received hospice services.

The "Cognitive Loss/Dementia Care Area Assessment (CAA)" dated 03/09/23, documented R44 was oriented to self only and had a BIMS score of six.

The "Psychotropic (any drug that affects brain activities associated with mental processes and behavior) Drug Use CAA" dated 03/09/23, documented R44 received antipsychotic medications for dementia, agitation, and restlessness.

The "Care Plan," dated 03/09/23, documented R44 was receiving an antipsychotic medication with the potential for drug related complications related to her diagnosis of dementia.

The "Physician's Orders" tab of R44's EMR documented an order with a start date of 03/30/23 and end date of 09/08/23 for Seroquel (antipsychotic medication) 50 milligrams (mg) at bedtime for hallucinations (sensing things while awake that appear to be real, but the mind created); an order with a start date of 03/31/23 and end date of 09/08/23 for Seroquel 25 mg daily for hallucinations; and an order with a start date of 09/08/23 for Seroquel 25 mg twice daily for hallucinations.

R44's clinical lacked evidence of a documented

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physician rationale which included the multiple unsuccessful attempts for nonpharmacological symptom management and a risk versus benefits for the continued Seroquel usage.

Upon request, the facility was unable to provide the above documentation for R44.

On 09/11/23 at 01:58 PM, R44 laid in bed with her eyes closed, she appeared comfortable but yelled out for help.

On 09/11/23 at 02:00 PM, Licensed Nurse (LN) G stated appropriate diagnoses for antipsychotic medications were schizophrenia (psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought) and bipolar disorder (major mental illness that caused people to have episodes of severe high and low moods). She stated if a resident hallucinated, she thought the cause of the hallucinations should have been determined. LN G stated if a resident had agitation and anxiety, as needed (PRN) antianxiety (class of medications that calm and relax people with excessive anxiety, nervousness, or tension) medications were used first because an antipsychotic medication could mess with dementia.

On 09/11/23 at 02:09 PM, Administrative Nurse D stated the hospice provider reviewed R36's medications. She stated she knew antipsychotic medications only had three approved diagnoses and were usually used as a last resort if PRN antianxiety medications, antidepressant (class of medications used to treat mood disorders and relieve symptoms of depression) medications,

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and nonpharmacological interventions did not work but the resident was still agitated. Administrative Nurse D stated antipsychotic medications were used for end-of-life terminal agitation.

The facility's "Psychoactive Psychopharmacological Medications" policy, last revised
07/05/22, documented psychoactive medications would not be used for discipline or for convenience and would not be used unless necessary to treat medical symptoms. For any of these types of medications, GDR and behavioral interventions would be done per physician orders, unless clinically contraindicated, in an effort to discontinue the medication or to reach the lowest effective dose. Psychotropic medications are to be given to treat a specific condition diagnosed and documented in the clinical record.

The facility failed to ensure R44 had an appropriate indication or the required documentation for use for antipsychotic medication usage. This deficient practice had the risk for unnecessary medication use and unwarranted physical complications.