STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205174	A. BUILDING _____ B. WING _____	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFIELD REHAB & LIVING CENTER	95 MAIN STREET HARTLAND, ME 04943

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F 000	INITIAL COMMENTS From 9/16/24 through 9/18/24, on-site visits were conducted at Sanfield Rehab and Living Center for the purpose of conducting the annual Long Term Care Survey Process. It was determined that Sanfield Rehab and Living Center was not in substantial compliance with 42 CFR 481, Sub-part B-Requirements for Long Term Care Facilties.	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;	F 758		

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

Lisa Scully | MHA | 10/8/24

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	Continued From page 1 §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 §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 record reviews and interviews, the facility failed to ensure that "as needed" (PRN) psychotropic medication orders were limited to 14 days, for 1 of 5 residents reviewed for unnecessary medications (Resident #21). Findings: 1. On 9/17/24, during a review of Resident #21's physician orders, a surveyor noted an order dated 2/21/24 for "Seroquel (an antipsychotic medication, also known as quetiapine [generic form]) 12.5 milligrams (mg) by mouth twice daily and 25 mg daily as needed (PRN) for Parkinson's Disease with dyskinesia. The surveyor noted no 14-day limit (or stop date) for the PRN order, leaving it in effect until 3/5/24. Without a stop	F 758		

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F 758	Continued From page 2	F 758		

date, the order remained in the queue of the resident's electronic physician orders, and available for the staff to administer for an additional 15 days, when it was discontinued on 3/21/24.

On 3/26/24, the provider renewed Resident #21's order for Seroquel 25 mg by mouth daily as needed for agitation. The order did not include a stop date and was in effect until 4/8/24. The order remained in queue and was available for staff to administer for an additional 40 days until it was renewed again on 5/18/24. During this time, the resident received PRN dosing on 4/9/24 and 4/24/24.

On 6/5/24, the consultant pharmacist provided the following recommendation to the physician, Resident #21 "has a PRN order for an antipsychotic, which as been in place for greater than 14 days without a stop date. Please discontinue PRN quetiapine. If this PRN antipsychotic cannot be discontinued at this time, the prescriber should directly examine the resident to determine if the antipsychotic is still needed and document the specific condition being treated prior to issuing a new PRN order."

On 6/5/24, the physician declined the recommendations and stated "Patient is on hospice. Has Parkinson's Disease with hallucinations. PRN med needed. Continue 14 days and re-assess." The nurse practitioner visited the resident on 6/18/24. A review of Physician's orders for June, 2024, did not reveal a renewal of the PRN order for Seroquel after 6/18/24.

On 7/19/24 the consultant pharmacist provided

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F 758	Continued From page 3	F 758		

the following recommendation to the physician, "CMS (Centers for Medicare and Medicaid Services) requires PRN antipsychotics be limited to 14 days. The order in (the electronic medical record) is dated 5/18/24. This needs to be discontinued and reassessed if the patient requires. If so, then reordered with a 14-days stop date. (Resident #21) has a PRN order for an antipsychotic which has been in place for greater than 14 days without a stop date: quetiapine. Please discontinue PRN quetiapine. If this PRN antipsychotic cannot be discontinued at this time, the prescriber should directly examine the resident to determine if the antipsychotic is still needed and document the specific condition being treated prior to issuing a new PRN order."

On 8/7/24, the physician declined the recommendations and stated "continue for another 14 days. On hospice with hallucinations." During this time, the order remained in queue and was available for staff to administer until the physician changed it to scheduled dosing on 8/22/24.

2. Resident #21's physician orders included an order dated 4/23/24 for Lorazepam (an antianxiety medication) 0.5 mg orally every 6 hours as needed. The order did not include a stop date, except as noted on a provider progress note, dated 6/18/24, which indicated the order was in effect until 5/23/24.

On 6/5/24, the consultant pharmacist provided the following recommendation to the physician, Resident #21 "has a PRN order for an anxiolytic, which has been in place for greater than 14 days without a stop date: Lorazepam 0.5 mg, one table by mouth every 4 hours as needed. Please

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F 758	Continued From page 4	F 758		

discontinue PRN lorazepam, tapering as necessary. CMS requires that PRN orders for non-antipsychotic psychotropic drugs be limited to 14 days unless the prescriber documents the diagnosed specific condition being treated, the rationale for the extended time period, and the duration for the PRN order."

On 6/5/24, the physician declined the recommendation and stated "Patient is on hospice. Has Parkinson's Disease with hallucinations that can increase anxiety." The order was not renewed at that time, nor at the provider visit on 6/18/24.

A review of Resident #21's medication administration records indicated staff administered a PRN dose of Lorazepam on 6/29/24 without a valid physician's order.

On 7/19/24, the consultant pharmacist provided the following recommendation to the physician, "This order needs a stop date added to it. CMS requires a stop date on the PRN (such as 60 days, etc.,) or it is limited to 14 days. Hospice is not exempt."

On 8/7/24, the physician declined the recommendation and stated "Continue for 14 days, then re-evaluate. On hospice." The order remained in effect until the medication was scheduled by the physician on 8/22/24.

On 9/17/24, in an interview with the Administrator, a surveyor discussed that original PRN orders for Lorazepam and Seroquel had been written without stop dates but had remained available in the electronic orders after expiration, allowing administration without a valid order being in

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F 758	Continued From page 5 effect. The consultant pharmacist had notified the physician on two occasions that the orders needed to be discontinued or renewed with a rationale for continued use. It was not until 8/22/24, that the physician changed the PRN dosing to scheduled dosing.	F 758	F758 Free from Unnecessary Psychotropic medications PRN use. All corrections to current orders have been completed as of 10/4/24. Any resident with a PRN psychotropic will have a nursing measure in treatment administration record to put on provider list for renewal if indicated. Communication plan: Discussion held during QAPI to review survey findings held on September 24th, 2024. Mike O'Neil NP was present to review. This plan will also be reviewed again on October 15 th at the Quarterly QAPI. Education: Began 9/24/24 will be completed by 10/25/24. The facility educated designated licensed staff to review current psychotropic medications and to perform status reconciliation weekly to ensure any resident with PRN psychotropic have a stop date and have been completed in the electronic record, after the stop date. Scheduled education for October 21st with Omni Care consulting pharmacist Dustin Waller. Auditing: Began 10/4/24 Auditing will be done on PRN medication use and the presence of stop dates and completion of orders that have reached the stop date and are no longer available to be given. Auditing will be completed by the Director of Nurses or designee, weekly for four weeks and then monthly thereafter.	10/4/24 10/4/24 10/15/24 10/25/24