STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255304	A. BUILDING _____ B. WING _____	03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE NICHOLS CENTER	1308 HIGHWAY 51 NORTH MADISON, MS 39110

(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 The State Agency (SA) conducted an annual recertification survey and a complaint investigation (CI MS #24191) at the facility from 3/11/24 through 3/14/24. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements for participation and cited regulatory deficiencies at F656, F658, and F758. The SA found the facility to be in compliance related to (CI MS #24191) for facility staffing and no deficiencies were cited. The census at the time of the survey was 53 and the facility was licensed for 60 beds.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized	F 656		4/15/24

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

Electronically Signed | 03/25/2024

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F 656	Continued From page 1 rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on staff interviews, record review, and facility policy review, the facility failed to implement a care plan for monitoring for side effects and behavior monitoring with the use of psychotropic medications for (1) one of 16 resident care plans reviewed. Resident #38 Findings include: Review of the policy titled, "Care Plans, "updated 2/20/20, revealed, "Policy: Each resident will have a person-centered plan of care to identify problems, needs and strength that will identify how the interdisciplinary team will provide care..."	F 656	1. Immediate action(s) taken for the resident(s) found to have been affected include: Medication care plan of the resident #38 were reviewed and updated by Minimum Data Set Coordinator on March 13, 2024, as indicated. A medication monitoring tool was added to the physician orders to monitor residents behavior. Resident #38 assessed by the Director of Nursing on 3/14/2024 and found to have no adverse outcomes related to alleged deficient practice. 2. Identification of other residents having	

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F 656	Continued From page 2 Record review of the March 2024 Medication Administration Record for Resident #38 revealed no monitoring for side effects or targeted behaviors related to antipsychotic, antianxiety, and antidepressant medications. Record review of the care plan titled, "Antipsychotic drug use: at risk for side effects," with start date 5/1/23 revealed, "Interventions: Monitor patterns of targeted behaviors ...Assess for adverse side effects, document, and report..." Record review of the care plan titled, "Antianxiety drug use: at risk for side effects," with a start date of 5/1/23 revealed, "...Interventions Monitor patterns of targeted behaviors ...Assess for adverse side effects, document, and report..." Record review of the care plan titled, "Antidepressant drug use: at risk for side effects," with a start date of 5/1/23 revealed, "...Interventions: Monitor patterns of targeted behaviors ...Assess for adverse side effects, document, and report..." In an interview with the Medical Records/ Licensed Practical Nurse (LPN) on 3/13/24 at 3:00 PM, revealed after review of the psychotropic care plans for Resident #38, staff were not following the care plans. In an interview with the Director of Nursing (DON) on 3/13/24 at 3:07 PM, confirmed after review of the care-plans for Resident #38 staff were not following her care plans for behavior/side effect monitoring because there was no documentation of the monitoring and stated the purpose of the care plan is to ensure the resident receives the	F 656	the potential to be affected was accomplished by: The facility has determined that all residents receiving psychotropic medication as identified by the physician orders in the electronic medical record have the potential to be affected. 3. Actions taken/systems put into place to reduce the risk of future occurrence include: All interdisciplinary care plan team members responsible for writing and carrying out care plans inserviced on facility policy and procedure for following plan of care on 3/13/2024 by Assistant Director Of Nursing Service. 100% audit of psychotropic medication careplans completed on 3/13/2024 by medical records to ensure accuracy. 4. How the corrective action(s) will be monitored to ensure the practice will not recur: The Minimum Data Set Coordinator, will complete weekly audits for all residents receiving psychotropic medications for 4 consecutive weeks beginning week of 3/15/2024 and then monthly starting 4/15/2024 for 3 months. Audits will be completed to ensure that comprehensive care plans are developed and carried out for monitoring adverse events due to the use of psychotropic medication. All new psychotropic meds will be audited to ensure a monitoring tool is included to monitor behaviors. Findings of audits will be reviewed with the Facility Administrator and presented to the Quality Assurance Committee monthly starting on 4/15/2024 for three months	

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F 656	Continued From page 3 resident specific care they need. Record review of the Face Sheet revealed that the facility admitted Resident #38 to the facility on 5/27/21 with a diagnosis of Unspecified Dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance. Depression, and Anxiety disorder.	F 656	Audit records will be reviewed by the Risk Management/Quality Assurance Committee beginning March until such time consistent substantial compliance has been achieved as determined by the committee.	
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and policy review the facility failed to provide services or care that accepted standards of quality dictate should have been provided when staff administered an as needed (prn) antipsychotic medication every 12 hours scheduled for (1) one of (9) nine residents whose medication regimen was reviewed. (Resident #104) Finding include: Review of the policy titled, Medication Administration General Guidelines revealed, "...Procedure:... 2. Medications are administered in accordance with written orders of attending physicians, taking into consideration manufacturer's specifications, and professional standards of practice ...18. Prior to administration, the medication and dosage schedule on the resident MAR (Medication	F 658	1. Immediate action(s) taken for the resident(s) found to have been affected include: Record review for resident # 104, revealed Olanzapine 2.5 milligrams 1tablet by mouth every 12 hours as needed times 14 days with time code of as needed every 12 hours. Physician orders for resident #104 were reviewed by medical records nurse on 3/13/2024 and updated reflecting the correct order of being administered every 12 hours as needed. Resident #104 was assessed by the Director of Nursing on 3/13/2024 and found to have no adverse outcomes related to alleged deficient practice. 2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all	4/15/24

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F 658	Continued From page 4 Administration Record) is compared with the medication label, this information should be checked at least three times during the medication preparation process. If the the label and the MAR are different, the physician's orders are checked for the correct dosage schedule prior to administering..." Record review of the Physician Order List dated 3/8/24 for Resident #104, revealed Olanzapine 2.5 mg (milligram) 1 tablet by mouth every 12 hours as needed times 14 days with time code of Q12 hours (every 12 hours). Record review of the Physician Orders List for Resident #104 dated 3/12/24, revealed Olanzapine 2.5 mg one tablet by mouth every 12 hours as needed times 14 days with time code of PRN Q12 (as needed every 12 hours). Record review of the March 2024 MAR for Resident #104 revealed Olanzapine 2.5 mg tablet by mouth every 12 hours as needed for 14 days scheduled to be administered at 8:00 AM and 8:00 PM. During an interview with Registered Nurse (RN) #1 on 03/13/24 at 1:24 PM, revealed she cares for Resident #104 and has not seen the resident have any behaviors and has not received any reports from other staff about any behaviors. During an interview with the Medical Records/Licensed Practical Nurse (LPN) on 3/13/24 at 3:00 PM, revealed she recognized yesterday that the physician's orders for Olanzapine 2.5 mg for Resident #104 was incorrectly put in the computer and was triggering to be signed off every twelve hours scheduled,	F 658	residents that receive PRN psychotropic medications as identified by the physician orders in the electronic medical record have the potential to be affected. 3. Actions taken/systems put into place to reduce the risk of future occurrence include: On 3/13/2024, the Assistant Director of Nursing Services provided inservice education programs for all licensed staff regarding the transcription and submission of physician orders. 100% audit performed of all prescribed PRN psychotropic medications on 3/13/2024 by medical records nurse to ensure correct coding of orders. 4. How the corrective action(s) will be monitored to ensure the practice will not recur: The Director of Nursing Services or medical records nurse will monitor the transcription of new orders for (10) records per week for one (1) month then five (5) records every two (2) weeks for two (2) months beginning the week of 3/14/2024. Findings of audits will be discussed with the Administrator and presented to the Quality Assurance Committee monthly beginning April 15th for three months	

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F 658	Continued From page 5	F 658		

but the order was to be every 12 hours as needed, so she contacted the provider and obtained an order correction. She then revealed that she was unable to find any documentation of behaviors for the need to administer the Olanzapine and confirmed the resident should not have received the Olanzapine every 12 hours because that is not what the provider ordered. She then revealed possible negative outcomes from receiving the Olanzapine is that the resident could have become over sedated, have loss of appetite, or Tardive Dyskinesia.

During an interview with Certified Nurse Assistant (CNA) #1 and CNA #2 on 3/13/24 at 3:10 PM, they both revealed they have not seen or heard of Resident #104 having any behaviors.

During an interview with the Director of Nursing (DON) on 03/13/24 at 3:40 PM, confirmed that Resident #104 should not have been given the medication ordered as needed Olanzapine without documentation of behaviors requiring the use of the medication . She also confirmed staff did not follow the physician's order when they gave the Olanzapine medication every 12 hours scheduled when the order read every 12 hours as needed. She then revealed the nurses should have recognized the order and the MAR needed to be clarified before administering the Antipsychotic medication, when they checked the five (5) rights of administration.

Record review of the Face Sheet revealed that the facility admitted Resident #104 to the facility on 3/08/24 with diagnoses including Depression and Unspecified Dementia, unspecified severity, without behavior/psychosis/mood/anxiety.

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F 758	Continued From page 6	F 758		
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 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	F 758		4/15/24

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F 758	Continued From page 7 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, record review, and policy review the facility failed to ensure residents were free from unnecessary drug use as evidenced by no targeted behavior or side effect monitoring for the use of psychotropic medications (Resident #38) and administered an as needed (PRN) antipsychotic medication with no documented targeted behaviors (Resident #104) for two (2) of five (5) residents reviewed for unnecessary medication use. Findings include: Review of the policy titled, "Behavior Management and Psych-Pharmacological Medication Monitoring Protocol," revealed Policy: Residents who receive antipsychotic, anti-depressant, sedative/hypnotic, or anti-anxiety medications are to be maintained at the safest lowest dosage necessary to manage the residents' condition. Residents will be reviewed routinely for effectiveness and monitored for side effects. ...Purpose: Interventions developed will only include the use of medications when the assessment by the physician and interdisciplinary team have validated that non-chemical	F 758	1. Immediate action(s) taken for the resident(s) found to have been affected include: The medication regimen for resident #38 and resident #104 was reviewed by medical records nurse on 3/14/2024. Resident #38 was assessed by the Director of Nursing on 3/14/2024 and found to have no adverse outcomes related to alleged deficient practice. Resident #104 was assessed by the Director of Nursing on 3/14/2024 and found to have no adverse outcomes related to alleged deficient practice. 2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents receiving Psychotropic Medications as identified by physician□s orders in the electronic health record have the potential to be affected by the alleged deficient practice. 3. Actions taken/systems put into place to reduce the risk of future occurrence include:	

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F 758	Continued From page 8 interventions alone are not successful. Resident #38 Record review of the Physician Orders List for Res. #38 revealed an order dated 2/18/24 for Celexa 20 MG (milligrams) give one table by mouth once daily, an order dated 9/18/23 for Buspirone HCL 10 MG tablet give one tablet by mouth twice daily and an order dated 3/4/24 for Zyprexa 5 MG tablet give 0.5 tab by mouth every day (hold for sedation). Record review of the March 2024 Medication Administration Record (MAR) revealed Resident #38 received Zyprexa 5 mg (milligram) give 0.5 tablet every day at bedtime (HS) from March 1st through March 3rd (Hold for Sedation), Buspirone 10 mg tablet give one by mouth twice daily March 1st through March 13th and Celexa 20 mg tablet give one tablet by mouth once daily from March 1st through 13th with no documentation of monitoring for side effects or behaviors. An interview with Licensed Practical Nurse (LPN) #1 on 3/13/24 12:38 PM, revealed residents on psychotropic drugs are monitored for behaviors and side effects every shift and documented on the MAR to determine if a medication is still appropriate for a resident. She confirmed if there was no monitoring potential adverse reactions or behaviors may be missed. An interview with the Medical Records LPN on 3/13/24 at 3:00 PM, revealed she was unable to find any monitoring for side effects of psychotropic medications and no monitoring for targeted behaviors in Resident #38's medical record. She then revealed the purpose of the	F 758	All Licensed Nursing staff were inserviced by the Staff Development Nurse on 3/13/2024 regarding the facility policy for Use of Psychotropic Medication. Inservice covered topics including monitoring for behaviors and adverse side effects of psychotropic medications. 100% audit of Psychotropic medications performed by medical records nurse on 3/13/2024 to evaluate for appropriate monitoring of behaviors and medication side effects. 100% audit of Psychotropic Medication Orders performed by medical records nurse on 3/13/2024 to ensure compliance with Physician Orders. All new psychotropic medications will have a monitoring tool for behaviors and adverse side effects. 4. How the corrective action(s) will be monitored to ensure the practice will not recur: The Director of Nursing Services (DNS), or Assistant Director of Nursing Services, will complete weekly audits for 4 consecutive weeks and then monthly for 3 monthly of new medication orders to ensure that appropriate indications for use of any new psychotropic medication are clearly documented in the medical record beginning week of 3/14/2024. All new psychotropic medications will have a monitoring tool to monitor for any adverse effects and behaviors. Findings of audits will be reviewed with Facility Administrator weekly beginning 3/14/2024 for 4 weeks and then presented to the Quality Assurance Committee monthly starting 4/15/24 for 3 months Audit records will be reviewed by the Risk	

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F 758	Continued From page 9 monitoring of the psychotropic medications is to ensure the resident does not have adverse side effects. An interview with the Director of Nursing (DON) on 3/13/24 at 3:07 PM, confirmed monitoring for side effects and behavior monitoring should be documented on the MAR on all residents receiving psychotropic medications, to ensure they are not having any adverse reactions or increased behaviors, and the provider should be notified of any concerns identified such as over sedation, loss of appetite, or Tardive Dyskinesia. She confirmed there was no documentation for side effects or behavior monitoring for Resident #38. Record review of the Face Sheet revealed that the facility admitted Resident # 38 to the facility on 5/27/21 with a diagnosis of Unspecified Dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance, Depression, and Anxiety disorder. Resident #104 Record review of the Physician Orders List for Resident #104, revealed an order dated 3/12/24 Olanzapine 2.5 mg (milligrams) one tablet by mouth every twelve hours as needed times 14 days. Record review of the March 2024 MAR revealed Resident #104 received Olanzapine 2.5 mg one tablet at 8:00 AM March 9th-12th, 8:00 PM the 9th-11th, and at 5:16 AM on the 13th with no documentation of any behaviors on the MAR. An interview with Registered Nurse (RN) #1 on	F 758	Management/Quality Assurance Committee beginning March until such time consistent substantial compliance has been achieved as determined by the committee.	

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F 758	Continued From page 10	F 758		

3/13/24 at 1:24 PM, she revealed she cares for Resident #104 and has not seen the resident have any behaviors nor has she received any reports from other staff about any behaviors.

An interview with the Medical Records LPN on 3/13/24 at 3:05 PM, revealed that she was unable to find any documentation of behaviors for the need to administer the Olanzapine in the medical record. She then revealed possible negative outcomes from receiving the Olanzapine is that the resident could have become over sedated, have loss of appetite, or develop Tardive Dyskinesia.

An interview with Certified Nurse Assistant (CNA) #1 and CNA #2 on 3/13/24 at 3:10 PM, they both revealed they have not seen the Resident #104 have any behaviors and confirmed no one from the other shifts have reported to them any behaviors to them either.

An interview with the Director of Nursing (DON) on 3/13/24 at 3:40 PM, confirmed Resident #104 should not have been given the PRN Olanzapine without documentation of behaviors requiring the use of the medication. She also revealed monitoring for side effects and behavior monitoring should be documented on all residents receiving psychotropic medications, to ensure they are not having any adverse reactions and the behaviors are not worsening, and to show the continued need for the use of the medications and the provider should be notified of any concerns identified.

Record review of the Face Sheet revealed that the facility admitted Resident #104 to the facility on 3/08/24 with Depression and Unspecified

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F 758	Continued From page 11 Dementia, unspecified severity, without behavior/psychosis/mood/anxiety.	F 758		