STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255250	A. BUILDING _____ B. WING _____	09/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF MORTON	96 OLD HIGHWAY 80 EAST/P. O. BOX 459 MORTON, MS 39117

(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 a Recertification Survey, from 9/10/18 through 9/13/18. During the survey the SA determined the facility was not in compliance with the Medicare and Medicaid Requirements for Participation. The SA cited deficiencies at F758. The facility held a license for 120 beds with a census during survey of 114.	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	F 758		9/21/18

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

Electronically Signed | 10/04/2018

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F 758	Continued From page 1 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 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 observation, record review, policy review, staff interview, Physician interview, and Pharmacy Consultant interview, the facility failed to ensure the Physician provided clinical rational for one (1) of five (5) residents reviewed, Resident #5, for a Gradual Dose Reduction (GDR) of psychotropic medication. Findings include: Review of the facility's "Unnecessary Drug Policy", dated November 2016, revealed The facility will ensure based on the comprehensive assessment of the resident that: b. Residents who use psychotropic drugs receive gradual dose	F 758	1. Physician visited Resident #5 on 9/21/18 and provided a clinical rational to explain disagreement of Pharmacy recommendation for a Gradual Dose Reduction (GDR)of Psychotropic medication. Resident will continue on same dose due to Resident's improved condition while on medication. 2. All Residents who receive Psychotropic Medications have the potential to be affected. 3. a. The Physician was in-serviced on 9/21/18 by the Director of Nursing regarding the requirement of a rational when they disagree with the Pharmacist's	

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F 758	Continued From page 2 reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; Record review revealed the facility admitted Resident #5 on 8/28/09, with a diagnosis of Major Depressive Disorder, severe with Psychosis, and was followed by the Psychiatric Nurse Practitioner monthly. Observation of Resident #5 on 9/13/18 at 10:08 AM, revealed the resident to be sleeping in bed. Review of Resident #5's medical record revealed Physician's orders, dated , for Seroquel 100 milligram (mg) at bedtime, for Psychosis, dated 2/5/15; Cymbalta 30 mg every day, ordered 7/11/18; Remeron 75 mg at bedtime, ordered 3/2/18, for Major Depressive Disorder; and Clonazepam (Klonopin) 0.5 mg three (3) times a day, ordered 1/24/18, for Anxiety Disorder. Review of the medical record revealed a Pharmacy Review, dated 7/29/18, with a recommendation for the GDR for Klonopin. The "Physician Remarks" section documented "disagree" and signed by the Physician, with no rationale provided. Review of the Physician's progress note, dated 7/31/18, revealed no rationale for disagreement of a GDR for Klonopin. During an interview on 09/13/18 at 10:32 AM, RN #2 stated the GDR recommendation on 7/29/18, for Klonipin, did not have a rational documented by the Physician for the disagreement of the GDR. RN #2 reported the Physician did not place the rationale in any of the progress notes on his visit on 7/31/18. RN #2 reported that there should have been a rationale on the GDR or in	F 758	suggestion for a Gradual Dose Reduction (GDR)for Psychotropic medications. b. The Physician visited Resident #5 on 9/21/18 and provided a rational for disagreeing with a dose reduction. c. The GDR (Gradual Dose Reduction) Audit will be done monthly by the DON (Director of Nursing) upon receiving Pharmacy Recommendations to assure rational is provided if the Physician disagrees with a Pharmacist suggestion for a dose reduction. 4. Monthly GDR (Gradual Dose Reduction) Audits will be completed for all Pharmacy recommendations checking for a rational by the Physician if they disagree with recommendation of does reduction. These findings will be reported to QAPI (Quality Assurance Improvement Committee) by The Director of Nursing and findings acted upon. QAPI Committee will meet monthly for ongoing monitoring.	

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F 758	Continued From page 3 the Physician's progress notes related to the Klonopin. During a phone interview on 09/13/18 at 11:14 AM, the Pharmacist stated that he would expect the Physician (MD) to provide a rationale for any GDR with which they disagree. The Pharmacist reported that he usually completed the GDR recommendations every six (6) months and reviewed the record for the previous recommendation. The Pharmacist reported if the MD disagreed, he placed another recommendation on the chart at that time. The Pharmacist reported at the six (6) month review, he would follow up with the MD to check their rationale. During a phone interview with the MD on 09/13/18 at 11:47 AM, he reported that he does not normally put down a rationale when he disagreed with a GDR, but if he did, he would put it in his progress notes. The MD stated he was not aware of the need to put down a clinical rationale if he disagreed with the Pharmacist's recommendation. The MD stated he did not document a rationale in his progress note on 7/31/18, for the GDR recommendation for Klonopin. During an interview on 09/13/18 at 12:24 PM, the Director of Nursing (DON) stated that the Charge Nurse should be checking the GDR to ensure that the MD documented a rationale for any of the recommendations that he disagreed with. The DON stated that she would expect the MD to complete the rationale for disagreeing with the Pharmacy recommendation. The DON stated that the MD had only been seeing residents in the facility for about a year and that she does not	F 758		

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F 758	Continued From page 4 know of any training they received for GDR recommendations. The DON reported that she thought they probably should be training the MDs on the GDR process, and following up with them if they do not place a rationale when disagreeing with the Pharmacist. During an interview on 09/13/18 at 9:23 AM, Registered Nurse (RN) #1 stated Resident #5 had attempts to decrease her Seroquel multiple times and she had increased symptoms of crying episodes and refused to bathe and leave the room. RN #1 stated the Pharmacist recommended GDR on all psychotropic medications.	F 758		

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	255250	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**09/11/2018**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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E 000	Initial Comments Survey conducted on 9/11/18 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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