STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	06BC	A. BUILDING: _____ B. WING _____	09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOLIVAR MEDICAL CENTER LTC	901 E SUNFLOWER RD CLEVELAND, MS 38732

(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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted a recertification survey from 9/24/18 to 9/26/18/18. During the survey the SA determined the facility was not in compliance with the Minimum Standards for The Institutions For The Aged And Infirm. The SA cited the state statute M710. The census at the time of entrance was 34, and the facility was certified for 35 beds.	M 000		
M 710	45.24.3 Consultation Consultation. Each facility shall obtain the services of a licensed pharmacist who will be responsible for: 1. Establishing a system of records of receipt and disposition of all controlled drugs and to determine that drug records are in order and that an account of all controlled drugs are maintained and reconciled; 2. Provide drugs regimen review in the facility on each resident every thirty (30) days by a licensed pharmacist; 3. Report any irregularities to the attending physician or nurse practitioner/physician assistant and the director or nursing; and 4. Records must reflect that the consultation pharmacist monthly report is acted upon. This Statute is not met as evidenced by: Based on staff interview, record review, and facility policy review, the facility failed to follow pharmacy recommendations related to the use antianxiety medication ordered as needed (PRN) for one (1) of five (5) residents reviewed for unnecessary medications, for Resident #16.	M 710	1. The Director of Nursing(DON)notified the Attending Physician for Resident #16 on September 25, 2018 and discussed the deficiency,reviewed the new Centers for Medicare and Medicaid(CMS) requirement that as needed(PRN)orders for psychotropic drugs are limited to fourteen(14)days unless an appropriate	10/26/18

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

Electronically Signed | 10/26/18

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M 710	Continued From page 1 Findings include: Review of facility's policy titled, "Unnecessary/Antipsychotic Hypnotic Drugs Informed Consent for Psychotropic Medications Procedure", revised 02/2016 and copyright 2018, revealed: 2. The specific medical conditions which antipsychotic may be used included: k. Organic mental syndrome (including dementia with associated psychotic and/or agitated behaviors. 1. Which had quantitatively (number of episodes) and objectively (e.g. biting, kicking, scratching, etc.) documented. 2. Which are not caused by preventable reasons. 3. Which have caused the resident to present a danger to self or to others, 4. Which cause continuous crying, screaming, yelling, or pacing which cause an impairment in functional capacity. 5. Short term (seven (7) days) symptomatic treatment of hiccups, nausea, vomiting, and pruritis. 4. P.R.N. antipsychotic drugs will be used only when the resident has a "specific medical condition" as listed above and one of the following circumstances exits: a. The P.R.N. dose will be used to titrate the resident's total daily dose, to achieve symptom relief, to avoid side effects or effect a gradual dose reduction. b. The P.R.N. dose will be used to manage unexpected harmful behaviors that cannot be managed otherwise. (May not be used more than twice in any seven day period without an assessment of the cause for the resident's behavioral symptoms). Record review of the Pharmacy Reviews, dated 8/16/18 and 9/4/18, revealed the Pharmacist had recommended the following: "Resident currently receives Ativan 0.5mg daily PRN agitation. CMS (Centers For Medicare and Medicaid Services) requirements state that PRN psychotropic medications must have a maximum duration of	M 710	rational for giving the medication is documented by the physician, and reviewed the Consultant Pharmacist Reviews dated 08/16/18 and 09/4/18 which stated "Resident currently receives Ativan 0.5 mg daily prn agitation. CMS requirements state that PRN psychotropic medications must have a maximum duration of 14 days. Consider adding a stop date or changing to a scheduled frequency if receiving routinely". The Attending Physician responded by discontinuing the Ativan 0.5 mg for Resident #16 on September 25, 2018. The DON also began educating all nursing staff on the new CMS requirements on September 25, 2018. 2. All residents have the potential to be affected by staff failure to follow the CMS requirement that PRN medication orders for psychotropic drugs are limited to 14 days unless an appropriate rational for giving the medication is documented by the Attending Physician. On September 25, 2018, the DON reviewed the Consultant Pharmacist's recommendations on the Consultant Pharmacist Review Report for the month of September 2018 to ensure that there were no other prn psychotropic medications or other medication recommendations that were not appropriately addressed and all other Consultant Pharmacy Recommendations had been appropriately addressed. 3. STAFF TRAINING: The DON educated the Medical Director, who is also the Attending Physician for all of the residents,	

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M 710	Continued From page 2 14 days. Consider adding a stop date or changing to a scheduled frequency if receiving routinely". The Physician Response was to disagree, and continue as ordered to both recommendations. No rationale for continuing the medication was documented. Review of Resident #16's Medication Review Report/Physician Orders, dated September 2018, revealed an order for "Ativan 0.5 (five tenths) milligrams (mg), give one (1) tablet by mouth every 24 hours as needed for agitation, give at bedtime" with a start date of 7/27/18. During an interview with the Director of Nursing (DON), on 9/25/18, at 5:00 PM, she stated, "We usually document why it is continued. We always bring to his attention any PRN meds. We review the patient's behaviors with him, and he will decide if it needs to be continued. The pharmacy consultant brings that to our attention. I was not aware of the 14 day regulation. She rarely ever takes it". Review of Resident #16's Medication Administration Records (MAR) revealed the following: July 2018 MAR documented the Ativan was administered on 07/26/18. The August 2018 MAR documented the Ativan was administered on 08/10/18, and 08/13/18. The September MAR documented the Ativan was not administered September 1st thru the 26th. Review of the Physician Progress Notes revealed the physician did not address the PRN Ativan in his Progress Notes, or document their rationale in the resident's medical record, or indicate the duration for the PRN order. Review of Resident #16's Admission Minimum	M 710	on the new CMS requirements on September 25, 2018 and also began in-servicing all of the staff nurses on this same date. An in-service for the nurses was held on October 24, 2018 to review the new CMS requirements. Nurses will be expected to have a full understanding of the new requirements and nursing process as follows: a. PRN medication orders for psychotropic drugs will be limited to 14 days unless the Attending Physician documents an appropriate rational for continuing the medication. b. Nurses will question the DON or Registered Nurse(RN)Supervisor for any PRN psychotropic medication that is ordered beyond the 14 day requirement if there is no physician documentation as to the reason why the medication will be continued. The DON or RN Supervisor will then notify the Attending Physician for further orders in order to meet the CMS requirements. c. The Consultant Pharmacist will also alert the DON and/or the RN Supervisor on a one to one basis as well as in the monthly Consultant Pharmacist Review Report when there is a recommendation related to a prn psychotropic medication still ordered for more than 14 days without appropriate, documented rational by the Attending Physician. d. The DON or RN Supervisor will notify the Attending Physician for any prn psychotropic medication that is still ordered for more than 14 days without appropriate written rational for continuing, in order to receive further physician orders	

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M 710	Continued From page 3 Data Set (MDS), with an Assessment Reference Date (ARD) of 08/01/18, revealed a Basic Interview For Mental Status (BIMS) score of 14, which indicated cognitive status was intact. Further review of the MDS revealed Resident #16 was coded for the administration of an antianxiety medication one time during the seven day observation period. The MDS revealed Resident #16 was admitted by the facility, on 07/19/18, with the included Active Diagnoses Dementia and Depression.	M 710	to meet the CMS requirements. 4. The Director of Nursing did a Consultant Pharmacist Review Audit on September 26, 2018 in which she reviewed the Consultant Pharmacist Reviews dated 08/16/18 and 09/04/18 and will continue monthly audits for at least one year to ensure compliance with the CMS requirement that prn psychotropic medications must not exceed 14 days unless there is physician documentation as to the rational to continue the medication. Any noted problems will be addressed immediately. Audits findings will be reported by the DON to the Quality Assurance Performance Improvement Committee and by the Administrator to the Bolivar Medical Center Quality Council quarterly and recommendations will be made as needed to ensure full compliance with the requirements.	