STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255324	A. BUILDING _____ B. WING _____	09/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUCE COMMUNITY LIVING CENTER	**176 HIGHWAY 9 SOUTH BOX 1280 BRUCE, MS 38915**

(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 at the facility from 9/19/22 to 9/22/22. During the survey the SA determined that the facility was not in compliance with Medicare and Medicaid requirements of participation and cited F758 for unnecessary psychotropic drugs. The facility held a license for 35 beds and had a census of 28 at the time of the survey.	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		10/20/22

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

Electronically Signed | 09/30/2022

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 staff interviews, record review, and facility policy review, the facility failed to ensure that an as-needed (prn) psychotropic drug was limited to14 days for one (1) of six (6) residents reviewed for psychotropic medication use. Resident #9 A review of the facility policy titled "Psychotropic Medications", dated 02/15/2018, revealed, "PRN psychotropic medications will have a 14-day period of administration time. If the prescribing MD/NP orders to continue the medication beyond 14 days, the MD/NP will document rationale and the duration for the medication in the clinical	F 758	1.Resident #9□s PRN (as needed) Lorazepam was changed to a routine scheduled medication, Lorazepam Concentrate 2mg/ml give 0.5ml orally 2 times a day on 9/22/2022 by resident□s physician. 2.Residents with orders for PRN Psychotropic medications have the potential to be affected by this practice. 3.Registered Nurses and Licensed Practical Nurses were in-serviced on 9/29/22 by Director of Nursing regarding PRN Psychotropic medications will be limited to 14 days and cannot be renewed	

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F 758	Continued From page 2 record. " Record review of Resident #9's Order Summary Report for Order Date Range: 06/01/2022-08/31/2022 page 3, revealed an order for "Lorazepam Concentrate 2 MG/ML Give 0.5 ml by mouth every 4 hours as needed for restlessness and anxiety." Order start date 06/13/2022, and no end date. Record review of Resident #9's Order Summary Report for Order Date Range: 06/01/2022-08/31/2022 page 3, revealed an order for "Lorazepam Concentrate 2 MG/ML Give 0.5 ml by mouth every 4 hours as needed for restlessness and anxiety for 4 weeks." Start date 07/25/2022 and end date 08/22/2022. Record review of consultant pharmacist communication to the physician dated 06/29/22 revealed to continue therapy for 4 weeks then discontinue. No rationale by the physician was noted as to why the medication exceeded the 14 day duration. An interview on 09/22/22 at 12:12 PM with the Medical Records nurse confirmed that the PRN psychotropic medication written on 06/13/22 did not have an end date. An interview on 09/22/22 at 12:37 PM with the Pharmacy consultant confirmed the PRN psychotropic medication must be re-evaluated every 14 days unless the clinician determines that it is needed, and the physician must write a rationale to continue it beyond the 14 day requirement. He revealed that he gave the recommendation to either discontinue the Ativan (Lorazepam) or continue medication therapy and	F 758	unless the attending physician or prescribing provider documents the rationale for extended use. Nurses were also in-serviced that Antipsychotic PRN medications cannot be renewed after 14 days unless attending physician or prescribing provider evaluates resident for appropriateness. 4.Orders will be checked daily by the Director of Nursing or Medical Records Nurse during daily clinical meetings beginning 9/29/22 and will continue indefinitely to ensure PRN Psychotropic medications have a stop date of 14 days and an acceptable rationale. The Director of Nursing will report the results of the audit to the Quality Assurance Performance Improvement Committee monthly beginning 10/20/2022 x 3 months for review and revision.	

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F 758	Continued From page 3	F 758		

that he leaves the number of weeks or days blank for the Physician to fill in. He revealed that the pharmacy recommendation form dated 06/29/22 had a blank for the week or days to be specified by the Physician but that the physician filling out the form left that area blank.

An interview on 09/21/22 at 10:15 AM, with the Director of Nurses (DON) revealed any resident that is on a psychotropic as-needed (PRN) is supposed to be on the medication for fourteen (14) days and then re-evaluated by the physician to continue the medication.

An interview on 09/22/22 at 12:48 PM with the DON confirmed the Consultant Pharmacist's communication to the Physician dated 06/29/22 with the recommendation to continue PRN Ativan for four weeks does not have a rationale from the physician and there should be.

An interview on 09/22/22 at 12:20 PM, with Resident #9's Attending physician revealed we try not to do any PRN psychotropic medications and the order for the medication came from the hospice doctor, but I do co-sign everything. He revealed the resident, has been agitated ever since she came into the facility. She went on hospice a while back and all her medications were discontinued except for comfort medications from hospice. He confirmed the medication is supposed to be for 14 days and then the resident can be re-evaluated for further usage. He confirmed the PRN Ativan did not have an end date on it when the order was written for hospice. He revealed that he told the DON today to make the Ativan a scheduled medication because the resident is requiring it more.

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F 758	Continued From page 4 Record review of Resident #9's Face Sheet revealed she was admitted to the facility on 11/12/20 with diagnoses that included, Alzheimer's disease, dementia with behavioral disturbance, anxiety disorder, other specified depressive episodes, and brief psychotic disorder. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of June 24, 2022, revealed Resident #9 is rarely/never understood indicating resident is Severely impaired.	F 758		