STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355093	A. BUILDING _____ B. WING _____	08/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - BOTTINEAU	725 E 10TH ST BOTTINEAU, ND 58318

(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 standard Medicare/Medicaid recertification survey started on 07/30/18 and concluded 08/01/18.	F 000		
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.	F 756		9/5/18

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

Electronically Signed | 08/16/2018

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 756	Continued From page 1 §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, and staff interview, the consulting pharmacist failed to identify and report drug regimen irregularities regarding gradual dose reductions (GDRs) to the attending physician, the medical director, and the director of nursing for 1 of 5 residents (Resident #31) reviewed for psychotropic medications. Failure to suggest GDRs may result in the resident receiving unnecessary medications and experiencing adverse consequences related to the medications. Findings include: Review of the facility policy titled "Medication Regimen Review [MRR]" occurred on August 1, 2018. This policy, revised October 2017, stated, ". . . Policy: The drug regimen of each resident is reviewed at least once a month by a licensed pharmacist. . . . Procedure: . . . 2. The MRR will identify the following: . . . Gradual dose reduction . . ." Review of the facility policy titled "Psychotropic Medications" occurred on August 1, 2018. This policy, revised June 2017, stated, ". . . Procedure: . . . Gradual Dose Reductions: . . . 1. Antipsychotics: a. Within the first year a resident	F 756	1. Resident #31□s Gradual Dose Reduction (GDR) attempt was completed on 8/7/18 by medical provider. 2. All current residents that use psychotropic medications have potential to be affected by this deficiency. An audit was completed to verify that 2 GDRs at least one month apart have been attempted or completed. Six new admissions in last year already on psychotropic medications. Of those 6 residents, 1 was Resident #31, 4 others have had 2nd GDR and 1 is due September 2018. In addition, 10 residents have begun psychotropic medications in last year. None of the 10 residents are out of compliance. All have plan in motion to have 2nd GDR attempt attempted or completed within first year of initiation. 3. Contracted Pharmacist will address in MRR the medications need for a Gradual Dose Reduction review when it is noted due on the Gradual Dose Reduction form. Contract pharmacist will use GSS Form #166 Gradual Dose Reduction Calendar to track GDR for all residents with an order for psychotropic medication to ensure that the deficient practice will not	

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F 756	Continued From page 2 is admitted on an antipsychotic medication . . . the location [facility] must attempt a gradual dose reduction (GDR) in two separate quarters with at least one month between attempts, unless clinically contraindicated. . . . 3. Other Psychotropic Medications: a. During the first year in which a resident is admitted on a psychotropic medication . . . the location should attempt to taper the medication during at least two separate quarters (with at least one month between attempts), unless clinically contraindicated. . . ." Review of Resident #31's medical record occurred on all days of survey. Diagnoses included dementia with behavioral disturbance and depression. Psychotropic medications, ordered 07/25/17 on admission, included: * Abilify (antipsychotic) 5 milligrams (mg) daily * Remeron (antidepressant) 15 mg daily * Wellbutrin XL (antidepressant) 300 mg daily Resident #31's physician completed forms, dated 12/05/17, indicating a dose reduction of Abilify, Remeron, and Wellbutrin was clinically contraindicated. Review of the consulting pharmacist's MRRs failed to identify a second recommendation in the first year since admission for a GDR of Resident #31's psychotropic medications. During an interview on 08/01/18 at 6:25 p.m., a nurse administrator (#1) stated the facility's consulting pharmacist believed a second review of psychotropic medications for GDR was not necessary as the physician determined a GDR was contraindicated on the first review.	F 756	recur. Contract pharmacist will submit completed GSS Form #166 monthly to QAPI coordinator or Designee monthly. 4. DNS or designee will audit the contracted pharmacist□s recommendations for GDRs noted on the MRR. DNS or designee will audit the completion of Gradual Dose Reduction Calendar GSS #166 by consulting pharmacist and complete chart audit to validate that dose reduction has taken place or presence of physician documentation if reduction is contraindicated. Audits will be done monthly X3 months, then quarterly x 3 quarters. Audit results will be submitted to QAPI Committee for review and further recommendation if indicated.	
F 758	Free from Unnec Psychotropic Meds/PRN Use	F 758		9/5/18

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F 758 SS=D	Continued From page 3 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 prescribing practitioner believes that it is	F 758		

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F 758	Continued From page 4 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 review, policy review, and staff interview, the facility failed to ensure residents who use psychotropic medications receive gradual dose reductions (GDRs), unless clinically contraindicated, in an effort to taper or discontinue the medications for 1 of 5 sampled residents (Resident #31) reviewed for psychotropic medication use. Failure to attempt a GDR, or document why a GDR is clinically contraindicated, placed residents at risk for receiving unnecessary medications and experiencing adverse consequences related to their use. Findings include: Review of the facility policy titled "Psychotropic Medications" occurred on August 1, 2018. This policy, revised June 2017, stated, ". . . Definitions: . . . Gradual Dose Reduction: The stepwise tapering of a dose to determine whether symptoms, conditions or risks can be managed by a lower dose or whether the dose or medication can be discontinued. . . . Procedure: . . . Gradual Dose Reductions: . . . 1. Antipsychotics: a. Within the first year a resident	F 758	1. Resident #31□s Gradual Dose Reduction (GDR) was completed on 8/7/18 by medical provider. 2. All current residents that use psychotropic medications that have been admitted within last year have potential to be affected by this deficiency. An audit was completed to verify that 2 GDRs at least one month apart have been attempted or completed. Six new admissions in last year already on psychotropic medications. Of those 6 residents, 1 was Resident #31, 4 others have had 2nd GDR and 1 is due September 2018. In addition, 10 residents have begun psychotropic medications in last year. None of the 10 residents are out of compliance. All have plan in motion to have 2nd GDR attempt attempted or completed within first year of initiation. 3. RN will request doctor review med requiring GDR for possibility of reducing dose or explaining why contraindicated. Provider will provide a progress note explaining specifically why a GDR is not	

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F 758	Continued From page 5 is admitted on an antipsychotic medication . . . the location [facility] must attempt a gradual dose reduction (GDR) in two separate quarters with at least one month between attempts, unless clinically contraindicated. . . . 3. Other Psychotropic Medications: a. During the first year in which a resident is admitted on a psychotropic medication . . . the location should attempt to taper the medication during at least two separate quarters (with at least one month between attempts), unless clinically contraindicated. . . ." Review of Resident #31's medical record occurred on all days of survey. Diagnoses included dementia with behavioral disturbance and depression. Psychotropic medications, ordered 07/25/17 on admission, included: * Abilify (antipsychotic) 5 milligrams (mg) daily * Remeron (antidepressant) 15 mg daily * Wellbutrin XL (antidepressant) 300 mg daily Resident #31's record contained facility-initiated forms which stated Abilify, Remeron, and Wellbutrin were "due for gradual dose reduction." Under the heading "Medication reduction is clinically contraindicated due to the following:" the physician wrote "Benefit outweighs any problems" and signed/dated the forms on 12/05/17. Resident #31's record lacked evidence the physician addressed a GDR for Abilify, Remeron, and Wellbutrin twice in the first year since the resident's admission. During an interview on 08/01/18 at 5:30 p.m., two nurse administrators (#1 and #2) stated they did not ask the physician to consider a GDR a	F 758	being done. QAPI RN or designee will use Form #166 Gradual Dose Reduction Calendar for all residents on psychotropic medications to track the required GDR to ensure that the deficient practice will not recur. Pharmacy Consultant and Physicians will be notified of correction to system process, all staff will be educated at all staff meeting on 8/23/18. 4. DNS or designee will audit the completion of Gradual Dose Reduction Calendar GSS #166 for all new admissions and current residents with order for psychotropic medications by QAPI RN and complete chart audit to validate that dose reduction has taken place or presence of physician documentation if reduction is contraindicated. Audits will be done monthly X3 months, then quarterly x 3 quarters. Audit results will be submitted to QAPI Committee for review and further recommendation if indicated.	

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F 758	Continued From page 6 second time since Resident #31's admission on 07/25/17, as the physician documented tapering the psychotropic medications was clinically contraindicated on 12/05/17.	F 758		