STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355101	A. BUILDING _____ B. WING _____ OCT 15 2010	09/29/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAKOTA ALPHA	1303 27TH STREET NW MANDAN, ND 58554

(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 For the standard Medicare/Medicaid recertification survey started on 09/27/10 and completed on 09/29/10 the sample included two residents for complete review, five residents for focused review, and one closed record for review. The sample included one additional resident to verify specific concerns during the survey.	F 000		
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: Based on record review, professional reference review, and review of the facility's pharmacy agreement, the facility's pharmacist failed to identify medication regimen irregularities for 2 of 5 residents (Resident #2 and #5) receiving an antipsychotic. Failure to recognize and report medication irregularities may result in residents receiving unnecessary medications and experiencing adverse consequences related to these medications. Findings include: CMS outlined the "Medication Regimen Review"	F 428	The pharmacist will receive updated information on F Tag 329 and F Tag 428. Flagged pages explaining the dose reduction protocol will be reviewed with him by the ADON. The dose reduction protocol has been explained to the resident's psychiatrist by the ADON. A review of and reduction of resident #2's overall psychotropic medication has been ongoing by the psychiatrist since his first psychiatric visit and specific reduction of Seroquel and Depakote will be addressed according to #2's behavior during his November 1st psychiatric appointment. Resident #5 has a psychiatric appointment on November 19th. Dose reduction protocol of Risperdal will be reviewed at that time.	10/29/10

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

Administrator / VP of Brain Injury Services 10/15/10

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 428	Continued From page 1 (MRR) as a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences associated with medication. The review includes preventing, identifying, reporting, and resolving medication-related problems, medication errors, or other irregularities, and collaborating with other members of the interdisciplinary team. Review of the agreement between the facility and the consulting pharmacist titled "AGREEMENT FOR PROVISION OF PHARMACY CONSULTANT SERVICES" occurred on 09/29/10. This agreement, dated 2010, stated, ". . . RESPONSIBILITIES OF PHARMACIST CONSULTANT: . . . Monitor residents prescribed and over the counter medications for proper indication, adverse consequences, consideration of non-pharmacological means for control of symptoms when more appropriate, and trial dose reductions. . . ." - Review of Resident #5's medical record occurred on all days of survey. Diagnoses included traumatic brain injury, organic personality disorder, and hyperactivity. Current medications included Risperdal (an antipsychotic) 2 mg (milligrams) every night (initiated on September 11, 2009). - Review of Resident #2's medical record occurred on all days of survey. The facility admitted the resident on 11/19/09. Diagnoses included a closed head injury secondary to a motor vehicle accident and cognitive impairment. Current medications included Seroquel (an antipsychotic medication) 50 mg every a.m., 100 mg every p.m., and 100 mg at bedtime as needed	F 428	The monthly pharmacy review forms of resident medication regime have been revised to include the specified regulations of trial dosage reductions. The ADON has also spoken to the consultant pharmacist about the deficiency and the protocol changes. Resident psychiatric visitation forms have been revised to include F Tag regulation for dosage review and reduction. The DON will review the resident's monthly pharmacy review sheets the first week of the month for the prior month to assure any recommended changes are noted. The day charge nurse will note on psychiatric visitation sheets pertinent notations from the pharmacist. The DON will present a summary of the pharmacy review documentation to the QA committee at the quarterly meetings. The next scheduled QA meeting is November 17th. The above actions (including QA) will be completed by November 18, 2010.	10/15/10 11/02/10 11/17/10

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F 428	Continued From page 2 (PRN); and Depakote sprinkles (an anti-seizure medication also used to treat agitation) 500 mg every p.m. Resident #2's record showed the PRN Seroquel administered only three times since admission - 12/04/09, 12/07/09, and 01/07/10. The record identified the resident's dosage of Seroquel the same as the admission dosage and the Depakote sprinkles increased from 250 mg daily to 500 mg daily on 11/20/09, one day after admission to the facility. Review of Resident #2 and #5's "Monthly Pharmacy Review" forms from December 2009 through August 2010 identified two questions: "If medication regimen appropriate for patient's diagnosis and clinical status," all answered "yes" by the consulting pharmacist, and "Does the patient have drug elimination limitations which may require dosage adjustments to be made," all answered "no" by the consulting pharmacist. The form failed to show any recommendations from the consulting pharmacist regarding Resident #2's continued use of Seroquel and Depakote and infrequent use of the PRN Seroquel, Resident #5's continued use of Risperdal, or any trial dose reductions for these medications. During an interview on the morning of 09/29/10 with an administrative nurse (#1), she stated the consulting pharmacist doesn't review the medications of the residents followed by a psychiatrist.	F 428		