STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535040	A. BUILDING _____ B. WING _____	R 11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOUGLAS CARE CENTER LLC	1108 BIRCH STREET DOUGLAS, WY 82633

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{F 000}	INITIAL COMMENTS A revisit survey was conducted on 11/14/19 for all previous deficiencies cited on 9/12/19. The following common abbreviations are used throughout this document. ADON: Assistant Director of Nursing MDS: Minimum Data Set	{F 000}		
{F 758} SS=E	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}		11/30/19

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

Electronically Signed | 11/20/2019

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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 medical record review and staff interview, the facility failed to ensure residents were free from unnecessary medications for 6 of 7 residents (#37, #38, #40, #47, #50, #52) reviewed for psychoactive medications. The findings were: 1. Review of the 10/16/19 annual MDS assessment showed resident #37 was admitted to the facility on 10/26/11. Further review showed the resident had diagnoses which included Alzheimer's disease, non-Alzheimer's dementia, anxiety disorder, and depression. Review of the medication administration record (MAR) from 10/13/19 through 11/11/19 showed the resident was prescribed Ativan (antianxiety) 0.5 mg twice daily with a start date of 7/26/19 for dementia with	{F 758}	F758 Free from Unnecessary Psychotropic Meds/PRN Use The facility will ensure residents are free from unnecessary medications. 1) Resident #37 will have Behavioral Monitoring Flowsheet was updated on 11/13/19 by ADON with both target behaviors and interventions for each of the medications he/she is taking. 2) Resident #38 will have Behavioral Monitoring Flowsheet was updated on 11/13/19 by ADON with both target behaviors and interventions for each of the medications he/she is taking. 3) Resident #40 will have Behavioral Monitoring Flowsheet was updated on 11/13/19 by ADON with both target	

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{F 758}	Continued From page 2 behavioral disturbances; and citalopram (antidepressant) 20 mg daily, with a start date of 7/26/19 for depression. Review of the "Psychotropic Drug Use" care plan created on 11/4/19 showed the resident received citalopram and Ativan for depression and behaviors. Further review of the care plan showed the behaviors to be monitored included combativeness with care, resistance to care, anxiety, and depression. The following concerns were identified: a. Review of the 10/13/19 through 11/11/19 MAR showed the resident's behaviors were documented 3 times daily. Behaviors documented included combativeness with care, agitated, sleeping, angry, resting, slapped staff, smiling, cooperative, yelling, and irritable. There was no method to determine which behaviors were being monitored for each medication. 2. Review of the 8/15/19 significant change MDS assessment showed resident #38 was admitted to the facility on 10/30/18. Further review showed the resident had diagnoses which included Alzheimer's disease, non-Alzheimer's dementia, and depression. Review of the MAR from 10/13/19 through 11/11/19 showed the resident was prescribed citalopram (antidepressant) 20 mg daily with a start date of 2/12/19 for depression; lorazepam (antianxiety) 0.5 mg 3 times a day with a start date of 5/7/19 for anxiety; and quetiapine (antipsychotic) 25 mg daily with a start date of 11/14/18 for restlessness and agitation. Review of the "Psychotropic Drug Use" care plan created on 11/12/19 showed the resident received citalopram, lorazepam, and quetiapine daily. Further review of the care plan showed behaviors to be monitored included combativeness, aggression, agitation, and refusal of care. The following concerns were identified:	{F 758}	behaviors and interventions for each of the medications he/she is taking. 4) Resident #47 will have Behavioral Monitoring Flowsheet was updated on 11/13/19 by ADON with both target behaviors and interventions for each of the medications he/she is taking. 5) Resident #50 has passed away. 6) Resident #52 will have Behavioral Monitoring Flowsheet was updated on 11/13/19 by ADON with both target behaviors and interventions for each of the medications he/she is taking. A) DCC will identify all other residents who may be at risk or effected by unnecessary medications. B) Nurses will be educated by ADON on the Psychotropic policy and procedure to ensure understanding. C) Residents with psychotropic medications will be reviewed weekly at the psychotropic monitoring meeting to ensure that the behavioral monitoring sheets have target behaviors and interventions that are in-line with the Psychotropic medications they are administered. D) An audit of behavioral monitoring sheets will be completed by SSD or designee, weekly for one month and then monthly for three months to ensure the policy and procedure is being followed including interventions. Results will be taken to QAPI for three months or until resolved.	

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a. Review of the 10/13/19 through 11/11/19 MAR showed the resident's behaviors were documented 2 times daily. The behaviors documented included laughing, sleeping, and flat affect. There was no method to determine which behaviors were being monitored for each medication.

3. Review of the 10/21/19 significant change MDS assessment showed resident #40 was admitted to the facility on 5/9/19. Further review showed the resident had diagnoses which included Alzheimer's disease, non-Alzheimer's dementia, and anxiety disorder. Review of the 10/13/19 through 11/11/19 MAR showed the resident was prescribed citalopram (antidepressant) 10 mg daily with a start date of 9/3/19 for anxiety; clonazepam (antianxiety) 0.25 mg daily with dinner on 10/30/19 for anxiety; and mirtazapine (antidepressant) 7.5 mg at bedtime with a start date of 7/2/19 for anxiety. Review of the "Psychotropic Drug Use" care plan created on 11/4/19 showed the resident received mirtazapine, citalopram, and clonazepam daily. Further review of the care plan showed behaviors to be monitored included combativeness with care, resistance to care, and depression. The following concerns were identified:

a. Review of the 10/13/19 through 11/11/19 MAR showed the resident's behaviors were documented 2 times daily. The behaviors documented included sleeping, tearful, anxious, crying, drowsy, asleep, and resting. There was no method to determine which behaviors were being monitored for each medication.

4. Review of the 10/23/19 quarterly MDS assessment showed resident #47 was admitted to the facility on 4/9/19. Further review showed

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the resident had diagnoses which included Alzheimer's disease and non-Alzheimer's dementia. Review of the 10/13/19 through 11/11/19 MAR showed the resident was prescribed mirtazapine (antidepressant) 7.5 mg daily with a start date of 4/9/19 for dementia without behavioral disturbance; and Seroquel (antipsychotic) 12.5 mg at bedtime for Alzheimer's disease with a start date of 4/16/19. Review of the "Psychotropic Drug Use" care plan created on 11/4/19 showed the resident received mirtazapine and Seroquel daily for hallucinations. Further review of the care plan showed behaviors to be monitored included combativeness with care, anxiety, suspicious behaviors, talking to self, delusions, hallucinations, and depression. The following concerns were identified:

a. Review of the 10/13/19 through 11/11/19 MAR showed the resident's behaviors were documented daily. The behaviors documented included psychosis, talking to self, quiet, withdrawn, anxious, hallucinating, and resting. There was no method to determine which behaviors were being monitored for each medication.

5. Review of the 10/21/19 significant change MDS assessment showed resident #50 was admitted to the facility on 12/6/18. Further review showed the resident had diagnoses which included Alzheimer's disease, non-Alzheimer's dementia, anxiety disorder, depression, and psychotic disorder. Review of the October 2019 MAR and the November MAR through 11/9/19 showed the resident was prescribed Lexapro (antidepressant) 20 mg daily with a start date of 12/6/18 for depression; Ativan (antianxiety) 0.5 mg 3 times daily with a start date of 7/26/19 for anxiety; and olanzapine (antipsychotic) 5 mg daily

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with a start date of 10/15/19 for unspecified dementia with behavioral disturbance. Review of the "Psychotropic Drug Use" care plan created on 11/4/19 showed the resident received olanzapine, Ativan, and Lexapro daily for depression and behaviors. Further review of the care plan showed behaviors to be monitored included combativeness with care, resistant to care, anxiety, going through other people's belongings, and depression. The following concerns were identified:

a. Review of the October 2019 MAR and the November MAR through 11/9/19 showed the resident's behaviors were documented 3 times daily. The behaviors documented included yelling, agitated, sleeping, anxious, hallucinating, resting, confused, and delusional thoughts. There was no method to determine which behaviors were being monitored for each medication.

6. Review of the 9/13/19 quarterly MDS assessment showed resident #52 was admitted to the facility on 11/28/18. Further review showed the resident had diagnoses which included non-Alzheimer's dementia and depression. Review of the October 2019 MAR and the November MAR through 11/11/19 showed the resident was prescribed clonazepam (antianxiety) 0.5 mg twice daily with a start date of 9/17/19 for dementia with behavioral disturbance; Seroquel (antipsychotic) 25 mg at bedtime with a start date of 11/28/18 for vascular dementia without behavioral disturbance; and mirtazapine (antidepressant) 15 mg at bedtime with a start date of 11/28/19 for depression. Review of the "Psychotropic Drug Use" care plan created on 11/12/19 showed the resident received Seroquel, mirtazipine, and clonazepam daily for dementia and anxiety. Further review of the care plan

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showed behaviors to be monitored included combativeness, wandering, and agitation. The following concerns were identified:

a. Review of the October 2019 MAR and the November MAR through 11/11/19 showed the resident's behaviors were documented twice daily. The behaviors documented included wandering, anxious, repetitive questions, refusing care, and confusion. There was no method to determine which behaviors were being monitored for each medication.

7. Interview with the ADON on 11/12/19 at 2:51 PM revealed the facility had developed a system where the interdisciplinary team evaluated the prescribed medications effectiveness by comparing the behaviors documented to the care plan. However, they had not identified target behaviors specific to each psychoactive medication.