**F 329 483.25[I] DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS**

Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.

Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

This **REQUIREMENT** is not met as evidenced by:

Based on medical record review and interview, it was determined the facility failed to ensure 2 of 5 (Residents #53 and 170) sampled residents reviewed of the 28 residents included in the stage 2 review were free from unnecessary medication use.

The findings included:

<table>
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<tr>
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<tbody>
<tr>
<td>F329</td>
<td>MD</td>
<td>changed diagnosis for resident #53 to Dementia with Behavioral Disturbances on 4/23/2014.</td>
<td><strong>1.</strong> MD changed diagnosis for resident #53 to Dementia with Behavioral Disturbances on 4/23/2014.</td>
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<tr>
<td></td>
<td>FNP</td>
<td>changed diagnosis for resident #170 on 4/16/2014 to Dementia with Behavioral Disturbances.</td>
<td><strong>2.</strong> FNP changed diagnosis for resident #170 on 4/16/2014 to Dementia with Behavioral Disturbances.</td>
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<td></td>
<td>Behavioral Committee</td>
<td>will review all current resident on antipsychotic medications by 5/2/2014 for appropriate diagnosis and refer to MD if indicated.</td>
<td><strong>3.</strong> Behavioral Committee will review all current resident on antipsychotic medications by 5/2/2014 for appropriate diagnosis and refer to MD if indicated.</td>
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<td>Behavioral Committee</td>
<td>will review antipsychotic drug use monthly to ensure that each resident has appropriate diagnosis for medication use.</td>
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<td>Behavioral Committee</td>
<td>will report their findings to the QA committee quarterly to ensure that compliance is maintained.</td>
<td><strong>5.</strong> Behavioral Committee will report their findings to the QA committee quarterly to ensure that compliance is maintained.</td>
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F 329: Continued From page 1

1. Medical record review for Resident #53 documented an admission date of 5/22/13 with diagnoses of Hypertension, Acute Bronchitis, Chronic Obstructive Pulmonary Disease, Emphysema, Pneumonia, Irritable Bowel Syndrome, Dementia, Malignant Neoplasm Parathyroid, Arthritis, Depressive Disorder, Cataract, Aftercare Traumatic hip fracture, Symbolic Dysfunction, Anxiety, Constipation and Urinary Tract Infection. Review of Physician's orders documented the following:
   a. 6/13/13 - "Monitor for INCREASED ANXIETY Q [every] Shift."
   b. 7/1/13 - "Monitor for INCREASED PSYCHOSIS Q Shift."

Review of the "Collection Sheet, Care Plan Update" documented the following:
   a. 7/1/13 - "[increase symbol] in agitation... start antipsychotic [at symbol] hs [bedtime]."
   b. 8/5/13 - "[increase symbol] anxiety, agitation... Ativan..." and "agitated in AM's and spits out Seroquel... pt [patient] will take Seroquel as ordered... [increase symbol] Ativan in AM.

Review of the "Nurses' Notes" documented the following:
   a. 8/12/13 - "...DC [discontinue] Seroquel at current dosage, and start Seroquel 25 MG [milligrams] po [by mouth] BID [twice daily], Ativan Intensol 0.5 MG S/L [sublingual] or PO... for anxiety/agitation..."
   b. 8/19/13 - "...new orders noted to increase 6 AM Ativan to 1 MG po QD [every day] to see if resident will be calm enough to take po meds at scheduled med time later in AM..."
   c. 8/26/13 - "...DC po Ativan, and Seroquel, and start Lorazepam/Haloperidol PLO [Plutronic Lecithin Organogel] Cream, Apply 1 CC [cubic
MEMPHIS JEWISH HOME

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| 329 | Continued From page 2

Review of the electronic Medication Administration Record (eMAR) for Jan 2014, Feb 2014 and March 2014 there was no documentation of psychosis.

During an interview in the board room on 4/10/14 at 9:52 AM, the Director of Nursing (DON) was asked about the diagnoses for the Lorazepam / Haldol PLO [Fluronic Lecithin Organ] /cream. The DON stated, "Her diagnoses for the PLO cream is Dementia without behaviors..."

During an interview in the board room on 4/10/14 at 10:21 AM, the DON returned with a "[Named of Agency] form and stated, "It [the Lorazepam/Haldol PLO cream] was started on 8/1/13 due to her refusing meds [medications] sometimes and having increased agitation..."

2. Medical record review for Resident #170 documented an admission date of 4/12/13 with diagnoses of Chronic Obstructive Pulmonary Disease, Presenile Depression, Reflux Esophagitis, Insomnia, Short Of Breath, Loukcytosis, Atrial-Fibrillation, Osteoporosis, Constipation and Depressive Disorder. Review of the minimum data set (MDS) with an assessment reference date (ARD) of 4/19/13 section N was coded for antipsychotic, antianxiety, antidepressant and hypnotic use.

Review of a physician’s order dated 4/12/13 documented, SEROQUEL 50 MG GIVE 1 1/2 TAB (75 MG) PO BID, LEXAPRO 10 MG GIVE 1 1/2 TABS (15 MG) PO QD, XANAX 0.5 MG PO QID, AMBIEN 5 MG PO QHS... REMERON 30
**Memphis Jewish Home**

**Summary Statement of Deficiencies**

- **ID**: F 329
  - **Prefix**: Continued from page 3
  - **Tag**: MG SOLTAB SL QHS...

- **ID**: F 329
  - Review of a "Gradual Dose Reduction [GDR] Tracking Report" dated 1/10/14 documented, "...quetiapine (Seroquel) Antipsychotic... Dementing illness with associated behavioral symptoms...1/14- no behaviors noted, no target behaviors documented except anxiety, not approved indication..."

- **ID**: F 329
  - Review of a "Consultation Report" dated February 1, 2014 through February 11, 2014 documented, "...Comment: [Named Resident] receives Seroquel 75 mg BID for behavioral or psychological symptoms of dementia [BPSD] without specific target behavior (s) identified as acceptable by CMS [Center for Medicare and Medicaid] regulations... Physician's Response... Resident informed nurse that she did not get a chance to go home [with] daughter over the holiday because I cursed that---out. Seroquel needs to continue due to above statement..."

- **ID**: F 329
  - Review of the Social Services note dated 3/7/14 documented, "...has had no behavior episodes this assessment period... Res [resident] family visits often and res enjoys socializing with staff and other res as well."

- **ID**: F 329
  - Review of an Interdisciplinary Team (IDT) reviews documented the following:
    a. 1/27/14 - "...Res discussed by Behavior Team during meeting this AM-will make referral to MD [physician] re [regarding]: diagnosis. No recent behaviors identified..."
    b. 2/17/14 - "...Behavior Team discusses res [resident] as she is up for GDR-currently on Seroquel. No target behaviors noted..."
F 329 Continued From page 4

Review of a Monthly Summary dated 1/31/14 documented, "...Mental Status... Alert... Oriented... Emotional... Friendly..."

Review of the January, February, March 2014 eMARs revealed no documentation of any behaviors, anxiety or depression.

During an interview in the board room on 4/9/14 at 3:30 PM, the DON was asked about the codes on the January 2014 eMAR. The DON stated, "The check mark means they monitored her and none means they didn't observe the behavior."

During an interview in the board room on 4/9/14 at 4:42 PM, the DON was asked what was the reason/diagnosis for the Seroquel. The DON stated, "It is given for anxiety, that's what it has always been assessed for her as she has that diagnosis [anxiety] too. She gets Seroquel 75 mg bid for anxiety, the note says it needs to be continued related to her cursing inappropriately."

During an interview at the 400 hall nurses station on 4/10/14 at 7:50 AM, Nurse #1 was asked about Resident 170's behaviors. Nurse #1 stated, "When she gets something into her head it's there. If she thinks something then it's real to her at that time... haven't observed any behaviors..."

F 431
483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS

The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all
Continued From page 5
controlled drugs is maintained and periodically reconciled.

Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

This REQUIREMENT is not met as evidenced by:
Based on policy review, observation and interview, it was determined the facility failed to ensure medications were stored properly and not stored past their expiration date in 4 of 12 (100 hall low side, 200 hall low side and 300 hall high side medication carts and 300 hall medication room) medication storage areas.

The findings included:
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<td>F431</td>
<td>Continued From page 6</td>
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<tr>
<td>1.</td>
<td>Review of the facility's &quot;Storage and Expiration Dating of Medications, Biologicals, Syringes and Needles&quot; policy documented, &quot;...Facility should ensure that medications and biologicals are stored in an orderly manner...to prevent crowding...Facility should ensure that medications and biologicals that: (1) have an expired date on the label; (2) have been retained longer than recommended by manufacturer or supplier guidelines...are stored separate from other medications until destroyed or returned to the supplier...Once any medication or biological package is opened, Facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications...Facility should ensure that the medications and biologicals for each resident are stored in the containers in which they were originally received...Facility should destroy or return...outdated/expired...medications or biologicals in accordance with Pharmacy return/destruction guidelines.&quot;</td>
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2. Observations on the 100 hall on 4/10/14 at 11:15 AM, revealed the 100 hall low side medication cart contained 2 loose pills in the middle drawer.

During an interview on the 100 hall on 4/10/14 at 11:15 AM, Licensed Practical Nurse (LPN) #2 confirmed pills should not be stored loose in the medication cart.

3. Observations on the 200 hall on 4/10/14 at 11:34 AM, revealed the 200 hall low side medication cart contained one loose pill in the bottom drawer and 14 Ferrous Gluconate tablets stored past the expiration date of 3/2014.
F 431: Continued From page 7

During an interview on the 200 hall on 4/10/14 at 11:34 AM, LPN #3 confirmed pills should not be stored loose in the medication cart. LPN #3 confirmed the Ferrous Gluconate tablets were stored past the expiration date of 3/2014 and should not be on the medication cart.

4. Observations on the 300 hall on 4/10/14 at 2:45 PM, revealed the 300 hall high side medication cart contained 4 loose pills in the middle drawer.

During an interview on the 300 hall on 4/10/14 at 2:45 PM, LPN #4 confirmed pills should not be stored loose in the medication cart.

5. Observations on the 300 hall on 4/10/14 at 2:52 PM, revealed the 300 hall medication room contained one bottle Major Deep Sea Premium Saline Nasal Moisturizing stored past the expiration date of 7/13.

During an interview in the 300 hall at 2:52 PM, LPN #5 confirmed the Major Deep Sea Premium Saline Nasal Moisturizing was stored past the expiration date of 7/13 and should not be stored in the medication room.

F 441: 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS

The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

(a) Infection Control Program
F 441 Continued From page 8

The facility must establish an Infection Control Program under which it:
(1) Investigates, controls, and prevents infections in the facility;
(2) Decides what procedures, such as isolation, should be applied to an individual resident; and
(3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing Spread of Infection
(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(c) Linens
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:
Based on medical record review and observation, it was determined the facility failed to ensure infection control practices for contact isolation were maintained during a dressing change for 1 of 2 (Resident #92) residents observed during a dressing change.

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<td>F441</td>
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<td>1. Infection control policies including hand washing and gloving techniques were reviewed with nurse #3 &amp; nurse #6 on 4/24/2014. 5-2-14</td>
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<td>2. Staff Educator educated nurse #3 &amp; #6 to prevent other residents from being exposed to the deficient practice. During random audits any negative practice will be corrected immediately with involved nurse to QA committee.</td>
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<td>3. The Director of Nursing or Designee will conduct random routine dressing change observations monthly for 3 months to ensure proper compliance with infection control.</td>
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<td>4. Negative findings will be addressed immediately. All findings will be reported to the QA committee.</td>
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F 441  Continued From page 9
The findings included:

Medical record review for Resident #92 documented an admission date of 7/5/13 with diagnoses Sepsis, Osteomyelitis, Congestive Heart Failure, Acute Kidney Failure, Dementia W/O [without] Behavior Disturbance, Gastrointestinal Hemorrhage and Post hemorrhage Anemia. Review of the Physician orders dated 4/7/14 documented, "...Left heel clean with wound cleanser, dry, apply skin prep to periwound, santyl to wound bed. Cover with calcium alginate and kerlix daily and pm [as needed]."

Observations in Resident #92's room on 4/9/14 at 10:40 AM, Nurse #6 gathered supplies to change Resident #92's dressing. Resident #92 was in contact isolation for Clostridium Difficile (C-diff). Nurse #3 dressed out in gowns and shoe covers. Nurse #6 entered the room, put a rolled up pad on the bed, applied gloves, cleaned the overbed table with a bleach wipe and placed paper towels on the overbed table. Nurse #6 then moved the overbed table, and placed supplies in baggies on the overbed table. Nurse #6 did not wash her hands or change gloves prior to placing supplies on the overbed table. After performing the dressing change, Nurse #3 cleaned the scissors and the hand sanitizer bottle with a bleach wipe and then used the same wipe to clean the wound cleanser bottle.

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