Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
November 8, 2023

Administrator
Kittson Memorial Healthcare Center
1010 South Birch
Hallock, MN 56728

RE: CCN: 245247
Cycle Start Date: September 29, 2023

Dear Administrator:

On October 11, 2023, we notified you a remedy was imposed. On October 31, 2023 the Minnesota Departments of Health and Public Safety completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of October 20, 2023.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective October 26, 2023 did not go into effect. (42 CFR 488.417 (b))

In our letter of October 11, 2023, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from October 26, 2023 due to denial of payment for new admissions. Since your facility attained substantial compliance on October 20, 2023, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

November 8, 2023

Administrator
Kittson Memorial Healthcare Center
1010 South Birch
Hallock, MN 56728

Re: Reinspection Results
Event ID: QFHF12

Dear Administrator:

On October 31, 2023 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on September 29, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

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October 11, 2023

Administrator
Kittson Memorial Healthcare Center
1010 South Birch
Hallock, MN 56728

RE: CCN: 245247
Cycle Start Date: September 29, 2023

Dear Administrator:

On September 29, 2023, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G), as evidenced by the electronically delivered CMS-2567, whereby significant corrections are required.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS Region V Office for imposition. The CMS Region V Office concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective October 26, 2023.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective October 26, 2023. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective October 26, 2023.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

This Department is also recommending that CMS impose:

• Civil money penalty (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than $11,995; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by October 26, 2023, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Kittson Memorial Healthcare Center will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from October 26, 2023. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions.

However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.

- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" and/or an "E" tag), i.e., the plan of correction should be directed to:

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by March 29, 2024 if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C)

and 1919(h)(3)(D) and Federal regulations at 42 CFR § 488.412 and § 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Steven.Delich@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
202-795-7490

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245247	A. BUILDING _____ B. WING _____	C 09/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KITTSON MEMORIAL HEALTHCARE CENTER	1010 SOUTH BIRCH HALLOCK, MN 56728

(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 On 9/27/23, through 9/29/23, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed H52475752C (MN00097096) with deficiencies issued at F552, F758. As a result of the investigation a deficiency was also cited at F756. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 552 SS=D	Right to be Informed/Make Treatment Decisions CFR(s): 483.10(c)(1)(4)(5) §483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including: §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or	F 552		10/20/23

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

Electronically Signed — 10/20/2023

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 552	Continued From page 1 her total health status, including but not limited to, his or her medical condition. §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care. §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to inform a responsible party in advance of the risks/benefits and receive informed consent of proposed care for 1 of 3 residents (R1) reviewed for unnecessary medications. Findings include: R1's quarterly Minimum Data Set (MDS) dated 9/12/23, identified R1's cognition severely impaired. R1's care plan, last reviewed/revised 9/26/23, identified on 9/24/23, Staff were directed to POA (power of attorney) to be contacted for financial decisions and family included on medical decisions. R1's psychiatric evaluation with nurse practitioner (NP) dated 7/3/23, identified concerns included anxiety and agitation secondary to Alzheimer's disease. R1 was identified as disoriented times four, sleepy throughout the appointment, fair eye	F 552	1.Resident□s daughter and Healthcare POA was notified on 9/29/2023 about decrease in Rexulti dose and upcoming appointment with Amber. A resident care conference was held on 10/6/23 with son and wife. The prescribing psychiatric nurse practitioner was available for questions via phone and to answer questions for these family members. An informed consent for the psychotropic medication has been signed by the healthcare POA to continue Rexulti. Resident is currently in dose reduction. 2.No other residents were identified to have been affected by the deficient practice at the time of survey. Perform a chart audit of all residents currently receiving psychotropic medications by 10/25/23. Verify that consent was obtained and documented. Ensure signed consent has been put in the chart. 3.Policy for prescribing psychotropics has been reviewed/revised to ensure risks/benefits discussed with residents	

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F 552	Continued From page 2 contact, and does not answer questions coherently. R1 was disoriented to time, place, and situation and can be paranoid with delusional thinking at times. R1's insight and judgement was poor and deficits in both short and long term memory. NP recommended a trial of Rexulti 0.5 milligrams (mg) tablets orally daily times seven days then increase to 1 mg daily to target Alzheimer's dementia with agitation. Discussed risks and benefits. R1's psychiatric medication management follow up with NP dated 7/17/23, identified R1 was last seen on 7/3/23, at that appointment was started on Rexulti (antipsychotic used in treatment of major depression disorder, schizophrenia, and agitation associated with dementia due to Alzheimer's disease) for agitation secondary to Alzheimer's dementia. R1 remained disoriented times four, poor judgment, and deficits in both short and long term memory. Discussed typical course of treatment, treatment options, risks, and benefits discussed. Also discussed current/potential medications, their indications, and worst/most common side effects reviewed. Healthy life style choices and coping skills reviewed and recommended. No indication a family representative attended the psychiatric appointments on 7/3/23, and 7/17/23. R1's referral form dated 7/3/23, indicated orders: start Rexulti 0.5 milligrams (mg) daily times seven days then increase to 1 mg by mouth daily. Take at noon. Follow up appointment 7/17/23, at noon. New diagnosis included Alzheimer's disease. R1's physician order report dated 6/28/23, through 7/8/23, identified:	F 552	and/or healthcare representative prior to beginning new medications. Staff will be educated on this new policy revision and forms by 10/25/23. 4.Staff will be required to ensure that signed consent is on file prior to filling any new prescriptions for psychotropic medications per policy. Staff is required to complete an AIMS prior to starting a psychotropic medication per policy. Additionally, during the drug regimen review, the consulting pharmacist and DON will audit that there are consents on file for the psychotropic medications. 5.Date for deficiency to be corrected: 10/25/2023.	

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F 552	Continued From page 3 -Start date 7/3/23, end date 7/9/23, Rexulti tablet 0.5 mg. Start 0.5 mg daily times seven days then increase to 1 mg daily one a day. Order written by psychiatric NP. -Start date 7/3/23, end date 7/19/23, Nurses please chart follow up on Rexulti effectiveness. Chart on effect on behaviors, and also on side effects (e.g. drowsiness, dizziness, light headedness, hypotension, shaking, increased appetite, weight gain, restlessness, and inability to keep still. Provider will need notes from charting for follow up appointment on how to proceed with doses. Every shift; shift one, shift two, and shift three. -Start date 7/10/23, end date 7/17/23, increase Rexulti tablet 1 mg orally daily. Follow up appointment 7/17/23, at noon. Order written by medical doctor (MD). -Start date 7/17/23, through 8/25/23, Rexulti 1 mg daily with follow up appointment on 7/17/23, noon. Order written by NP. R1's physician order report dated 7/29/23, through 8/28/23, identified: -Start date 7/17/23, through 8/25/23, Rexulti increase to 1 mg once a day. Order written by NP. -Start date 8/25/23, through 9/28/23, Rexulti 2 mg orally once a day. Order written by NP. - Start date 8/22/23, follow up with NP-A with results from urinalysis (UA). If UA was negative, provider increased Rexulti to 2 mg one time daily.	F 552		

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F 552	Continued From page 4 Provider determine dosage increase after UA results. Order written by NP. R1's physician order report dated 8/26/23, through 9/29/23, identified: -8/25/23, Rexulti 2 mg once a day. Ordered by NP. -9/28/23, Rexulti take 1 mg tablet along with 0.5 mg tablet to equal 1.5 mg daily. Ordered by MD. R1's electronic medication administration record (EMAR) verified: -6/6/23, through 6/28/23, Rexulti 0.5 mg was administered orally daily 7/3/23, through 7/9/23, and Rexulti 1 mg was administered orally daily 7/10/23, through 7/29/23. -7/30/23 through 8/29/23, Rexulti 1 mg was administered orally daily 8/25/23, through 8/29/23. -8/30/23 through 9/29/23, Rexulti 2 mg was administered orally daily 8/30/23, through 9/27/23 Rexulti take 0.5 mg tab along with a 1 mg tab to equal 1.5. mg daily. Rexulti was not given on 9/28/23, was administered the following day on 9/29/23. R1's progress notes identified: -9/1/23, FM-A requested to discontinue Rexulti. Provider was contacted to reach out to family. -9/5/23, R1's daughter, son, and wife visiting. Family had asked for a copy of medications R1	F 552		

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F 552	Continued From page 5 had taken. Requested and talked to assistant director of nursing (ADON) and ask how R1 was doing and questions about Rexulti. Explained to family started on Rexulti due to negative behaviors displayed, hitting, spitting, attempted to bite. They talked about negative things said about Rexulti on television and it was explained that R1 was followed by NP and was the one that prescribed the medication, was willing to talk to family and planned on contacting them to discuss the medication. -9/27/23, MD (medical doctor) signed orders to decrease R1's Rexulti to 1.5 mg daily. New prescription will be sent to pharmacy. R1's progress notes lacked evidence responsible party/POA was notified prior to the start or dose increases of Rexulti, risk/benefits were discussed and written consent was obtained. During an interview on 9/28/23 at 10:00 a.m., MD stated R1 was unable to consent for the start of his Rexulti and responsible family should have been contacted. MD also stated whenever problematic behaviors are identified they are always managed by the NP that specialized in mental health and she would have been the one that contacted family for the consent. MD stated he was not made aware R1's family concerns of him taking Rexulti and requested it to be discontinued. During an interview on 9/28/23, at 11:40 a.m., family member (FM)-A stated they had not been contacted, given information regarding Rexulti such as side effects or any other options prior the administration of the medication. FM-A was not given the possible side effects and R1's	F 552		

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F 552	Continued From page 6 daughter-in-law, a retired nurse looked up side effects later after being notified of R1 being on the medication on weeks after it started. FM-A indicated family had informed staff nurse on 9/1/23 they wanted R1's Rexulti discontinued, and staff nurse indicated they were unable to take him off until a doctor was contacted. FM-A stated on 9/5/23, a copy of R1's medication list was requested and received. FM-A stated family was contacted two weeks ago on 9/18/23, informed NP would meet with them on 9/25/23, at 10:00 a.m. FM-A stated he had received a phone call from the facility the morning of 9/25/23, indicated the meeting with NP had been canceled, and rescheduled for 10/6/23, at 10:00 a.m. FM-A stated as of today 9/28/23, a doctor has not visited with the family and had been almost three months since R1 had been on Rexulti. FM-A stated would have liked to talk to a doctor prior to the start of the medication, more information was needed, and could have affected our decision to start him on it or not. FM-A stated the family was concerned about R1's change and decline in condition since starting the medication and noticed such as unsteady gait, required more assistance with cares and eating, increased weakness, and cognitive decline due to brain function possibly affected by Rexulti. During an interview on 9/28/23 at 1:00 p.m., registered nurse (RN-A) stated they would have been expected to contact R1's responsible party prior to start of the Rexulti and obtain an informed consent, explained risk and benefits, and should have but did not. RN-A confirmed the family had been attempting to get the medication removed since 9/1/23 and had not yet been able to meet with the provider.	F 552		

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(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 552	Continued From page 7 During an interview on 9/29/23 at 1:00 p.m., director of nursing (DON) stated R1's family should have been contacted any time prior to a change in orders or medications. Facility policy requested and not received.	F 552		
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		10/20/23

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	245247	A. BUILDING _____ B. WING _____	C 09/29/2023

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F 756	Continued From page 8 §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 interview and document review, the facility failed to ensure the consultant pharmacists recommendations were addressed for 1 of 3 residents (R1) reviewed for unnecessary medication. Findings include: R1's quarterly Minimum Data Set (MDS) dated 9/12/23, identified R1's cognition as severely impaired, and no behaviors identified in the seven-day look back period. R1 had minimal difficulty in some environments with hearing, clear speech, and impaired vision, could see large print only. R1 sometimes understood others and responded adequately to simple, direct communication. R1's diagnoses included non-brain traumatic syndrome, arthritis, dementia, Alzheimer's disease, and anxiety disorder. R1 received antipsychotic, antidepressant, diuretic (reduced fluid buildup in the body), and opioid seven out of the seven days of the look back period. R1's care plan, last reviewed/revised 9/26/23, identified on 9/24/23, the use of Rexulti, psychotropic medication was added along with possible side effects staff were directed to monitor for: drowsiness, dizziness,	F 756	1.Nursing home communication form was sent to Dr. Surdy on 9/27/23 requesting a decrease in medication due to increased side effects as prescribing provider was unavailable. Orders received and medication decreased as of 9/27/23. The drug regimen review/pharmacy consultant recommendations have been reviewed and signed off on by provider as of date 10/16/2023. 2.No other residents were identified to have been affected by the deficient practice at the time of survey. The residents currently on drug regimen review have been audited as of 10/20/23 and there are no outstanding drug regimen review reports left unaddressed per policy. 3.Medication Regimen Review policy has been reviewed and revised as of 10/18/2023 in conjunction with DON and consulting pharmacist. The requirement for timely response from a provider has been specifically outlined in this policy. Staff will be educated on this new policy revision and forms by 10/25/23. 4.The DON will audit the drug regimen review/pharmacy consultant recommendations monthly to ensure that	

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F 756	Continued From page 9 lightheadedness, shaking, increased appetite, weight gain, restlessness, and inability to keep still may occur. R1's care plan indicated R1 took Zoloft (antidepressant) and Rexulti (antipsychotic) for Alzheimer's and dementia with anxiety. R1 was followed by medical doctor/director (MD) and pharmacy consultants, and the staff will dose change as ordered. Staff were directed to redirect daily, introduce self as necessary, offer cues as needed to maintain orientation level, allow R1 to make decision as able, POA (power of attorney) to be contacted for financial decisions and family included on medical decisions. Additionally staff were directed to also have R1 included preferences in rendering care and services, encouraged and escorted to all group activities, praised involvement, informed R1 of upcoming actives and provided setting in which activities were preferred such as commons area and dining room, and varied the physical environment when possible outdoors on the Whitetail Square patio. Care plan lacked direction for frequency of side effect monitoring and also approaches/side effects to monitor for from 7/3/23, through 9/25/23. R1's Abnormal Involuntary Movement Scale (AIMS) dated 8/29/23, identified no involuntary movements noted after completion of the AIMS. Due to increase dose of Rexulti this a.m. R1 had some stiffness and reached out to things not there. Staff will monitor and notify provider if noted to worsen. R1's physician order report dated 6/28/23, through 7/8/23, identified: -Start date 7/3/23, end date 7/9/23, Rexulti tablet 0.5 milligrams (mg). Start 0.5 mg daily times	F 756	all drug regimen review reports have been acknowledged and signed off by the attending provider. 5.Date for deficiency to be corrected: 10/25/2023.	

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F 756	Continued From page 10 seven days then increase to 1 mg daily one a day. Order written by psychiatric nurse practitioner (NP). -Start date 7/3/23, end date 7/19/23, Nurses please chart follow up on Rexulti effectiveness. Chart on effect on behaviors, and also on side effects (e.g., drowsiness, dizziness, light headedness, hypotension, shaking, increased appetite, weight gain, restlessness, and inability to keep still. Provider will need notes from charting for follow up appointment on how to proceed with doses. Every shift; shift one, shift two, and shift three. -Start date 7/10/23, end date 7/17/23, increase Rexulti tablet 1 mg orally daily. Follow up appointment 7/17/23, at noon. Order written by MD. -Start date 7/17/23, through 8/25/23, Rexulti 1 mg daily with follow up appointment on 7/17/23, noon. Order written by NP. R1's physician order report dated 7/29/23, through 8/28/23, identified: -Start date 7/17/23, through 8/25/23, Rexulti increase to 1 mg once a day. Order written by NP. -Start date 8/25/23, through 9/28/23, Rexulti 2 mg orally once a day. Order written by NP. - Start date 8/22/23, follow up with NP with results from urinalysis (UA). If UA was negative, provider increased Rexulti to 2 mg one time daily. Provider determine dosage increase after UA results. Order written by NP.	F 756		

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F 756	Continued From page 11 R1's physician order report dated 8/26/23, through 9/29/23, identified: -8/25/23, Rexulti 2 mg once a day. Ordered by NP. - 9/28/23, Rexulti take 1 mg tablet along with 0.5 mg tablet to equal 1.5 mg daily. Ordered by MD. R1's monthly pharmacy review dated 9/6/23, included the following recommendations: NP please reassess the effectiveness of Rexulti on R1's behaviors versus risks and recent development of odd movements and posture. Could consider trying Divalproex (Depakote) (used to treat manic episodes associated with bipolar disorder and seizures). Although pharmacist consultant (PC) recommended a trial of Divalproex on 9/6/23, R1's medical record lacked documentation of a response to the request and side effect monitoring. During an interview on 9/28/23 at 10:00 a.m. medical doctor (MD) stated R1 was seen last 8/21/23, and staff reported R1 was having side effects (reaching for things in midair and jerky movements). MD confirmed those are possible side effects of Rexulti and was concerning. MD stated the staff planned on contacting NP the following day as she was the primary prescriber. MD indicated when staff were concerned about side effects from Rexulti medication they would be expected to have notified NP. During an interview on 9/28/23 at 1:00 p.m. RN-A verified R1 had a slight change in cognition and	F 756		

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F 756	Continued From page 12 mobility had a definite change that became a safety issue and not safe cognitively when he got up by himself, fell (7/20/23) and hit his head. RN-A indicated R1's inability to transfer safely due to a decline in cognition and now used a Hoyer lift because R1 was unable to follow directions, became agitated easily, and wanted to ensure a safe transfer each time. RN-A stated R1 pointed to the ground and reached for things and picked in the air at things that were not there and that was a side effect of the Rexulti. RN-A indicated R1 had been unable to play the harmonica for at least the past month, showed no interest, and not sure if he could. During a telephone interview on 9/29/23 at 10:46 a.m. PC stated R1's chart was reviewed last on 9/6/23, a progress note identified increased jerky movements and reached for things in the air. PC stated she recommended NP reassess the effectiveness of Rexulti on R1's behaviors versus risks and decent development of odd movements and posture. PC stated she suggested considering trying Depakote instead of Rexulti. PC stated she just visited with RN-B during a meeting on 9/27/23 and noted R1 also had drowsiness and so the MD decreased R1's Rexulti as the NP was gone. PC confirmed she was unaware if NP had assessed the recommendations from 9/6/23 yet or not. PC stated once the facility received the recommendations, she expected them to give them to the provider and then it would be up to the provider to follow through. During an interview on 9/29/23 at 1:00 p.m. director of nursing (DON) stated the assistant director of nursing (ADON) followed the drug regimen reviews completed by the PC and was	F 756		

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F 756	Continued From page 13 unsure if the recommendations were followed through on as expected. DON added, the ADON was out of the office form 9/7/23, through 9/18/23, which may have delayed her response and did not did not identify who would have been responsible to review the PC recommendations in the ADON's absence despite acknowledging she was aware of the PC recommendations to discontinue the Rexulti and start on Depakote. DON indicated R1 continued to have jerky movements and picked at things in the air and an Abnormal Involuntary Movement Scale (AIMS) was completed on 9/28/23, and did not show signs of tardive dyskinesia. DON stated the medical doctor overseas the NP. DON indicated the MD and her would need to meet next week to visit about this. DON stated MD decreased R1's Rexulti today because the NP was not in. Facility policy titled Medication Regimen Review Policy dated 2016, identified each month the CP will review the medical record and medication regimens of each resident for appropriateness using the Centers for Medicare and Medicaid Services (CMS) guidelines on unnecessary medications. Each resident's medication regime must be free from unnecessary drugs. An unnecessary drug was a drug when used in the presence of adverse consequences which indicated the dose should be reduced or discontinued. The CP documentation should be placed in resident's medical record along with any irregularities noted, documented on a report, and given to the facility's medical director. Any irregularities required physician attention are intended to be addressed prior to or at the time of next scheduled visit. The attending physician must document in the resident's medical record that the identified irregularity had been reviewed	F 756		

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F 756	Continued From page 14 and what, if any action had been taken to address it.	F 756		
F 758 SS=G	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; §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	F 758		10/20/23

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F 758	Continued From page 15 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 observation, interview, and record review, the facility failed to ensure residents were monitored for target behaviors, monitored for side effects, and educated on the risks/benefits of psychotropic use prior to initiation for 1 of 3 residents (R1) reviewed for unnecessary medications. This deficient practice caused actual harm when R1 experienced a decline in condition following the initiation and continued increase of a psychotropic medication. Findings include: R1's admission Minimum data set (MDS) dated 6/12/23, identified R1 was admitted on 6/6/23. R1 had minimal difficulty in some environments with hearing, clear speech, and impaired vision, could see large print only. R1 sometimes understood others and responded adequately to simple, direct communication. R1's cognition was severely impaired with no behaviors. R1 required extensive assistance of two for toileting and extensive assistance of one for transfers, mobility, dressing, personal hygiene and	F 758	1.Resident is currently having a gradual dose reduction as part of Psychotropic Medication and Monitoring Policy. The dose was decreased on 9/27/23. Nursing is monitoring for target behaviors and side effects every shift, and documenting when behaviors/side effects are noted. 2.No other residents were identified to have been affected by the deficient practice at the time of survey. Residents receiving psychotropic medications are on routine schedule for GDR. Nursing will be monitoring and documenting behaviors per policy. DON or designee will audit for completeness and follow-up of the GDR recommendation and documentation. 3.Review/revise Psychotropic medication and monitoring policy. Orders are placed in the EMR to monitor and document target behaviors or side effects per policy. Consulting pharmacist attends medical staff meetings to educate and inform providers about current utilization of psychotropic medications,	

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F 758	Continued From page 16 supervision (oversight, encouragement, or cueing) for eating. R1's mobility devices included cane, walker, and wheelchair. R1 was frequently incontinent of bowel and bladder and was not on a toileting program. R1's diagnoses included non-brain traumatic syndrome, arthritis, and dementia. During the seven-day look-back period R1 received antidepressants five out of seven days and opioids (narcotics managed moderate to serve pain) six out of the seven days, and no antipsychotic medications were received. R1's psychiatric evaluation with nurse practitioner (NP) dated 7/3/23, identified concerns included anxiety and agitation secondary to Alzheimer's disease. R1 was identified as disoriented times four, sleepy throughout the appointment, fair eye contact, and does not answer questions coherently. R1 was disoriented to time, place, and situation and can be paranoid with delusional thinking at times. R1's insight and judgement were poor and deficits in both short- and long-term memory. NP recommended a trial of Rexulti 0.5 milligrams (mg) tablets orally daily times seven days then increase to 1 mg daily to target Alzheimer's dementia with agitation. Discussed risks and benefits with R1. R1's psychiatric medication management follow up with NP dated 7/17/23, identified R1 was last seen on 7/3/23, at that appointment was started on Rexulti for agitation secondary to Alzheimer's dementia. R1 remained disoriented times four, poor judgment, and deficits in both short- and long-term memory. Discussed typical course of treatment, treatment options, risks, and benefits discussed. Also discussed current/potential medications, their indications, and worst/most common side effects reviewed. Healthy lifestyle	F 758	appropriateness, and recommendations. Staff will be educated on this new policy revision and forms by 10/25/23. 4.Drug regimen review summary report is acknowledged and signed off by CMO, DON, consulting pharmacist. DON or designee will audit for completeness. Findings from auditing and pharmacist review will be sent to the QAPI committee quarterly. 5.Date for deficiency to be corrected: 10/25/2023.	

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F 758	Continued From page 17 choices and coping skills reviewed and recommended. No indication a family representative attended the psychiatric appointments on 7/3/23, and 7/17/23, or the MD visit on 8/31/23. R1's quarterly MDS dated 9/12/23, identified R1's cognition remained severely impaired, and no behaviors identified in the seven-day look back period. R1's functional status had changed and R1 required extensive physical assistance of two staff for bed mobility, dressing, transfers, toilet assistance, and one-person physical assistance with eating. R1 was always incontinent of urine and no toileting plan used. R1's new diagnoses included Alzheimer's disease and anxiety disorder. R1 received antipsychotic, antidepressant, diuretic (reduced fluid buildup in the body), and opioid seven out of the seven days of the look back period. R1 had two falls with minor injuries. R1's care plan, last reviewed/revised 9/26/23, identified on 9/24/23, the use of Rexulti, psychotropic medication, was added along with possible side effects staff were directed to monitor for: drowsiness, dizziness, lightheadedness, shaking, increased appetite, weight gain, restlessness, and inability to keep still may occur. R1 was followed by medical doctor/director (MD) and pharmacy consultants, and the staff will dose change as ordered. Staff were directed to redirect daily, introduce self as necessary, offer cues as needed to maintain orientation level, allow R1 to make decisions as able, POA (power of attorney) to be contacted for financial decisions and family included on medical decisions. Additionally, staff were directed to have	F 758		

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F 758	Continued From page 18 R1 included preferences in rendering care and services, encouraged and escorted to all group activities, praise involvement, informed R1 of upcoming activities and provided setting in which activities were preferred such as commons area and dining room, and varied the physical environment, when possible, outdoors on the Whitetail Square patio. Care plan lacked direction for frequency of side effect monitoring. R1's care sheet dated 9/25/23, identified R1 transferred independently, extensive assist of one partial bath and toileting. R1 very forgetful, fall risk, and may wander. Ambulation used a cane and assist of one and wheelchair for long distances. R1 may wander and needed redirection. Wander guard and hard of hearing (HOH) had hearing aids, did not wear them. Poor peripheral vision, look directly facing R1 when talking (had glasses did not wear them). R1 had arthritis in hand and ate a pureed diet. R1's Abnormal Involuntary Movement Scale (AIMS) dated 8/29/23, identified no involuntary movements noted after completion of the AIMS. Due to increase dose of Rexulti this a.m. R1 had some stiffness and reached out to things not there. Staff will monitor and notify provider if noted to worsen. R1's primary provider medical doctor (MD) visit dated 8/31/23, identified Plan: staff will notify psychiatry of R1's possible side effects from Rexulti were managing his psychotropic medications. R1 had dementia with behavioral issues can be combative and anxious. Rexulti was recently started, and staff notice he had some odd movements and posterior. They will notify NP who managed this.	F 758		

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F 758	Continued From page 19 R1's physician's order dated 6/28/23, through 9/29/23, identified: -Start date 7/3/23, end date 7/9/23, Rexulti tablet 0.5 mg. Start 0.5 mg daily times seven days then increase to 1 mg daily one a day. Order written by psychiatric nurse practitioner (NP). -Start date 7/3/23, end date 7/19/23, Nurses please chart follow up on Rexulti effectiveness. Chart on effect on behaviors, and on side effects (e.g., drowsiness, dizziness, light headedness, hypotension, shaking, increased appetite, weight gain, restlessness, and inability to keep still. Provider will need notes from charting for follow up appointment on how to proceed with doses. Every shift; shift one, shift two, and shift three. -Start date 7/10/23, end date 7/17/23, increase Rexulti tablet 1 mg orally daily. Follow up appointment 7/17/23, at noon. Order written by medical doctor (MD). -Start date 7/17/23, through 8/25/23, Rexulti 1 mg daily with follow up appointment on 7/17/23, noon. Order written by NP-A. -Start date 8/25/23, through 9/28/23, Rexulti 2 mg orally once a day. Order written by NP. - 9/28/23, Rexulti take 1 mg tablet along with 0.5 mg tablet to equal 1.5 mg daily. (decrease) Ordered by MD. R1's monthly pharmacy review dated 9/6/23, included the following recommendations: NP please reassess the effectiveness of Rexulti on R1's behaviors versus risks and recent	F 758		

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F 758	Continued From page 20 development of odd movements and posture. Could consider trying Divalproex (Depakote) (used to treat manic episodes associated with bipolar disorder and seizures). Although pharmacist consultant (PC) recommended a trial of Divalproex on 9/6/23, R1's medical record lacked documentation of a response to the request and side effect monitoring. R1's progress notes from 6/6/23, through 7/2/23, identified: -6/6/23, resident admitted to facility. -6/8/23-6/18/23 progress notes identified R1 had two falls, attempted to self transfer, was observed urinating behind door and attempted to inappropriately touch staff. -6/20/23, resident needs frequent one to one, up and down from wheelchair and interventions were mostly ineffective. -6/24/23, ambulated with walker and staff assist, played harmonica, and sang. Resident needed multiple reminders today to not self-transfer. -6/26/23 at 5:21 p.m., self-transferring, striking and hollering out. -6/28/23, Care Conference for resident - no real concerns noted, resident enjoys walking. -7/1/23, resident combative, hollering out in hallway, yelled "someone help me', very angry and irritable. Resident was swinging at staff, spit in their faces, and tried to bite them. Resident got	F 758		

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F 758	Continued From page 21 a hold of a gait belt and was flinging it into the air trying to hit staff with it. Tried to remove it from his hands but unable. Called MD on call and ordered 1 mg of Ativan. -7/2/23 at 1:30 a.m. Resident appeared calm. -7/2/23, hollering back and forth with other resident, calling him names, making threats, kicked and spit on staff. R1's records lacked assessments or behavioral notes addressing concerns related to R1's incidents on 6/26/23, 7/1/23 or 7/2/23, additionally, no new interventions were identified to assist in managing the behaviors. R1's progress notes from 7/3/23, through 9/29/23, identified: -7/3/23 at 3:33 p.m. provider phone orders follow up diagnosis agitation in Alzheimer's disease: start Rexulti 0.5 mg daily times seven days, then increase to 1 mg orally daily. Take at noon. Follow up appointment 7/17/23, at noon. Nurses, please chart follow up on medication effectiveness. Chart on effect on behaviors, and also side effects (e.g. drowsiness, dizziness, lightheadedness, hypotension, shaking, increased appetite, weight gain, restlessness, and inability to keep still. Provider will need notes from charting for follow up appointment on how to proceed with doses. R1's progress notes from 7/3/23-7/9/23 included a total of 8 total entries 3 of which indicated no adverse effects, 3 identifying no aggressive behaviors, and 3 identifying sexual or aggressive behavior or both. Progress notes from 7/10/23-8/21/23 indicated:	F 758		

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F 758	Continued From page 22 -R1's medical record lacked evidence of progress notes on 7/14/23, 7/16/23, 7/19/23, 7/20/23, 7/22/23, 7/23/23, 7/25/23, 7/26/23, 7/28/23, 7/30/23, 8/10/23, 8/11/23, 8/13/23, 8/14/23, 8/16/23, 8/18/23, and 8/19/23. -7/10/23 at 4:14 p.m. started on first dose of 1 mg today. R1 does not exhibit increased drowsiness or lethargy. No complaints from staff regarding inappropriate behaviors this shift, although he attempted self-transfer from his wheelchair about two times. No concerns regarding hypotension as his gait appeared to be steady during attempt. Cooperative during cares, takes him medications without protest without spitting out medications. No observations of delusional conversations. No other observations to note. -7/11/23 at 7:28 a.m. R1 had been lethargic for most of the shift. Hard to arouse, but irritable when woken up and cried out as if in pain. Very confused and hard to re-direct -7/12/23 at 10:51 p.m. agitated and defensive this evening -7/13/23 at 10:16 p.m. confused -7/15/23 at 4:27 a.m. slept in bed all night without behaviors. -7/17/23 at 3:18 p.m. NP-A here for follow up visit of Rexulti. This was started at 0.5 mg for seven days and then increased to 1 mg orally daily for seven days. Today it was decided by NP-A after reading the progress notes since start date through the 14 days to stay with the 1 mg orally daily. Follow up with NP in six weeks.	F 758		

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F 758	Continued From page 23 -7/21/23 at 4:55 p.m. Alert and oriented, assist of one for ADLS, and transferred with wheelchair and assist of one. Incontinent of bladder and continent of bowel. Behaviors had improved since taking new medication but still could be sexually inappropriate with staff at times. R1 was walked in hallways when restless and seemed to help. R1 played harmonica for staff. -7/24/23 at 6:30 p.m. Inappropriate comment made to female staff. -7/24/23 at 9:02 p.m. R1 very restless, kept getting up form wheelchair to walk, redirected and close supervision at nurse's station to prevent falls. -7/27/23 at 3:17 p.m. R1 had been sleepy often in past couple days. Today R1 was wide awake at 7:00 a.m. Staff provided 1:1, walked R1, and played his harmonica. These approaches were somewhat effective and R1 needed frequent redirection throughout the shift. -8/3/23 at 8:10 p.m. R1 required extensive assistance of one to two for ADLS, propels self in wheelchair, and stand by assist for transfers and walks. R1 was set up only for meals and consumed 100%. R1 needed supervision at times, liked to joke with staff and enjoyed playing harmonica. R1 usually in a fair mood and able to make needs known. -8/5/23 at 6:44 p.m. R1 had inappropriate behavior and restlessness, redirected but short lived due to his dementia level. R1 needed frequent redirection. Offered snacks and fluids, liked to play harmonica and go for walks. All of	F 758		

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F 758	Continued From page 24	F 758		

these combined helped with his inappropriate behavior and restlessness.

-8/17/23 at 1:44 p.m. Extensive assistance of one with transfers and stand by assist with locomotion on the unit. Gait appeared to be more unsteady. Some inappropriate behavior, confused behavior, speech observed but easily redirected.

-8/20/23 at 6:25 p.m. Witnessed self-transferring fall. Gait more unsteady.

-8/21/23 at 4:46 p.m. urinalysis to rule out UTI (urinary tract infection) for increase confusion prior to recent fall. UA results are negative, Rexulti ordered to be increased to 2 mg orally daily.

-8/25/23, 11:05 a.m. Rexulti increased to 2 mg daily per NP-A for Alzheimer's dementia with agitation. Follow upon 9/25/23, at 10 a.m.

-R1 records lacked evidence of progress notes from 8/26/23--8/29/23.

-8/30/23 at 2:25 p.m. R1 slept until 11:30 a.m. Staff went to assist from bed, buckled knees and refused to stand. Staff stated it was like he did not understand direction. Two assist to transfer to chair. Required extensive with all cares. Extensive assist with meal intake. Staff reported he was experiencing twitches and reaching out into midair.

-8/31/23 at 10:48 a.m. R1 seen by MD today on rounds. R1 answered questions about sleeping and eating, not always answering appropriately. MD indicated he would notify NP about increase of reaching for things in the air, and jerky

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F 758	Continued From page 25 movements when sitting up in wheelchair. No new orders currently. -9/1/23 at 2:13 p.m. FM-A requested to discontinue Rexulti, provider was contacted to reach out to family to discuss concerns. -9/4/23 at 4:40 p.m. R1 slept all weekend. R1 placed hand over forehead, possible headache, given Tylenol which seemed to be effective. R1 was unable to say or rate pain to tell where his discomfort was due to his dementia. R1 was awake today but not happy mood like normal when awake. R1 would not sing, placed hand over mouth when writer tried to administer medications, not drinking fluid like his normal self, just maintained a frown and closed his eyes. Noted staff had to feed him at meals and does not pick- up silverware. When silverware placed in R1's hand unable to hold onto it to get his food onto it. -9/5/23 at 1:30 p.m. R1's daughter, son, and wife visiting. Family had asked for a copy of medications R1 had taken. Requested and talked to assistant director of nursing (ADON) and ask how R1 was doing and questions about Rexulti. Explained to family started on Rexulti due to negative behaviors displayed, hitting, spitting, attempted to bite. They talked about negative things said about Rexulti on television and it was explained that R1 was followed by NP and was the one that prescribed the medication, was willing to talk to family and planned on contacting them to discuss the medication. -9/6/23 at 1:19 p.m. Therapy comments: staff report transfers primarily assist of one. If fatigued, they may use assist of two. No therapy needs	F 758		

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F 758	Continued From page 26 currently. -9/6/23 at 10:04 a.m. R1 was extensive assist of one for activities of daily living (ADLS) and transfers. Incontinent of bowel and bladder at times. Was out for all meals, took all medications without difficulty, drank all supplements this evening, and no behaviors noted. -9/7/23 at 1:18 p.m. Extensive assistance with ADLS. Staff now feeds resident all meals. Transfers are assist of one and mobility was extensive assistance of one. R1 incontinent of bladder and continent of bowel. No mood changes or behaviors noted at this time. -9/8/23 at 3:13 p.m. Incontinent of bowel and bladder most of the time. No behaviors noted today. R1 now required feeding resident at all meals. -9/9/23 at 5:14 a.m. R1 required extensive assistance of one to two for ADLS and transfers. Incontinent of bowel and bladder. -9/9/23 at 3:21 p.m. R1 very tired today. No behaviors noted and wanted to rest at breakfast time, ate lunch and supper. Incontinent of bowel and bladder wore incontinent products. Unable to ambulate today due to issues with balance despite staff assisting him. -9/9/23 at 6:55 p.m. R1 pocketed food (ground meat) in cheeks at lunch today. Spit it all out on his napkin. Smooth food textures ate really well. Needs assistance with feeding at meals. -9/10/23 at 6:03 a.m. Incontinent of bowel and bladder.	F 758		

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F 758	Continued From page 27 -9/10/23 at 3:28 p.m. More alert today. Incontinent of bowel and bladder. Unable to ambulate today could not follow direction to take steps and grab walker in front of him. -9/11/23 at 1:27 p.m. and 9:10 p.m. No behaviors. R1 required to be fed at all meals. Appetite fair. -9/12/23 at 4:07 a.m. No behaviors extensive assistance of two for ADLS and transfers. Incontinent of urine. -9/12/23 at 11:16 a.m. Quarterly assessment completed. R1 severely impaired cognition. No signs or symptoms of depression. R1 pleasant and spends a majority of his time sitting in the commons room. R1 liked to visit but most of the time will not visit with appropriate responses and was very confused but pleasant. Family was good support and visits often. -9/14/23 at 3:43 p.m. R1 required extensive assistance of two for ADLS and transfers. Incontinent of bowel and bladder most of the time. No behaviors noted today. R1 now required to be fed all meals and more verbal queuing. Appetite was fair most of the time, pleasant and smiled. -9/14/23 at 5:29 p.m. Offered to walk R1 three times so far since 7:00 a.m. and had not been active or strong enough to ambulate. -9/14/23 at 9:14 p.m. Mobility was in wheelchair and if awake enough can move around. Most of time staff needed to push R1 to destination. Appetite was poor and liquid intake fair. R1 has slept the evening shift in his wheelchair, refused	F 758		

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F 758	Continued From page 28 to eat supper, drank three to four ounces of ensure. R1 did not ambulate this evening was too sleepy. R1 was incontinent of bladder, not able to feed self, does not talk, reaches out in the air looking for something, does not attempt to self-transfer from his wheelchair. May need a reduction in his medications. -R1 records lacked evidence of progress notes from 9/15/22, 9/16/23, and 9/17/23, 9/18/23 9/19/23, 9/20/23, and 9/21/23. -9/22/23 at 10:46 a.m., Screen form sent to therapy to assess safe transfers. Staff reported R1 needed one to three staff at times. Also assessing transfers into bath chair. Reported had been lowered to floor when getting up into the bath chair. R1 records lacked evidence of progress notes on 9/23/23. -9/24/23 at 4:37 p.m., R1 very sleepy. Attempted to get R1 up for meal, used sternum tub with no effect, will same meal and attempt later. -9/24/23 at 7:58 p.m., Able to get medication in and had four ounces of ensure. R1 records lacked evidence of progress notes for 9/25/23, and 9/26/23. -9/27/23 at 12:53 p.m. MD signed orders to decrease Rexulti to 1.5 mg daily. New order will be sent to drug store. -9/27/23 at 2:28 p.m. Activity staff played music for R1 and he clapped hands and legs started moving with activity staff. Activity staff will	F 758		

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F 758	Continued From page 29 continue to visit and take R1 on walks in the halls or go on the patio as weather permits. No concerns. -9/28/23 at 12:31 p.m. in response to the decrease in Rexulti form 2 mg to 1.5 mg was signed by MD. Hoped medication would be delivered by courier today in early afternoon. The 2 mg has been discontinued. The facility failed to document side effects or target behaviors as ordered by the NP each day, evening, and night shifts on: 7/5/23, 7/6/23, 7/17/23, 7/18/23, 7/19/23, 7/20/23, 7/27/23, 7/28/23, 7/30/23, 7/31/23, 8/1/23, 8/2/23, 8/3/23, 8/4/23, 8/7/23, 8/8/23, 8/9/23, 8/10/23, 8/11/23, 8/13/23, 8/14/23, 8/15/23, 8/16/23, 8/18/23, 8/19/23, 8/20/23, 8/22/23, 8/23/23, 8/25/23, 8/26/23, 8/27/23, 8/28/23, 8/29/23, 9/6/23, 9/13/23, 9/15/23. 9/16/23. 9/17/23, 9/18/23, 9/19/23, 9/20/23, 9/21/23, 9/22/23, 9/23/23, 9/25/23, 9/26/23, and 9/27/23. The facility failed to document side effects or target behaviors as ordered by the NP each day and night shifts on: 7/8/23, 7/9/23, 7/10/23, 7/12/23, 7/13/23, 7/16/23, 7/25/23, 7/26/23, 8/5/23, 8/21/23, 8/30/23, 9/4/23, 9/7/23, 9/24/23, 9/28/23, and 9/29/23. No side effects assessment documented days, evening shift, and night shifts: 7/21/23, 7/25/23, 7/26/23, 7/27/23, 7/28/23, 7/29/23, 7/30/23, 7/31/23, 8/6/23, 9/1/23, 9/5/23, 9/9/23, 9/10/23. 9/11/23, and 9/14/23. The facility failed to document side effects or target behaviors as ordered by the NP each day and evening shifts on: 7/15/23, and 8/21/23.	F 758		

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F 758	Continued From page 30 The facility failed to documented side effects as ordered by the NP on day and night shifts on 7/11/23. Progress notes lacked evidence from 7/3/23, though 9/28/34, a responsible party was contacted and informed in advance of the risks/benefits and receive informed consent prior to the start, increased doses, and decreased doses of the Rexulti. Additionally, R1's medical record lacked side effect and behavioral monitoring for the antipsychotic medication administered. During an observation on 9/27/23 at 1:07 p.m., R1 sat in wheelchair with gripper socks on both feet without footrests on in commons area. R1 was hunched over, eyes were open and was observed to reach out into mid-air and attempt to grab something (that was not there) then flung his left hang/arm out wards numerous times. At 1:10 p.m. R1 reached out, leaned forward down to floor hunched over, and tried to touch and pick up something (that was not there) on the floor. At 1:15 p.m. a staff member came over to R1 and asked him to be her helper with colored pens, placed a pack of pencils in R1's hands and pushed him down the hallway. R1 did not respond to the staff member with words. During an observation on 9/27/23 at 3:30 p.m. R1 sat in wheelchair with eyes open looking around in commons area. R1 reached out into midair with his right hand and tried to grab something not there twice during this observation. During an observation on 9/28/23 at 9:00 a.m., R1 was pushed into the dining room in wheelchair	F 758		

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F 758	Continued From page 31	F 758		

by nursing assistant (NA-E) and placed at a table. NA-E placed a cloth protector on R1's chest and offered bites of hot cereal with a spoon. R1 was unable to open his mouth for the spoon to be placed. NA-E poured the hot cereal into a plastic cup and R1 was able to drink/swallow 50 % of the hot cereal and water offered. R1 appeared sleepy during this observation and given many cues by NA-E. At 9:30 a.m. NA-E removed R1's cloth protector from chest and pushed R1 down the hallway to the commons area. NA-E placed R1 in front of the television and put brakes on wheelchair. R1's head hung down and eyes were closed, and NA-E walked away. No verbal conversation was heard by R1 or behaviors noted.

During an observation on 9/29/23 at 10:41 a.m., NA-C and NA-B located in tub room with R1 with door closed. R1 sat on tub chair awake without clothes on. NA-C placed lotion on R1's legs and R1 stated you got lotion and smiled. RN-B entered the tub room and stated R1 seemed more awake today which may be because he had not received Rexulti medication yesterday and had been placed on a new decreased dose that the pharmacy had not yet delivered. R1 conversed with NA-E and NA-B, appeared confused, and pointed at things that were not there. NA-C placed a gait belt around R1's waist. Together NA-C and NA-B stood on each side of R1, placed their hand underneath the gait belt and instructed R1 to stand up. R1 leaned forward but was unable to follow directions and could not stand up. NA-C reminded R1 he needed to stand up so that he could be transferred from tub chair to his wheelchair and placed R1's right hand on wheelchair arm rest and R1 was unable to follow directions and hands slide off arm rest. NA-C

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KITTSON MEMORIAL HEALTHCARE CENTER	1010 SOUTH BIRCH HALLOCK, MN 56728

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F 758	Continued From page 32 positioned himself in front of R1 with his legs touching his knees, took hold of the transfer belt from both sides, and instructed R1 to stand up. NA-C lifted R1 off the wheelchair with the gait belt and supported R1's knees so he stood up and then pivoted R1 into his wheelchair. No behaviors were noted during observation. During interview on 9/28/23, at 11:40 a.m., family member (FM)-A stated R1 walked with assist of one and was unstable on his feet when admitted on 6/6/23. FM-A stated about a month after R1 was admitted to the facility he was unable to recognize family and we noticed a change in his cognitive abilities. FM-A stated he reminded R1 who they were, during visits and noted he had short fleeting ability to recognize family and was "gone in an instant". FM-A stated R1 was agitated when he could not see a familiar face, but the facility placed him on Rexulti so quickly and without their knowledge or consent. FM-A also stated when they visited R1 started to ramble, and they were unable to understand what he was talking about. FM-A stated the Rexulti may have had some calming affects but in their opinion, it had deterred good parts of R1 while on it. FM-A indicated the facility had jumped the gun prior to him being placed on the Rexulti and really needed to get to know him better. FM-A stated they found out R1 was on a new medication over one week after he had started the medication and were informed by a nurse during a visit. They had never been given information about drug, risk and benefits and never provided the facility consent to start administrating the medication. Additionally, FM-A was not given the possible side effects and R1's daughter-in-law, a retired nurse looked upside effects. FM-A indicated family had informed staff nurse on 9/1/23, they wanted R1's	F 758		

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F 758	Continued From page 33 Rexulti discontinued, and a staff nurse indicated they were unable to take R1 off until a doctor was contacted. FM-A stated on 9/5/23, a copy of R1's medication list was requested and received. FM-A stated family was contacted two weeks ago on 9/18/23 (18 days later), informed NP would meet with them on 9/25/23, at 10:00 a.m. FM-A stated he had received a phone call from the facility the morning of 9/25/23, indicated the meeting with NP had been canceled, and rescheduled for 10/6/23, at 10:00 a.m. FM-A stated as of today 9/28/23, a doctor had not visited with the family and had been almost three months R1 had been on Rexulti (28 days since the family asked for the medication to be discontinued). FM-A stated the family was very concerned about R1's change in behavior since starting the medication such as his unsteady gait, required more assistance with cares and eating, increased weakness, and cognitive decline. During an interview on 9/27/23 at 1:23 p.m., nursing assistant (NA)-A stated R1 was admitted 6/6/23, walked with a cane with stand by assist (SBA) of one, alert and oriented, played harmonica and sang. NA-A stated R1 was able to carry on a conversation, used a wheelchair to get around, and sometimes became restless, and unsteady when he tried to get up by himself. NA-A indicted R1 was started on a medication called Rexulti approximately three months ago. NA-A stated noted changes in R1 quickly after the medication was started and the nurse told me it was his body adjusting to it, then the dose was increased. NA-A stated R1 displayed jerking movements, suddenly, his entire body jerked, jumped in his chair, and arms and legs would go. NA-A the jerking movements started approximately 1 ½ months ago. NA-A indicated	F 758		

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families walked by him and asked if he was ok when they saw the jerking movements that occurred randomly and quite often and lasted only a short time. NA-A stated nursing was aware of these jerking movements many staff talked about it especially during report. NA-A stated R1's personality has diminished, does not laugh, poor eye contact, and seemed like R1 looked right through her. NA-A also stated had been difficult to get R1 to eat and drink fluids, had to be fed by staff, and once the food was placed in his mouth, he was unsure what to do with it. NA-A stated R1 was toileted with assist of staff but had changed to a check and change and off load every three hours. NA-A stated R1 was unable to reposition himself in the wheelchair.

During an interview on 9/28/23 at 10:00 a.m. medical doctor (MD) stated R1 was seen last 8/21/23, and staff reported R1 was having side effects (reaching for things in midair and jerky movements). MD confirmed those are possible side effects of Rexulti and was concerning. MD stated the staff planned on contacting NP the following day as she was the primary prescriber. MD indicated when staff were concerned about side effects from Rexulti medication they would be expected to have notified NP.

During a telephone interview on 9/29/23 at 10:46 a.m. PC stated R1's chart was reviewed last on 9/6/23, a progress note identified increased jerky movements and reached for things in the air. PC stated she recommended NP reassess the effectiveness of Rexulti on R1's behaviors versus risks and decent development of odd movements and posture. PC stated she suggested considering trying Depakote instead of Rexulti. PC stated she just visited with RN-B during a

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F 758	Continued From page 35 meeting on 9/27/23 and noted R1 also had drowsiness and so the MD decreased R1's Rexulti as the NP was gone. PC confirmed she was unaware if NP had assessed the recommendations from 9/6/23 yet or not. PC stated once the facility received the recommendations, she expected them to give them to the provider and then it would be up to the provider to follow through. During an interview on 9/28/23 at 2:20 p.m., NA-D stated R1 can no longer stand up, walk or have a conversation like he did when first admitted to the facility. NA-D indicated R1 was slumped over in the wheelchair most of the time, had a lot less energy, no longer tried to get up on his own, and was more resistant to cares. NA-D stated when R1 was admitted to the facility he used a cane and SBA (stand by assist) of one to ambulate, fed himself, played harmonica, sang songs, cracked jokes, then a few months ago his condition started to change and decline. NA-D stated R1 was unable to converse, speech did not make sense, mumbled, hard to understand, and poor eye contact started. NA-D stated the NAs were expected to document on behaviors, not sure it had been done though. NA-D also stated there was a spot in R1's medical record behaviors should have been documented every shift but had to know when to chart those behaviors and were they normal or not, was not clear. NA-D indicated was not informed as to what side effects NAs were expected to watch for. NA-D confirmed R1 tried to touch staff and intervention such as redirection and staff placed body in a position R1 was unable to be reached helped and R1 no longer did that anymore, but no other strategies or interventions were implemented. NA-D stated R1 currently became	F 758		

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F 758	Continued From page 36 combative with cares and did not seem to understand fully what staff wanted to do with him. NA-D indicated they used redirection and when staff felt unsafe, had two staff when cares were completed. During an interview on 9/28/23 at 2:35 p.m. NA-B indicated they had seen changes in R1 especially the last two months. NA-B stated R1 use to feed himself with set up but now staff had to feed him and place his hot cereal in a cup so that he drank it. R1 was now unable to figure out how to eat with spoon, which is a significant decline. NA-B noted R1 to be drowsy and experienced unexpected body jerking movements while he sat in a wheelchair along with grabbing in the air with his hands and toward the floor when there was nothing there. During an interview on 9/28/23 at 2:50 p.m. RN-B stated R1 self-transferred himself at times and fell and required stand by assist of one. RN-B stated R1 had been started on Rexulti for his behaviors July 2023. RN-B indicated approximately four weeks ago R1 became less interactive, did not seem to notice or even respond to anyone, struggled withcommunication and hard to understand. RN-B stated typically there was a nursing order in the treatment section of the resident's medical record and nursing staff would have been expected to document side effects and behaviors for R1. RN-B stated there had not been behavioral and /or side effects charting on R1. RN-B stated R1 had gone from assist of one for transfers to not safe as a two person transfer and should be a Hoyer lift to avoid more falls. RN-B stated R1's family should have been contacted prior to the start of the Rexulti to obtain an informed consent and	F 758		

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F 758	Continued From page 37 documented in the progress notes. RN-B stated R1's family voiced concerns, that were passed on in report, regarding the use of the new medication, decline in mobility, and cognition. RN-B indicated she had talked with the assistant director of nursing (ADON) and said the NP would meet with them today. (Meeting did not occur.) During an interview on 9/28/23 at 3:00 p.m., NA-C stated R1 had declined rapidly when he started worked at the facility two months ago. NA-C stated R1 walked by himself with a cane and no longer can. NA-C stated R1's ability to communicate had declined, was able to request bathroom, carried on a conversation and no longer requested the bathroom or had the ability to communicate properly. During an interview on 9/28/23 at 3:23 p.m. licensed practical nurse (LPN)-A stated R1 walked slightly unsteady with a cane and stand by assist of one when admitted to the facility on 6/6/23. LPN-A stated R1 carried on a conversation, played the harmonica, and was fun. LPN-A indicated once R1 was started on Rexulti R1's personality totally changed and was not himself anymore, made him very sleepy, and unable to eat and had to be fed. LPN-A stated staff needed to get to know R1 and spend more time with him, the Rexulti was not needed, and kept him sedated. LPN-A stated R1 had a hard time remembering his family when they came to visit and had not seen anyone's memory and personality turn so fast after starting a medication. LPN-A confirmed all nurses were expected to document on R1's behaviors and side effects on every shift but did not think it had been done on every shift consistently. LPN-A	F 758		

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stated R1's son voiced concern about one month ago regarding how sedated and disoriented R1 had become and was adamant about taking him off the Rexulti over a month ago.

During an interview on 9/28/23 at 1:00 p.m. RN-A stated nursing staff were expected to chart every shift (day, evening, and night) R1's behaviors and side of effects from the Rexulti he was taking. RN-A also stated that information was placed in the provider notes by NP and in R1's progress notes on 7/3/23, reminded nurses to document on behaviors and side effects every shift and indicated this was an order. RN-A stated that order information should have been placed on the treatment administration record (TAR) for the nurse to complete and sign for each shift and did not get entered onto the TAR. RN-A indicated the assessments and monitor for side effects from the Rexulti and behaviors would be very important due to safety to assure R1 did not display any adverse side effects to the Rexulti and identify any concerns. RN-A stated the nursing staff documented in progress notes R1's behaviors but not additional information required like side effects when on psychotic medication such as Rexulti. RN-A verified R1 had a slight change in cognition and mobility had a definite change that became a safety issue and not safe cognitively when he got up by himself, fell (7/20/23) and hit his head. RN-A indicated R1's inability to transfer safely due to a decline in cognition and now used a Hoyer lift because R1 was unable to follow directions, became agitated easily, and wanted to ensure a safe transfer each time. RN-A stated R1 pointed to the ground and reached for things and picked in the air at things that were not there and that was a side effect of the Rexulti. RN-A indicated R1 had been unable

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F 758	Continued From page 39 to play the harmonica for at least the past month, showed no interest, and not sure if he could. RN-A stated he would have been expected to contact R1's responsible party prior to start of the Rexulti and obtain an informed consent, explained risk and benefits, and should have but did not. RN-A verified no documentation was noted in R1's progress notes regarding responsible party contacted prior to the start of the Rexulti. RN-A stated R1's family approached him on 9/1/23, with concerns about medications administered to R1 and increased drowsiness. RN-A stated he explained what the new medication was, would monitor for changes, and if R1 stayed that way the provider would be contacted. RN-A indicated the family asked to talk to provider and possibly have the Rexulti stopped. RN-A verified he had talked to NP, no documentation in progress notes, and NP indicated would meet with responsible family on 9/5/23. RN-A stated R1's family arrived at facility on 9/5/23 but the NP was not at the facility, so the meeting never happened. RN-A indicated the provider should follow through with meeting with responsibility party, had been almost one month and R1's family has not met with provider yet. During a follow up interview on 9/29/23 at 1:00 p.m. RN-A stated R1 had an order change written by facility MD that included a decrease in Rexulti form 2 mg to 1.5 mg on 9/28/23. During an interview on 9/29/23 at 1:00 p.m. director of nursing (DON) stated non-pharmalogical interventions used with R1 was food, walking, trying the harmonica, table games to keep him engaged, and listening to country western music on headphones. DON indicated had been excited about Rexulti given	F 758		

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F 758	Continued From page 40 for agitation and just approved for dementia. R1's family should have been contacted any time prior to a change in orders or medications, after falls, and skin tears. DON stated there had been documentation in R1's progress notes regarding family concerns and communication with them, and it was really hit and miss, not all nurses were created equally and some you have to work with harder. DON stated staff needed to be talked to about documentation. DON indicated R1's family was contacted today and made aware the 10/6/23, appointment had been canceled. DON also stated R1's Rexulti dose had been decreased yesterday by MD and family was not notified until today. DON stated the assistant director of nursing (ADON) followed the drug regimen reviews completed by the pharmacy and unsure if the recommendations were followed through on as expected. DON added, the ADON was out of the office form 9/7/23, through 9/18/23, which may have delayed her response and did not did not identify who would have been responsible to review the PC recommendations in the ADON's absence despite acknowledging she was aware of the PC recommendations to discontinue the Rexulti and start on Depakote. DON also acknowledged the NP had not visited the facility the last two times she was scheduled on 9/25/23, or 9/29/23, and had been out. DON stated the recommendation from PC should have defaulted to the primary physician and did not happen. DON indicated R1 continued to have jerky movements, picked at things in the air and an Abnormal Involuntary Movement Scale (AIMS) was completed on 9/28/23, and did not show signs of tardive dyskinesia. DON stated the medical doctor overseas the NP. DON indicated the MD and her would need to meet next week to visit about this. DON stated MD decreased R1's	F 758		

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F 758	Continued From page 41 Rexulti today because the NP was not in. DON stated any time a new psychiatric medication was started the staff should be made aware of resident assessments reactions to the drug and monitor for side effects. DON stated once the order had been received the nurse would be expected to write a progress note and best practice would include the order entered into the electronic medication record (EMAR) every shift for behaviors and side effects. DON stated relevant information regarding medication monitoring for a resident was communicated to staff via communication book used during report and not sure that had been done for R1. DON verified R1 was started on Rexulti, R1 did appear to improve, dose was increased up to 2 mg, had a decline in his ability, and not sure if it was due to the Rexulti or his disease process. DON stated no physician had talked to the family regarding the Rexulti. DON also stated there was miscommunication with NP and the assistant director of nursing (ADON) on Friday afternoon 9/5/23, regarding the family wanting to talk to a provider. Facility policy titled Condition Change, of the Resident (observing, recording, and reporting) undated identified the purpose to observe, record, and report any condition of change to the attending physician so proper treatment will be implemented. Procedure: After all resident falls, injuries or changed in physical or mental function, monitor, and observe for the following: -personality changes -generalized weakness -speech disorder -gait, posture or balance disorder -abnormal spasms	F 758		

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F 758	Continued From page 42 -incontinence Notify resident's responsible party and physician. Identify underlying problem causing the condition change. Document observation of the resident at least every shift until condition was stable. Facility policy titled Medication Regimen Review Policy dated 2016, identified each month the CP will review the medical record and medication regimens of each resident for appropriateness using the Centers for Medicare and Medicaid Services (CMS) guidelines on unnecessary medications. Each resident's medication regime must be free from unnecessary drugs. An unnecessary drug was a drug when used in the presence of adverse consequences which indicated the dose should be reduced or discontinued. The CP documentation should be placed in resident's medical record along with any irregularities noted, documented on a report, and given to the facility's medical director. Any irregularities required physician attention are intended to be addressed prior to or at the time of next scheduled visit. The attending physician must document in the resident's medical record that the identified irregularity had been reviewed and what, if any action had been taken to address it.	F 758		

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 11, 2023

Administrator
Kittson Memorial Healthcare Center
1010 South Birch
Hallock, MN 56728

Re: State Nursing Home Licensing Orders
Event ID: QFHF11

Dear Administrator:

The above facility was surveyed on September 27, 2023 through September 29, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00321	A. BUILDING: _____ B. WING _____	C 09/29/2023

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KITTSON MEMORIAL HEALTHCARE CENTER	1010 SOUTH BIRCH HALLOCK, MN 56728

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 9/27/23, through 9/29/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and	2 000		

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2 000	Continued From page 1 identify the date when they will be completed. The following complaint was reviewed H52475752C (MN00097096) with a licensing order issued at (1535). Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will	2 000		

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2 000	Continued From page 2 be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
21535	MN Rule4658.1315 Subp.1 ABCD Unnecessary Drug Usage; General Subpart 1. General. A resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used: A. in excessive dose, including duplicate drug therapy; B. for excessive duration; C. without adequate indications for its use; or D. in the presence of adverse consequences which indicate the dose should be reduced or discontinued. In addition to the drug regimen review required in part 4658.1310, the nursing home must comply with provisions in the Interpretive Guidelines for Code of Federal Regulations, title 42, section 483.25 (1) found in Appendix P of the State Operations Manual, Guidance to Surveyors for Long-Term Care Facilities, published by the Department of Health and Human Services, Health Care Financing Administration, April 1992. This standard is incorporated by reference. It is available through the Minitex interlibrary loan system and the State Law Library. It is not	21535		10/20/23

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21535	Continued From page 3 subject to frequent change. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure residents were monitored for target behaviors, monitored for side effects, and educated on the risks/benefits of psychotropic use prior to initiation for 1 of 3 residents (R1) reviewed for unnecessary medications. This deficient practice caused actual harm when R1 experienced a decline in condition following the initiation and continued increase of a psychotropic medication. Findings include: R1's admission Minimum data set (MDS) dated 6/12/23, identified R1 was admitted on 6/6/23. R1 had minimal difficulty in some environments with hearing, clear speech, and impaired vision, could see large print only. R1 sometimes understood others and responded adequately to simple, direct communication. R1's cognition was severely impaired with no behaviors. R1 required extensive assistance of two for toileting and extensive assistance of one for transfers, mobility, dressing, personal hygiene and supervision (oversight, encouragement, or cueing) for eating. R1's mobility devices included cane, walker, and wheelchair. R1 was frequently incontinent of bowel and bladder and was not on a toileting program. R1's diagnoses included non-brain traumatic syndrome, arthritis, and dementia. During the seven-day look-back period R1 received antidepressants five out of seven days and opioids (narcotics managed moderate to serve pain) six out of the seven days, and no antipsychotic medications were received.	21535	1.Resident is currently having a gradual dose reduction as part of Psychotropic Medication and Monitoring Policy. The dose was decreased on 9/27/23. Nursing is monitoring for target behaviors and side effects every shift, and documenting when behaviors/side effects are noted. 2.No other residents were identified to have been affected by the deficient practice at the time of survey. Residents receiving psychotropic medications are on routine schedule for GDR. Nursing will be monitoring and documenting behaviors per policy. DON or designee will audit for completeness and follow-up of the GDR recommendation and documentation. 3.Review/revise Psychotropic medication and monitoring policy. Orders are placed in the EMR to monitor and document target behaviors or side effects per policy. Consulting pharmacist attends medical staff meetings to educate and inform providers about current utilization of psychotropic medications, appropriateness, and recommendations. Staff will be educated on this new policy revision and forms by 10/25/23. 4.Drug regimen review summary report is acknowledged and signed off by CMO, DON, consulting pharmacist. DON or designee will audit for completeness. Findings from auditing and pharmacist review will be sent to the QAPI committee quarterly. 5.Date for deficiency to be corrected:	

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21535	Continued From page 4 R1's psychiatric evaluation with nurse practitioner (NP) dated 7/3/23, identified concerns included anxiety and agitation secondary to Alzheimer's disease. R1 was identified as disoriented times four, sleepy throughout the appointment, fair eye contact, and does not answer questions coherently. R1 was disoriented to time, place, and situation and can be paranoid with delusional thinking at times. R1's insight and judgement were poor and deficits in both short- and long-term memory. NP recommended a trial of Rexulti 0.5 milligrams (mg) tablets orally daily times seven days then increase to 1 mg daily to target Alzheimer's dementia with agitation. Discussed risks and benefits with R1. R1's psychiatric medication management follow up with NP dated 7/17/23, identified R1 was last seen on 7/3/23, at that appointment was started on Rexulti for agitation secondary to Alzheimer's dementia. R1 remained disoriented times four, poor judgment, and deficits in both short- and long-term memory. Discussed typical course of treatment, treatment options, risks, and benefits discussed. Also discussed current/potential medications, their indications, and worst/most common side effects reviewed. Healthy lifestyle choices and coping skills reviewed and recommended. No indication a family representative attended the psychiatric appointments on 7/3/23, and 7/17/23, or the MD visit on 8/31/23. R1's quarterly MDS dated 9/12/23, identified R1's cognition remained severely impaired, and no behaviors identified in the seven-day look back period. R1's functional status had changed and R1 required extensive physical assistance of two	21535	10/25/2023.	

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21535	Continued From page 5 staff for bed mobility, dressing, transfers, toilet assistance, and one-person physical assistance with eating. R1 was always incontinent of urine and no toileting plan used. R1's new diagnoses included Alzheimer's disease and anxiety disorder. R1 received antipsychotic, antidepressant, diuretic (reduced fluid buildup in the body), and opioid seven out of the seven days of the look back period. R1 had two falls with minor injuries. R1's care plan, last reviewed/revised 9/26/23, identified on 9/24/23, the use of Rexulti, psychotropic medication, was added along with possible side effects staff were directed to monitor for: drowsiness, dizziness, lightheadedness, shaking, increased appetite, weight gain, restlessness, and inability to keep still may occur. R1 was followed by medical doctor/director (MD) and pharmacy consultants, and the staff will dose change as ordered. Staff were directed to redirect daily, introduce self as necessary, offer cues as needed to maintain orientation level, allow R1 to make decisions as able, POA (power of attorney) to be contacted for financial decisions and family included on medical decisions. Additionally, staff were directed to have R1 included preferences in rendering care and services, encouraged and escorted to all group activities, praise involvement, informed R1 of upcoming activities and provided setting in which activities were preferred such as commons area and dining room, and varied the physical environment, when possible, outdoors on the Whitetail Square patio. Care plan lacked direction for frequency of side effect monitoring. R1's care sheet dated 9/25/23, identified R1 transferred independently, extensive assist of one partial bath and toileting. R1 very forgetful, fall	21535		

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21535	Continued From page 6 risk, and may wander. Ambulation used a cane and assist of one and wheelchair for long distances. R1 may wander and needed redirection. Wander guard and hard of hearing (HOH) had hearing aids, did not wear them. Poor peripheral vision, look directly facing R1 when talking (had glasses did not wear them). R1 had arthritis in hand and ate a pureed diet. R1's Abnormal Involuntary Movement Scale (AIMS) dated 8/29/23, identified no involuntary movements noted after completion of the AIMS. Due to increase dose of Rexulti this a.m. R1 had some stiffness and reached out to things not there. Staff will monitor and notify provider if noted to worsen. R1's primary provider medical doctor (MD) visit dated 8/31/23, identified Plan: staff will notify psychiatry of R1's possible side effects from Rexulti were managing his psychotropic medications. R1 had dementia with behavioral issues can be combative and anxious. Rexulti was recently started, and staff notice he had some odd movements and posterior. They will notify NP who managed this. R1's physician's order dated 6/28/23, through 9/29/23, identified: -Start date 7/3/23, end date 7/9/23, Rexulti tablet 0.5 mg. Start 0.5 mg daily times seven days then increase to 1 mg daily one a day. Order written by psychiatric nurse practitioner (NP). -Start date 7/3/23, end date 7/19/23, Nurses please chart follow up on Rexulti effectiveness. Chart on effect on behaviors, and on side effects (e.g., drowsiness, dizziness, light headedness, hypotension, shaking, increased appetite, weight	21535		

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21535	Continued From page 7 gain, restlessness, and inability to keep still. Provider will need notes from charting for follow up appointment on how to proceed with doses. Every shift; shift one, shift two, and shift three. -Start date 7/10/23, end date 7/17/23, increase Rexulti tablet 1 mg orally daily. Follow up appointment 7/17/23, at noon. Order written by medical doctor (MD). -Start date 7/17/23, through 8/25/23, Rexulti 1 mg daily with follow up appointment on 7/17/23, noon. Order written by NP-A. -Start date 8/25/23, through 9/28/23, Rexulti 2 mg orally once a day. Order written by NP. - 9/28/23, Rexulti take 1 mg tablet along with 0.5 mg tablet to equal 1.5 mg daily. (decrease) Ordered by MD. R1's monthly pharmacy review dated 9/6/23, included the following recommendations: NP please reassess the effectiveness of Rexulti on R1's behaviors versus risks and recent development of odd movements and posture. Could consider trying Divalproex (Depakote) (used to treat manic episodes associated with bipolar disorder and seizures). Although pharmacist consultant (PC) recommended a trial of Divalproex on 9/6/23, R1's medical record lacked documentation of a response to the request and side effect monitoring. R1's progress notes from 6/6/23, through 7/2/23, identified: -6/6/23, resident admitted to facility.	21535		

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21535	Continued From page 8 -6/8/23-6/18/23 progress notes identified R1 had two falls, attempted to self transfer, was observed urinating behind door and attempted to inappropriately touch staff. -6/20/23, resident needs frequent one to one, up and down from wheelchair and interventions were mostly ineffective. -6/24/23, ambulated with walker and staff assist, played harmonica, and sang. Resident needed multiple reminders today to not self-transfer. -6/26/23 at 5:21 p.m., self-transferring, striking and hollering out. -6/28/23, Care Conference for resident - no real concerns noted, resident enjoys walking. -7/1/23, resident combative, hollering out in hallway, yelled "someone help me', very angry and irritable. Resident was swinging at staff, spit in their faces, and tried to bite them. Resident got a hold of a gait belt and was flinging it into the air trying to hit staff with it. Tried to remove it from his hands but unable. Called MD on call and ordered 1 mg of Ativan. -7/2/23 at 1:30 a.m. Resident appeared calm. -7/2/23, hollering back and forth with other resident, calling him names, making threats, kicked and spit on staff. R1's records lacked assessments or behavioral notes addressing concerns related to R1's incidents on 6/26/23, 7/1/23 or 7/2/23, additionally, no new interventions were identified to assist in managing the behaviors.	21535		

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21535	Continued From page 9 R1's progress notes from 7/3/23, through 9/29/23, identified: -7/3/23 at 3:33 p.m. provider phone orders follow up diagnosis agitation in Alzheimer's disease: start Rexulti 0.5 mg daily times seven days, then increase to 1 mg orally daily. Take at noon. Follow up appointment 7/17/23, at noon. Nurses, please chart follow up on medication effectiveness. Chart on effect on behaviors, and also side effects (e.g. drowsiness, dizziness, lightheadedness, hypotension, shaking, increased appetite, weight gain, restlessness, and inability to keep still. Provider will need notes from charting for follow up appointment on how to proceed with doses. R1's progress notes from 7/3/23-7/9/23 included a total of 8 total entries 3 of which indicated no adverse effects, 3 identifying no aggressive behaviors, and 3 identifying sexual or aggressive behavior or both. Progress notes from 7/10/23-8/21/23 indicated: -R1's medical record lacked evidence of progress notes on 7/14/23, 7/16/23, 7/19/23, 7/20/23, 7/22/23, 7/23/23, 7/25/23, 7/26/23, 7/28/23, 7/30/23, 8/10/23, 8/11/23, 8/13/23, 8/14/23, 8/16/23, 8/18/23, and 8/19/23. -7/10/23 at 4:14 p.m. started on first dose of 1 mg today. R1 does not exhibit increased drowsiness or lethargy. No complaints from staff regarding inappropriate behaviors this shift, although he attempted self-transfer from his wheelchair about two times. No concerns regarding hypotension as his gait appeared to be steady during attempt. Cooperative during cares, takes him medications without protest without spitting out medications. No observations of delusional conversations. No	21535		

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21535	Continued From page 10 other observations to note. -7/11/23 at 7:28 a.m. R1 had been lethargic for most of the shift. Hard to arouse, but irritable when woken up and cried out as if in pain. Very confused and hard to re-direct -7/12/23 at 10:51 p.m. agitated and defensive this evening -7/13/23 at 10:16 p.m. confused -7/15/23 at 4:27 a.m. slept in bed all night without behaviors. -7/17/23 at 3:18 p.m. NP-A here for follow up visit of Rexulti. This was started at 0.5 mg for seven days and then increased to 1 mg orally daily for seven days. Today it was decided by NP-A after reading the progress notes since start date through the 14 days to stay with the 1 mg orally daily. Follow up with NP in six weeks. -7/21/23 at 4:55 p.m. Alert and oriented, assist of one for ADLS, and transferred with wheelchair and assist of one. Incontinent of bladder and continent of bowel. Behaviors had improved since taking new medication but still could be sexually inappropriate with staff at times. R1 was walked in hallways when restless and seemed to help. R1 played harmonica for staff. -7/24/23 at 6:30 p.m. Inappropriate comment made to female staff. -7/24/23 at 9:02 p.m. R1 very restless, kept getting up form wheelchair to walk, redirected and close supervision at nurse's station to prevent falls.	21535		

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21535	Continued From page 11 -7/27/23 at 3:17 p.m. R1 had been sleepy often in past couple days. Today R1 was wide awake at 7:00 a.m. Staff provided 1:1, walked R1, and played his harmonica. These approaches were somewhat effective and R1 needed frequent redirection throughout the shift. -8/3/23 at 8:10 p.m. R1 required extensive assistance of one to two for ADLS, propels self in wheelchair, and stand by assist for transfers and walks. R1 was set up only for meals and consumed 100%. R1 needed supervision at times, liked to joke with staff and enjoyed playing harmonica. R1 usually in a fair mood and able to make needs known. -8/5/23 at 6:44 p.m. R1 had inappropriate behavior and restlessness, redirected but short lived due to his dementia level. R1 needed frequent redirection. Offered snacks and fluids, liked to play harmonica and go for walks. All of these combined helped with his inappropriate behavior and restlessness. -8/17/23 at 1:44 p.m. Extensive assistance of one with transfers and stand by assist with locomotion on the unit. Gait appeared to be more unsteady. Some inappropriate behavior, confused behavior, speech observed but easily redirected. -8/20/23 at 6:25 p.m. Witnessed self-transferring fall. Gait more unsteady. -8/21/23 at 4:46 p.m. urinalysis to rule out UTI (urinary tract infection) for increase confusion prior to recent fall. UA results are negative, Rexulti ordered to be increased to 2 mg orally daily. -8/25/23, 11:05 a.m. Rexulti increased to 2 mg	21535		

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	00321	A. BUILDING: _____ B. WING _____	C 09/29/2023

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21535	Continued From page 12 daily per NP-A for Alzheimer's dementia with agitation. Follow upon 9/25/23, at 10 a.m. -R1 records lacked evidence of progress notes from 8/26/23--8/29/23. -8/30/23 at 2:25 p.m. R1 slept until 11:30 a.m. Staff went to assist from bed, buckled knees and refused to stand. Staff stated it was like he did not understand direction. Two assist to transfer to chair. Required extensive with all cares. Extensive assist with meal intake. Staff reported he was experiencing twitches and reaching out into midair. -8/31/23 at 10:48 a.m. R1 seen by MD today on rounds. R1 answered questions about sleeping and eating, not always answering appropriately. MD indicated he would notify NP about increase of reaching for things in the air, and jerky movements when sitting up in wheelchair. No new orders currently. -9/1/23 at 2:13 p.m. FM-A requested to discontinue Rexulti, provider was contacted to reach out to family to discuss concerns. -9/4/23 at 4:40 p.m. R1 slept all weekend. R1 placed hand over forehead, possible headache, given Tylenol which seemed to be effective. R1 was unable to say or rate pain to tell where his discomfort was due to his dementia. R1 was awake today but not happy mood like normal when awake. R1 would not sing, placed hand over mouth when writer tried to administer medications, not drinking fluid like his normal self, just maintained a frown and closed his eyes. Noted staff had to feed him at meals and does not pick- up silverware. When silverware placed in R1's hand unable to hold onto it to get his food	21535		

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21535	Continued From page 13 onto it. -9/5/23 at 1:30 p.m. R1's daughter, son, and wife visiting. Family had asked for a copy of medications R1 had taken. Requested and talked to assistant director of nursing (ADON) and ask how R1 was doing and questions about Rexulti. Explained to family started on Rexulti due to negative behaviors displayed, hitting, spitting, attempted to bite. They talked about negative things said about Rexulti on television and it was explained that R1 was followed by NP and was the one that prescribed the medication, was willing to talk to family and planned on contacting them to discuss the medication. -9/6/23 at 1:19 p.m. Therapy comments: staff report transfers primarily assist of one. If fatigued, they may use assist of two. No therapy needs currently. -9/6/23 at 10:04 a.m. R1 was extensive assist of one for activities of daily living (ADLS) and transfers. Incontinent of bowel and bladder at times. Was out for all meals, took all medications without difficulty, drank all supplements this evening, and no behaviors noted. -9/7/23 at 1:18 p.m. Extensive assistance with ADLS. Staff now feeds resident all meals. Transfers are assist of one and mobility was extensive assistance of one. R1 incontinent of bladder and continent of bowel. No mood changes or behaviors noted at this time. -9/8/23 at 3:13 p.m. Incontinent of bowel and bladder most of the time. No behaviors noted today. R1 now required feeding resident at all meals.	21535		

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21535	Continued From page 14 -9/9/23 at 5:14 a.m. R1 required extensive assistance of one to two for ADLS and transfers. Incontinent of bowel and bladder. -9/9/23 at 3:21 p.m. R1 very tired today. No behaviors noted and wanted to rest at breakfast time, ate lunch and supper. Incontinent of bowel and bladder wore incontinent products. Unable to ambulate today due to issues with balance despite staff assisting him. -9/9/23 at 6:55 p.m. R1 pocketed food (ground meat) in cheeks at lunch today. Spit it all out on his napkin. Smooth food textures ate really well. Needs assistance with feeding at meals. -9/10/23 at 6:03 a.m. Incontinent of bowel and bladder. -9/10/23 at 3:28 p.m. More alert today. Incontinent of bowel and bladder. Unable to ambulate today could not follow direction to take steps and grab walker in front of him. -9/11/23 at 1:27 p.m. and 9:10 p.m. No behaviors. R1 required to be fed at all meals. Appetite fair. -9/12/23 at 4:07 a.m. No behaviors extensive assistance of two for ADLS and transfers. Incontinent of urine. -9/12/23 at 11:16 a.m. Quarterly assessment completed. R1 severely impaired cognition. No signs or symptoms of depression. R1 pleasant and spends a majority of his time sitting in the commons room. R1 liked to visit but most of the time will not visit with appropriate responses and was very confused but pleasant. Family was good support and visits often.	21535		

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21535	Continued From page 15 -9/14/23 at 3:43 p.m. R1 required extensive assistance of two for ADLS and transfers. Incontinent of bowel and bladder most of the time. No behaviors noted today. R1 now required to be fed all meals and more verbal queuing. Appetite was fair most of the time, pleasant and smiled. -9/14/23 at 5:29 p.m. Offered to walk R1 three times so far since 7:00 a.m. and had not been active or strong enough to ambulate. -9/14/23 at 9:14 p.m. Mobility was in wheelchair and if awake enough can move around. Most of time staff needed to push R1 to destination. Appetite was poor and liquid intake fair. R1 has slept the evening shift in his wheelchair, refused to eat supper, drank three to four ounces of ensure. R1 did not ambulate this evening was too sleepy. R1 was incontinent of bladder, not able to feed self, does not talk, reaches out in the air looking for something, does not attempt to self-transfer from his wheelchair. May need a reduction in his medications. -R1 records lacked evidence of progress notes from 9/15/22, 9/16/23, and 9/17/23, 9/18/23 9/19/23, 9/20/23, and 9/21/23. -9/22/23 at 10:46 a.m., Screen form sent to therapy to assess safe transfers. Staff reported R1 needed one to three staff at times. Also assessing transfers into bath chair. Reported had been lowered to floor when getting up into the bath chair. R1 records lacked evidence of progress notes on 9/23/23. -9/24/23 at 4:37 p.m., R1 very sleepy. Attempted	21535		

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21535	Continued From page 16 to get R1 up for meal, used sternum tub with no effect, will same meal and attempt later. -9/24/23 at 7:58 p.m., Able to get medication in and had four ounces of ensure. R1 records lacked evidence of progress notes for 9/25/23, and 9/26/23. -9/27/23 at 12:53 p.m. MD signed orders to decrease Rexulti to 1.5 mg daily. New order will be sent to drug store. -9/27/23 at 2:28 p.m. Activity staff played music for R1 and he clapped hands and legs started moving with activity staff. Activity staff will continue to visit and take R1 on walks in the halls or go on the patio as weather permits. No concerns. -9/28/23 at 12:31 p.m. in response to the decrease in Rexulti form 2 mg to 1.5 mg was signed by MD. Hoped medication would be delivered by courier today in early afternoon. The 2 mg has been discontinued. The facility failed to document side effects or target behaviors as ordered by the NP each day, evening, and night shifts on: 7/5/23, 7/6/23, 7/17/23, 7/18/23, 7/19/23, 7/20/23, 7/27/23, 7/28/23, 7/30/23, 7/31/23, 8/1/23, 8/2/23, 8/3/23, 8/4/23, 8/7/23, 8/8/23, 8/9/23, 8/10/23, 8/11/23, 8/13/23, 8/14/23, 8/15/23, 8/16/23, 8/18/23, 8/19/23, 8/20/23, 8/22/23, 8/23/23, 8/25/23, 8/26/23, 8/27/23, 8/28/23, 8/29/23, 9/6/23, 9/13/23, 9/15/23. 9/16/23. 9/17/23, 9/18/23, 9/19/23, 9/20/23, 9/21/23, 9/22/23, 9/23/23, 9/25/23, 9/26/23, and 9/27/23. The facility failed to document side effects or	21535		

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21535	Continued From page 17 target behaviors as ordered by the NP each day and night shifts on: 7/8/23, 7/9/23, 7/10/23, 7/12/23, 7/13/23, 7/16/23, 7/25/23, 7/26/23, 8/5/23, 8/21/23, 8/30/23, 9/4/23, 9/7/23, 9/24/23, 9/28/23, and 9/29/23. No side effects assessment documented days, evening shift, and night shifts: 7/21/23, 7/25/23, 7/26/23, 7/27/23, 7/28/23, 7/29/23, 7/30/23, 7/31/23, 8/6/23, 9/1/23, 9/5/23, 9/9/23, 9/10/23. 9/11/23, and 9/14/23. The facility failed to document side effects or target behaviors as ordered by the NP each day and evening shifts on: 7/15/23, and 8/21/23. The facility failed to documented side effects as ordered by the NP on day and night shifts on 7/11/23. Progress notes lacked evidence from 7/3/23, though 9/28/34, a responsible party was contacted and informed in advance of the risks/benefits and receive informed consent prior to the start, increased doses, and decreased doses of the Rexulti. Additionally, R1's medical record lacked side effect and behavioral monitoring for the antipsychotic medication administered. During an observation on 9/27/23 at 1:07 p.m., R1 sat in wheelchair with gripper socks on both feet without footrests on in commons area. R1 was hunched over, eyes were open and was observed to reach out into mid-air and attempt to grab something (that was not there) then flung his left hang/arm out wards numerous times. At 1:10 p.m. R1 reached out, leaned forward down to floor hunched over, and tried to touch and pick up something (that was not there) on the floor. At	21535		

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21535	Continued From page 18 1:15 p.m. a staff member came over to R1 and asked him to be her helper with colored pens, placed a pack of pencils in R1's hands and pushed him down the hallway. R1 did not respond to the staff member with words. During an observation on 9/27/23 at 3:30 p.m. R1 sat in wheelchair with eyes open looking around in commons area. R1 reached out into midair with his right hand and tried to grab something not there twice during this observation. During an observation on 9/28/23 at 9:00 a.m., R1 was pushed into the dining room in wheelchair by nursing assistant (NA-E) and placed at a table. NA-E placed a cloth protector on R1's chest and offered bites of hot cereal with a spoon. R1 was unable to open his mouth for the spoon to be placed. NA-E poured the hot cereal into a plastic cup and R1 was able to drink/swallow 50 % of the hot cereal and water offered. R1 appeared sleepy during this observation and given many cues by NA-E. At 9:30 a.m. NA-E removed R1's cloth protector from chest and pushed R1 down the hallway to the commons area. NA-E placed R1 in front of the television and put brakes on wheelchair. R1's head hung down and eyes were closed, and NA-E walked away. No verbal conversation was heard by R1 or behaviors noted. During an observation on 9/29/23 at 10:41 a.m., NA-C and NA-B located in tub room with R1 with door closed. R1 sat on tub chair awake without clothes on. NA-C placed lotion on R1's legs and R1 stated you got lotion and smiled. RN-B entered the tub room and stated R1 seemed more awake today which may be because he had not received Rexulti medication yesterday and had been placed on a new decreased dose that	21535		

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21535	Continued From page 19 the pharmacy had not yet delivered. R1 conversed with NA-E and NA-B, appeared confused, and pointed at things that were not there. NA-C placed a gait belt around R1's waist. Together NA-C and NA-B stood on each side of R1, placed their hand underneath the gait belt and instructed R1 to stand up. R1 leaned forward but was unable to follow directions and could not stand up. NA-C reminded R1 he needed to stand up so that he could be transferred from tub chair to his wheelchair and placed R1's right hand on wheelchair arm rest and R1 was unable to follow directions and hands slide off arm rest. NA-C positioned himself in front of R1 with his legs touching his knees, took hold of the transfer belt from both sides, and instructed R1 to stand up. NA-C lifted R1 off the wheelchair with the gait belt and supported R1's knees so he stood up and then pivoted R1 into his wheelchair. No behaviors were noted during observation. During interview on 9/28/23, at 11:40 a.m., family member (FM)-A stated R1 walked with assist of one and was unstable on his feet when admitted on 6/6/23. FM-A stated about a month after R1 was admitted to the facility he was unable to recognize family and we noticed a change in his cognitive abilities. FM-A stated he reminded R1 who they were, during visits and noted he had short fleeting ability to recognize family and was "gone in an instant". FM-A stated R1 was agitated when he could not see a familiar face, but the facility placed him on Rexulti so quickly and without their knowledge or consent. FM-A also stated when they visited R1 started to ramble, and they were unable to understand what he was talking about. FM-A stated the Rexulti may have had some calming affects but in their opinion, it had deterred good parts of R1 while on it. FM-A indicated the facility had jumped the gun prior to	21535		

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21535	Continued From page 20 him being placed on the Rexulti and really needed to get to know him better. FM-A stated they found out R1 was on a new medication over one week after he had started the medication and were informed by a nurse during a visit. They had never been given information about drug, risk and benefits and never provided the facility consent to start administrating the medication. Additionally, FM-A was not given the possible side effects and R1's daughter-in-law, a retired nurse looked upside effects. FM-A indicated family had informed staff nurse on 9/1/23, they wanted R1's Rexulti discontinued, and a staff nurse indicated they were unable to take R1 off until a doctor was contacted. FM-A stated on 9/5/23, a copy of R1's medication list was requested and received. FM-A stated family was contacted two weeks ago on 9/18/23 (18 days later), informed NP would meet with them on 9/25/23, at 10:00 a.m. FM-A stated he had received a phone call from the facility the morning of 9/25/23, indicated the meeting with NP had been canceled, and rescheduled for 10/6/23, at 10:00 a.m. FM-A stated as of today 9/28/23, a doctor had not visited with the family and had been almost three months R1 had been on Rexulti (28 days since the family asked for the medication to be discontinued). FM-A stated the family was very concerned about R1's change in behavior since starting the medication such as his unsteady gait, required more assistance with cares and eating, increased weakness, and cognitive decline. During an interview on 9/27/23 at 1:23 p.m., nursing assistant (NA)-A stated R1 was admitted 6/6/23, walked with a cane with stand by assist (SBA) of one, alert and oriented, played harmonica and sang. NA-A stated R1 was able to carry on a conversation, used a wheelchair to get around, and sometimes became restless, and	21535		

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21535	Continued From page 21 unsteady when he tried to get up by himself. NA-A indicted R1 was started on a medication called Rexulti approximately three months ago. NA-A stated noted changes in R1 quickly after the medication was started and the nurse told me it was his body adjusting to it, then the dose was increased. NA-A stated R1 displayed jerking movements, suddenly, his entire body jerked, jumped in his chair, and arms and legs would go. NA-A the jerking movements started approximately 1 ½ months ago. NA-A indicated families walked by him and asked if he was ok when they saw the jerking movements that occurred randomly and quite often and lasted only a short time. NA-A stated nursing was aware of these jerking movements many staff talked about it especially during report. NA-A stated R1's personality has diminished, does not laugh, poor eye contact, and seemed like R1 looked right through her. NA-A also stated had been difficult to get R1 to eat and drink fluids, had to be fed by staff, and once the food was placed in his mouth, he was unsure what to do with it. NA-A stated R1 was toileted with assist of staff but had changed to a check and change and off load every three hours. NA-A stated R1 was unable to reposition himself in the wheelchair. During an interview on 9/28/23 at 10:00 a.m. medical doctor (MD) stated R1 was seen last 8/21/23, and staff reported R1 was having side effects (reaching for things in midair and jerky movements). MD confirmed those are possible side effects of Rexulti and was concerning. MD stated the staff planned on contacting NP the following day as she was the primary prescriber. MD indicated when staff were concerned about side effects from Rexulti medication they would be expected to have notified NP.	21535		

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21535	Continued From page 22 During a telephone interview on 9/29/23 at 10:46 a.m. PC stated R1's chart was reviewed last on 9/6/23, a progress note identified increased jerky movements and reached for things in the air. PC stated she recommended NP reassess the effectiveness of Rexulti on R1's behaviors versus risks and decent development of odd movements and posture. PC stated she suggested considering trying Depakote instead of Rexulti. PC stated she just visited with RN-B during a meeting on 9/27/23 and noted R1 also had drowsiness and so the MD decreased R1's Rexulti as the NP was gone. PC confirmed she was unaware if NP had assessed the recommendations from 9/6/23 yet or not. PC stated once the facility received the recommendations, she expected them to give them to the provider and then it would be up to the provider to follow through. During an interview on 9/28/23 at 2:20 p.m., NA-D stated R1 can no longer stand up, walk or have a conversation like he did when first admitted to the facility. NA-D indicated R1 was slumped over in the wheelchair most of the time, had a lot less energy, no longer tried to get up on his own, and was more resistant to cares. NA-D stated when R1 was admitted to the facility he used a cane and SBA (stand by assist) of one to ambulate, fed himself, played harmonica, sang songs, cracked jokes, then a few months ago his condition started to change and decline. NA-D stated R1 was unable to converse, speech did not make sense, mumbled, hard to understand, and poor eye contact started. NA-D stated the NAs were expected to document on behaviors, not sure it had been done though. NA-D also stated there was a spot in R1's medical record behaviors should have been documented every shift but had to know when to chart those	21535		

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21535	Continued From page 23 behaviors and were they normal or not, was not clear. NA-D indicated was not informed as to what side effects NAs were expected to watch for. NA-D confirmed R1 tried to touch staff and intervention such as redirection and staff placed body in a position R1 was unable to be reached helped and R1 no longer did that anymore, but no other strategies or interventions were implemented. NA-D stated R1 currently became combative with cares and did not seem to understand fully what staff wanted to do with him. NA-D indicated they used redirection and when staff felt unsafe, had two staff when cares were completed. During an interview on 9/28/23 at 2:35 p.m. NA-B indicated they had seen changes in R1 especially the last two months. NA-B stated R1 use to feed himself with set up but now staff had to feed him and place his hot cereal in a cup so that he drank it. R1 was now unable to figure out how to eat with spoon, which is a significant decline. NA-B noted R1 to be drowsy and experienced unexpected body jerking movements while he sat in a wheelchair along with grabbing in the air with his hands and toward the floor when there was nothing there. During an interview on 9/28/23 at 2:50 p.m. RN-B stated R1 self-transferred himself at times and fell and required stand by assist of one. RN-B stated R1 had been started on Rexulti for his behaviors July 2023. RN-B indicated approximately four weeks ago R1 became less interactive, did not seem to notice or even respond to anyone, struggled withcommunication and hard to understand. RN-B stated typically there was a nursing order in the treatment section of the resident's medical record and nursing staff would have been expected to document side	21535		

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21535	Continued From page 24 effects and behaviors for R1. RN-B stated there had not been behavioral and /or side effects charting on R1. RN-B stated R1 had gone from assist of one for transfers to not safe as a two person transfer and should be a Hoyer lift to avoid more falls. RN-B stated R1's family should have been contacted prior to the start of the Rexulti to obtain an informed consent and documented in the progress notes. RN-B stated R1's family voiced concerns, that were passed on in report, regarding the use of the new medication, decline in mobility, and cognition. RN-B indicated she had talked with the assistant director of nursing (ADON) and said the NP would meet with them today. (Meeting did not occur.) During an interview on 9/28/23 at 3:00 p.m., NA-C stated R1 had declined rapidly when he started worked at the facility two months ago. NA-C stated R1 walked by himself with a cane and no longer can. NA-C stated R1's ability to communicate had declined, was able to request bathroom, carried on a conversation and no longer requested the bathroom or had the ability to communicate properly. During an interview on 9/28/23 at 3:23 p.m. licensed practical nurse (LPN)-A stated R1 walked slightly unsteady with a cane and stand by assist of one when admitted to the facility on 6/6/23. LPN-A stated R1 carried on a conversation, played the harmonica, and was fun. LPN-A indicated once R1 was started on Rexulti R1's personality totally changed and was not himself anymore, made him very sleepy, and unable to eat and had to be fed. LPN-A stated staff needed to get to know R1 and spend more time with him, the Rexulti was not needed, and kept him sedated. LPN-A stated R1 had a hard	21535		

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21535	Continued From page 25 time remembering his family when they came to visit and had not seen anyone's memory and personality turn so fast after starting a medication. LPN-A confirmed all nurses were expected to document on R1's behaviors and side effects on every shift but did not think it had been done on every shift consistently. LPN-A stated R1's son voiced concern about one month ago regarding how sedated and disoriented R1 had become and was adamant about taking him off the Rexulti over a month ago. During an interview on 9/28/23 at 1:00 p.m. RN-A stated nursing staff were expected to chart every shift (day, evening, and night) R1's behaviors and side of effects from the Rexulti he was taking. RN-A also stated that information was placed in the provider notes by NP and in R1's progress notes on 7/3/23, reminded nurses to document on behaviors and side effects every shift and indicated this was an order. RN-A stated that order information should have been placed on the treatment administration record (TAR) for the nurse to complete and sign for each shift and did not get entered onto the TAR. RN-A indicated the assessments and monitor for side effects from the Rexulti and behaviors would be very important due to safety to assure R1 did not display any adverse side effects to the Rexulti and identify any concerns. RN-A stated the nursing staff documented in progress notes R1's behaviors but not additional information required like side effects when on psychotic medication such as Rexulti. RN-A verified R1 had a slight change in cognition and mobility had a definite change that became a safety issue and not safe cognitively when he got up by himself, fell (7/20/23) and hit his head. RN-A indicated R1's inability to transfer safely due to a decline in cognition and now used a Hoyer lift because R1	21535		

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21535	Continued From page 26 was unable to follow directions, became agitated easily, and wanted to ensure a safe transfer each time. RN-A stated R1 pointed to the ground and reached for things and picked in the air at things that were not there and that was a side effect of the Rexulti. RN-A indicated R1 had been unable to play the harmonica for at least the past month, showed no interest, and not sure if he could. RN-A stated he would have been expected to contact R1's responsible party prior to start of the Rexulti and obtain an informed consent, explained risk and benefits, and should have but did not. RN-A verified no documentation was noted in R1's progress notes regarding responsible party contacted prior to the start of the Rexulti. RN-A stated R1's family approached him on 9/1/23, with concerns about medications administered to R1 and increased drowsiness. RN-A stated he explained what the new medication was, would monitor for changes, and if R1 stayed that way the provider would be contacted. RN-A indicated the family asked to talk to provider and possibly have the Rexulti stopped. RN-A verified he had talked to NP, no documentation in progress notes, and NP indicated would meet with responsible family on 9/5/23. RN-A stated R1's family arrived at facility on 9/5/23 but the NP was not at the facility, so the meeting never happened. RN-A indicated the provider should follow through with meeting with responsibility party, had been almost one month and R1's family has not met with provider yet. During a follow up interview on 9/29/23 at 1:00 p.m. RN-A stated R1 had an order change written by facility MD that included a decrease in Rexulti form 2 mg to 1.5 mg on 9/28/23. During an interview on 9/29/23 at 1:00 p.m. director of nursing (DON) stated	21535		

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21535	Continued From page 27 non-pharmalogical interventions used with R1 was food, walking, trying the harmonica, table games to keep him engaged, and listening to country western music on headphones. DON indicated had been excited about Rexulti given for agitation and just approved for dementia. R1's family should have been contacted any time prior to a change in orders or medications, after falls, and skin tears. DON stated there had been documentation in R1's progress notes regarding family concerns and communication with them, and it was really hit and miss, not all nurses were created equally and some you have to work with harder. DON stated staff needed to be talked to about documentation. DON indicated R1's family was contacted today and made aware the 10/6/23, appointment had been canceled. DON also stated R1's Rexulti dose had been decreased yesterday by MD and family was not notified until today. DON stated the assistant director of nursing (ADON) followed the drug regimen reviews completed by the pharmacy and unsure if the recommendations were followed through on as expected. DON added, the ADON was out of the office form 9/7/23, through 9/18/23, which may have delayed her response and did not did not identify who would have been responsible to review the PC recommendations in the ADON's absence despite acknowledging she was aware of the PC recommendations to discontinue the Rexulti and start on Depakote. DON also acknowledged the NP had not visited the facility the last two times she was scheduled on 9/25/23, or 9/29/23, and had been out. DON stated the recommendation from PC should have defaulted to the primary physician and did not happen. DON indicated R1 continued to have jerky movements, picked at things in the air and an Abnormal Involuntary Movement Scale (AIMS) was completed on 9/28/23, and did not show	21535		

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21535	Continued From page 28 signs of tardive dyskinesia. DON stated the medical doctor overseas the NP. DON indicated the MD and her would need to meet next week to visit about this. DON stated MD decreased R1's Rexulti today because the NP was not in. DON stated any time a new psychiatric medication was started the staff should be made aware of resident assessments reactions to the drug and monitor for side effects. DON stated once the order had been received the nurse would be expected to write a progress note and best practice would include the order entered into the electronic medication record (EMAR) every shift for behaviors and side effects. DON stated relevant information regarding medication monitoring for a resident was communicated to staff via communication book used during report and not sure that had been done for R1. DON verified R1 was started on Rexulti, R1 did appear to improve, dose was increased up to 2 mg, had a decline in his ability, and not sure if it was due to the Rexulti or his disease process. DON stated no physician had talked to the family regarding the Rexulti. DON also stated there was miscommunication with NP and the assistant director of nursing (ADON) on Friday afternoon 9/5/23, regarding the family wanting to talk to a provider. Facility policy titled Condition Change, of the Resident (observing, recording, and reporting) undated identified the purpose to observe, record, and report any condition of change to the attending physician so proper treatment will be implemented. Procedure: After all resident falls, injuries or changed in physical or mental function, monitor, and observe for the following: -personality changes -generalized weakness	21535		

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21535	Continued From page 29 -speech disorder -gait, posture or balance disorder -abnormal spasms -incontinence Notify resident's responsible party and physician. Identify underlying problem causing the condition change. Document observation of the resident at least every shift until condition was stable. Facility policy titled Medication Regimen Review Policy dated 2016, identified each month the CP will review the medical record and medication regimens of each resident for appropriateness using the Centers for Medicare and Medicaid Services (CMS) guidelines on unnecessary medications. Each resident's medication regime must be free from unnecessary drugs. An unnecessary drug was a drug when used in the presence of adverse consequences which indicated the dose should be reduced or discontinued. The CP documentation should be placed in resident's medical record along with any irregularities noted, documented on a report, and given to the facility's medical director. Any irregularities required physician attention are intended to be addressed prior to or at the time of next scheduled visit. The attending physician must document in the resident's medical record that the identified irregularity had been reviewed and what, if any action had been taken to address it. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee and the consulting pharmacist should develop and/or revise policies to monitor medications for adequate indications for use to treat a specific condition(s) as diagnosed and documented in the	21535		

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21535	Continued From page 30 clinical record to ensure each resident ' s entire drug medication regimen is managed and monitored to promote or maintain the resident ' s highest practicable mental, physical, and psychosocial well-being and be consistent with manufacturer ' s recommendations and/or clinical practice guidelines, clinical standards of practice, medication references, clinical studies or evidence-based review articles that are published in medical and/or pharmacy journals. The director of nursing (DON) or designee and the consulting pharmacist should educate physicians and staff on the importance of ensuring medication ordered is appropriate for each resident ' s use. Audits should be developed to monitor medications for adequate indications for use and appropriate timeframes for a specific and measurable amount of time. The DON and/or designee should take those findings/education to the Quality Assurance Performance Improvement (QAPI) committee to determine compliance or the need for further monitoring. TIME PERIOD FOR CORRECTION: 21 DAYS	21535		