resident had no prior history of schizophrenia and the medical record did not contain a comprehensive evaluation to support the new schizophrenia diagnosis by the practitioner and the symptoms for which the antipsychotic was prescribed did not align with schizophrenia symptoms. The medical record demonstrated failed attempts of non-pharmacological interventions, appropriate monitoring of the antipsychotic medication and an attempted gradual dose reduction. The lack of documentation to support the schizophrenia diagnosis represents level 2 noncompliance at F658 only.

When concerns related to a diagnosis of a resident which lacks sufficient supporting documentation are identified, surveyors should also review:

- *F605: to evaluate administration of psychotropic medications based on a comprehensive assessment.*
- *F641: to determine if the facility completed an assessment which accurately reflects the resident's status.*
- *F644: to determine if the facility made a referral to the state designated authority when a newly evident or possible serious mental disorder was identified (PASARR).*
- *F841: to evaluate the medical director's oversight of medical care.*

Surveyors should consider other tags as appropriate depending on the outcome to the resident.

KEY ELEMENTS OF NONCOMPLIANCE:

To cite deficient practice at F658, the surveyor's investigation will generally show that the facility did one or more of the following:

- Provided or arranged for services or care *(including diagnosing a resident)* that did not adhere to accepted standards of quality;
- Provided a service or care when the accepted standards of quality dictate that the service or care should not have been provided;
- Failed to provide or arrange for services or care that accepted standards of quality dictate should have been provided

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1 American Psychiatric Association. (2022). Schizophrenia Spectrum and Other Psychotic Disorders. Diagnostic and statistical manual of mental disorders (5th ed., text rev.)

F659

(Rev. 211; Issued: 02-03-23; Effective: 10-21-22; Implementation: 10-24-22)

§483.21(b)(3) Comprehensive Care Plans

The services provided or arranged by the facility, as outlined by the comprehensive care plan, must—

(ii) Be provided by qualified persons in accordance with each resident's written plan of care.

GUIDANCE

The facility must ensure that services provided or arranged in accordance with the resident's plan of care are delivered by individuals who have the skills, experience and knowledge to do a particular task or activity. This includes proper licensure or certification, if required.

INVESTIGATIVE PROCEDURES AND PROBES

NOTE: Provision of services by qualified individuals would be cited here, but implementation of the care plan would be cited in F656.

- Are the services identified in the comprehensive care plan being provided by qualified persons?

- Do staff assigned to the resident have the skills, experience and knowledge to provide care and services that meet the resident's needs?

DEFICIENCY CATEGORIZATION

An example of Level 4, immediate jeopardy to resident health or safety includes, but is not limited to:

- The facility had no qualified staff on duty knowledgeable or competent in how to care for a resident with a tracheostomy, posing a risk for serious injury, harm, impairment or death for the resident.

An example of Level 3, actual harm that is not immediate jeopardy includes, but is not limited to:

- The facility utilized a staff member who was not qualified to draw a resident's blood, according to the resident's care plan, resulting in the resident sustaining extensive bruising, swelling, pain and decreased ability to use the arm after the blood draw

An example of Level 2, no actual harm with potential for than more than minimal harm that is not immediate jeopardy includes, but is not limited to:

- The facility failed to ensure staff were qualified to perform blood pressure (BP) readings. During survey, staff were observed taking and reporting resident BPs that were abnormal. After further investigation, it was determined that staff were using the incorrect size BP cuff, yielding inaccurate BP readings, resulting in the potential for more than minimal harm.