

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Twin Rivers Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3021 Twin Rivers Drive Arkadelphia, AR 71923	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>49981</p> <p>Based on observation, record review, and interview, it was determined that the facility failed to ensure a medication was used only to treat specific diagnosed condition for 1 (Resident #71) sampled resident.</p> <p>The findings are:</p> <p>Review of the Orders portion of Resident #71's electronic health record, it was determined the resident was taking a psychotropic medication. Resident #71's had an order for 15 mg (milligram) of an anti-depressant, 1 tablet by mouth at bedtime for depression.</p> <p>Review of the Medical Diagnosis portion of Resident #71's electronic health record revealed no medical diagnosis for depression listed in the resident's medical record.</p> <p>On 8/29/2024 at 8:59 AM, Licensed Practical Nurse (LPN) #1 was asked what criteria needs to be met before giving a resident a medication. LPN #1 said an order from a physician and a diagnosis.</p> <p>Review of an admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/28/2024 revealed Resident #71 had a Brief Interview for Mental Status (BIMS) score of 12, indicating the resident had moderate cognitive impairment.</p> <p>On 8/29/2024 at 9:08 AM, LPN #2 was asked what criteria needs to be met prior to giving a resident a medication. LPN #2 said a physician's order and a diagnosis.</p> <p>On 8/29/2024 at 8:15 AM, the Administrator was asked for a policy regarding unnecessary medications. The Administrator said the facility does not have a policy specific to unnecessary medications.</p>

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.

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