

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105765	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  Gardens Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  190 NE 191st Street Miami, FL 33161	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42532</p> <p>Based on observations, record review and interviews, the facility failed to develop and implement a discharge care plan for one (Resident # 1) out of three resident whose discharge care plans were reviewed. There were 106 residents residing in the facility at the time of this survey.</p> <p>The findings included:</p> <p>Record review of Resident # 1's clinical records revealed the resident was admitted to the facility on [DATE] and discharged on [DATE]. Clinical diagnoses include Displaced Tri malleolar Fracture of Right Lower Leg, Subsequent Encounter for Closed Fracture with Routine Healing, Encounter for Other Orthopedic Aftercare.</p> <p>Record review of orders dated 03/07/2025 indicated the resident was to be discharged home with family on 08/08/2025.</p> <p>Review of the Admission Minimum Data Set (MDS) Section C for Cognitive Patterns dated 02/11/2025 revealed the Brief Interview of Mental Status (BIMS) summary score was 07 out of 15 indicating severe cognitive impairment. The section for Functional Abilities dated 02/11/2025 revealed the resident was independent for eating, oral hygiene, toileting hygiene, upper body dressing and personal hygiene. The resident needed partial/moderate assistance for shower/bath and lower body dressing and needed substantial/maximal assistance for putting on/taking off footwear.</p> <p>Record review of the overall Discharge Summary revealed the resident is to be discharged home with family. No medical equipment needed, or home health requested. The resident choice to be discharged on [DATE].</p> <p>Review of the Admission Baseline Care Plan dated 02/06/2025 indicated on the Initial Admission/Discharge: Remain in the facility.</p> <p>Review of the MDS Discharge Return Non-Anticipated Information dated 03/08/2025 revealed the resident was discharged to home/community.</p> <p>Review of the Nursing Home Transfer and Discharge Notice dated 03/07/20205 revealed the facility gave the resident a 30-day notice to vacate the facility due to the resident's unpaid bill for services received at the facility after reasonable and appropriate notice to pay</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105765	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  Gardens Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  190 NE 191st Street Miami, FL 33161	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observations, record review and interviews, the facility failed to develop and implement a discharge care plan for one (Resident # 1) out of three resident whose discharge care plans were reviewed. There were 106 residents residing in the facility at the time of this survey.</p> <p>The findings included:</p> <p>Record review of Resident # 1's clinical records revealed the resident was admitted to the facility on [DATE] and discharged on [DATE]. Clinical diagnoses include Displaced Tri malleolar Fracture of Right Lower Leg, Subsequent Encounter for Closed Fracture with Routine Healing, Encounter for Other Orthopedic Aftercare.</p> <p>Record review of orders dated 03/07/2025 indicated the resident was to be discharged home with family on 08/08/2025.</p> <p>Review of the Admission Minimum Data Set (MDS) Section C for Cognitive Patterns dated 02/11/2025 revealed the Brief Interview of Mental Status (BIMS) summary score was 07 out of 15 indicating severe cognitive impairment. The section for Functional Abilities dated 02/11/2025 revealed the resident was independent for eating, oral hygiene, toileting hygiene, upper body dressing and personal hygiene. The resident needed partial/moderate assistance for shower/bath and lower body dressing and needed substantial/maximal assistance for putting on/taking off footwear.</p> <p>Record review of the overall Discharge Summary revealed the resident is to be discharged home with family. No medical equipment needed, or home health requested. The resident choice to be discharged on [DATE].</p> <p>Review of the Admission Baseline Care Plan dated 02/06/2025 indicated on the Initial Admission/Discharge: Remain in the facility.</p> <p>Review of the MDS Discharge Return Non-Anticipated Information dated 03/08/2025 revealed the resident was discharged to home/community.</p> <p>Review of the Nursing Home Transfer and Discharge Notice dated 03/07/2025 revealed the facility gave the resident a 30-day notice to vacate the facility due to the resident's unpaid bill for services received at the facility after being given reasonable and appropriate notice to pay.</p> <p>Interview on 03/25/2025 at 1:35 PM the Social Services Director revealed she is not in charge of the development of care plans, and she is in charge of the Nursing Home Transfer and Discharge Notice.</p> <p>Interview on 03/25/2025 at 1:50 PM; the MDS Coordinator revealed she is in charge of the development of care plans. The MDS Coordinator acknowledge the resident did not have any discharge care plan.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105765	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  Gardens Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  190 NE 191st Street Miami, FL 33161	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the facility's Policies and Procedures for Care Plan-Comprehensive with effective date 09/01/2022 revealed Overview: An individualized comprehensive care plan that includes measurable objectives and timetable to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. Policy: Our facility's care plan planning/Interdisciplinary team, in coordination with the resident, his/her family or representative (sponsor, develops and maintains a comprehensive care plan for each resident that identifies the highest level of functioning the resident may be expected to attain. Procedure: 5- The resident's comprehensive care plan is developed within seven (7) days of the completion of the resident's comprehensive assessment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105765	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  Gardens Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  190 NE 191st Street Miami, FL 33161	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51492</b></p> <p>Based on observation, interview and record review the facility failed to ensure indwelling catheters are secure for two (Residents #7, and Resident #8) out of two residents reviewed for indwelling urinary catheter. As evidenced by Resident #7's was observed in the hallway carry his catheter bag in his hand and at times placing it on the floor. Resident # 8 was observed with the catheter's drainage bag on his lap and the tubing on the wheelchair's wheels. These deficient practices increases the risk for catheter related urological trauma if the indwelling urinary catheter is unintentionally pulled resulting in dislodgement.</p> <p>The findings include:</p> <p>Resident #7</p> <p>On 03/27/2025 at 10:05 AM, Resident#7 was observed in the hallway with his indwelling catheter resting on his lap. At the time of the observation, there was no privacy bag in use to cover the catheter. (Photographic evidence)</p> <p>On 03/27/2025 at 11:28 AM, Resident#7's indwelling catheter was observed on the floor, the catheter was not properly secured or positioned. A staff member was noted performing 15-minute checks on residents, and did not notice the catheter bag on the floor (Photographic evidence)</p> <p>On 03/27/2025 at 03:00 PM, Staff X, Licensed Practical Nurse (LPN), entered Resident #7's room. The nurse picked up the catheter bag and placed it on the side of the bed while the resident was sitting in the wheelchair; if the resident were to roll the wheelchair, there was a potential risk of the indwelling catheter being dislodged.</p> <p>Review of the medical records for Resident #7 revealed the resident was initially admitted to the facility on [DATE]. Clinical diagnoses include but not limited to malignant neoplasm of the bladder, unspecified hydronephrosis, bladder-neck obstruction, benign prostatic hyperplasia without lower urinary tract symptoms and Alzheimer disease</p> <p>Review of Resident#7's Physician's Orders for March 2025 included but not limited to urinary catheter care every shift, Leg bag placed every morning; Catheter to be changed monthly and as needed for occlusion or leakage, drainage bag to be changed once a day for catheter care . Urine output should be monitored every shift. Enhanced Barrier Precaution: Applied as necessary for infection control.</p> <p>Medication ordered include Finasteride 5 milligram( mg) 1 tablet by mouth daily for Benign Prostatic Hyperplasia (BPH), Tamsulosin HCl: 0.4 mg 1 capsule in the evening for BPH.</p> <p>Record review of Resident #7 's Admission Minimum Data Set (MDS) dated [DATE] revealed: The resident has a brief interview mental status score of 00, indicating severe cognitive impairment. Functionally, the resident has bilateral upper extremity impairment but is independent in lower extremities, using a walker and wheelchair. The resident has an indwelling catheter, is not on a toileting program, and is frequently bowel incontinent. Active diagnoses include renal insufficiency, obstructive uropathy, bladder calculus, and other bladder-related conditions.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105765	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  Gardens Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  190 NE 191st Street Miami, FL 33161	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #7 's Care Plans Reference date 12/10/2024 and revised on 03/27/2025 revealed: The resident has an indwelling urinary catheter due to a bladder disorder, and the goal is to prevent catheter-related trauma. Interventions include positioning the catheter bag below the bladder and away from the door, checking for kinks in the tubing each shift, monitoring intake and output, and observing for signs of discomfort or infection. The resident has behavior issues related to noncompliance with the treatment regimen, including putting the indwelling urinary catheter tube around the neck and allowing the bag to drag on the floor, despite education and redirection. The goal for this behavior is to reduce episodes and avoid adverse consequences. Interventions include anticipating the resident's needs, educating the family and caregivers on coping strategies, explaining procedures, discussing inappropriate behaviors, and intervening as needed to ensure the resident's safety and comfort.</p> <p>Interview on 03/27/2025 at 02:56 PM, Staff X, LPN acknowledged that having the indwelling catheter's drainage bag on the floor was unacceptable due to the increased risk of infection and dislodgement.</p> <p>On 03/27/2025 at 3:06 PM, Staff T, Certified Nurse assistant and the Director of Nursing (DON) revealed they also made efforts to educate the resident about the risks of having the catheter on the floor and explained that the resident was confused and did not consistently follow their instructions regarding catheter care. During this interview Resident # 7 was observed ambulating unsteadily in the hallway holding the urinary catheter in his hand. Staff T assisted the resident back to his room and placed the catheter's drainage bag on the wheelchair.</p> <p>Resident # 8</p> <p>On 03/27/2025 at 10:20 AM, Resident #8 was observed exiting the elevator with the indwelling catheter drainage bag on his lap and the tubing on the wheelchair's wheels increasing the risk for dislodgement and trauma if the indwelling catheter is unintentionally pulled out.</p> <p>On 03/27/2025 at 03:40 PM, Resident #8 was observed returning to his room after playing bingo, the catheter bag and tubing were positioned in close proximity of the wheelchair's wheels increasing the risk for dislodgement of the catheter. The DON was present and was shown the concerns; and revealed sometimes the resident move the catheter around.</p> <p>Review of the medical records for Resident #8 revealed the resident was initially admitted to the facility on [DATE]. Clinical diagnoses include but not limited to: Malignant neoplasm of prostate, obstructive and reflux uropathy, and benign prostatic hyperplasia without lower urinary tract symptoms.</p> <p>Review of Resident # 8's Physician's Orders Sheet for March 2025 revealed orders that include, Urinary catheter care is required every shift, catheter to be changed monthly or as needed for occlusion or leakage. Medications included Finasteride 5 mg daily for BPH and Furosemide 20 mg daily as a diuretic.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105765	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  Gardens Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  190 NE 191st Street Miami, FL 33161	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #8 's Admission Minimum Data Set (MDS) dated [DATE] revealed: The resident's brief interview mental status score is 13, indicating mild cognitive impairment. The resident does not have impairments in upper or lower extremities and uses a wheelchair. The resident has an indwelling catheter and is not on a urinary or bowel toileting program. Active diagnoses include obstructive uropathy and benign prostatic hyperplasia without lower urinary tract symptoms.</p> <p>Record review of Resident #8 's Care Plans Reference date 04/24/2024 and revised on 03/27/2025 revealed focuses on managing the resident's indwelling catheter due to obstructive and reflux uropathy. The goals are to prevent catheter-related trauma and avoid urinary infections. Key interventions include changing the catheter as needed, positioning the catheter bag properly, checking tubing for kinks, monitoring intake/output, and documenting symptoms of discomfort or infection .resident sometimes lets the indwelling catheter bag drag on the floor. The goal is to reduce these behaviors and prevent adverse consequences. Staff should monitor behavioral episodes and document potential causes to help manage future occurrences.</p> <p>39177</p> <p>On 03/27/2025 at 3:10 PM, the DON was asked about the usage of leg drainage bag for both residents. The DON revealed when the leg bag is in place the residents tried to remove it, but she will attempt to do so again.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105765	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  Gardens Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  190 NE 191st Street Miami, FL 33161	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39177</p> <p>Based on observations records reviewed and interviews; the facility failed to ensure Drug Regimen Reviews were completed for one (Resident # 13) out of three residents reviewed as evidenced by Resident #13 who was admitted to the facility has been receiving a combination of antidepressant, blood pressure medication, muscle relaxer, and atypical antipsychotic medication that has the potential to cause serious interactions and side effects has not received the Drug Regimen Review within the required time frame.</p> <p>The findings include.</p> <p>On 03/25/2025 at 10:15 AM Resident # 13 was observed smoking at the designated smoking patio located on the second floor interacting with staff.</p> <p>On 03/26/2025 at 11:19 AM Resident #13 was observed in the elevator going up to the third floor. It was noted that another resident made fat shaming remarks directed at Resident #13. Who did not respond and held her head down.</p> <p>On 3/27/2025 at 9:35 AM Resident # 13 was observed on the smoking patio and interacted with staff.</p> <p>On 3/27/2025 at 9:50 AM Resident #13 was in her room, and was compliant with taking her medications during medication administration observation. After the nurse left the room; Resident # 13 stated: I get a lot of medications. I like to be in my room by myself sometimes because I get sleepy, I drink a lot of coffee when I go downstairs to smoke. I am doing good now, I came from a Wheelchair to a walker. I was getting a medicine that make me so sleepy, and I am happy I don't get it anymore. I am here because I got hit by a car in [NAME] and this is the only place that will take me in.</p> <p>Record review revealed Resident #13 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident #13's clinical diagnoses include: fracture of the first lumbar vertebra, specifically a subsequent encounter for fracture with routine healing, traumatic hemorrhage of the cerebrum, Schizoaffective disorder bipolar II disorder and a range of other conditions affecting her physical and mental health including treatment for hypertension and type 2 diabetes.</p> <p>Resident #13's medications ordered include but not limited: Remeron 45 mg (milligrams) at bedtime (antidepressant medication). Quetiapine Fumarate Oral Tablet 300 mg; one tablet by mouth two times a day (0800 and 1700) for Psychosis (antipsychotic medication). Risperidone Oral Tablet 1 mg one tablet by mouth two times a day (0800 and 1700) for Psychosis (an antipsychotic medication). Celecoxib (a muscle relaxer) Oral Capsule 100 mg, one capsule by mouth one time a day for Joint pain. Metformin 1000 mg, one tablet orally two times a day for Diabetes and Valproic Acid Oral Solution 250 mg /5 ml( milligrams per milliliters)10 ml by mouth three times a day for Seizures.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105765	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  Gardens Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  190 NE 191st Street Miami, FL 33161	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #13's Minimum Data Set (MDS) Quarterly assessment dated [DATE], revealed Resident #13 is cognitively intact, show minimal or no depression, showed no behaviors and Psychosis ( hallucinations and delusions). Section for High-Risk Medications indicated the resident is taking high risk medications that include Antipsychotics and Antidepressants that are being taken routinely. The MDS indicated no GDR (Gradual Dose Reduction) had been attempted and section for Medication Follow-up documented: Not assessed/no information.</p> <p>During an interview on 03/27/2025 at 2:16 PM; the Psychiatrist was asked how frequently he visits the facility to see Resident #13 and if he receive report from staff and interact with the resident. He stated: I physically see all the residents and I see [Resident #13] every quarter like I see all my patients. I think I saw her in January. The Psychiatrist was asked to explain Resident #13's current Medication Regiment which include: Seroquel, Mirtazapine and Risperidone and if it is necessary for the resident to be taking this combination of high-risk</p> <p>medications based on the resident's history that include substance abuse. The Psychiatrist stated: She has calmed down and the medications are effective, when I go to see her she is doing pretty good, and she is able to tell me how she is doing. When asked if any attempts were made to a GDR on any of the medications. He stated: We are always getting recommendations .we declined attempting GDR because she does need the dosage she is taking, and we usually do the GDR once if the pharmacy recommend, only because we are forced/so we attempt. The Psychiatrist about the high dosage of Seroquel that Resident #13 is taking. He asked: What is the dose? The surveyor informed him that the resident is taking Seroquel 300 mg twice daily; the Psychiatrist was also asked about the Risperidone 1 mg twice per day and the Mirtazapine 45 mg. The Psychiatrist stated: I am wondering why I gave her the Seroquel and Mirtazapine, she may have been agitated and depressed; based on her behaviors at first when she was admitted because she was irritable and now she is laid back, and the last time I saw her she was doing better. I think that is why I have her each of these medications instead of only the Mirtazapine. I think I will decrease the Seroquel dose and Risperdal.</p> <p>On 03/27/2025 at 4:35 PM, interview with the Director of Nursing (DON); she revealed between 10/2024 and 11/2024 the Resident was observed drooling and sleeping, and could not do therapy and was not able to hold her cigarette. The DON revealed she called and informed the Psychiatrist that the Klonopin needed to be discontinued, and he discontinued the Klonopin on 12/04/25. Review of the Psychiatrist visit notes dated 12/04/2024 documented D/C (discontinue) all Klonopin.</p> <p>Review of Resident #13's Medication Regimen Review (MRR) with the DON revealed a recommendation documentation dated 7/31/2024 indicating: Federal guidelines state psychopharmacological drugs should have an attempt at a gradual dose reduction (GDR) twice per year for the first year in 2 different quarters with 1 month between attempts, then annually thereafter, when used to manage behavior, stabilize mood or treat psych disorder. This resident has been taking Quetiapine 300 mg BID and Risperidone 1 mg BID. Could we attempt a dose reduction(s) at this time to verify this resident is on the lowest possible dose? If not, please indicate response below: RESPONSE: previous, in facility, GDR failure OR Use is in accordance with relevant current standards of practice. Both options require clinical rationale for continuing by physician; stated below OR documented in the clinical record. The response was signed by the doctor on 08/19/2024. Further review of the Medication Regimen Review Log with the DON revealed no reviews completed for-08/2024, 09/2024,10/24, 11/2024, 12/2024. The DON acknowledged the concerns.</p>		