

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  135070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/03/2024
NAME OF PROVIDER OR SUPPLIER  Bear Lake Memorial Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  164 South Fifth Street Montpelier, ID 83254	
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> 27104</p> <p>Based on record review, interview, and facility policy review, the facility failed to ensure the physician responded to the Pharmacist's recommendations to review the need for antibiotics ordered prophylactically (to potentially prevent) urinary tract infections (UTIs) for two of five residents (Resident (R) 3 and R4) reviewed for unnecessary medications out of 17 sampled residents. This had the potential for both residents to experience adverse medication reactions.</p> <p>Findings include:</p> <p>Review of the facility's untitled policy titled, Medication Regimen Reviews [MMR], revealed, The Consultant pharmacist reviews the medication regimen of each resident at least monthly .5. The MRR involves a thorough review of the resident's medical record to prevent, identify, report, and resolve medication related problems, medication errors and other irregularities, for example: a. medications ordered in excessive doses or without clinical indication .9. An Irregularity refers to the use of medication that is inconsistent with accepted pharmaceutical services standards of practice; is not supported by medical evidence; and/or impedes or interferes with achieving the intended outcomes of pharmaceutical services. It may also include the use of medication without indication, without adequate monitoring, in excessive doses, and or in the presence of adverse consequences .11. If the physician does not provide a timely or adequate response, or the consultant pharmacist identifies that no action has been taken, he/she contacts the medical director or (if the medical director is the physician of record) the Administrator.</p> <p>1.Review of R3's Face Sheet provided by the facility revealed the resident was admitted to the facility on [DATE] with a personal history of urinary tract infections (UTIs).</p> <p>Review of R3's Medication Record provided by the facility revealed the resident was ordered Cephalexin (antibiotic) 250 milligrams, once a day for UTI prophylaxis on 02/01/24. The Medication Record revealed the resident was still currently taking the antibiotic and had been administered the antibiotic for over eight months.</p> <p>Review of the facility's Consultant Pharmacist Report, Monthly Drug Regimen Review, dated 06/2024 provided by the facility revealed the physician had been asked to review the prophylactic antibiotic use for R3. There was no evidence a response was made by the physician for the recommendation from the Pharmacist.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 135070
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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of R4's Face Sheet provided by the facility revealed R4 was admitted to the facility on [DATE] with a personal history of UTIs.</p> <p>Review of R4's Medication Record dated 06/06/24 provided by the facility revealed an order for Cephalexin (antibiotic) 250 mg, once a day for UTI prophylaxis. The Medical Record further revealed the resident had been administered Cephalexin for over four months and continues to be administered the antibiotic.</p> <p>Review of the facility's Consultant Pharmacist Report, Monthly Drug Regimen Review, dated 06/2024 provided by the facility revealed the physician had been asked to review the prophylactic antibiotic use for R4. There was no evidence a response was made by the physician for the recommendation from the Pharmacist.</p> <p>During an interview with the Director of Nursing Services (DNS) on 10/03/24 at 7:00 AM confirmed the physician did not respond to the Pharmacist's recommendations made in June 2024 to review the ordered antibiotics for R3 and R4 that were being used prophylactically without justification.</p> <p>Attempts made to reach the physician who prescribed the antibiotics to R3 and R4 were unsuccessful.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27104</b></p> <p>Based on record review, interview, review of the Centers for Disease Control (CDC) guidance on Antibiotic Stewardship, and review of facility's policy, the facility failed to ensure two of five residents (Resident (R) 3 and R4) reviewed for unnecessary medications out of a sample of 17 residents had appropriate clinical indications for the use of an antibiotic. This had the potential for adverse drug reactions for both residents.</p> <p>Findings include:</p> <p>Review of a CDC guidance located at <a href="https://www.cdc.gov">https://www.cdc.gov</a> of a document undated titled, The Core Elements of Antibiotic Stewardship for Nursing Homes indicated .Improving the use of antibiotics in healthcare to protect patients and reduce the threat of antibiotic resistance is a national priority. Antibiotic stewardship refers to a set of commitments and actions designed to optimize the treatment of infections while reducing the adverse events associated with antibiotic use. CDC also recommends that all nursing homes take steps to improve antibiotic prescribing practices and reduce inappropriate use.Nursing homes monitor both antibiotic use practices and outcomes related to antibiotics in order to guide practice changes and track the impact of new interventions.</p> <p>Review of the facility's undated policy titled Bear Lake Memorial Skilled Nursing Antibiotic Stewardship revealed, Background: Antibiotics are powerful tools for fighting infections. However, the widespread use of antibiotics has resulted in an alarming increase in antibiotic-resistant infections and a subsequent need to rely on broad-spectrum antibiotics that might be more toxic and expensive. In addition to the development of antibiotic resistance, antibiotic use is associated with an increased risk of Clostridium difficile (C-diff) infection and adverse drug reactions. Since antibiotics are frequently over or inappropriately prescribed, a concerted effort to decrease or eliminate inappropriate use can make a big impact on resident safety and reduction of adverse events . viii. Interventions for . antibiotic prophylaxis, the AST [Antibiotic Stewardship Team] will identify actions to directly impact inappropriate antibiotic use for . prophylactic indications.</p> <p>Review of facility' policy titled Urinary Tract Infection/Bacteriuria - Clinical Protocol, revised April 2018 revealed . Treatment/Management .3. The physician should consider stopping antibiotics with uncomplicated UTIs [Urinary Tract Infections] who have been afebrile [absent of fever] and asymptomatic [no symptoms] for 48 hours . Monitoring . 2.a. Physicians should justify continuing or resuming antibiotic treatment beyond an initial course.</p> <p>1.Review of R3's Face Sheet provided by the facility revealed the resident was admitted to the facility on [DATE] with a personal history of UTIs.</p> <p>Review of R3's Care Plan provided by the facility with a date initiated of 12/13/23 revealed a focus that the resident required assistance with toileting, with interventions to include; monitor for signs/symptoms of UTI: pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, and change in eating patterns.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R3's Nursing Note provided by the facility dated 02/01/24 revealed the physician had been contacted via text due to the resident saying she was peeing a lot and had a kidney infection. The physician ordered a urinalysis (UA) with culture and sensitivity (CS). The note indicated the resident had no complaints of urinary urgency, frequency, burning, or pain.</p> <p>Review of the facility's Suspected UTI SBAR [situation, background, assessment, recommendation] dated 02/01/24, provided by the facility revealed R3's temperature was 97.8 degrees Fahrenheit (F) with a heart rate of 58 beats per minute. The assessment revealed the criteria was met for a UTI if one of the three situations are met; 1. Acute dysuria (painful urination) alone, or 2. Single temperature of 100 degrees F and at least one new or worsening of the following; urgency, frequency, back or flank pain, suprapubic pain, gross hematuria (blood in urine), and urinary incontinence. The only symptom marked was frequency, or 3. No fever, but two or more of the following symptoms; urgency, frequency, incontinence, suprapubic pain, and gross hematuria. Nothing was marked under the section 3.</p> <p>Review of R3's results of the UA/CS provided by the facility dated 02/08/24 revealed 10,000 colony-forming units per milliliter (CFU/mL) of pseudomonas aeruginosa (a type of bacteria that can cause UTIs). Bacteria greater than 100,000 CFU/mL is suggestive of a UTI.</p> <p>Review of R3's Medication Record provided by the facility revealed the resident was ordered Cephalexin (antibiotic) 250 milligrams, one a day for UTI prophylaxis (attempt to prevent a UTI) on 02/01/24. The Medication Record revealed the resident was still currently taking the antibiotic and has been administered the antibiotic for over eight months.</p> <p>During an interview on 10/02/24 at 3:00 PM, the Director of Nursing Services (DNS) and the Infection Control Preventionist (ICP) confirmed R3 did not meet the criteria of a UTI. The DNS confirmed the last UA/CS was on 02/01/24 and was prescribed an antibiotic prophylactically in order to potentially prevent a UTI. The DNS and ICP confirmed R3 had no signs or symptoms of a UTI. They both further confirmed the SBAR of R3 did not meet the criteria for prescribing an antibiotic.</p> <p>2. Review of R4's Face Sheet provided by the facility revealed R4 was admitted to the facility on [DATE] with a personal history of UTIs.</p> <p>Review of R4's Progress Note provided by the facility dated 05/28/24 revealed, UA done today, results show UTI. Results to [name of physician] and an order was received for Omnicef (antibiotic) 300 mg, BID [twice a day] for five days.</p> <p>Review of R4's Progress Note provided by the facility dated 05/31/24 revealed, MD [physician] contacted by the DNS regarding current treatment and culture and sensitivity. MD ordered Cipro (antibiotic), 500 mg, BID x 10 doses, MD dc'd (discontinued) prophylactic antibiotic of Omnicef.</p> <p>Review of R4's Progress Note dated 06/05/24 provided by the facility and completed by the physician revealed, resident is having increased back pain. Recently finished antibiotic for UTI. Will order repeat UA/CS.</p> <p>Review of R4's repeat lab results of the UA/CS ordered by the physician provided by the facility dated 06/10/24 revealed the resident was negative for a UTI.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R4's Medication Record dated 06/06/24 provided by the facility revealed an order for Cephalexin (antibiotic) 250 mg, once a day for UTI prophylaxis. The Medical Record further revealed the resident had been administered Cephalexin for over four months and continued to be administered the antibiotic.</p> <p>During an interview with the DNS and ICP on 10/02/24 at 3:15 PM confirmed R4's last UTI was on 05/28/24 and the follow up UA/CS completed on 06/10/24 was negative for a UTI. The DNS and IP confirmed R4 continued to be administered Cephalexin without a UTI or any signs or symptoms of a UTI.</p> <p>During a joint interview with the DNS, the ICP, and the Pharmacist on 10/02/24 at 3:30 PM the Pharmacist confirmed she was going to have to have another presentation on the use of prophylaxis antibiotics for UTIs when the criteria was not met. The Pharmacist confirmed administering antibiotics prophylactically was not recommended.</p> <p>Attempts were made to reach the physician who prescribed the antibiotics to R3 and R4 were unsuccessful.</p>		