

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165251	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/13/2024
NAME OF PROVIDER OR SUPPLIER  Ravenwood Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  2651 St Francis Drive Waterloo, IA 50702	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48003</p> <p>Based on clinical record review, family and staff interviews the facility failed to complete an informed consent for a psychotropic medication for 1 of 1 resident reviewed (Resident #1). The facility reported a census of 127 residents.</p> <p>Findings include:</p> <p>Resident #1's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) Score of 3, indicating severe cognitive impairment. The MDS included diagnoses of diabetes, Alzheimer's disease, depression and anxiety.</p> <p>The Prescription dated 3/25/24 directed to start Risperdal (antipsychotic) 0.25 milligrams (MG) by mouth twice daily. The facility noted the order on 3/26/24 at 12:13 AM.</p> <p>The Nurses Note dated 3/2/24 at 10:45 AM reflected the wife knew of Resident #1's new orders.</p> <p>During an interview on 7/12/24 at 11:30 AM Resident #1's daughter and wife reported the facility didn't notify them of the risk of using risperidone (Risperdal). In addition, the facility didn't go over it to consent.</p> <p>During an interview on 7/12/24 at 12:06 PM Staff A, Assistant Director of Nursing, reported he notified Resident #1's wife of the ordered medication, but he didn't go over the risk factors or get an informed consent for the medication.</p> <p>During an interview on 7/12/24 at 12:20 PM, the Director of Nursing (DON) reported the facility didn't complete an informed consent for the risperidone for Resident #1.</p> <p>During an interview on 7/13/24 at 11:29 PM, the DON reported the facility didn't have a policy for psychotropic medications. She reported the facility followed the regulations.</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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