STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16A002	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Iowa Veterans Home	1301 Summit Marshalltown, IA 50158

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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46873 Based on clinical record review, staff interview and facility policy review, the facility failed to provide a documented rationale on why a resident's as needed (PRN) psychotropic medication needed continued longer than 14 days for 1 of 5 residents reviewed (Resident #87). In addition, the facility failed to perform a periodic re-evaluation of the medication regimen to determine the continued need for the medication. Findings include: Resident #87'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 non-Alzheimer's dementia, Parkinson's disease, depression, bipolar disorder (mood imbalance) and impulse disorder (the failure to resist a temptation, urge, or an impulse. The MDS documented Resident #87 received antipsychotic, antianxiety, and antidepressant medications during the 7 days of the assessment reference period. The Care Plan initiated 7/19/24 indicated Resident #87 had a risk for adverse effects due to the use of psychotropic medications to aid with the treatment of his bipolar disorder and depression. The Interventions directed gradual dose reduction (GDR) review completed by the pharmacy/physician per the facility's protocol. The Clinical Physician Orders reviewed on 4/30/24 listed the following lorazepam 2 milligrams (mg)/milliliters (ml) orders: a. Give 0.25 ml by mouth every 4 hours as needed for anxiety or agitation. End date listed as infinite. i. Start date 1/3/24, Discontinued on 1/27/24. ii. Start date 1/26/24, Discontinued 4/16/24. b. Start date 4/16/24: Give 0.5 ml by mouth every 4 hours as needed for anxiety/restlessness. End date listed as infinite. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Health Status Note dated 1/3/24 at 9:26 pm documented the facility staff received a telephone order for lorazepam, 0.25 mls every 4 hours as needed for anxiety/agitation. The note lacked a duration for the order. On 4/30/24 at 4:23 pm, Staff A, Registered Nurse(RN) Nurse Clinician, explained when Resident #87 started the lorazepam order, he received hospice services. She stated Resident #87 received hospice services since November 2023. On 4/30/24 at 4:38 pm, Staff B, RN Nursing Service Director, stated she spoke to the Pharmacy Director, who told her the original medication order should be for 14 days. However, due to Resident #87 receiving hospice services, any renewals after that are for an indefinite time period. On 5/1/24 at 11:30 am, Staff B stated when the pharmacy receives a PRN order for a psychotropic medication without an end date, the pharmacy calls the prescribing provider to verify if the medication is to have an end date prior to processing the order. The facility couldn't provide documentation for Resident #87 from the prescribing provider with a documented rationale for the extension of the prescription beyond 14 days. In addition, the facility couldn't provide documentation why Resident #87 required the continued use of lorazepam or an evaluation for continued use after the initial prescription. The facility policy Antipsychotic and Psychoactive Drug Protocol, revised 1/31/23, directed the following: a. Give psychotropic medication only when necessary to treat a specific diagnosed and documented condition; b. Understanding the timeframe for PRN psychotropic medications which are NOT antipsychotics to 14 days, unless the prescriber deemed a longer timeframe is appropriate.