STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16F001	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Davis Center	22425 Overland Avenue Bloomfield, IA 52537

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49990 Based on clinical record view, staff interview, resident interview, and facility policy review, the facility failed to record accurate advanced directives for 2 of 5 residents sampled (Residents #13, and #6). The facility reported a census of 22 residents. Findings include: The Minimum Data Set (MDS) for Resident #13, dated [DATE] indicated a Brief Interview for Mental Status (BIMS) score of 15, suggesting intact cognition. In an interview on [DATE] at 10:07 AM Resident #13 indicated her wishes are for attempts to be made to save her life should she require CPR. During clinical record review on [DATE] at 02:40 PM for both Resident #13's and Resident #6's paper charts noted an Iowa Physician Orders for Scope of Treatment (IPOST) with a status of full code signed on [DATE]. During further clinical record review on [DATE] the electronic health record (EHR) showed both IPOST status for Resident #13 and Resident #6 as DNR (Do Not Resuscitate). In an interview on [DATE] at 01:46 PM, The Assistant Director of Nursing (ADON) stated the IPOST status of a resident can be obtained through the electronic health record (EHR) or the paper chart to accurately identify a resident's IPOST status. In an interview on [DATE] at 03:10 PM Staff A, RN, stated they were trained to check the EHR before starting Cardiopulmonary Resuscitation (CPR). In an interview on [DATE] at 10:49 AM, the Director of Nursing (DON) stated the expectation is for staff to check either the paper chart or EHR to determine a resident's IPOST status. A policy titled Advanced Directives last revised in ,d+[DATE] and provided on [DATE] did not specify where staff should look to obtain a resident's IPOST status.

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
	16F001	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Davis Center	22425 Overland Avenue Bloomfield, IA 52537

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47336 Based on record review, interviews, and facility policy review, the facility failed to revise the Care Plan, implement new interventions, and find the root cause of the falls for 1 of 2 residents reviewed for falls (Resident #14). The facility reported a census of 22 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #14 scored a 00 out of 15 on the Brief Interview for Mental Status (BIMS) exam, which indicated cognition severely impaired. The MDS revealed the resident displayed delusions. The MDS revealed medical diagnoses of major depressive disorder, non-Alzheimer's Disease, and depression. The MDS revealed the resident took antipsychotic, antianxiety, and antidepressant medications. The MDS revealed falls since last assessment with two or more falls with no injury. The MDS revealed the resident ambulated independently. The Care Plan revealed a focus area dated 8/2/23 for actual fall with no injury. The interventions dated 8/2/23 revealed encouraged the resident to take wider steps when he shuffled his feet. The interventions dated 8/25/23 revealed reminding the resident to slow down when ambulated because he had a shuffled gait and sometimes tripped over his own feet. The interventions dated 12/11/23 revealed ensure all spills cleaned up in a timely manner. The Progress Note dated 1/17/24 at 12:59 PM, revealed the staff were called to dining room after dietary staff witnessed resident trip over his dining room chair and fall onto his bottom. Resident did not hit his head. No injuries noted, denied any pain or discomfort. Vitals stable. Resident assisted up off floor and back to his room. Family member and the DON (Director of Nursing) notified. A fax sent to the resident's provider. The Incident Note dated 1/23/24 at 1:00 PM, revealed loud noises heard in the hallway, went to hallway outside of dining room and noted resident sitting on the floor. Staff witnessed resident stumble and fall to the ground. Resident rubbed his right elbow, noted bruising to right elbow area of 4 cm (centimeter) x 0.5 cm, no other injuries noted at this time. Resident assisted to standing position x 2 assist and then ambulated to room with same 2 assist. Resident denied any other pain at this time. Call light left within reach and continued to monitor. The Progress Note dated 1/29/24 at 1:25 PM, revealed staff heard a loud noise from down the hall by the dining room. Resident found lying on the floor on his back. Noted to have a raised area measuring 2 cm in diameter on the left side of his forehead immediately after falling. Resident assisted up by staff and vitals taken: BP (blood pressure)- 133/53, HR (heart rate)- 93, RR (respirations per minute)-20, temperature-97.1, SpO2 (saturation of peripheral oxygen)-98% on RA (room air). Neuros initiated. Resident assisted back to his room by staff. Vitals stable, A/O (alert and oriented) to self per baseline, hand grips strong/equal, pupils equal/round/reactive. Fax sent to the provider. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16F001	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Davis Center	22425 Overland Avenue Bloomfield, IA 52537

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Incident Note dated 2/29/24 at 9:34 AM, revealed staff called to residents room for report of the resident on the floor. Upon entering room, resident sat on buttocks on the floor in front of the bathroom door. Resident asked what happened and he stated, I don't know, I just fell , get me up. Resident asked if he landed on his buttocks. Resident stated, I landed on my back. Resident assessed for injuries, no injures noted at this time and no redness noted to back or buttocks. Resident assisted to standing position x 2 assist, buttocks assessed, no redness, resident had incontinent episode of BM (bowel movement). Resident taken to the bathroom and sat on the toilet. Pericare provided, clothes changed, and resident cleaned up. Resident dressed and assisted at sink to wash hands and fingernails. Resident then assisted to bed per request. Resident denied hitting head. Neuros and VS (vitals signs) within residents normal limits. [NAME] (Moving all extremities) without difficulty and within his normal limits. Resident reported feeling dizzy to staff. Continued to monitor per facility protocol. The Progress Note dated 3/2/24 at 2:27 AM, revealed the resident yelled for a nurse. This nurse went in his room and found resident on the floor next to his bed with both legs in pant leg of his sweat pants and covered in urine. Noted a small red area on his right side of back, with no bleeding noted. Will monitor. No other injuries noted. The Progress Note dated 3/5/24 at 12:51 PM, revealed the resident walked down the hallway at 12:05 PM, lost his balance and fell on the floor head first. Vitals taken and noted. Neuros also started. He had a cup of water in his hands. Assisted him up with help of 2 staff and placed in a chair next to him. When assessed Resident #14 had a small open area to the forehead, approximately 5 cm long with bruising below the open area observed. Resident #14 took aspirin, and approximately 15 drops of blood on the floor from the head injury. Direct pressure applied and bleeding stopped within minutes. He denied any pain at this time. Wound cleansed with wound cleanser and covered with Vaseline gauze and a band aid. He continued to deny pain and assisted to the dining room where he ate dinner. During an observation on 4/16/24 at 12:15 PM, Resident #14 self ambulated to the dining room and carried a sippy cup with handles to the dining room table. The resident wore red non-slip gripper socks. During an interview on 4/17/24 at 3:17 PM, Staff C, RN (Registered Nurse) was asked about Resident #14 falls and she stated he fell a few times but don't remember the dates. She stated he shuffled his feet really fast and fell down but that happened at least a month ago. Staff C was asked how she knew when a resident fell and she stated they reviewed them in report and under the Care Plan tab. Staff C stated the Care Plan needed updated after every fall. Staff C asked about Resident #14 fall interventions and she stated he needed to wear gripper socks. During an interview on 4/17/24 at 4:03 PM, Staff D, LPN queried on Resident #14 falls and she stated he didn't fall in at least a couple of weeks. Staff D asked about fall interventions for Resident #14 and she stated the interventions are placed on the Care Plan most of the time. She stated they passed it on in report when the resident fell , and they made sure the resident wore gripper socks. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16F001	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Davis Center	22425 Overland Avenue Bloomfield, IA 52537

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/18/24 at 9:14 AM, the ADON queried on falls and she stated they wanted to do a Performance Improvement Project (PIP) for falls because they wanted the whole facility involved and some falls can be prevented and some can't. The ADON was asked if the Care Plans are updated after a fall and she stated Staff E updated the Care Plans. The ADON was asked if they reviewed the fall for root cause analysis and she stated no, and they needed to get the team together to see what caused the fall. The ADON stated moving forward they needed a new process and Care Plan interventions. During an interview on on 4/18/24 at 10:01 AM, Staff E, MDS Coordinator queried on the process a nurse charted on a fall and she stated she went and looked in risk management and the ADON, DON, and her spoke about it informally and add to the Care Plan. Staff E was asked if they did a root cause analysis and she stated no, it was something they talked about doing because it was a lot for one person to try and fix. Staff E was asked if the Care Plan was updated after each fall and she stated yes, but sometimes you run out of interventions. Staff E stated the Care Plan had not been updated recently and the resident fell multiple times since January and she confirmed no interventions were updated for falls since December. She stated Resident #14 wore gripper socks and sometimes they found it hard to find socks to fit him. During an interview on 4/18/24 at 10:09 AM, the DON queried on the process after a nurse charted on a fall and she stated they looked at the building, the resident's medications, any medical changes, and proper footing. The DON was asked if they reviewed the fall for a root cause analysis and she stated they talked about implementing a committee for falls. She stated they reviewed, if they found something, they put the notes in the risk management assessment. The DON was asked if interventions were placed on the Care Plan after falls, and she stated yes and they alerted the nurses about the fall. The Facility Incident/Accident Report Policy (no date noted) revealed incident reports reviewed and reported to the Quality Assurance Committee Quarterly. The Facility Comprehensive Care Plan/Individual Program Plan Policy dated 1/23 revealed the following information:a. The facility developed a comprehensive care plan for each resident that includes measurable objectives and time tables to meet a resident's medical, nursing, mental, and psychosocial needs that were identified in the comprehensive assessment b. The care plan shall set out the procedure used to evaluate whether objectives achieved. This procedure shall incorporate a process for ongoing review and revision. The interdisciplinary team shall review the care plan at a team meeting at least quarterly and when the resident's condition changes: c. The interdisciplinary team shall develop a written report which addressed 1. The resident's progress towards objectives 2. The need for continued services 3. Recommendations concerning alternative services or living arrangements.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16F001	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Davis Center	22425 Overland Avenue Bloomfield, IA 52537

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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47336 Based on record review, interviews, and the facility policy, the facility failed to follow up with a resident after he expressed suicidal thoughts for 1 of 2 residents reviewed for mood and behaviors (Resident #21). The facility reported a census of 22 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #21 scored a 15 out of 15 on the Brief Interview for Mental Status (BIMS) exam, which indicated cognition intact. The MDS revealed the resident felt little interest or pleasure in doing things for ,d+[DATE] days over a 2 week look back period. The MDS revealed the resident felt down, depressed, or hopeless ,d+[DATE] days over the last 2 week look back period. The MDS revealed a medical diagnosis for schizoaffective disorder, depressive type. The MDS revealed the resident took antipsychotic, antidepressant, and antianxiety medications. The Care Plan revealed a focus area dated [DATE] for psychological well-being problem related to schizoaffective disorder. The resident often had thoughts related to harming himself or that he would be better off dead. The interventions dated [DATE] monitored and documented resident's feeling relative to loneliness and sadness; resident needed support with identification of potential solutions to present problems; and allowed the resident time to answer questions and to verbalize feelings, perceptions, and fears. The EMR (Electronic Medical Record) revealed the following diagnoses: a. major depressive disorder b. dementia c. schizoaffective disorder, depressive type The Physician Orders revealed the following medications: a. risperdal oral tablet 2 mg (milligram)- give 1 tablet by mouth two times a day b. lorazepam tablet 0.5 mg- give 0.5 mg by mouth one time a day c. lorazepam tablet 1 mg- give 1 mg by mouth two times a day d. olanzapine tablet 20 mg- give 20 mg by mouth one time a day e. Lexapro tablet 20 mg (escitalopram oxalate)- give 20 mg by mouth one time a day f. trazodone HCl (hydrochloride) tablet 100 mg- give 100 mg by mouth one time a day (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16F001	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Davis Center	22425 Overland Avenue Bloomfield, IA 52537

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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	g. bupropion HCl ER (XL) tablet extended release 24 hour 300 mg- give 300 mg by mouth one time a day The Progress Note dated [DATE] at 12:59 PM, revealed the resident stated he's rough day today. He told state inspector he thought about suicide. She spoke with him some more and he stated wouldn't harm himself. Will visit with him more and update the psychiatric provider. The facility lacked documentation for any further interventions or Progress Notes after the resident expressed thoughts of harm. During an interview on [DATE] at 12:49 PM, Resident #21 stated had problems with thinking about suicide. He stated his mother hated kids and showed a very bad attitude towards them. He stated his mother died and he was thankful for it. He stated he needed to snap out of his depression. Resident #21 stated he was thinking about suicide but now he felt okay because he got the pressure out. He stated he didn't have a plan and he didn't feel ready to die. During an interview on [DATE] at 12:58 PM, Staff B, LPN (Licensed Practical Nurse) informed of the conversation with Resident #21 and she stated she would speak with him and they just increased his medications and when you speak with the resident, he really didn't have suicide thoughts. During an interview on [DATE] at 3:15 PM, Staff C, RN (Registered Nurse) queried about Resident #21 behavior and she stated he could get very emotional and down on himself but when you sat with him, he would feel better. Staff C was asked if the resident ever stated thoughts of harm and she stated no, she never heard him say he had suicidal thoughts. Staff C was asked what she would do when a resident stated thoughts of harm and she said she would stay with them and talk to him and let the ADON (Assistant Director of Nursing) and the DON (Director of Nursing) know and do a 1:1 with the resident to make sure the resident stayed safe and didn't attempt to harm themselves. During an interview on [DATE] at 3:59 PM, Staff D, LPN queried on Resident #21 behaviors and she stated he got teary at times and didn't want to eat in the dining room. Staff D was asked if Resident #21 ever voiced thoughts of harm and she stated no he never said he wanted to die or talked about suicide. She stated sometimes the resident stated he felt sad. Staff D was asked what she would do if Resident #21 expressed thoughts of harm and she stated she called for a CNA (Certified Nurse Aide) and would call the psychiatric provider for orders. During an interview on [DATE] at 9:25 AM, the ADON queried on Resident #21 behaviors and she stated she never heard him say he wanted to harm himself. The ADON queried on expectations when residents express thoughts of harm and she stated the resident needed to be a 1:1 and psych needed to be contacted. The incident on [DATE] reviewed with the ADON and she stated she expected a follow up on the resident and him to be placed on hot charting. During an interview on [DATE] at 10:19 AM, the DON queried on the incident that occurred on [DATE] with Resident #21 and she stated they were working with staff on charting and training them on how to document and how to handle certain situations. The DON stated she didn't know about the incident and there needed to be a follow up. She stated it was the charge nurse's responsibility to do an assessment and then notify her and the ADON. The DON stated they needed to contact the psychiatric provider for orders and the resident needed monitored for at least 72 hours. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16F001	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Davis Center	22425 Overland Avenue Bloomfield, IA 52537

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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Facility Documentation Behavior Flowsheet Policy dated 2024 revealed the following information: a. Behaviors identified on an individual basis for residents and documented on every shift to maintain an ongoing record of the resident's behavior, and what interventions worked and didn't work to assist the resident. 1. interventions utilized by staff needed documented. 2. outcome of the interventions attempted needed documented. 3. If a behavior that puts the resident or others at risk of safety or disrupts the therapeutic environment for other residents and no improvement shown after interventions then alternate interventions may be attempted. Example: PRN (as needed) antipsychotics, physician and/or psychiatric provider notification. 12BV Xk.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16F001	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Davis Center	22425 Overland Avenue Bloomfield, IA 52537

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 - Some	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** 47336 Based on record review, interviews, and the facility policy, the facility failed to attempt Gradual Dose Reduction (GDR) for psychotropic medications for 5 of 5 residents reviewed for unnecessary medications (Resident #14, #6, #11, #13, & #8). The facility reported a census of 22 residents. Findings include: 1. The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #14 scored a 00 out of 15 on the Brief Interview for Mental Status (BIMS) exam, which indicated cognition severely impaired. The MDS revealed resident displayed delusions. The MDS revealed medical diagnoses of major depressive disorder, non-Alzheimer's Disease, and depression. The MDS revealed the resident took antipsychotic, antianxiety, and antidepressant medications. The MDS revealed no GDR attempted and the resident received antipsychotics on a routine basis only. The Care Plan revealed a focus problem dated 10/6/15 for a need for specialized services due to depressive disorder, alcohol induced dementia, and history of combative behavior. The resident took the following psychotropic medications: Ativan (lorazepam), Haldol (haloperidol), trazodone, and Zoloft (sertraline). The interventions dated 2/9/24 revealed evaluation of the effectiveness of medications related to my treatment plan, assessment of possible adverse medication response to my medications, and use of medication in the lowest affective dose. The Physician Orders revealed the following medications: a. been prescribed since 5/24/23: sertraline HCl (hydrochloride) oral tablet 100 mg (milligrams) - give 2 tablets by mouth one time a day b. ordered on 2/16/24- haloperidol oral tablet 1 mg- give 1 mg by mouth two times a day c. been prescribed since 6/27/23: Ativan tablet 1 mg (lorazepam)- give 1 mg by mouth three times a day d. been prescribed since 11/22/13: trazodone HCl tablet 100 mg- give 100 mg by mouth one time a day e. been prescribed since 11/22/13: trazodone HCl tablet 50 mg- give 50 mg by mouth two times a day The facility lacked documentation for GDR reviewed or attempted for the resident. During an interview on 4/16/24 at 1:12 PM, the DON (Director of Nursing) stated she hadn't received or done any GDR since becoming the DON. During an interview on 4/16/24 at 1:13 PM, the ADON (Assistant Director of Nursing) stated she texted the pharmacist and they told her they sent them to the physician for review. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16F001	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Davis Center	22425 Overland Avenue Bloomfield, IA 52537

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 - Some	During an interview on 4/17/24 at 2:25 PM, the DON stated she spoke to the psychiatric provider and the provider stated she received them, reviewed them, and then got rid of them. The DON stated she started a new tracking form so they wouldn't miss them. During an interview on 4/18/24 at 10:17 AM, the DON stated the psychiatric provider is new to the corporation and in the mist of changes, the GDRs were not tracked. The DON stated she understood the GDRs needed to be done. The Facility Psychotropic Medication Policy dated 9/2019 revealed the following information: a. The facility will comply with State and Federal regulations related to the use of psychotropic medications. The facility will include regular review of psychotropic medications for continued need, appropriate dosage, side effects and risks and/or benefits. b. Efforts to reduce dosage or discontinue psychotropic medications will be ongoing, as appropriate, for the clinical situation. c. Gradual Dose Reduction 1. There will be documented rationale and diagnosis for psychotropic medications that identify target symptoms. 49990 2. Review of the Minimum Data Set (MDS) for Resident #6 dated 02/14/24 documented a Brief Interview for Mental Status (BIMS) score of 11 indicating slightly impaired cognition. The MDS further documented diagnoses of anxiety, depression, and psychotic disorder. Review of the Electronic Healthcare Record (EHR) page title Physician Orders revealed Resident #6 had active orders for Celexa/Citalopram 40 mg twice a day, Remeron/Mirtazapine 7.5 mg once a day, and Risperdal/Risperidone 0.5 mg twice a day. In an interview on 04/16/24 at 01:46 PM the DON and ADON stated that the facility had not had contact with the pharmacy or prescribing doctor as it regards gradual dose reductions (GDR)s. The DON stated that she would reach out to the pharmacy and provider for copies. Copies of the GDRs were not provided to the survey team. Review of a facility policy titled Psychotropic Medication with a review date of September 2019 documented: [NAME] Center will comply with State and Federal regulations to assure that each resident's drug regimen is free from unnecessary drugs. The facility will comply with State and Federal regulations related to the use of psychotropic medications. The facility will include regular review of psychotropic medications for continued need, appropriate dosage, side effects, and risks and/or benefits. There will be documented rationale and diagnosis for psychotropic medications that identify target symptoms. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16F001	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Davis Center	22425 Overland Avenue Bloomfield, IA 52537

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 - Some	3. Review of the Minimum Data Set (MDS) for Resident #11 dated 07/19/23 documented a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS further documented diagnoses of anxiety and depression. Review of the Electronic Healthcare Record (EHR) page title Physician Orders revealed Resident #11 had active orders for Risperdal/Risperidone 1 mg once a day before bed and 2 mg once per day administered in the morning, Trazodone HCL 100 mg once a day before bed and 150 mg administered in the morning, Vraylar/Cariprazine 1.5 mg once a day, and Duloxetine 60 mg twice a day,. 4. Review of the Minimum Data Set (MDS) for Resident #13 dated 01/05/24 documented a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS further documented diagnoses of anxiety, depression, schizoaffective disorder, and non-Alzheimer's dementia. Review of the Electronic Healthcare Record (EHR) page title Physician Orders revealed Resident #13 had active orders for Celexa/Citalopram 20 mg once a day, trazodone 50 mg once a day, clonazepam 0.5 mg twice a day, clozapine 100 mg once a day in the AM and 200 mg at bedtime, and Namenda/Memantine 28 mg. 47582 5. Review of the Minimum Data Set (MDS) for Resident #8 dated 2/29/24 documented an admitted [DATE]. The MDS further documented diagnoses of anxiety and schizophrenia. Review of the Electronic Healthcare Record (EHR) page Medication Administration (MAR) dated April, 2024 revealed Resident #8 had active orders for Ativan/Lorazepam 0.5 mg oral tablet at bedtime for other schizoaffective disorders with the start date of 12/14/2020. The EHR lacked a documentation for Gradual Dose Reduction (GDR) attempts.