STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235376	A. Building B. Wing	03/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belle Fountain Nursing & Rehabilitation Center	18591 Quarry Rd Riverview, MI 48192

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** 22349 This citation pertains to intake MI00142576. Based on observation, interview, and record review the facility failed to provide rationale, behavioral monitoring, or a physician evaluation for the extended use of a PRN (as needed) psychotropic medication for one (R502) of three residents reviewed for medications. Findings include: The State Agency received a complaint that R502 was not receiving her anti-anxiety medication as prescribed. On 3/5/24 at 12:40 PM, R502 was observed in her room in her wheelchair eating lunch. R502 said she had trouble getting her Ativan (anti-anxiety medication) at times because the nurses said it was either not ordered or they could not give it to her at the time she requested it. R502 said she had been taking Ativan for years at home and was afraid she would go through serious withdrawal symptoms if she did not get it (Ativan) every day. R502 reported she was not being seen by psychiatry services. R502 could not recall if she was asked about psychiatry services or if she had any conversation regarding the risk and benefits of using psychotropic medications. A review of R502's EHR (Electronic Health Record) revealed that the resident admitted on [DATE] with multiple diagnoses that included Sepsis, Depression, Anxiety, and Adjustment Disorder. R502 was identified to have intact cognition and was her own responsible party. On 1/23/24, R502 was prescribed Ativan 0.5 milligram (mg) every 12 hours PRN (as needed) for 14 days. On 2/12/24 (14 days later) Ativan 0.5 mg every 12 hours PRN for 14 days was re-ordered. On 2/23/24 (14 days later) Ativan 0.5 mg every 12 hours PRN for 14 days was re-ordered again. A review of R502's Medication Administration Records (MARs) revealed the resident requested Ativan one to two times every day. There was no AIMS (abnormal involuntary movement scale) assessment completed in the resident's EHR. There were no physician or social work notes documenting the rationale for the continued re-ordering of Ativan. (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: 235376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2024
NAME OF PROVIDER OR SUPPLIER Belle Fountain Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 18591 Quarry Rd Riverview, MI 48192	

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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	A care plan for use of psychotropic mediciations was initiated on 2/7/24, 15 days after R502 had initially been prescribed Ativan. The interventions included; consult with pharmacy, MD to consider dosage reduction when clinically appropriate at least quarterly, discuss with MD/ family regarding ongoing need for use of medications, and to review behaviors/interventions and alternate therapies attempted and their effectiveness. A review of R502's physician's progress notes, nursing notes, and social worker notes did not reveal any documentation to indicate the rationale or evaluation of effectiveness for the continued usage of Ativan. There were no social work progress notes regarding behavior monitoring, use of non-pharmaceutical interventions or if a Gradual Dose Reduction (GDR) was attempted or contraindicated. On 3/5/24 at 1:45 PM, the Director of Nursing (DON) said R502 was not receiving psychiatric services because the resident had declined that upon admission. The DON confirmed that it was the responsibility of social work and the resident's physician to manage the resident's use of psychoactive medications. The DON confirmed there was no AIMS test, resident behavior monitoring or use of non-pharmacuetical interventions in the EHR. On 3/5/24 at 3:00 PM SW E said that she did an assessment on the R502 upon admission and if there were any issues she would have followed up with the resident. SW E said she did not follow up with the resident because nursing did not report any concerns to her. There were no behavior logs, documentations, or discussions with the resident by social work regarding usage of the Ativan or non-pharmacuetical interventions. SW E could not say if R502's behaviors were controlled by the Ativan or if any non-pharmaceutical interventions had been attempted. On 3/6/25 at 9:00 AM R502's physician said that he continued prescribing the Ativan as a PRN every 14 days because the resident was requesting it and had no complaints or adverse side effects that he was aware of. The Physician could not recall if he had any discussion with the resident regarding alternative medications, non-pharmaceutical interventions,or if a GDR had been considered. According to the facility's policy for 'Psychotropic Medication Use' last revised on 1/10/24 indicated in part; It is the policy of the facility to only prescribe psychotropic medications when it is necessary to treat a specific diagnosed condition and the medication is deemed as beneficial to the resident Residents who use psychotropic medications will receive gradual dose reductions, unless clinically contraindicated, in efforts to discontinue the medication when appropriate. The attending physician will assume leadership in medication management by developing, monitoring, and modifying the medication regimen in collaboration with the resident, their family and/or representative, other professionals, and the interdisciplinary team. Psychotropic medication management includes: - Indications for use - Dose (including duplicate therapy) (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Duration - Adequate monitoring - Preventing, identifying, and responding to adverse consequences - New admissions where the resident is already on a psychotropic medication . The physician in collaboration with the consultant pharmacist shall re-evaluate the use of the medication and consider whether or not the medication can be reduced or discontinued upon admission or soon after admission. A diagnosis alone may not warrant the use of an antipsychotic medication . Non-pharmacological approaches are used (unless contraindicated) to minimize the need for medications, permit the lowest possible dose, and allow for discontinuation of medications when possible. Upon admission, the facility will identify when a resident is prescribed a psychotropic medication -The licensed nurse will complete an Abnormal Involuntary Movement Scale (AIMS) in the resident's medical record (Point Click Care) for any resident prescribed an antipsychotic medication upon admission/initiation, quarterly thereafter, with a change in antipsychotic medication, and as needed such as new or increased signs and symptoms of tardive dyskinesia or extrapyramidal symptoms are noted. - This may be completed by the physician or psych services in lieu of the licensed nurse completing. - The Social Service employee or designee should offer a psychiatric consult for medication management to any resident taking a psychotropic medication. If the resident and/or authorized representative decline psychiatric services, it is the responsibility of the attending physician to manage and monitor the psychotropic medication use.