

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 11/21/2024
NAME OF PROVIDER OR SUPPLIER Belle Fountain Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22349</p> <p>Based on interview and record review the facility failed to ensure that one (R506) of three residents reviewed for unnecessary medications had a specific diagnosis for use, clinical indications for use, or a valid informed consent for the use of psychotropic medications (drugs that affects brain activities with mental processes and behaviors).</p> <p>Findings include:</p> <p>According to R506's Electronic Health Record (EHR) the resident admitted to the facility on [DATE] with diagnoses that included multiple falls and traumatic ischemia of muscle (muscle tissue not receiving enough blood due to a physical injury) and diabetes. On 9/11/24 a progress note documented by Social Worker (SW) J indicated R506 had a Brief Interview of Mental Status (BIMS) score of 15/15, indicating no cognition impairment. A Behavioral Care and Psychiatric Service form for Consultation Request, Consent, And Authorization To Treat dated 9/11/24 indicated R506 had declined treatment and Did NOT consent to Psychiatric treatment or services. On 9/16/24, a progress note indicated that Physician K gave a nursing order for Seroquel 25 milligrams (mg) three times a day (Seroquel is an antipsychotic medication). There are no additional progress notes, no corresponding physician note, no diagnosis, or clinical indications for use of psychotropic medication.</p> <p>On 9/17/24 SW J documented; Resident was started on Seroquel yesterday. No diagnosis to support. Notes indicate resident has been pleasantly confused. Resident denies anxiety, hallucination, or delusions. Resident expressed they did not want to be on Seroquel when explained to them and resident continued to decline psychiatric services. Nurse was informed and contacted the physician to get Seroquel discontinued per the resident's wishes and there was no indication of the need.</p> <p>On 9/25/24, a progress note indicated that Physician K gave a nursing order to increase the Seroquel to 50 mg three times a day. There are no additional progress notes, no corresponding physician note, no diagnosis, or clinical indications for use of psychotropic medication.</p> <p>On 9/26/24, SW J documented that R506 was started on Seroquel for hallucinations and that the resident was logged for AIMS (abnormal involuntary movement scale) test to be done, evaluation, and proper diagnosis.</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
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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/26/24, (10 days after R506 was initially prescribed Seroquel) a consent for use of psychoactive medications was signed by SW J as a verbal order from R506's family member (FM) H.</p> <p>On 11/21/24 at 9:15 A.M., FM H was asked about R506's use of Seroquel. FM H said they were not the resident's Durable Power of Attorney (DPOA) and did not consent to anything. FM H said they had informed the social worker to contact Family Member I about obtaining consent for those things. FM H could not say what occurred afterwards.</p> <p>On 11/21/24 at approximately 10:00 A.M., FM I said they were informed by the physician at the hospital that the resident had been prescribed Seroquel and did not understand the reason for the medication. FM I said the resident was taken off the Seroquel while at the hospital on 9/29/24.</p> <p>On 11/21/24 at 12:00 P.M., SW J said that R506 had declined the use of psychoactive medications upon admission and again on 9/17/24. The nurse manager, Licensed Practical Nurse (LPN L) and the physician (Physician K) were notified, but the physician still wanted the resident to be on Seroquel. SW J said she had explained the use of Seroquel to FM H and did not recall that they (FM H) were not the resident's DPOA. SW J reviewed R506's EHR and said, We should not be starting Seroquel for anxiety. I don't know what happened.</p> <p>On 11/21/24 at approximately 12:15 PM the Nursing Home Administrator (NHA) was asked about the use of Seroquel for R506 and acknowledged that the facility's policy for use of psychotropic medication was not followed in this instance.</p> <p>On 11/21/24 at 1:00 PM the Director of Nursing (DON) said that after reviewing R506's EHR a meeting was held for further review with staff and education was being provided to follow facility policy.</p> <p>According to the facility's 'Psychotropic Medication Use' last revised on 1/10/2024 in part reads: 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 beneficial to the resident. The facility will identify when a resident is prescribed a psychotropic medication and will obtain informed consent from the resident or authorized representative for each psychotropic medication ordered. Residents who use psychotropic medications will receive gradual dose reductions, unless clinically contraindicated, in efforts to discontinue the medication when appropriate</p> <p>-The medical practitioner in conjunction with the Interdisciplinary Team shall evaluate and document the situation to identify and address any contributing and underlying causes of the acute condition and verify the need for a psychotropic medication</p> <p>-For any Resident taking a psychotropic medication, the Social Service employee or designee will obtain informed consent from the resident and/or authorized representative using the 'Psychotropic Medication Consent' UDA in PCC (point click care)</p> <p>- If the Resident and/or the authorized representative refuses to consent to the psychotropic medication, the physician/medical practitioner will be notified so the medication can be discontinued.</p>		