STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235602	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hazel I Findlay Country Manor	1101 S Scott Rd Saint Johns, MI 48879

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32064 Based on observation, interview, and record review, the facility failed to ensure one resident (Resident #6) of five reviewed was free of unnecessary medications. Findings include: Review of the medical record revealed Resident #6 (R6) admitted to the facility on [DATE] and readmitted [DATE] with diagnoses that included dementia, anxiety, and major depressive disorder. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/23/24 revealed R6 scored 11 out of 15 (moderate cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). Review of the Physician's Note dated 1/29/24 revealed We Discussed this the [sic] Seroquel [antipsychotic medication] is not helping with sleep. Her anxiety is on going especially at HS [bedtime]. We will try to use Hydroxyzine [antihistamine medication] 25 mg [milligrams] at bedtime see if this helps both her sleep and the anxiety. We will adjust dosing if needed. Review of the Physician's Order dated 1/29/24 revealed an order for hydroxyzine 25 mg at bedtime for anxiety. Review of the Pharmacist Recommendation to Prescriber dated 2/7/24 revealed This resident has an order for hydroxyzine (Atarax, Vistaril), a high risk medication due to strong, sedating anticholinergic properties (e. g. dry mouth, blurred vision, urinary retention, tachycardia, confusion, cognitive impairment, sedation and toxic psychosis). Recommendation: Please consider discontinuing this medication. The State Operations Manual Appendix PP-Guidance to Surveyors for Long Term Care Facilities warms that H-1 blocker antihistamines have strong anticholinergic properties and are not considered medications of choice in older individuals. The non-sedating antihistamines are generally preferred when treating non-life threatening allergic reactions in the elderly, when used at the lowest dose for the shortest duration possible. 2023 American Geriatrics Society Beers Criteria Update Expert Panel. American Geriatrics Soc 2023 updated. AGS Beers Criteria for potentially inappropriate medication use in older adults. J Am Geriatric Soc. 2023. 1-30 doi:10.1111/jgs.18372. The physician/prescriber response did not have agree, disagree, or other checked off. The written response revealed med dc'd [discontinued] on 2/9/24 and was signed by the physician on 2/18/24. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Physician's Orders revealed hydroxyzine was not discontinued. R6 continued receiving hydroxyzine 25 mg at bedtime until 8/20/24. There was no documentation in the medical record that revealed why the medication was not discontinued per pharmacy recommendations. Review of the Health Status Note dated 8/20/24 revealed Per pharmacy recommendation: GDR [gradual dose reduction] is recommended for Paxil, Seroquel, and hydroxyzine. Dr agrees with GDR for hydroxyzine, dose changed to 12.5 mg x 2 weeks then d/c. Disagrees with GDR of Paxil and Seroquel. Review of the Physician's Order dated 8/20/24 revealed an order for hydroxyzine 12.5 mg at bedtime for sleep aid until 9/3/24. R6 did not have a care plan pertaining to trouble sleeping. On 08/28/24 at 10:19 AM, R6 was observed asleep in bed. On 08/28/24 at 10:32 AM, R6 was observed lying in bed, awake. R6 reported she felt tired and that she did not usually nap unless she was not feeling well. In an interview on 08/28/24 at 2:05 PM, Director of Nursing (DON) B was not able to explain why R6's pharmacy recommendation revealed the hydroxyzine was discontinued, but R6 continued to receive the same dose until the order was changed on 8/20/24. In an interview on 08/28/24 at 2:37 PM, House Supervisor (HS) D was not able to explain why R6's pharmacy recommendation revealed the hydroxyzine was discontinued, but R6 continued to receive the same dose until the order was changed on 8/20/24. On 08/28/24 at 3:09 PM, HS D reported the Health Status Note dated 8/20/24 regarding a gradual dose reduction was not in response to a pharmacy recommendation, but in response to an Interdisciplinary Team meeting.

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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** 38383 Based on observation, interview and record review, the facility failed to ensure laboratory testing for psychotropic medication monitoring was completed according to Physician's Orders for one (Resident #22) of five reviewed. Findings include: Review of the medical record reflected Resident #22 (R22) admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included congestive heart failure, obsessive compulsive disorder and severe vascular dementia with psychotic disturbance. The Significant Change in Status Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 6/24/24, reflected R22 scored 11 out of 15 (moderate cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 08/28/24 at 1:19 PM, R22 was observed lying in bed, awake. A Physician's Order, dated 6/30/23, reflected a Hemoglobin A1C (blood test that measures the average amount of sugar in the blood for the past few months) and Lipid Panel (blood test that measures the amount of cholesterol and fat in the blood) were to be drawn every six months. A Psychiatric visit note for 5/10/24 reflected recommendations to continue 5 milligrams of Zyprexa (antipsychotic medication) daily. A Hemoglobin A1C , Lipid Panel and Comprehensive Metabolic Panel were recommended every six months. R22's medical record reflected the last Hemoglobin A1C and Lipid Profile were drawn on 7/13/23. During an interview on 08/28/24 at 2:06 PM, Director of Nursing (DON) B reported the purpose of R22's laboratory monitoring was for antipsychotic medication use. DON B confirmed R22's most recent Hemoglobin A1C and Lipid Panel were drawn in July 2023.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45135 Based on interview and record review the facility failed to accurately document in the medical record for one resident #64 (R64) out of 18 assessed for documentation from a total sample of 18 resulting in incomplete medical records. Findings include: Resident #64 (R64) Medical record revealed Resident #64 (R64) was admitted to the facility on [DATE] initially with diagnoses that included unspecified Dementia, unspecified severity without behavioral disturbance, mood disturbance and anxiety, moderate intellectual disability, unspecified symptoms and signs involving cognitive functions and awareness, major depression disorder, anxiety disorder. According to R64's Minimum Data Set (MDS) dated [DATE], revealed R64 scored 03 out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status (BIMS- a cognitive screening tool) and had no behaviors. MDS section GG0120 Mobility Devices used by R64 was a walker. Independent with transfers and ambulation in her room. R64 needs set up assistant with meals and getting dressed. Record review revealed R64 had monthly medication regimen review (MRR) for the months of 08/07/24 with no recommendations, 07/03/24 with no recommendations, 06/03/24 with no recommendations, 05/02/24 with no recommendations, 04/04/24 with no recommendations, 03/03/24 with no recommendations, 02/07/24 with no recommendations, 01/07/24 with no recommendations, 12/06/24 with no recommendations, 11/03/24 with no recommendations, 10/09/24 with no recommendations and 09/12/23 with no recommendations. All monthly MRR's were check marked with the following statement .Based upon the information available at the time of the review and assuming the accuracy and completeness of such information, it is my professional judgement that at such time, the resident's medication regimen contained no new irregularities. For purposes of the foregoing statement, the term irregularity means an event or circumstance that is substantially inconsistent with customary, accepted clinical approaches to providing pharmaceutical products and services, or that could reasonably be expected to impede or interfere with the achievement of intended or reasonably expected outcomes . No recommendations from the pharmacy department. Record review revealed that the MRR for the month of 02/07/24 there was a recommendation found in the patient's medical record. The pharmacy did make recommendations to the prescriber. Recommended an increase in Donepezil from 5 milligrams (mg) per day to Donepezil 10mg per day with the rationale that Donepezil 10 mg may provide additional benefit in some individuals. This recommendation was discussed during the interdisciplinary team (IDT) meeting and recommended to follow the pharmacy recommendation to increase the Donepezil to 10mg daily. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review revealed that the MRR for the month of 02/07/24 there was a recommendation found in the patient's medical record. The pharmacy did make recommendations to the prescriber. Recommendation to re-evaluate the need to continue Omeprazole 20 mg two times a day. Proton pump inhibitor (PPI) therapy beyond eight weeks needs justification per Beers criteria (a comprehensive guide for healthcare providers to identify potentially inappropriate medications for older adults). Long- term use is associated with hypomagnesemia (a low level of magnesium in the blood that can affect the neuromuscular system and heart), vitamin B12 deficiency, and increased incidence of Clostridiodes difficile (a bacterium that causes an infection of the colon in the longest part of the large intestine) During an interview on 08/28/24 at 12:45 PM, DON B stated she looked at all the areas in the medical record for recommendations. DON B also stated that some recommendations may not have been returned with physicians' signatures yet. DON B also stated the Assistant Director of Nursing (ADON) tracks those recommendations after they are returned to the facility with the provider's signature. DON B stated she would talk to the ADON and get back with this writer. During an interview on 08/28/24 at 03:05 PM, DON B stated she had a call out to the pharmacy and waiting for the returned call. DON B stated the pharmacist was the one who completed the monthly medication regimen review and documented there were no recommendations. DON B also stated the monthly medication regimen review form was completed incorrectly as some months there were recommendations made.