

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235611	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Orchard Creek Skilled Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 9731 East Cherry Bend Road Traverse City, MI 49684	

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** 34568</p> <p>Based on interview and record review, the facility failed to ensure a consent was signed for psychoactive medication use and an AIMS (Abnormal Involuntary Movement Scale) assessment was completed appropriately for one Resident (R12) of five residents reviewed for unnecessary medications. This deficient practice resulted in the potential for the unnecessary use of mind-altering medications, negative side-effects of medications and decreased quality of life. Findings include:</p> <p>Review of R12's Electronic Medical Record (EMR) revealed admission to the facility on [DATE] with diagnosis including dementia with behaviors, delirium, and anxiety. Review of R12's 9/23/24 Admission Minimum Data Set (MDS) assessment revealed a 10/15 on the Brief Interview for Mental Status (BIMS) score indicating moderate cognitive impairment. R12 was noted in Section N of the MDS assessment to be taking an antipsychotic medication on a routine basis only.</p> <p>An interview was conducted with Registered Nurse (RN) F on 10/2/24 at 9:52 a.m. RN F confirmed R12 was currently receiving an antipsychotic medication.</p> <p>A request was made to the Director of Nursing (DON) on 10/2/24 at 9:55 a.m. for R12's AIMS assessment and consent for psychoactive medications.</p> <p>Review of R12's Medication Administration Record (MAR) for September 2024 and October 2024 revealed the following antipsychotic medications:</p> <p>Seroquel 25 mg (milligrams); Give 1 tablet by mouth at bedtime for mental health; Start Date: 9/16/24; D/C (discontinued) Date: 9/17/24</p> <p>Seroquel 25 mg; Give 2 tablet by mouth at bedtime for Dementia w/ (with) behavioral disturbances; Start Date: 9/17/24; D/C Date: 9/18/24</p> <p>Seroquel 50 mg; Give 1 tablet by mouth at bedtime for psychosis; Start Date: 9/18/24</p> <p>Review of R12's Consent for Psychoactive Medications form presented on admission and dated 9/16/24 did not have R12's Seroquel medication listed, the purpose of the medication, or the Resident or Responsible Party's consent for the use of medication.</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>Review of R12's AIMS form dated 9/16/24 read, in part, .Is this Resident currently taking an Anti-Psychotic Medications? No .</p> <p>An interview was conducted with the DON on 10/2/24 at 10:05 a.m. The DON confirmed the facility had inaccurately completed the AIMS form for R12 and failed to obtain a signed consent for the use of psychoactive medications. The DON stated that the AIMS form should have been completed upon admission and then again on 9/30/24 and the consent should have been completed upon admission.</p>		