

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245357	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Avera Sunrise Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 240 Willow Street Tyler, MN 56178	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>47497</p> <p>Based on interview and record review the facility failed to ensure a registered nurse (RN) was on duty a minimum of 8 consecutive hours a day, 7 days per week, for 2 of 168 days reviewed. This had the potential to affect all 29 residents.</p> <p>Findings include:</p> <p>Review of the facility schedules from 10/1/23 through 3/17/24, identified there was no RN coverage on 12/10/23 and 3/3/24.</p> <p>Interview on 4/1/24 at 6:21 p.m., with the director of nursing (DON) identified she only has 1 full time RN at the facility other than herself and the case manager. At times the facility use the adjoining hospital's RN for coverage. The hospital RN was not physically present in the facility, and took call only. They do check in a couple times and the staff are able to reach out to the hospital RN if they need anything.</p> <p>Interview on 4/2/24 at 10:57 a.m., with administrator confirmed that the facility had on occasion used the hospital RN for coverage. He understood the expectation to have 8 consecutive hours of RN coverage daily, however, they have not had any applicants and have not been able to fill the position. The facility is offering a sign on bonus as well as a recruitment bonus. They are advertising on several web-based platforms and locally in newspapers. They have been working with the local area college nursing program but have not had any results.</p> <p>A facility policy for RN coverage was requested however, nothing was provided by end of survey.</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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>39988</p> <p>Based on interview and record review, the facility failed to ensure the contracted pharmacist, in conjunction with the facility, had a method to ensure resident's physicians acted upon pharmacy recommendations for 1 of 5 residents (R21) reviewed for unnecessary medications.</p> <p>Findings include:</p> <p>R21's 4/1/24, Patient Health Summary report identified R21 had diagnoses of anemia, generalized anxiety disorder, major depressive disorder in partial remission, chronic colitis (irritation in intestines causing pain), chronic obstructive pulmonary disorder (COPD) (lung disease affecting breathing) with asthma, restless leg syndrome, high blood pressure, acute and chronic respiratory failure with hypoxia (severely low blood oxygen levels), diabetes mellitus type 2, low thyroid disorder, insomnia, back pain, and arthritis.</p> <p>R21's 3/19/24, quarterly Minimum Data Set (MDS) identified R21 cognition was intact. R21 was independent with toileting and transfers. R21 had no behaviors present and experienced shortness of breath with exertion, when sitting at rest, and when lying flat. R21 had oxygen therapy and routinely took an antipsychotic, anti-anxiety, anti-depressant, diuretic, opioid, anti-platelet, and hypoglycemic. R21 had no gradual dose reduction (GDR) attempted for her anti-psychotic and no GDR had been documented by the physician as clinically contraindicated.</p> <p>R21's 4/1/24, current physician orders identified Ability 0.5 milligram (mg) every day (an antipsychotic medication), lorazepam 0.5 mg four times a day as needed (PRN) for anxiety, and trazodone 50 mg at bedtime PRN for insomnia.</p> <p>R21's care plan printed 4/2/24, identified psychosocial wellbeing deficit related to daily routine was different from prior pattern in community, R21 used medications for comfort. R21 had behavior deficit related to accusatory behavior, mood deficit related to negative comments, repetitive questions, anger with self and others, withdrawal from activities, and sad or worried facial expressions.</p> <p>R21's Consultant Pharmacist's Medication Regimen Reviews for December 2023 through March 2024 identified:</p> <p>1) On 12/11/23, the form identified R21 had an order for PRN trazodone. Recommendation included PRN psychoactive medication must be limited to 14 days except, if the physician believes it is appropriate for the PRN order to be extended beyond 14 days. When extending a PRN psychoactive medication order the physician must document rationale for continued use and indicate the duration in the residents medical chart. There was no evidence the physician acted on the pharmacist's recommendation.</p> <p>2) On 2/12/24, the form identified the pharmacist made the same recommendation as the previous month for the physician to document rationale for continued use and indicate the duration for the PRN psychoactive medication. There was no evidence that the physician acted on the pharmacist's recommendation.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3) On 3/5/24, the form identified R21 had an order for Abilify 0.5 mg (an antipsychotic medication). Recommendation made was to trial a gradual dose reduction or document if it would be clinically contraindicated. There was no evidence that the physician acted on the pharmacist's recommendation.</p> <p>Interview on 4/3/24 at 7:56 a.m., with director of nursing (DON) confirmed that R21's medical doctor (MD)-A had not acted on the pharmacist recommendation for the last 3 months. She revealed she thought MD-A had renewed the PRN order for trazodone every 14 days however, that had not occurred, and the last time MD-A renewed the PRN trazodone order was back in January.</p> <p>Interview on 4/3/24 at 10:54 a.m., with medical director (MD)-B identified his expectation was that pharmacy recommendations would be addressed timely. The facility was actively working on changing the process to make sure that pharmacy recommendations are going out on the day they are provided to the facility and acted on. He revealed unfortunately this was not a new concern and he was working on identifying the barriers to see why pharmacy recommendations were not being addressed or addressed timely.</p> <p>Interview on 4/3/24 at 11:15 a.m., with consulting pharmacist (PharmD) identified when a provider does not follow up on a recommendation, he first reaches out to nursing staff to see that the provider received the recommendation. If the provider was given the recommendation but did not act on it, he reported he would resend the same recommendation for a couple months unless it was something that needed immediate attention. He confirmed that R21's had a PRN trazodone and PRN Ativan order and both needed documentation for a rationale for continued use and an indicated duration beyond 14 days. He further, confirmed that MD-A had not responded to the recommendations for December 2023 through March of 2024, and it was stressful for the facility.</p> <p>Review of the September 2023, LTC Pharmacy Consultant Expectations-System Standard policy identified the services were in collaboration between the providers, the facility staff, and the pharmacist to meet the resident needs. The consulting pharmacist would assist the facility with pharmaceutical services to meet the resident's needs, assist with best practices and regulatory requirements. The pharmacist will discuss with attending physicians any identified problems of an immediate nature, provide reports to the director of nursing, communicate, and resolve identified issues related to pharmaceutical needs. The pharmacist will complete monthly medication regimen reviews of each resident and address identified irregularities and document on a written report.</p>

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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>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>39988</p> <p>Based on interview and record review, the facility failed to ensure as needed (PRN) psychoactive medications were not given without a rationale for continued use and indicated specific duration for 1 of 5 residents (R21) to prevent potential unnecessary medications.</p> <p>Findings include:</p> <p>R21's 4/1/24, Patient Health Summary identified R21 had diagnoses of anemia, generalized anxiety disorder, major depressive disorder in partial remission, chronic colitis, COPD with asthma, restless leg, hypertension, acute and chronic respiratory failure with hypoxia, diabetes mellitus type 2, hypothyroidism, insomnia, thoracic spine pain, and arthritis.</p> <p>R21's 3/19/24, quarterly Minimum Data Set (MDS) identified R21 cognition was intact, R21 was independent with toileting and transfers. R21 had no behaviors present. R21 had shortness of breath with exertion, when sitting at rest, and when lying flat. R21 had oxygen therapy and routinely took an antipsychotic, anti-anxiety, anti-depressant, diuretic, opioid, anti-platelet, and hypoglycemic.</p> <p>R21's care plan printed 4/2/24, identified psychosocial wellbeing deficit related to daily routine was different from prior pattern in community, R21 used medications for comfort. R21 had behavior deficit related to accusatory behavior, mood deficit related to negative comments, repetitive questions, anger with self and others, withdrawal from activities, and sad or worried facial expressions.</p> <p>R21's 4/1/24, current physician orders identified lorazepam 0.5 mg four times a day PRN for anxiety last renewed on 1/15/24, and trazodone 50 mg at bedtime PRN for insomnia last renewed on 1/15/24.</p> <p>R21's January, February, and March of 2024 medication administration recorded identified:</p> <p>1) lorazepam 0.5 mg four times a day as needed had been used in January 34 time, February 34 time, and March 33 time.</p> <p>2) trazodone 50 mg at bedtime as needed had been used in January 25 time, February 28 time, and March 26 times.</p> <p>R21's 2/12/24, Consultant Pharmacist's Medication Regimen Review identified the pharmacist had reminded R21's medical provider that psychoactive medication must be limited to 14 days except, if the physician believes it is appropriate for the PRN order to be extended beyond 14 days. It noted when extending a PRN psychoactive medication order the physician must document rationale for continued use and indicate the duration in the resident's medical chart. There was no evidence in the pharmacist note that a documented rationale was obtained even though the medication had continued to be administered to prevent potential unnecessary medication use.</p> <p>(continued on next page)</p>

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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 1/13/24, progress note identified a message had been sent to R21's medical provider questioning if he would like to continue R21's orders of lorazepam 0.5 mg four times a day PRN and trazodone 50 mg at bedtime PRN for an additional 14 days. The 1/15/24, provider progress note back to the facility identified yes please. The note lacked rationale for the continued use of either PRN medication or a indicated duration for the PRN medication. There was no evidence in the progress note that a documented rationale was obtained even though the medication had continued to be administered to prevent potential unnecessary medication use.</p> <p>Interview on 4/3/24 at 7:56 a.m., with director of nursing (DON) revealed that R21's medical doctor (MD)-A had not renewed R21's orders for lorazepam 0.5 mg PRN or trazodone 50 mg PRN since 1/15/24. She was unaware that MD-A had not been renewing the PRN orders every 14 days. She further confirmed that MD-A had not acted on the pharmacist recommendation in February of 2024 to document the rationale for both PRN medications and document a duration for the orders.</p> <p>Interview on 4/3/24 at 10:54 a.m., with medical director (MD)-B identified his expectation was that the regulation requirements were followed and if PRN psychotropic medications had specific documentation requirements that would be followed. He further identified pharmacy recommendations should be addressed and addressed timely. The facility was actively working on changing the process to make sure that pharmacy recommendations are going out on the day they are provided to the facility and acted on. He revealed unfortunately this was not a new concern and he was working on identifying the barriers to see why pharmacy recommendations were not being addressed or addressed timely.</p> <p>Interview on 4/3/24 at 11:15 a.m., with consulting pharmacist (PharmD) identified when a provider does not follow up on a recommendation, he first reaches out to nursing staff to see that the provider received the recommendation. If the provider was given the recommendation but did not act on it, he reported he would resend the same recommendation for a couple months unless it was something that needed immediate attention. He confirmed that R21's had a PRN lorazepam and PRN trazodone order and both needed documentation for a rationale for continued use and an indicated duration beyond 14 days. He further, confirmed that MD-A had not responded to the recommendations for December 2023 through March of 2024, and it was stressful for the facility.</p> <p>A policy for PRN psychoactive medications was requested but not provided.</p> <p>Review of February 2024, Antipsychotic Medication Management policy identified PRN use of antipsychotics which were limited to 14 days. If an antipsychotic PRN was to be renewed a direct examination was needed by the provider with a rationale identified in the medical record. There was no mention of other psychoactive PRN medications in this policy.</p>		