

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245405	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2025
NAME OF PROVIDER OR SUPPLIER  Heritage Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE  619 West Sixth Street Park Rapids, MN 56470	

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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and document review, the facility failed to have a consent prior to administering a mood stabilizer ( mental health medication used to alter a person's mood) medication. This affect 1 of 5 (R36) residents reviewed for unnecessary medications. Findings included, R36's quarterly Minimum Data Set (MDS) dated [DATE], indicated R36 had significant mental impairment. Diagnoses included depression and coronary artery disease. R36's Medication Review Report dated 2/13/25, identified Depakote oral tablet delayed release (anti-seizure medication that is also used as a mood stabilizer in mental health) 125 milligrams two times a day by mouth was ordered. Diagnosis attached to the order was major depressive order, recurrent, severe with psychotic symptoms. R36's medical record lacked documentation consent was given prior to administration of the medication. During an interview on 8/27/25 at 8:23 a.m., licensed practical nurse (LPN)-A stated when a psychotropic medication is ordered the registered nurse would educate the family about the medication and then obtain either a signed or verbal consent to administer the medication prior to the first dose. During an interview on 8/27/25 at 8:43 a.m., the assistant director of nursing (ADON) stated either she or one of the other registered nurses would talk with the resident and/or the patient representative about the new psychotropic medication ordered. Education would be given and then either a verbal or signed consent would be obtained. Nobody at the facility obtained consent to administer the Depakote prior to first dose because the staff thought of the medication as an anti-seizure medication and not also a mood stabilizer. During an interview on 8/27/2025 9:24 a.m. The consultant pharmacist (CP) confirmed Depakote could be used as an anti-seizure medication and a mood stabilizer which would be considered a psychotropic medication when given as a mood stabilizer. When used as a mood stabilizer then there would need to be a consent obtained prior to first dose given. Facility policy Psychotropic Medication Policy, last amended 1/25, indicated informed consent discussion would be held with the resident and/or resident representative when or prior to starting a psychotropic medication or a dose change. The informed consent form would also be completed at that time.</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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