

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245618	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Walker Methodist Westwood Ridge II		STREET ADDRESS, CITY, STATE, ZIP CODE  61 Thompson Avenue West West Saint Paul, MN 55118	

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>49336</p> <p>Based on interview and document review, the facility failed to ensure 1 of 1 (R1) resident had parameters of an as needed (PRN) antipsychotic medication (medication used for a variety of mental health disorders) used for sleep.</p> <p>Findings include:</p> <p>Review of the report filed to the State Agency (SA) on 12/07/24 at 3:23 a.m., identified R1 had an unwitnessed fall and was found on the floor of her room next to her bed by staff on the unit. R1 had been assessed by the nurse and had no injuries related to the fall initially. R1 had complained of pain to her right lower leg. X-ray imaging was obtained and had identified R1 had a fracture and was sent to the emergency room (ER) for emergent evaluation.</p> <p>R1's Medical Diagnosis Sheet, identified a diagnosis of dementia with behavioral disturbance and depression.</p> <p>R1's 11/20/24, discharge Minimum Data Set (MDS) identified R1 had present behaviors that fluctuated with inattention (difficulty focusing) and disorganized thinking. R1 required substantial/maximum assistance with transfers and activities of daily living. R1 had verbal behaviors and other behavioral symptoms that occurred 1 to 3 days and had taken antidepressants on a routine basis during the look-back period.</p> <p>R1's 12/10/24, Order Summary Report identified she had taken trazodone (antidepressant) 50 milligram (mg) and was to take 0.5 mg tablet as needed for sleep with a start date of 12/02/24. The order lacked documentation of parameters for use of trazadone for sleep, that it was only to be used 1 x in 24 hrs, or a stop date was included on the order.</p> <p>R1's December Medication Administration Record (MAR) identified R1 had received trazodone on 12/06/24 at 9:41 p.m., and a second dose on 12/07/24 at 2:00 a.m., the following day. In addition, it was documented R1 had received a 2nd dose, 4 hours after of receiving the 1st dose.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245618	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Walker Methodist Westwood Ridge II		STREET ADDRESS, CITY, STATE, ZIP CODE  61 Thompson Avenue West West Saint Paul, MN 55118	
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>R1's undated, care plan identified R1 was prescribed psychotropic medications related to sleep. Staff were to administer psychotropic medications as ordered by the physician and to observe for side effects of the medication, review behaviors/interventions and alternate therapies, observe for adverse reactions such as: unsteady gait, tardive dyskinesia, shuffling gait, rigid muscles, and shaking, frequent falls, nausea, vomiting and behavior symptoms not usual to R1. Staff were to record occurrence for target behavior symptoms pacing, wandering, disrobing, inappropriate response to verbal communication and violence/aggression towards staff and others.</p> <p>During interview on 12/10/24 at 1:14 p.m., with licensed practical nurse (LPN)-A had confirmed R1 had fallen on 12/07/24 at 2:00 a.m. and had a history of experiencing sundowner (state of confusion that occurs in the last afternoon and night) syndrome and had required 1:1 monitoring during the night. She confirmed she had administered the trazodone medication the night of 12/06/24 at 9:41 p.m. but had not given a second dose the next morning on 12/07/24 and that should have been struck out.</p> <p>Interview on 12/11/24 at 10:22 a.m.,with clinical pharmacist indicated R1's trazodone medication was to be given once after a span of 24 hours had passed before R1 could receive another dose of trazodone. In addition, the trazodone order had no parameters of when R1 should take the medication at night for sleep.</p> <p>Interview with the 12/11/24 at 12:47 p.m., with director of nursing (DON) expected the trazodone ordered to be followed, as prescribed from the physician, and would have parameters in place to prevent overdose of the medication. She stated the side effects, such as drowsiness or fatigue symptoms could lead to residents who had taken trazodone, would be at a higher risk for falls.</p> <p>Review of May 2022 Medication Management policy identified the facility would follow medication orders in accordance with written orders by the primary physician. If a medication order was unclear the licensed nurse would clarify the order before the medication was administered and would ensure the medication doses were administered and documented. Lastly, if a medication was withheld, refused, or given outside of the medication order, the licensed nurse and/or trained medication aide (TMA) would document the reason for the administration on the resident's medical record.</p>		