

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/19/2024
NAME OF PROVIDER OR SUPPLIER  Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  11515 Troost Kansas City, MO 64131	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45403</b></p> <p>Based on interview and record review, the facility failed to notify the physician and/ the resident representative or legal guardian for three sampled residents (Resident #4, #5 and #7) who went without their medications out of 20 sampled residents. The facility census was 153 residents.</p> <p>Review of the facility When to Notify Management Policy dated 8/2/24 showed:</p> <ul style="list-style-type: none"> <li>-The purpose of this policy is to ensure that the facility management and regional director are notified for concerns related to the protective oversight of residents and facility operations.</li> <li>-The administrator and/or Director of Nursing (DON) will be responsible for notifying the Regional Management related topics, who will then notifies the Director of Operations for the following criteria:</li> <li>-Nursing related concerns including, but not limited to: medication unavailability and medication errors.</li> </ul> <p>Review of the facility Notifying Clinicians Policy dated 6/26/24 showed:</p> <ul style="list-style-type: none"> <li>-Purpose was to ensure the clinicians are properly notified of a residents change in condition and overall, health and/or mental status.</li> <li>-The clinician shall be notified of changes in conditions, emergent situations, routine diagnostics and concerns of the resident's overall health status.</li> <li>-Examples include medications not available.</li> </ul> <p>1. Review of Resident #4's Admission Record showed the resident was admitted on [DATE], readmitted on [DATE] with diagnoses including Schizophrenia and sexual disorder.</p> <p>Review of the resident's Annual Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning) dated 9/19/24 showed the resident was severely cognitively impaired.</p> <p>Review of the resident's Progress Notes dated 11/07/24 showed:</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Olanzapine 20 mg for schizophrenia (a chronic mental illness that interferes with a person's ability to think clearly, to distinguish reality from fantasy, to manage emotions, make decisions, and relate to others) define, on order and not given.</p> <p>-Medroxyprogesterone 5 mg for hypersexual behaviors (excessive sexual thoughts, urges, or behaviors that are difficult to control and cause distress), on order and not given.</p> <p><b>**NOTE**</b> No documentation if the resident physician or guardian notified.</p> <p>Review of the resident's Progress Notes dated 11/30/24 and 12/1/24 showed:</p> <p>-Quetiapine 200 mg for schizophrenia, on order and not given.</p> <p><b>**NOTE**</b> No documentation the resident physician or guardian notified.</p> <p>During an interview on 12/11/24 at 2:12 P.M. the resident said:</p> <p>-According to the staff, they send for his/her medications, but the pharmacy does not send the medications, so he/she has not been getting his/her medications.</p> <p>-He/She will take his/her medications as prescribed as long as the facility has them to give to him/her.</p> <p>-He/She felt condemned for all the things he/she has done to get drugs.</p> <p>-He/She wants to keep taking the purple pill that helps with his/her sexual urges.</p> <p>2. Record review of Resident #5's Admission Record showed the resident was admitted on [DATE] with the diagnoses including schizophrenia and sexual dysfunction.</p> <p>Review of the resident's Quarterly MDS dated [DATE] showed the resident was severely cognitively impaired.</p> <p>Review of the resident's undated Physician's Orders showed:</p> <p>-Clonazapine 100 mg, given one tablet by mouth one time a day for schizophrenia.</p> <p>-Clonazapine 100 mg, given three tablets by mouth at bedtime for schizophrenia.</p> <p>-Clonazapine 50 mg, given one tablet by mouth at bedtime for schizophrenia.</p> <p>-Paxil 20 mg give one tablet by mouth in the morning for hypersexuality and other sexual dysfunction.</p> <p>Review of the resident's Progress notes showed::</p> <p>-11/23/24 showed the resident refused Paxil 20 mg.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-11/24/24 Paxil 20 mg on order and not given, nurse notified.</p> <p>-11/25/24 Paxil 20 mg on order and not given, will notify nurse.</p> <p>-11/26/24 Paxil 20 mg on order and not given, nurse checking order.</p> <p>-11/27/24 and 11/28/24 showed the resident refused medications.</p> <p>-11/29/24 and 11/30/24 showed Paxil 20 mg on order and not given, nurse will check order.</p> <p>-12/1/24 and 12/2/24 showed Paxil 20 mg on order and not given.</p> <p>-12/3/24 and 12/4/24 showed Paxil 20 mg on order and not given, notified nurse.</p> <p><b>**NOTE**</b> No documentation the resident physician or guardian notified.</p> <p>During an interview on 12/1/24 at 2:35 P.M. the resident said sometimes he/she does not get his/her medications, even when he/she is not refusing medications.</p> <p>During an interview on 12/13/24 at 11:53 A.M. Certified Medication Technician (CMT) A said:</p> <p>-He/She recalled the resident was out of Paxil which medication above is this on 11/24/24 and 12/3/24 when he/she was passing medications.</p> <p>-He/She always told the nurse about any residents without their medications, but he/she could not recall which nurse was for the two days.</p> <p>-Unknown if the physician or guardian was contacted.</p> <p>During an interview on 12/13/24 at 12:09 P.M. CMT B said:</p> <p>-On 11/24/24 and 12/3/24 the resident was out of Paxil.</p> <p>-He/She heard the nurse discussing the resident was out of Paxil in report.</p> <p>-He/She notified the nurse if there was a missing medication.</p> <p>-He/She did not know if the physician or guardian had been contacted.</p> <p>During an interview on 12/13/24 at 12:18 P.M. CMT C said:</p> <p>-He/She recalled the resident being out of his/her Paxil on 11/25/24 and 12/4/24 when he/she was passing medications.</p> <p>-The Paxil just came in within the last week or so.</p> <p>-He/She had been asking for the Paxil for a long time.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She was not aware of the physician or guardian being contacted.</p> <p>3. Review of Resident #7's Admission Record showed the resident was admitted on [DATE], readmitted on [DATE] with diagnoses including schizophrenia, bipolar disorder, post-traumatic stress disorder (PTSD), antisocial personality disorder and intermittent explosive disorder.</p> <p>Review of the resident's Quarterly MDS dated [DATE] showed the resident was cognitively intact.</p> <p>Review of the resident's Physician Orders showed:</p> <ul style="list-style-type: none"> <li>-Abilify Maintena 400 mg, inject intramuscularly one time a day every 28 days for schizophrenia.</li> <li>-Restoril 30 mg, give 30 mg by mouth at bedtime for sleep.</li> <li>-Klonopin 0.5 mg, give 0.5 mg by mouth two times a day for anxiety disorder.</li> <li>-Amlodipine 5 mg, give two tablets by mouth one time daily for hypertension (HTN-high blood pressure).</li> <li>-Propranolol 10 mg, take 1/2 tablet by mouth twice daily for anxiety, aggressive behaviors related to HTN.</li> <li>-Atenolol 50 mg, give one tablet by mouth twice daily for HTN.</li> <li>-Levetiracetam 500 mg, take four tablets by mouth twice daily for epileptic syndromes.</li> <li>-Lacosamide 100 mg, give one tablet twice daily for epileptic syndromes.</li> <li>-Prazosin 2 mg, take two capsules by mouth at bedtime for schizophrenia.</li> <li>-Depakote ER 500 mg, give three tablets by mouth every morning and at bedtime for schizophrenia.</li> </ul> <p>Review of the resident's Progress Note showed:</p> <ul style="list-style-type: none"> <li>-11/23/24 and 11/24/24 at 6:47 P.M. showed Restoril 30 mg, waiting on medication, not given.</li> <li>-11/25/24 showed Restoril 30 mg and Atenolol 50 mg on order, not given, nurse notified.</li> <li>-11/26/24 showed Prazosin 2 mg, Restoril 30 mg and Atenolol 50 mg on order, not given, nurse notified.</li> <li>-11/27/24 showed Restoril 30 mg waiting on insurance to approve medication, not available and Atenolol define 50 mg on order, not given, nurse notified.</li> <li>-11/28/24 showed Lacosamide 100mg, Restoril 30 mg, and Prazosin 2 mg waiting on medication to arrive, nurse notified.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45403</p> <p>Based on interview, and record review, the facility failed to protect four sampled residents (Resident #6, #7, #8 and #9) from abuse when on 12/3/24 Resident #7 went into Resident #6's room and began hitting Resident #6, Resident #6 then began hitting Resident #7 prompting staff to intervene to separate the residents. Resident #7 was sent to the hospital for psychiatric evaluation. On 12/3/24 Resident #9 went to Resident #8's room and struck Resident #8, then Resident #8 began hitting Resident #9 prompting staff to intervene to separate the residents. Resident #8 sustained bruising to his/her the face and was sent to the hospital for medical evaluation, and Resident #9 was sent to the hospital for psychiatric evaluation out of 20 sampled residents selected for review. The facility census was 153 residents.</p> <p>Review of the facility Abuse and Neglect Policy dated 6/12/24 showed:</p> <ul style="list-style-type: none"> <li>-It is the policy of this facility to report all allegations of abuse immediately to the administrator of the facility and to other appropriate agencies in accordance with current state and federal regulation within prescribed time frames.</li> <li>-Abuse is the willful infliction of injury, intimidation or punishment with resulting physical harm, pain or mental anguish.</li> <li>-Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish.</li> <li>-Physical abuse is purposefully beating, striking, wounding, or injuring any resident or any manner whatsoever mistreating or mistreating a resident in a brutal or inhumane manner.</li> <li>-Physical abuse also includes, but is not limited to, hitting, slapping, punching, biting, and kicking.</li> </ul> <p>Review of the facility Resident Rights Policy dated 7/5/23 showed:</p> <ul style="list-style-type: none"> <li>-Purpose was to ensure that resident rights are protected.</li> <li>-Resident has the right to be free from verbal, sexual, mental and physical abuse, corporal punishment and involuntary seclusion.</li> <li>-See abuse and neglect policy.</li> </ul> <p>1. Review of Resident #6's Preadmission Screening and Resident Review (PASRR, DA-124C, a required form to be submitted for any client who requests admission to a Medicaid certified bed regardless of the client's payment source; this includes dually certified beds both Medicare and Medicaid) dated 8/4/23 showed:</p> <ul style="list-style-type: none"> <li>-Presented with extremely agitated behavior and increasingly aggressive.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Appeared to have hallucinations of people who were not there.</p> <p>-Had multiple inpatient admissions with the longest of 3.5 years.</p> <p>-Current psychiatric support and services including:</p> <p>--Inpatient psychiatric treatment.</p> <p>--Secured behavioral unit.</p> <p>-Special medical treatments included medication monitoring.</p> <p>-History of elopement and delusions, requires supervision to take medications, unable to care for his/her basic need without supervision.</p> <p>-Recent symptoms include aggression, hallucinations, increased anger and agitation, and poor impulse control.</p> <p>-Would be safest in a long-term skilled care facility at this time for medication administration, supervision and monitoring for mental illness symptoms.</p> <p>-Behaviors to be addressed in the plan of care include aggression and hallucinations.</p> <p>-Medication therapy and monitoring services.</p> <p>Review of Resident #6's Admission Record showed the resident was admitted on [DATE] with diagnoses including paranoid schizophrenia (a chronic mental illness that interferes with a person's ability to think clearly, to distinguish reality from fantasy, to manage emotions, make decisions, and relate to others) and antisocial personality disorder (a mental health condition that involves a chronic pattern of behavior that disregards the rights and well-being of others).</p> <p>Review of the residents #6's Quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning) dated 11/26/24 showed the he/she was cognitively intact.</p> <p>Review of Resident #7's PASRR dated 7/14/23 showed:</p> <p>-Specified reason for nursing facility application, admission or continued stay include:</p> <p>--Medical treatment and/or monitoring for chronic conditions.</p> <p>--Behavioral difficulties and/or mental illness symptoms requiring 24 hour monitoring and management.</p> <p>--Alternative care options are unavailable.</p> <p>--Per hospital records guardian wanting patient in level two, due to risky, destructive behaviors and poly substance use.</p> <p>(continued on next page)</p>

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>--Several reported instances of agitation and altercations between the resident and peers.</p> <p>--Staff responses include physical intervention, PRN medication for anxiety and agitation, redirection, education and supportive cares.</p> <p>-Symptoms and history to include: auditory and visual hallucinations, impulsive behaviors, aggressive and assaultive behavior, irritability and agitation, difficulty interacting and communicating appropriately with others, self-care deficit, medication and treatment non-compliance.</p> <p>-If discharged to the community he/she would most likely discontinue his/her medications and end up back in the hospital.</p> <p>-It appeared that the attempt for him/her to successfully maintain in an unlocked setting failed.</p> <p>-Mental health and behavioral needs include: behavioral support plan, monitoring of behavioral symptoms, trauma informed services, tools of choice or other behavioral support services.</p> <p>-Medication therapy and monitoring services including:</p> <p>--Psychiatric follow up to prescribe and manage medications.</p> <p>--Medication set up and administration by staff and monitoring for compliance with prescribed medication.</p> <p>--Monitoring of interaction or adverse effects.</p> <p>--Monitoring of therapeutic effect in managing mental health symptoms including labs as indicated.</p> <p>--Address, report, and implement plan to manage patient refusal and noncompliance.</p> <p>--Provide education, training in drug therapy management.</p> <p>--Pharmaceutical services and medication review.</p> <p>-Provision of a structured environment including assess and plan for the lever of supervision required to prevent harm to self or others.</p> <p>-Crisis Intervention Services including assault precautions and elopement precautions.</p> <p>Review of Resident #7's Admission Record showed the resident was admitted on [DATE], readmitted on [DATE] with diagnoses including schizophrenia, bipolar disorder (mood disorders characterized usually by alternating episodes of depression and mania), post-traumatic stress disorder (PTSD - intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended), antisocial personality disorder (a mental health condition that involves a chronic pattern of behavior that disregards the rights and well-being of others) and intermittent explosive disorder (a mental health condition that causes people to have impulsive and frequent episodes of anger or violence that are disproportionate to the situation).</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident #7's Quarterly MDS dated [DATE] showed the resident was cognitively intact.</p> <p>Review of the facility Follow-up Investigation Report dated 12/3/24 at 7:31 P.M. showed:</p> <ul style="list-style-type: none"> <li>-Code Greens (resident behavioral call out to all staff) was called on 12/3/24 at 7:31 P.M.</li> <li>-Resident's reported that Resident #7 went to Resident #6's room and hit Resident #6 in the face.</li> <li>-Resident #6 began swinging back at Resident #7 and they both ended up on the floor.</li> <li>-Staff separated the residents, Resident #7 was escorted to the dining room.</li> <li>-Resident #7 was sent to the hospital for medication review.</li> <li>-Resident #7 alleged Resident #6 was giving his/her boy/girlfriend medications, however there was no proof of the allegations.</li> <li>-This was a resident-to-resident encounter with no serious injury, no abuse could be proven.</li> <li>-This was a case of Resident #7 had multiple previous instances with behaviors and not being re-directable when he/she is upset or does not believe staff.</li> </ul> <p>Review of the Resident #6's psychosocial Post-Incident Impact Questionnaire dated 12/5/24 showed:</p> <ul style="list-style-type: none"> <li>-The resident was the victim.</li> <li>-Resident #7 just walked up and started hitting Resident #6 for no reason.</li> <li>-He/She did not feel he/she could have done anything differently.</li> <li>-He/She did not feel safe at the time of the assessment.</li> </ul> <p>During an interview on 12/11/24 at 3:06 P.M. Resident #7 said he/she punched Resident #6 on purpose because he/she wanted to enforce no selling drugs in the facility.</p> <p>During an interview on 12/11/24 at 3:16 P.M. Resident #6 refused interview.</p> <p>During an interview on 12/13/24 at 10:40 A.M. Licensed Practical Nurse (LPN) A said he/she believed Resident #7 striking Resident #6 was abuse.</p> <p>During an interview on 12/13/24 at 12:26 P.M. the Unit Manager said:</p> <ul style="list-style-type: none"> <li>-Resident #7 thought Resident #6 was giving his/her significant other pills so Resident #7 attacked Resident #6.</li> <li>-Resident #7 was sent to the hospital for evaluation and returned to the facility.</li> <li>-Resident #7 attacked Resident #6 the following day, 12/4/24, in front of staff.</li> </ul> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER  Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  11515 Troost Kansas City, MO 64131	
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Felt like the scenarios was abuse by definition.</p> <p>During an interview on 12/13/24 at 1:40 P.M. the Nurse Practitioner said the altercation between Residents #6 and #7 on 12/3/24 was abuse according to the state statute.</p> <p>During an interview on 12/13/24 at 2:48 P.M. the Director of Nursing (DON) said the altercation between Resident #6 and #7 was abuse because one resident hit another resident.</p> <p>During an interview on 12/13/24 at 2:50 P.M. the Administrator said the altercation between Resident #6 and #7 was abuse.</p> <p>2. Review of Resident #8's Admission Record showed the resident was admitted on [DATE], readmitted on [DATE] with diagnoses including paranoid schizophrenia and antisocial personality disorder.</p> <p>Review of the resident #8's Quarterly MDS dated [DATE] showed the resident was cognitively intact.</p> <p>Review of Resident #9's Admission Record showed the resident was admitted on [DATE] with diagnoses including schizoaffective disorder and auditory hallucinations.</p> <p>Review of the resident #9's Quarterly MDS dated [DATE] showed the resident was cognitively intact.</p> <p>Review of the facility Investigation dated 21/3/24 at 9:45 P.M. showed:</p> <p>-A Code [NAME] was called for an altercation between Resident #8 and #9.</p> <p>-Resident #9 was upset and started hitting Resident #8 in the face.</p> <p>-Staff separated the residents and Resident #8 was escorted to the dining area to be assessed.</p> <p>-Resident #8 had redness and swelling to his/her nose and was sent to the hospital for evaluation.</p> <p>-Resident #9 thought Resident #8 hurt one of the nurses.</p> <p>-When Resident #9 found out the nurse was not hurt, he/she was sorry and said he/she had the wrong idea.</p> <p>-Resident guardians and physicians were contacted.</p> <p>-Resident #9 was sent to the hospital and was admitted .</p> <p>During and interview on 12/11/24 at 1:08 P.M. the Medical Records person said:</p> <p>-He/She was here on 12/3/24 when Resident #8 and #9 had an altercation.</p> <p>-Resident #9 stated to him/her the he/she beat Resident #8.</p> <p>-He/She felt Resident #9 definitely intended to hit and cause harm to Resident #8.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Resident #8 hit Resident #9 first.</p> <p>-Residents #8 and #9 went to the hospital for aggressive behaviors.</p> <p>During an interview on 12/11/24 at 2:43 P.M. Resident #9 said:</p> <p>-He/She was in the bathroom on 12/3/24 when Resident #8 stuck a pen out at him/her.</p> <p>-Resident #8 heard he/she was being mean to some female staff.</p> <p>-He/She was attacked by Resident #8 and beat his/her ass.</p> <p>-He/She was kept at the hospital to eat and adjust his/her medications.</p> <p>During an interview on 12/11/24 at 2:56 P.M. Resident #8 said:</p> <p>-There were three of them smoking in the bathroom on 12/3/24, when the third person left the bathroom and then Resident #9 snapped on him/her.</p> <p>-He/She was using all his/her power and force to hold Resident #9 down.</p> <p>-He/She did go to the hospital to get checked out.</p> <p>-He/She is fine with Resident #9 now.</p> <p>During an interview on 12/13/24 at 12:26 P.M. the Unit Manager said:</p> <p>-Resident #9 heard Resident #8 hit a nurse and went to assault Resident #8 on 12/3/24.</p> <p>-Resident #8 had a bruised nose for several days.</p> <p>-Resident #8 was sent to the hospital for a medical evaluation since he/she was hit in the nose.</p> <p>-Resident #9 was sent to the hospital for a psychiatric evaluation and was admitted for inpatient psychiatric treatment.</p> <p>-Felt like the scenario was abuse by definition.</p> <p>During an interview on 12/13/24 at 1:40 P.M. the Nurse Practitioner said the altercation between Resident #8 and #9 on 12/3/24 was abuse according to the state statute.</p> <p>During an interview on 12/13/24 at 2:48 P.M. the DON said the altercations on 12/3/24 between Resident #8 and #9 was abuse because one resident hit another resident.</p> <p>During an interview on 12/13/24 at 2:50 P.M. the Administrator said the altercations on 12/3/24 between Resident #8 and #9 was abuse.</p> <p>MO00246043</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45403</p> <p>Based on interview, and record review, the facility failed to effectively manage behaviors for three sampled residents (Resident #4, #5, and #7) by not administering medications for specific mental health diagnoses and behaviors related to those diagnoses, resulting in sexually charged behaviors on 12/3/24 between Resident #4 and #5 in the community shower room; and an altercation and psychiatric evaluation on 12/3/24 involving Resident #7 out of 20 sampled residents. The facility census was 153 residents.</p> <p>Facility assessment dated pending 12/27/24 was incomplete and unable to review.</p> <p>Review of the facility Behavioral Health Services Policy dated 10/31/24 showed:</p> <ul style="list-style-type: none"> <li>-It was the policy of the facility to ensure all resident receive necessary behavioral health services to assist them in reaching and maintaining their highest level of mental and psychosocial functioning.</li> <li>-Behavioral health encompasses a resident ' s whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders, psychosocial adjustment difficulty, and trauma or post-traumatic stress disorders.</li> <li>-The facility will consider the acuity of the resident population, including residents with mental disorders, psychosocial disorders, or substance use disorders, and those with a history of trauma and/or post-traumatic stress disorder, as reflected in the facility assessment.</li> <li>-The assessment and care plan will include goals that are person-centered and individualized to reflect and maximize the resident's dignity, autonomy, privacy, socialization, independence, choice and safety.</li> <li>-The care plan will use pharmacological interventions on when non-pharmacological interventions are ineffective or clinically indicated.</li> </ul> <p>Review of the facility Sexual Activity/Abuse and Neglect Policy dated 5/14/24 showed:</p> <ul style="list-style-type: none"> <li>-The purpose of this policy is to ensure that the facility provides protective oversight and care for all resident requesting to engage in sexual activity/intercourse while at the same time protecting their rights.</li> <li>-Non-consensual acts and acts that impact negatively on the resident community, such as public displays, shall not be allowed.</li> <li>-Residents engaging in sexual activity must be respectful of the needs and privacy of their roommate and other residents.</li> </ul> <p>Review of the facility Abuse and Neglect Policy dated 6/12/24 showed:</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-It is the policy of this facility to report all allegations of abuse immediately to the administrator of the facility and to other appropriate agencies in accordance with current state and federal regulation within prescribed time frames.</p> <p>-Abuse is the willful infliction of injury, intimidation or punishment with resulting physical harm, pain or mental anguish.</p> <p>-Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish.</p> <p>-Physical abuse is purposefully beating, striking, wounding, or injuring any resident or any manner whatsoever mistreating or mistreating a resident in a brutal or inhumane manner.</p> <p>-Physical abuse also includes, but is not limited to, hitting, slapping, punching, biting, and kicking.</p> <p>1. Review of Resident #4 ' s Preadmission Screening and Resident Review (PASRR, DA-124C, a required form to be submitted for any client who requests admission to a Medicaid certified bed regardless of the client's payment source; this includes dually certified beds both Medicare and Medicaid) dated 1/27/17 showed:</p> <p>-Major illness of Schizoaffective Disorder (a psychotic disorder characterized by loss of contact with the environment, by noticeable deterioration in the level of functioning in everyday life).</p> <p>-Lengthy history of substance abuse and non-compliance with treatment and legal issues.</p> <p>-Maximum assistance and monitoring as client needed close supervision to ensure compliance, lengthy history of non-compliance with medications and treatment plan.</p> <p>-If admitted to a nursing facility, the individual needed or continued to need services of lesser intensity including:</p> <p>--Implementation of systematic plans to change inappropriate behavior.</p> <p>--Medication therapy and monitoring to change inappropriate behavior or alter manifestations of psychiatric illness.</p> <p>--Medication review by psychiatrist quarterly.</p> <p>-Staff responses to maladaptive behavior includes medications as needed.</p> <p>-Current need to receive special medical treatment or support for medications monitoring.</p> <p>-I ' ve been awful happy but they haven't ever settled me down with medicine.</p> <p>-Additional information to consider related to Lever of Service needed:</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>--Concerns from guardian and family of resident returning to the community due to inappropriate sexual behaviors as well as mental state.</p> <p>Review of Resident #4's Admission Record showed the resident was admitted on [DATE], readmitted on [DATE] with diagnoses including Schizophrenia and sexual disorder.</p> <p>Review of Resident #4's Annual Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning) dated 9/19/24 showed the resident was severely cognitively impaired.</p> <p>Review of Resident #4's Physician Orders showed:</p> <ul style="list-style-type: none"> <li>-Medroxyprogesterone 10 milligram (mg), take one tablet by mouth at bedtime for sexual disorders/hypersexual activity.</li> <li>-Depakote 500 mg, take two tablets by mouth every morning and at bedtime for schizophrenia.</li> <li>-Olanzapine 20 mg, give one tablet by mouth every morning for schizophrenia.</li> <li>-Quetiapine 200 mg, give one tablet by mouth every day at bedtime for schizophrenia.</li> <li>-Invega Sustenna 234 mg/1.5 milliliters (ml), inject intramuscularly every dayshift every 28 days for schizophrenia.</li> </ul> <p>Review of Resident #4's undated care plan showed:</p> <ul style="list-style-type: none"> <li>-Resident had requested to have sexual activity if he chooses a partner or friend.</li> <li>--Resident will not have any adverse side effects, issues, or concerns with sexual activity.</li> <li>---Should the resident request to have sexual relations, the administrator shall be notified to allow access to privacy.</li> <li>-The resident used psychotropic medications related to behavior management.</li> <li>--The resident will be and remain free of psychotropic drug related complications.</li> <li>---Administer psychotropic medications as ordered by physician.</li> <li>---Monitor for side effects and effectiveness every shift.</li> </ul> <p>Review of Resident #4's Progress Notes showed</p> <ul style="list-style-type: none"> <li>-11/07/24 Olanzapine 20 mg for schizophrenia, on order and not given and Medroxyprogesterone 5 mg for hypersexual behaviors, on order and not given.</li> <li>-11/30/24 Quetiapine 200 mg for schizophrenia, on order and not given.</li> </ul> <p>(continued on next page)</p>

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-12/1/24 Quetiapine 200 mg for schizophrenia, on order and not given.</p> <p>Review of Resident #5's PASRR dated 4/5/19 showed:</p> <p>-Diagnoses including schizophrenia.</p> <p>-Needs maximum assistance with:</p> <p>--Monitoring because he/she lacks insight and judgement, poor impulse control, and history of aggression and sexually inappropriate behavior.</p> <p>--Medications, needs close monitoring to ensure medications are taken.</p> <p>--Behavioral condition, requires redirect and as needed medication when escalated.</p> <p>Review of Resident #5's Admission Record showed the resident was admitted on [DATE] with the diagnoses including schizophrenia and sexual dysfunction.</p> <p>Review of Resident #5's Quarterly MDS dated [DATE] showed the resident was severely cognitively impaired.</p> <p>Review of Resident #5's undated Physician's Orders showed:</p> <p>-Clonazapine 100 mg, given one tablet by mouth one time a day for schizophrenia.</p> <p>-Clonazapine 100 mg, given three tablets by mouth at bedtime for schizophrenia.</p> <p>-Clonazapine 50 mg, given one tablet by mouth at bedtime for schizophrenia.</p> <p>-Paxil 20 mg give one tablet by mouth in the morning for hypersexuality and other sexual dysfunction.</p> <p>Review of Resident #5's undated Care Plan showed:</p> <p>-The resident had a history of behavioral challenges that require protective oversight in a secure setting, hypersexual, paces, wanders and history of elopement.</p> <p>--Resident will have no serious injuries due to behaviors.</p> <p>---Pharmaceutical interventions as needed.</p> <p>-10/25/24 the resident attempted to hump a peer.</p> <p>--Ensure protective oversight.</p> <p>-The resident had a history of having sexual contact with other residents.</p> <p>(continued on next page)</p>

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>--The resident had been educated on appropriate and safe sexual practices and understands that consent is important.</p> <p>Review of Resident #5's Progress note showed:</p> <ul style="list-style-type: none"> <li>-11/23/24 at 11:30 A.M. showed the resident refused Paxil 20 mg.</li> <li>-11/24/24 at 9:07 A.M. showed Paxil 20 mg on order and not given, nurse notified.</li> <li>-11/25/24 at 11:35 A.M. showed Paxil 20 mg on order and not given, will notify nurse.</li> <li>-11/26/24 at 9:45 A.M. showed Paxil 20 mg on order and not given, nurse checking order.</li> <li>-11/29/24 at 8:32 A.M. showed Paxil 20 mg on order and not given, nurse will check order.</li> <li>-11/30/24 at 9:17 A.M. showed Paxil 20 mg on order and not given, nurse checking order.</li> <li>-12/1/24 at 11:06 A.M. showed Paxil 20 mg on order and not given.</li> <li>-12/2/24 at 11:15 A.M. showed Paxil 20 mg on order and not given.</li> <li>-12/3/24 at 10:32 A.M. showed Paxil 20 mg on order and not given, notified nurse.</li> </ul> <p>Review of the facility investigation undated Investigation Report showed:</p> <ul style="list-style-type: none"> <li>-Resident #4 was in the shower room on 12/3/24 at approximately 5:07 A.M. when Resident #5 entered the shower room.</li> <li>-Resident #4 and #5 engaged in sexual contact in the community shower area and refused to stop when redirected by staff.</li> </ul> <p>Review of Resident #4's Progress Notes dated 12/3/24 at 5:07 A.M. showed:</p> <ul style="list-style-type: none"> <li>-The resident was in the shower and he/she let Resident #5 in the shower with him/her.</li> <li>-The resident allowed Resident #5 to touch his/her genitalia several times.</li> <li>-Staff attempted to verbally redirect both residents without success.</li> <li>-Resident #5 began fondling Resident #4's anal area.</li> <li>-Resident #4 then smiled and put his/her mouth on Resident #5 genitalia several times.</li> <li>-Resident #4 then got on his/her hands and knees and turned his/her anus towards Resident #5.</li> <li>-Resident #4 was smiling and encouraged Resident #5 to put his/her genitalia into his/her anus.</li> <li>-Resident #5 attempted but was unsuccessful in penetrating Resident #4.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Staff attempted several times to verbally redirect both residents without success.</p> <p>-Resident #5 then covered his/her genitals and ran out of the shower room laughing.</p> <p>Review of Resident #5's Progress note dated 12/4/24 at 10:03 A.M. showed Paxil 20 mg on order and not given, nurse notified.</p> <p>During an interview on 12/11/24 at 2:12 P.M. Resident #4 said:</p> <p>-Resident #5 was playing with him/her the other day, 12/3/24, in the shower.</p> <p>-He/She was not coerced and he/she did not coerce Resident #5 to engage in sex.</p> <p>-He/She did not acknowledge that staff attempting to redirect him/her and Resident #5.</p> <p>-He/She understands sexual consent.</p> <p>-He/She has asked for condoms and has not gotten condoms or education on safe sex.</p> <p>-According to the staff, they send for his/her medications, but the pharmacy does not send the medications, so he/she has not been getting his/her medications.</p> <p>-He/She will take his/her medications as prescribed as long as the facility has them to give to him/her.</p> <p>-He/She felt condemned for all the things he/she has done to get drugs.</p> <p>-He/She wants to keep taking the purple pill (Medroxyprogesterone) that helps with sexual urges.</p> <p>During an interview on 12/11/24 at 2:35 P.M. Resident #5 said:</p> <p>-He/She willingly engaged with Resident #4 on 12/3/24 in a sexual manner in the community shower room.</p> <p>-He/She was not forced or coerced to engage in sexual activity with Resident #4.</p> <p>-Sometimes he/she does not get his/her medications, even when he/she is not refusing medications.</p> <p>During an interview on 12/13/24 at 11:14 A.M. Licensed Practical Nurse (LPN) A said:</p> <p>-Although he/she was not working on 12/3/24 when Resident #4 and #5 engaged in sexual activity in the community shower room in front of staff, he/she was aware of the incident.</p> <p>-Resident #5 had been sexually active with another resident prior to 12/3/24.</p> <p>-Resident #4 not getting his/her Seroquel could have impacted his/her behavior negatively.</p> <p>-Resident #4 does not easily redirect.</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She was aware of Resident #5 being out of Paxil and remembers contacting the pharmacy on 12/2/24 about the medication.</p> <p>-Resident #5 not getting his/her Paxil could have contributed to the sexual behaviors on 12/3/24.</p> <p>-Missing a single dose of some medications can create problems for those with mental health and behavior disorders.</p> <p>-Medication administration and management is a part of the person centered care plan to treat and manage behaviors.</p> <p>During an interview on 12/13/24 at 11:53 A.M. Certified Medication Technician (CMT) A said:</p> <p>-He/She recalled Resident #4 being out of Paxil on 11/24/24 and 12/3/24 when he/she was passing medications.</p> <p>-He/She always told the nurse about any residents without their medications, but he/she could not recall which nurse was for the two days.</p> <p>-When he/she noticed a resident without a medication, he/she notified the nurse, and then checked the back up and overflow carts to see if the medication was in one of those two storage areas.</p> <p>During an interview on 12/13/24 at 12:09 P.M. CMT B said:</p> <p>-On 11/24/24 and 12/3/24 Resident #5 was out of Paxil.</p> <p>-He/She reordered the Paxil on the computer and followed up with the nurse.</p> <p>-He/She was not sure what the Paxil was for.</p> <p>-He/She heard the nurse discussing Resident #5 being out of Paxil in report.</p> <p>-He/She usually tells the nurse when a medication is not available to administer and leaves it up to the nurse.</p> <p>-If the Paxil was for the resident ' s behaviors, the resident not getting the medication could have contributed to the sexual behaviors in the community shower on 12/3/24.</p> <p>During an interview on 12/13/24 at 1:40 P.M. the Nurse Practitioner said:</p> <p>-He/She was not aware of Resident #4 and #5 not getting their medications.</p> <p>-For Residents #4 and #5, not having their medications could cause exacerbations of their behaviors resulting in the hypersexual engagement in the community shower room on 12/3/24.</p> <p>During an interview on 12/13/24 at 12:18 P.M. CMT C said:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  11515 Troost Kansas City, MO 64131	

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She recalled Resident #5 being out of his/her Paxil on 11/25/24 and 12/4/24 when he/she was passing medications.</p> <p>-The Paxil just came in within the last week or so.</p> <p>-He/She had been asking for the Paxil for a long time.</p> <p>-He/She knew the Paxil was to calm down sexual urges for Resident #5.</p> <p>-When a medication is not available, he/she orders the medication, unless it was already ordered.</p> <p>-A list of all residents missing medication and what medication is missing is given to the nurse every day.</p> <p>-He/She went to the Director of Nursing (DON) with concerns about the Paxil in an effort to try to get the medication in for the resident.</p> <p>-He/She observed LPN A get on the phone with pharmacy and get on the computer trying to get the Paxil, becoming so frustrated that LPN A took his/her concerns to the DON.</p> <p>-He/She noticed a difference in Resident #5 when on the Paxil, he/she has less sexually charged behaviors toward staff and other residents.</p> <p>During an interview on 12/13/24 at 12:33 P.M. Unit Manager A said:</p> <p>-He/She recently became the unit manager.</p> <p>-Since becoming Unit Manager, he/she has begun to track prior authorizations (PA) and medications not available.</p> <p>-He/She was not sure why Resident #5 was out of Paxil, no PA form for the medication needed.</p> <p>-He/She signed the medication as given in the electronic medical record (EMR), but denied giving the medication as there was none available to give on 11/28/24.</p> <p>During an interview on 12/13/24 at 2:48 P.M. the DON said:</p> <p>-Expected the situation on 12/3/24 with Resident #4 and #5 to be handled.</p> <p>-Resident #4 and #5 have diagnoses of schizophrenia and hypersexuality and have missed medications to treat their mental health.</p> <p>-Missing those medications could have a negative impact on the residents' mental health and contribute to the hypersexual activity the residents participated in on 12/3/24.</p> <p>-Administering medication as ordered is a part of adequately managing the resident's behaviors and compliance with the person-centered plan of care.</p> <p>(continued on next page)</p>

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Expected the medication issue to be resolved before 12/3/24.</p> <p>During an interview on 12/16/24 at 7:31 P.M. LPN B said:</p> <p>-He/She was the night shift supervisor on the morning of 12/3/24 when Resident #4 and #5 engaged in sexual activity in the community shower room in front of staff.</p> <p>-He/She did not see anything happen but was called to the unit to assist as needed.</p> <p>-He/She stood at the doorway while LPN C attempted to verbally redirect the residents.</p> <p>-He/She was told the staff should not have attempted to redirect the residents as they were consenting.</p> <p>-He/She felt as though the area did not provide appropriate privacy as it was the community shower room.</p> <p>During an interview on 12/16/24 at 7:38 P.M. LPN C said:</p> <p>-He/She was checking in medications on 12/3/24 at approximately 5:00 A.M. when he/she noticed Resident #5 wiggle the shower door.</p> <p>-Resident #4 was in the shower room, opened the door from inside the shower room, and let Resident #5 in the shower room with him/her.</p> <p>-He/She knocked on the door for the resident's to open the shower room door.</p> <p>-He/She used his/her key to unlock the door.</p> <p>-When he/she opened the door he/she observed Resident #5 standing in the shower room and Resident #4 in the shower area naked, wiggling his/her genitalia at Resident #5.</p> <p>-Resident #5 walked to the corner of the shower area and exposed his/her genitalia to Resident #4.</p> <p>-As the residents began to touch, fondle and sexually pleasure each other, he/she attempted to verbally redirect the residents without success.</p> <p>-He/She was unsure how to handle the situation as the community shower room was not a private area and he/she did not have any protection to offer the residents at that time.</p> <p>-Resident #4 and #5 refused to stop engaging until they were content with stopping their actions.</p> <p>-Although there were no residents that walked by or observed the incident, there were several residents that heard the commotion and others came to the shower room after Resident #4 and #5 left the shower room.</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-They had noticed Resident #4 was without his/her medications, was having behaviors and a lot of Code Greens (resident behavioral call out to all staff) called, that is when the staff started checking medications and implemented a new system.</p> <p>-The new medication check system includes generating a list every day of those residents without medications and what those medications are that are missing.</p> <p>--Follow up is done on the dayshift to try to get the medication delivered from pharmacy.</p> <p>-It appeared there were several PA's that were not complete and the reason why several medications were not filled and delivered.</p> <p>-He/She was aware Resident #5 was out of his/her Paxil from 11/24/24 through 12/7/24.</p> <p>-This was the first time he/she had seen any resident go so long without a medication being refilled and delivered to the facility.</p> <p>-Resident #5 takes Paxil for hypersexuality and sexual behaviors.</p> <p>-He/She noticed a significant difference when resident was not taking the Paxil as the resident will masturbate in his/her room and gets touchy with staff of opposite gender.</p> <p>-He/She noticed Resident #5 was more sexual in general and then realized he/she was out of his/her Paxil.</p> <p>-He/She went to the unit manager with concerns about the medication not being available for administration and was told they were waiting for it to come from pharmacy.</p> <p>-He/She felt Resident #5 not getting his/her medications was the reason the resident was having sexual behaviors.</p> <p>2. Review of Resident #7's PASRR dated 7/14/23 showed:</p> <p>-Specified reason for nursing facility application, admission or continued stay include:</p> <p>--Medical treatment and/or monitoring for chronic conditions.</p> <p>--Behavioral difficulties and/or mental illness symptoms requiring 24 hour monitoring and management.</p> <p>--Alternative care options are unavailable.</p> <p>--Per hospital records guardian wanting patient in level two, due to risky, destructive behaviors and poly substance use.</p> <p>-Diagnoses including:</p> <p>--Unspecified Schizophrenia Spectrum and other psychotic disorder.</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>--PTSD</p> <p>--Intermittent Explosive Disorder.</p> <p>--Anxiety Disorder.</p> <p>--Bipolar Disorder.</p> <p>--Mood disorder due to known physiologic condition with mixed features.</p> <p>--Seizure Disorder.</p> <p>-History of difficulty with anger management, lack of respect for authority, and destroyed property of others, including trying to burn the house down.</p> <p>-Lack of remorse and conscience, has been known to touch girls inappropriately and make inappropriate sexual comments.</p> <p>-Unstable mood, psychosis, poor decision making, lacks impulse control, auditory and visual hallucinations and agitation.</p> <p>-Extensive psychiatric inpatient and outpatient treatment.</p> <p>-Psychiatric supper and services including:</p> <p>--Psychiatric follow-up and consultation.</p> <p>--Inpatient psychiatric treatment.</p> <p>--Medication administration, management and monitoring.</p> <p>--Secured behavioral unit.</p> <p>--Safety precautions for elopement.</p> <p>-Behaviors including:</p> <p>--Verbally abusive.</p> <p>--Verbally threatening.</p> <p>--Disturbs other residents.</p> <p>--Physically threatening.</p> <p>--Several reported instances of agitation and altercations between the resident and peers.</p> <p>(continued on next page)</p>

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>--Staff responses include physical intervention, PRN medication for anxiety and agitation, redirection, education and supportive cares.</p> <p>--Symptoms and history to include: auditory and visual hallucinations, impulsive behaviors, aggressive and assaultive behavior, irritability and agitation, difficulty interacting and communicating appropriately with others, self-care deficit, medication and treatment non-compliance.</p> <p>--If discharged to the community he/she would most likely discontinue his/her medications and end up back in the hospital.</p> <p>--It appeared that the attempt for him/her to successfully maintain in an unlocked setting failed.</p> <p>--Mental health and behavioral needs include: behavioral support plan, monitoring of behavioral symptoms, trauma informed services, tools of choice or other behavioral support services.</p> <p>--Medication therapy and monitoring services including:</p> <p>--Psychiatric follow up to prescribe and manage medications.</p> <p>--Medication set up and administration by staff and monitoring for compliance with prescribed medication.</p> <p>--Monitoring of interaction or adverse effects.</p> <p>--Monitoring of therapeutic effect in managing mental health symptoms including labs as indicated.</p> <p>--Address, report, and implement plan to manage patient refusal and noncompliance.</p> <p>--Provide education, training in drug therapy management.</p> <p>--Pharmaceutical services and medication review.</p> <p>--Provision of a structured environment including assess and plan for the lever of supervision required to prevent harm to self or others.</p> <p>--Crisis Intervention Services including assault precautions and elopement precautions.</p> <p>Review of Resident #7's Admission Record showed the resident was admitted on [DATE], readmitted on [DATE] with diagnoses including schizophrenia, bipolar disorder, post-traumatic stress disorder (PTSD), antisocial personality disorder and intermittent explosive disorder.</p> <p>Review of Resident #7's Quarterly MDS dated [DATE] showed the resident was cognitively intact.</p> <p>Review of Resident #7's Physician Orders showed:</p> <p>--Abilify Maintena 400 mg, inject intramuscularly one time a day every 28 days for schizophrenia.</p> <p>--Restoril 30 mg, give 30 mg by mouth at bedtime for sleep.</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Klonopin 0.5 mg, give 0.5 mg by mouth two times a day for anxiety disorder.</p> <p>-Amlodipine 5 mg, give two tablets by mouth one time daily for hypertension (HTN-high blood pressure).</p> <p>-Propranolol 10 mg, take 1/2 tablet by mouth twice daily for anxiety, aggressive behaviors related to HTN.</p> <p>-Atenolol 50 mg, give one tablet by mouth twice daily for HTN.</p> <p>-Levetiracetam 500 mg, take four tablets by mouth twice daily for epileptic syndromes.</p> <p>-Lacosamide 100 mg, give one tablet twice daily for epileptic syndromes.</p> <p>-Prazosin 2 mg, take two capsules by mouth at bedtime for schizophrenia.</p> <p>-Depakote ER 500 mg, give three tablets by mouth every morning and at bedtime for schizophrenia.</p> <p>Review of Resident #7's undated Care Plan showed the resident:</p> <p>-Had a history of PTSD, affects resident symptoms and may flare up without any known trigger.</p> <p>-Alterations in reactivity from the traumatic event including aggressiveness and self-destructive behavior.</p> <p>--Resident will be able to identify triggers.</p> <p>--Resident will learn and utilize positive coping strategies.</p> <p>--Resident will demonstrate control of emotions and relaxation techniques.</p> <p>---Administer medication appropriately and monitor for side effects.</p> <p>---Assess resident for suicidal and homicidal ideations to ensure safety of the resident and others.</p> <p>-Per PASRR will need drug therapy and monitoring.</p> <p>--Will remain medication compliant.</p> <p>---Medication setup and administration by staff and monitoring for compliance with prescribed medications.</p> <p>-Behavior management.</p> <p>--Undesirable behaviors will be monitored and managed.</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>---Evaluated medication schedule and possible pharmacological causes of delusions and repetitive behavior.</p> <p>-Potential to be physically aggressive related to poor impulse control.</p> <p>--Will not harm self or others.</p> <p>---Administer medications as ordered.</p> <p>---Monitor and document for side effects and effectiveness.</p> <p>-History of behaviors that include physical and verbal aggression, poor impulse control, self-destructive behavior, and destruction of property.</p> <p>--Ensure protective oversight is provided.</p> <p>---Administer medications are ordered.</p> <p>---Monitor and document for side effects and effectiveness.</p> <p>-Uses psychotropic medications related to behavior management.</p> <p>--Will be/remain free of psychotropic drug related complications including movement disorder, discomfort, hypotension, gait disturbance, constipation/impaction or cognitive/behavioral impairment.</p> <p>---Administer psychotropic medication as ordered by physician.</p> <p>---Monitor for side effects and effectiveness every shift.</p> <p>---Discuss with physician and family for ongoing use of medications.</p> <p>---Review behaviors and interventions and alternate therapies attempted and their effectiveness as per facility policy.</p> <p>Review of Resident #7's Progress Note dated:</p> <p>-11/23/24 at 5:45 A.M. showed:</p> <p>--The resident showed an indicator of delirium through disorganized thinking.</p> <p>--The resident exhibited the following behaviors:</p> <p>---Physical behavioral symptoms directed toward others.</p> <p>---Verbal behavioral symptoms directed toward others.</p> <p>---Other behavioral symptoms not directed at others.</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-11/23/24 at 4:30 P.M. showed the resident had several behaviors, kicked a window, refused medication, unable to redirect, calmed down to smoke.</p> <p>-11/23/24 at 6:47 P.M. showed Restoril 30 mg, waiting on medication, not given.</p> <p>-11/24/24 at 3:20 P.M. showed resident kicked open the glass covering the door in the dining area claimed he/she was looking for stolen items, redirected by staff.</p> <p>-11/24/24 at 6:09 P.M. showed Restoril 30 mg medication on order.</p> <p>-11/25/24 at 1:25 A.M. showed:</p> <p>--Unprovoked, kicked door of unit and refused to communicate with staff.</p> <p>--Once staff walked away the resident kicked open the nourishment door and grabbed the fire extinguisher.</p> <p>--Manager was able to talk the resident down, retrieve the fire extinguisher and the resident calmed down.</p> <p>-11/25/24 at 6:22 P.M. showed Restoril 30 mg and Atenolol 50 mg on order, not given, nurse notified.</p> <p>-11/25/24 at 8:24 P.M. showed:</p> <p>--Code green call due to the resident taking a peer ' s TV off the wall.</p> <p>--Resident sent to the hospital for evaluation.</p> <p>-11/26/24 at 6:58 P.M. showed Prazosin 2 mg, Restoril 30 mg and Atenolol 50 mg on order, not given, nurse notified.</p> <p>-11/27/24 at 8:56 A.M. showed Atenolol 50 mg on order, not given, nurse notified.</p> <p>-11/27/24 at 6:38 P.M. showed Restoril 30 mg waiting on insurance to approve medication, not available.</p> <p>-11/28/24 at 6:10 P.M. showed Lacosamide 100mg, Restoril 30 mg, and Prazosin 2 mg waiting on medication to arrive, nurse notified.</p> <p>-11/29/24 at 9:02 A.M. showed Lacosamide 100mg waiting on medication to arrive, nurse notified, seizure activity noted.</p> <p>-11/29/24 at 6:26 P.M. showed Lacosamide 100mg, Restoril 30 mg, and Prazosin 2 mg waiting on medication to arrive, nurse notified.</p> <p>-11/30/24 at 8:39 A.M. showed Lacosamide 100mg and Atenolol 50 mg on order, not given, notified nurse.</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-11/30/24 at 7:35 P.M. showed Lacosamide 100mg, Atenolol 50 mg and Prazosin 2 mg on order, not given, notified nurse.</p> <p>-11/30/24 at 7:50 P.M. showed the resident was kicking the door and the resident was redirected by staff.</p> <p>-11/30/24 at 11:26 P.M. showed:</p> <p>--Resident having seizure activity which was also reported at shift change of earlier episodes.</p> <p>--Nurse Practitioner (NP) notified due to Lacosamide not being covered by insurance and last Keppra level low on 11/1/24.</p> <p>--New order for Depakote to 1500 mg twice daily and recheck labs in five days.</p> <p>-12/1/24 at 7:30 A.M. showed Lacosamide 100mg and Atenolol 50 mg on order, not given, notified nurse, contact pharmacy.</p> <p>-12/3/24 at 7:31 P.M. showed:</p> <p>--Code green call to the resident's hall for an altercation involving the resident.</p> <p>--The resident went into the peer's room and began hitting the peer.</p> <p>--The peer struck the resident in an effort to defend him/herself.</p> <p>--Staff separated the residents and escorted the resident to the dining room.</p> <p>--All parties notified and the resident was sent to the hospital.</p> <p>Review of the facility investigation dated 12/3/24 at 7:31 P.M. showed:</p> <p>-On 12/3/24 at approximately 7:31 P.M. Resident #7 went into Resident #6 's room and began hitting Resident #6 in the face.</p> <p>-Resident #6 started swinging back at Resident #7 and they both ended up on the floor.</p> <p>-Staff separated the residents.</p> <p>-Resident #6 was not injured.</p> <p>-Resident #7 was sent to the hospital for medication review.</p> <p>-The was a resident-to-resident encounter with no serious injury.</p> <p>-Resident #7 was sent to the hospital and kept for medication review.</p> <p>During an interview on 12/11/24 at 3:06 P.M. Resident #7 said:</p> <p>(continued on next page)</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45403</b></p> <p>Based on interview and record review, the facility failed to ensure three sampled residents (Resident #4, #5 and #7) received medications for chronic medical and mental health diagnosis resulting in exacerbation of behaviors for all three residents out of 20 sampled residents. The facility census was 153 residents.</p> <p>Review of the facility Medication Administration Policy dated 6/26/24 showed:</p> <ul style="list-style-type: none"> <li>-Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection.</li> <li>-It is the policy of this facility to ensure the safe and effective administration of all medications by utilizing best practiced guidelines.</li> </ul> <p>Review of the facility medication Orders Policy dated 5/18/24 showed:</p> <ul style="list-style-type: none"> <li>-The facility shall use uniform guidelines for the order of medication.</li> <li>-Call or fax the medication order to the provider pharmacy if electronic health record states to.</li> </ul> <p>1. Review of Resident #4's Preadmission Screening and Resident Review (PASRR, DA-124C, a required form to be submitted for any client who requests admission to a Medicaid certified bed regardless of the client's payment source; this includes dually certified beds both Medicare and Medicaid) dated 1/27/17 showed:</p> <ul style="list-style-type: none"> <li>-Major illness of Schizoaffective Disorder (a psychotic disorder characterized by loss of contact with the environment, by noticeable deterioration in the level of functioning in everyday life).</li> <li>-If admitted to a nursing facility, the individual needed or continued to need services of lesser intensity including: <ul style="list-style-type: none"> <li>--Medication therapy and monitoring to change inappropriate behavior or alter manifestations of psychiatric illness.</li> <li>-Current need to receive special medical treatment or support for medications monitoring.</li> </ul> </li> </ul> <p>Review of the resident's Admission Record showed the resident was admitted on [DATE], readmitted on [DATE] with diagnoses including Schizophrenia and sexual disorder.</p> <p>Review of the resident's Annual Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning) dated 9/19/24 showed the resident was severely cognitively impaired.</p> <p>Review of the resident's Physician Orders showed:</p> <p>(continued on next page)</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Medroxyprogesterone 10 milligram (mg), take one tablet by mouth at bedtime for sexual disorders/hypersexual activity.</p> <p>-Olanzapine 20 mg, give one tablet by mouth every morning for schizophrenia.</p> <p>-Quetiapine 200 mg, give one tablet by mouth every day at bedtime for schizophrenia.</p> <p>Review of the resident's undated care plan showed:</p> <p>-The resident used psychotropic medications related to behavior management.</p> <p>--The resident will be and remain free of psychotropic drug related complications.</p> <p>---Administer psychotropic medications as ordered by physician.</p> <p>Review of the resident's Progress Notes dated 11/07/24 showed:</p> <p>-Olanzapine 20 mg for schizophrenia, on order and not given.</p> <p>-Medroxyprogesterone 5 mg for hypersexual define behaviors, on order and not given.</p> <p><b>**NOTE**</b> No documentation the resident physician or guardian notified.</p> <p>Review of the resident's Progress Notes dated 11/30/24 and 12/1/24 showed:</p> <p>-Quetiapine 200 mg for schizophrenia, on order and not given.</p> <p><b>**NOTE**</b> No documentation the resident physician or guardian notified.</p> <p>During an interview on 12/11/24 at 2:12 P.M. the resident said:</p> <p>-According to the staff, they send for his/her medications, but the pharmacy does not send the medications, so he/she has not been getting his/her medications.</p> <p>-He/She will take his/her medications as prescribed as long as the facility has them to give to him/her.</p> <p>-He/She felt condemned for all the things he/she has done to get drugs.</p> <p>-He/She wants to keep taking the purple pill that helps with sexual urges.</p> <p>During an interview on 12/13/24 at 1:40 P.M. the Nurse Practitioner said:</p> <p>-He/She was not aware the resident was not getting his/her medications.</p> <p>-The resident not having his/her medications could cause exacerbations of his/her behaviors resulting in the hypersexual engagement in the community shower room on 12/3/24.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She should have been notified the residents were without their medications as he/she may have been able to prescribe alternate medications or interventions.</p> <p>During an interview on 12/13/24 at 2:48 P.M. the Director of Nursing (DON) said:</p> <p>-The resident had diagnoses of schizophrenia and hypersexuality and have missed medications to treat his/her mental health.</p> <p>-Missing those medications could have a negative impact on the residents' mental health and contribute to the hypersexual activity the resident participated in on 12/3/24.</p> <p>-Administering medication as ordered is a part of adequately managing the resident's behaviors and compliance with the person-centered plan of care.</p> <p>-There was no acceptable reason for any resident to go without their medication.</p> <p>-The missed medications are medication errors in which none had been addressed at that time.</p> <p>-Expected to be notified of medications not available and for staff to find out the root cause of why medications are not available.</p> <p>-Expected the medication issue to be resolved before 12/3/24.</p> <p>During an interview on 12/16/24 at 7:38 P.M. LPN C said:</p> <p>-They had noticed the resident was without his/her medications, and having behaviors and a lot of code greens called, that is when the staff started checking medications and implemented a new system.</p> <p>-The new medication check system includes generating a list every day of those residents without medications and what those medications are that are missing.</p> <p>--Follow up is done on the dayshift to try to get the medication delivered from pharmacy.</p> <p>-It appeared there were several PA's that were not complete and the reason why several medications were not filled and delivered.</p> <p>2. Review of the Resident #5's PASRR dated 4/5/19 showed:</p> <p>-Diagnoses including schizophrenia.</p> <p>-Needs maximum assistance with:</p> <p>--Medications, needs close monitoring to ensure medications are taken.</p> <p>Review of the resident's Admission Record showed the resident was admitted on [DATE] with the diagnoses including schizophrenia and sexual dysfunction.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's Quarterly MDS dated [DATE] showed the resident was severely cognitively impaired.</p> <p>Review of the resident's undated Physician's Orders showed Paxil 20 mg give one tablet by mouth in the morning for hypersexuality and other sexual dysfunction.</p> <p>Review of the resident's undated Care Plan showed:</p> <ul style="list-style-type: none"> <li>-The resident had a history of behavioral challenges that require protective oversight in a secure setting, hypersexual, paces, wanders and history of elopement.</li> <li>--Resident will have no serious injuries due to behaviors.</li> <li>---Pharmaceutical interventions as needed.</li> </ul> <p>Review of the resident's Progress notes showed:</p> <ul style="list-style-type: none"> <li>-11/23/24 showed the resident refused Paxil 20 mg.</li> <li>-11/24/24 Paxil 20 mg on order and not given, nurse notified.</li> <li>-11/25/24 Paxil 20 mg on order and not given, will notify nurse.</li> <li>-11/26/24 Paxil 20 mg on order and not given, nurse checking order.</li> <li>-11/27/24 and 11/28/24 showed the resident refused medications.</li> <li>-11/29/24 and 11/30/24 showed Paxil 20 mg on order and not given, nurse will check order.</li> <li>-12/1/24 and 12/2/24 showed Paxil 20 mg on order and not given.</li> <li>-12/3/24 and 12/4/24 showed Paxil 20 mg on order and not given, notified nurse.</li> </ul> <p><b>**NOTE**</b> No documentation the resident physician or guardian notified.</p> <p>During an interview on 12/1/24 at 2:35 P.M. the resident said sometimes he/she does not get his/her medications, even when he/she is not refusing medications.</p> <p>During an interview on 12/13/24 at 12:09 P.M. CMT B said:</p> <ul style="list-style-type: none"> <li>-On 11/24/24 and 12/3/24 the resident was out of Paxil.</li> <li>-He/She reordered the Paxil on the computer and followed up with the nurse.</li> <li>-He/She was not sure what the Paxil was for.</li> <li>-He/She heard the nurse discussing the resident being out of Paxil in report.</li> </ul> <p>(continued on next page)</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She usually tells the nurse when a medication is not available to administer and leaves it up to the.</p> <p>-If the Paxil was for the resident's behaviors, the resident not getting the medication could have contributed to the sexual behaviors in the community shower on 12/3/24.</p> <p>During an interview on 12/13/24 at 12:18 P.M. CMT C said:</p> <p>-He/She recalled the resident being out of his/her Paxil on 11/25/24 and 12/4/24 when he/she was passing medications.</p> <p>-The Paxil just came in within the last week or so.</p> <p>-He/She had been asking for the Paxil for a long time.</p> <p>-He/She knew the Paxil was to calm down sexual urges for the resident.</p> <p>-When a medication is not available, he/she orders the medication, unless it was already ordered.</p> <p>-A list of all residents missing medication and what medication is missing is given to the nurse every day.</p> <p>-He/She went to the DON with concerns about the Paxil in an effort to try to get the medication in for the resident.</p> <p>-He/She observed LPN A get on the phone with pharmacy and get on the computer trying to get the Paxil, becoming so frustrated that LPN A took his/her concerns to the DON.</p> <p>-He/She noticed a difference in the resident when on the Paxil, he/she has less sexually charged behaviors toward staff and other residents.</p> <p>During an interview on 12/11/24 at 2:35 P.M. the resident said sometimes he/she does not get his/her medications, even when he/she is not refusing medications.</p> <p>During an interview on 12/13/24 at 12:33 P.M. Unit Manager A said:</p> <p>-He/She recently became the unit manager.</p> <p>-Since becoming Unit Manager, he/she has begun to track prior authorizations (PA) and medications not available.</p> <p>-He/She was not sure why the resident was out of Paxil, no PA form for the medication needed.</p> <p>-He/She signed the medication as given in the electronic medical record (EMR), but denied giving the medication as there was none available to give on 11/28/24.</p> <p>During an interview on 12/13/24 at 1:40 P.M. the Nurse Practitioner said:</p> <p>(continued on next page)</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She was not aware of the resident was not getting his/her medications.</p> <p>-The medications not given for this resident can directly impacted mood stabilization, which could have caused the resident to assault another resident on 12/3/24.</p> <p>-He/She should have been notified the residents were without their medications as he/she may have been able to prescribe alternate medications or interventions.</p> <p>During an interview on 12/13/24 at 2:48 P.M. the DON said:</p> <p>-The resident had diagnoses of schizophrenia and hypersexuality and have missed medications to treat his/her mental health.</p> <p>-Missing those medications could have a negative impact on the residents' mental health and contribute to the hypersexual activity the resident participated in on 12/3/24.</p> <p>-Administering medication as ordered is a part of adequately managing the resident's behaviors and compliance with the person-centered plan of care.</p> <p>-There was no acceptable reason for any resident to go without their medication for 14 days.</p> <p>-The missed medications are medication errors in which none had been addressed at that time.</p> <p>-Expected to be notified of medications not available and for staff to find out the root cause of why medications are not available.</p> <p>-Expected the medication issue to be resolved before 12/3/24.</p> <p>During an interview on 12/16/24 at 7:38 P.M. LPN C said:</p> <p>-He/She was aware the resident was out of his/her Paxil from 11/24/24 through 12/7/24.</p> <p>-This was the first time he/she had seen any resident go so long without a medication being refilled and delivered to the facility.</p> <p>-The resident takes Paxil for hypersexuality and sexual behaviors.</p> <p>-He/She noticed a significant difference when resident was not taking the Paxil as the resident will masturbate in his/her room and gets touchy/feely with staff of opposite gender.</p> <p>-He/She noticed the resident was more sexual in general and then realized he/she was out of his/her Paxil.</p> <p>-He/She went to the unit manager with concerns about the medication not being available for administration and was told they were waiting for it to come from pharmacy.</p> <p>-He/She felt the resident not getting his/her medications was the reason the resident was having sexual behaviors.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Review of the Resident #7's PASRR dated 7/14/23 showed:</p> <p>-Diagnoses including:</p> <p>--Unspecified Schizophrenia Spectrum and other psychotic disorder.</p> <p>--PTSD</p> <p>--Intermittent Explosive Disorder.</p> <p>--Anxiety Disorder.</p> <p>--Bipolar Disorder.</p> <p>--Mood disorder due to known physiologic condition with mixed features.</p> <p>--Seizure Disorder.</p> <p>-History of difficulty with anger management, lack of respect for authority, and destroyed property of others, including trying to burn the house down.</p> <p>-Lack of remorse and conscience, has been known to touch girls inappropriately and make inappropriate sexual comments.</p> <p>-Unstable mood, psychosis, poor decision making, lacks impulse control, auditory and visual hallucinations and agitation.</p> <p>-Symptoms and history to include: auditory and visual hallucinations, impulsive behaviors, aggressive and assaultive behavior, irritability and agitation, difficulty interacting and communicating appropriately with others, self-care deficit, medication and treatment non-compliance.</p> <p>-If discharged to the community he/she would most likely discontinue his/her medications and end up back in the hospital.</p> <p>-Medication therapy and monitoring services including:</p> <p>--Psychiatric follow up to prescribe and manage medications.</p> <p>--Medication set up and administration by staff and monitoring for compliance with prescribed medication.</p> <p>--Monitoring of interaction or adverse effects.</p> <p>--Monitoring of therapeutic effect in managing mental health symptoms including labs as indicated.</p> <p>--Address, report, and implement plan to manage patient refusal and noncompliance.</p> <p>--Provide education, training in drug therapy management.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>--Pharmaceutical services and medication review.</p> <p>Review of the resident's Admission Record showed the resident was admitted on [DATE], readmitted on [DATE] with diagnoses including schizophrenia, bipolar disorder, post-traumatic stress disorder (PTSD), antisocial personality disorder and intermittent explosive disorder.</p> <p>Review of the resident's Quarterly MDS dated [DATE] showed the resident was cognitively intact.</p> <p>Review of the resident's Physician Orders showed:</p> <ul style="list-style-type: none"> <li>-Restoril 30 mg, give 30 mg by mouth at bedtime for sleep.</li> <li>-Atenolol 50 mg, give one tablet by mouth twice daily for HTN.</li> <li>-Lacosamide 100 mg, give one tablet twice daily for epileptic syndromes.</li> <li>-Prazosin 2 mg, take two capsules by mouth at bedtime for schizophrenia.</li> </ul> <p>Review of the resident's undated Care Plan showed the resident:</p> <ul style="list-style-type: none"> <li>-Had a history of PTSD, affects resident symptoms and may flare up without any known trigger.</li> <li>-Per PASRR will need drug therapy and monitoring.</li> </ul> <p>--Will remain medication compliant.</p> <p>---Medication setup and administration by staff and monitoring for compliance with prescribed medications.</p> <p>-Behavior management.</p> <p>---Evaluated medication schedule and possible pharmacological causes of delusions and repetitive behavior.</p> <p>-Potential to be physically aggressive related to poor impulse control.</p> <p>---Administer medications as ordered.</p> <p>-History of behaviors that include physical and verbal aggression, poor impulse control, self-destructive behavior, and destruction of property.</p> <p>---Administer medications are ordered.</p> <p>-Uses psychotropic medications related to behavior management.</p> <p>---Administer psychotropic medication as ordered by physician.</p> <p>Review of the resident's Progress Note dated 11/23/24 at 5:45 A.M. showed:</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident showed an indicator of delirium through disorganized thinking.</p> <p>-The resident exhibited the following behaviors:</p> <p>--Physical behavioral symptoms directed toward others.</p> <p>--Verbal behavioral symptoms directed toward others.</p> <p>--Other behavioral symptoms not directed at others.</p> <p>Review of the resident's Progress Notes showed:</p> <p>-11/23/24 the resident had several behaviors, kicked a window, refused medication, unable to redirect, calmed down to smoke; and Restoril 30 mg, waiting on medication, not given.</p> <p>-11/24/24 the resident kicked open the glass covering the door in the dining area claimed he/she was looking for stolen items, redirected by staff; and Restoril 30 mg medication on order.</p> <p>-11/25/24 showed the resident unprovoked, kicked door of unit and refused to communicate with staff. Once staff walked away the resident kicked open the nourishment door and grabbed the fire extinguisher. The Unit Manager was able to talk the resident down, retrieve the fire extinguisher and the resident calmed down. Restoril 30 mg and Atenolol 50 mg were on order, not given, nurse notified. A code green was call due to the resident taking a peer's TV off the wall. The resident sent to the hospital for evaluation.</p> <p>-11/25/24 showed Restoril 30 mg and Atenolol 50 mg on order, not given, nurse notified.</p> <p>-11/26/24 showed Prazosin define 2 mg, Restoril 30 mg and Atenolol 50 mg on order, not given, nurse notified.</p> <p>-11/27/24 showed Restoril 30 mg waiting on insurance to approve medication, not available and Atenolol define 50 mg on order, not given, nurse notified.</p> <p>-11/28/24 showed Lacosamide define 100mg, Restoril 30 mg, and Prazosin 2 mg waiting on medication to arrive, nurse notified.</p> <p>-11/29/24 showed Lacosamide 100mg, Restoril 30 mg, and Prazosin 2 mg waiting on medication to arrive, seizure activity noted, nurse notified.</p> <p>-11/30/24 showed Lacosamide 100mg, Atenolol 50 mg and Prazosin 2 mg on order, not given, notified nurse. The resident having seizure activity which was also reported at shift change of earlier episodes. Nurse Practitioner (NP) notified due to Lacosamide not being covered by insurance and last Keppra level low on 11/1/24. A new order for Depakote 1500 mg twice daily and recheck labs in five days was ordered.</p> <p>-12/1/24 at 7:30 A.M. showed Lacosamide 100mg and Atenolol 50 mg on order, not given, notified nurse, contact pharmacy.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE**</b>No documentation the resident physician or guardian notified.</p> <p>During an interview on 12/13/24 at 10:40 A.M. LPN A said:</p> <ul style="list-style-type: none"> <li>-He/She was not aware of the resident being out of several medications for several days.</li> <li>-He/She did not know why the resident was out of medications for up to seven days.</li> <li>-The CMTs are responsible for notifying the nurse when residents are out of medications.</li> <li>-When he/she is notified he/she usually forwards the information to the Unit Manager.</li> <li>-Residents should not be without medication for even one day.</li> <li>-He/She did not know who was responsible for auditing medications and medication administration records (MAR).</li> <li>-The resident not having his/her medications could have impacted the resident's behaviors which resulted in the resident assaulting another resident on 12/3/24.</li> <li>-As a result of the assault on 12/3/24, the resident was sent to the hospital for a psychological evaluation and returned to the facility.</li> </ul> <p>During an interview on 12/13/24 at 11:56 A.M. CMT A said:</p> <ul style="list-style-type: none"> <li>-He/She recalled the resident was out of several medications when he/she was passing medications on 11/23/24,11/24/24, 11/27/24, and 11/30/24.</li> <li>-He/She notified the nurse and contacted the pharmacy in an attempt to get the medications.</li> <li>-They were informed the insurance was not covering medications and there were supposed to be some in the overflow storage.</li> <li>-The resident did have several seizures in one day as a result of not getting his/her medications as prescribed.</li> <li>-He/She was educated by the nurse to give the medications he/she did have to the resident.</li> <li>-There were several PAs that needed to be completed for the resident's medications.</li> <li>-The pharmacy was supposed to reach out to the insurance claim department to get the medications replenished.</li> <li>-He/She did not know if the physician or responsible party was aware the resident was out of medications for several days.</li> <li>-The CMT is responsible for reordering medications for the residents.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-If a medication does not come in the CMT was to report to the nurse and/or nurse manager.</p> <p>-Notification of a missing or out of stock medication should be reported immediately.</p> <p>-If a medication has been ordered and it does not come the same day, the nurse should be notified.</p> <p>During an interview on 12/13/24 at 12:03 P.M. CMT B said:</p> <p>-He/She could not recall if the resident was out of medications on 11/25/24 and 11/26/24.</p> <p>-He/She notified the nurse if there was a missing medication.</p> <p>-He/She knew there were issues with the resident's insurance.</p> <p>-He/She felt the missing medications could have contributed to the resident's behaviors when the resident assaulted Resident #6 on 12/3/24.</p> <p>-Medications are part of the resident's behavior management.</p> <p>During an interview on 12/13/24 at 12:51 P.M. the Unit Manager said:</p> <p>-Was not aware of the resident not having medications available to administration.</p> <p>-He/She was not sure if the physician had been notified of the resident's medications not being given.</p> <p>-The resident attacked another resident 12/3/24 and again on 12/4/24 in front of staff.</p> <p>-He/She and LPN A were responsible for ensuring all residents had medications as ordered to be administered.</p> <p>-He/She and LPN A were responsible for notifying the physician and responsible parties of resident's not getting their medications.</p> <p>-He/She gets a list daily of medications not available for residents and he/she follows up with the pharmacy to figure out why the medications have not been sent.</p> <p>-If he/she needs to get a PA filled out, new prescription from the doctor or something the facility is responsible for he/she will get it done and sent out.</p> <p>-The Administrator, DON and ADON are aware of medications not available.</p> <p>During an interview on 12/16/24 at 7:38 P.M. LPN C said:</p> <p>-The resident was without his/her medications from 11/23/24 through 11/30/24.</p> <p>-The resident not being offered or able to take the medications was a contributing factor to the resident striking another resident on 12/3/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265822	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/19/2024
NAME OF PROVIDER OR SUPPLIER  Bridgewood Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  11515 Troost Kansas City, MO 64131	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. During an interview on 12/13/24 at 2:50 P.M. the Administrator said:</p> <p>-He/She was not aware of the medications not being given and not available.</p> <p>-He/She expected to be notified when medications were refused, unavailable or not given as the medication management was a part of the resident's person-centered plan of care.</p> <p>During an interview on 12/16/24 at 7:38 P.M. LPN C said:</p> <p>-Typically, CMTs order medications seven days prior to the medication running out.</p> <p>-He/She notified the Unit Manager but was not aware of any other notifications made to the physician or responsible party for Resident #4, #5 or #7 about missing medications.</p> <p>MO00246037</p> <p>MO00246043</p>		