

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Mountain View of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 10 Mountain View Dr Eureka, MT 59917	
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)		
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 47785 Based on interview and record review, the facility failed to provide an end date for an as needed anti-anxiety medication order, for 2 (#s 1 and 4) of 14 sampled residents. Findings include: A review of resident #1's physician orders, dated 12/5/23, 3/5/24, and 3/7/24, showed, Lorazepam 1 mg. Give 1 tablet orally once a day as needed for anxiety. The orders did not include a duration. Lorazepam is the generic name for Ativan, an anti-anxiety medication. Review of resident #1's physician progress note, dated 12/5/24, showed, Patient had single episode . feeling very claustrophobic and anxious . Will write prescription for LORAZEPAM to have on hand just as needed . There was no duration noted. During an interview on 6/5/24 at 8:47 a.m., staff member F stated they did the 14-day limit for antipsychotic medications, but she was not aware of a duration requirement on PRN psychotropic medication orders. 41952 During an interview on 6/5/24 at 10:50 a.m., staff member F was not aware of needing to have a specified duration or stop date for continued PRN psychotropics. Staff member F stated she would crush the lorazepam and rub it into the gums of resident #4 after a seizure event due to her vomiting, so that it would be absorbed, since August 2023. Staff member F stated she had never used the lorazepam for anxiety for resident #4. During an interview on 6/5/24 at 2:55 p.m., staff member I stated he was given the directive to review medications for a corresponding diagnosis. Staff member I stated resident #4 was prescribed PRN lorazepam for anxiety, but he changed the diagnosis to post seizure activity because resident #4 did not have anxiety as a diagnosis. During an interview on 6/5/24 at 4:03 p.m., NF2 and NF3 stated only risk versus benefits were reviewed for psychotropic medications that were not antipsychotics. NF2 stated they had never been aware of needing a stop date, just a duration such as 30, 60, or 90 days, but agreed indefinite was not appropriate to have for medication orders. (continued on next page)		

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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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of resident #4's order recap report for PRN lorazepam, showed 0.5 MG by mouth every 12 hours as needed for anxiety with a start date of 2/14/23 and discontinued on 2/5/24. The lorazepam order was changed on 2/5/24 to 0.5 MG by mouth every 12 hours as needed for post seizure activity related to unspecified convulsions. There was no set duration or end date for the PRN lorazepam and it was still an active order as of 6/6/24. Review of the facility policy, Unnecessary Medications and Psychotropic Drugs/Antipsychotic Medication, dated 11/28/2017 showed: . 5. PRN orders for psychotropic and anti-psychotic medications are only used when the medication is necessary to treat a diagnosed specific condition and PRN use is limited to 14 days. 6. The PRN order may be extended beyond 14 days if the attending physician or prescribing practitioner believes it is appropriate to extend the order. The attending physician or prescribing practitioner documents the rationale for the extended time period in the medical record and indicates the specific duration .		