STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305103	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Covenant Living of Keene	100 Wyman Rd Keene, NH 03431

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 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. 49819 Based on observation, record review, and interview, it was determined that the facility failed to accurately reflect resident use of restraints on the Minimum Data Set (MDS) assessments for 2 out of 2 residents reviewed for restraints in a final sample of 12 residents (Resident Identifiers are #6 and #3). Findings include: Resident #6 Review on 6/11/24 of Resident #6's Quarterly MDS with an Assessment Reference Date (ARD) of 4/26/24 revealed under the Restraint section, Coded 2, indicating bedrail restraint used daily. Observation and interview on 6/10/24 at approximately 9:30 a.m. revealed Resident #6 sitting up in bed with a grab bar approximately 5 inches wide on the right side of the bed. Resident #6 stated that he/she utilizes the grab bar to get out of bed. Observation and interview on 6/11/24 at approximately 1:00 pm with Staff A (MDS Coordinator) confirmed the above findings. Staff A also confirmed that the grab bar was not a side rail and should not be coded as a restraint on the MDS. 45419 Resident #3 Review on 6/10/24 of Resident #3's electronic medical record revealed an MDS with an ARD of 4/19/24 under the Restraint section, Coded 2, indicating bedrail restraint used daily. Observation on 6/10/24 at 9:45 a.m. of Resident #3 revealed him/her lying in bed with grab bars approximately 5 inches wide on the both sides of the bed in the up position. Further observation revealed that Resident #3 was holding onto the side rails shifting himself/herself in bed. Interview on 6/11/24 at 1:00 p.m. with Staff A confirmed the above findings. Staff A also confirmed that the grab bar was not a side rail and should not be coded as a restraint on the MDS.

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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(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. 40522 Based on interview and record review, it was determined that the facility failed to ensure that a resident who was on antipsychotic medication had adequate indication of use that was necessary to treat a specific condition as diagnosed and documented in the clinical record for 1 of 5 residents reviewed for unnecessary medications in a final sample size of 12 residents (Resident Identifier is #17). Findings include: Review on 6/10/24 of Resident #17's active physician's orders revealed a physician's order for Quetiapine (antipsychotic) 37.5 milligrams (mg) by mouth twice a day with a start date of 4/30/24 and the indication of use was for the diagnoses of dementia with other behaviors. Review on 6/11/24 of Resident #17's provider note dated 5/1/24 revealed that the assessments and plans for dementia with other behavioral disturbances was the use of Donepezil (treats memory loss and confusion) 2. 5 mg by mouth twice a day and Quetiapine 37.5 mg by mouth twice a day. Further review revealed no documentation of identified targeted behaviors and specific conditions related to dementia with other behaviors that indicated the use of the Quetiapine medication. Review on 6/11/24 of Resident #17's provider notes dated 5/7/24, 5/8/24, 5/15/24, and 5/22/24 revealed no documentation of identified targeted behaviors and specific conditions related to dementia with other behaviors that indicated the use of the Quetiapine medication. Review on 6/11/24 of Resident #17's active antipsychotic medication use care plan, dated 5/7/24, revealed no documentation of identified targeted behaviors and specific conditions related to dementia with other behaviors that indicated the use of the Quetiapine medication. Interview on 6/11/24 at approximately 12:30 p.m. with Staff D (Director of Nursing) confirmed the above findings. Review on 6/11/24 of the facility policy titled, Psychotropic Medication Use, dated July 2022, revealed: Consideration of the use of any psychotropic medication is based on comprehensive review of the resident. This include evaluation of the resident's signs and symptoms in order to identify underlying causes .Use of psychotropic medications may be considered appropriate in specific circumstances as specified in F758 . Review on 6/11/24 of the Quetiapine manufacturer's instruction from the FDA, retrieved from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2009/020639s045s046lbl.pdf, revealed: .INDICATION AND USAGE .Schizophrenia .Bipolar Disorder .Special Considerations in Treating Pediatric (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Schizophrenia and Bipolar I Disorder .WARNINGS AND PRECAUTIONS .Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. SEROQUEL (Quetiapine Fumarate) is not approved for the treatment of patients with dementia-related psychosis (see Boxed Warning) .