

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2025
NAME OF PROVIDER OR SUPPLIER Preakness Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 305 Oldham Road Wayne, NJ 07470	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # NJ00 181747</p> <p>Based on interview, medical records (MR) review, and review of pertinent facility documents on 01/14/2025, it was determined that the facility failed to develop and implement a care plan (CP) focus to include behaviors for residents who were on psychoactive medications. The deficient practice was found in 2 of 4 residents, (Resident #1 and #2), reviewed for behavior monitoring and comprehensive care planning and was evidenced by the following:</p> <p>1. According to the admission Face Sheet Record (AFSR), Resident #1 had diagnoses which included but were not limited to: Chronic Obstructive Pulmonary Disease, Atrial Fibrillation, Hypothyroidism, Essential Hypertension, and Hyperlipidemia.</p> <p>A review of Resident #1's Minimum Data Set (MDS), an assessment tool that provides a comprehensive assessment of a resident's functional capabilities, dated 09/21/2024, under Section C showed Resident #1 had a Brief Interview for Mental Status (BIMS) Score of 08 indicating Resident's cognition was moderately impaired. The MDS further revealed in Section GG-Functional Abilities and Goals that Resident required maximal assistance in his/her completion of Activities of Daily Living (ADLs). The Resident's MDS further showed under Section N- Medications that Resident was taking antipsychotic medication (class of drugs that treat mental health conditions) and an indication (a diagnosis) was noted.</p> <p>A review of the Resident #1's Physician's Order Form (POF) with Review Date of 12/2024 indicated an order originally dated 09/16/2024: OLANZAPINE TAB 5MG For Zyprexa, 1 TABLET ORALLY AT BEDTIME FOR DEMENTIA/DELIRIUM.</p> <p>A review of Resident #1's Medication Administration Record (MAR) Routine Medications dated from months of September 2024 to December 2024 indicated a medication order entry of: OLANZAPINE TAB 5MG (RP: ZYPREXA) 1 TABLET ORALLY AT BEDTIME FOR DEMENTIA/DELIRIUM with HOUR [of administration] at 8:30pm [evening].</p> <p>The MAR revealed the medication OLANZAPINE on the aforementioned months were signed and initialed by staff indicating the medication was administered to the Resident.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the document PSYCHIATRIC ASSESSMENT/EVALUATION FORM (PA/EF) dated on 9/21/24 and signed by Psychiatrist #1 [name] under History of Present Illness: 81 y/o/w [widow] .She has been on Zyprexa [Olanzapine] for hallucinations and delusions .; under Current Psychotropic Meds: Olanzapine 5 mg hs [bedtime]; Diagnosis (Justification per Med): Dementia with hallucinations; Target Behavior (per med): hallucinations.</p> <p>A review of the PA/EF dated 12/28/24 signed by Psychiatrist #1 [name] under History of Present Illness: Staff still reports intermittent episodes of hallucinations and paranoia. No side effects to .; under Current Psychotropic Meds .Diagnosis (Justification per Med): Dementia with delusions; Target Behavior (per med): paranoia.</p> <p>A review of Resident #1's document titled Psychotropic Use Review (PUR) dated 12-04-2024 revealed under Target behavior: Hallucinations delusion affecting primary daily activities - # of Episodes: 6.</p> <p>A review of Resident #1's CP with CP Reference Date of 06-10-24 did not indicate a Focus [Problem Area] addressing the Resident's Target Behaviors as mentioned above in the PA/EF and PUR. The CP furthermore did not indicate a corresponding Goal and Interventions to address the target behaviors.</p> <p>2.According to the admission Face Sheet Record (AFSR), Resident #2 had diagnoses which included but were not limited to: End Stage Renal Disease, Paroxysmal Atrial Fibrillation, Anemia, Essential Hypertension, and Type 2 Diabetes Mellitus.</p> <p>A review of Resident #2's Minimum Data Set (MDS), an assessment tool that provides a comprehensive assessment of a resident's functional capabilities, dated 10/23/2024, under Section C showed Resident #1 had a Brief Interview for Mental Status (BIMS) Score of 15 indicating Resident's cognition was intact. The MDS further revealed in Section GG-Functional Abilities and Goals that Resident required maximal assistance in his/her completion of Activities of Daily Living (ADLs). The Resident's MDS further showed under Section N- Medications that Resident was taking an antianxiety medication (type of medication used to treat anxiety and related conditions) and an indication (a diagnosis) was noted.</p> <p>A review of the Resident #2's Physician's Order Form (POF) with Review Dates of 09/2024, 10/2024, 11/2024, and 12/2024 indicated an order with original date of 09/18/2024: ALPRAZOLAM TAB 0.25MG For: XANAX, 1 TABLET ORALLY THREE TIMES WEEKLY MON-WED-FRI (30 MIN BEFORE HD [hemodialysis] FOR ANXIETY.</p> <p>A review of Resident #2's Medication Administration Record (MAR) Routine Medications with dates of September 2024, October 2024, November 2024, December 2024, and January 2025 indicated a medication order entry of: ALPRAZOLAM TAB 0.25MG (RP: XANAX) 1 TABLET ORALLY THREE TIMES WEEKLY MON-WED-FRI (30 MIN BEFORE HD [hemodialysis]) FOR ANXIETY with HOUR [of administration] at 10:30am [morning].</p> <p>The MAR revealed the medication ALPRAZOLAM on the aforementioned months were signed and initialed by staff indicating the medication was administered to the Resident.</p> <p>A review of Resident #2's document PSYCHIATRIC ASSESSMENT/EVALUATION FORM (PA/EF) dated on 10/8/24 and signed by Psychiatrist #2 [name] under History of Present Illness: 67 y/o/w AAF [alert, awake, female] .On Dialysis .Anxiety while attending Dialysis; Prescribed Xanax [dose] 30 min before dialysis .can be fidgety and easily frustrated .under Current Psychotropic Meds: Xanax [dose] 30 min before dialysis; with Updated Diagnosis: Generalized Anxiety Disorder, Adjustment Disorder.</p> <p><i>(continued on next page)</i></p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident #2's Progress Notes (PN) dated 10-17-24 11:20 am [morning] documented by Registered Nurse (RN #1), 7:10am [morning] Resident noted screaming inside her/his room asking for help . resident in no distress noted .assessment done claimed that [Resident] was given a shower this morning and that she/he was having a very bad experience .8am [morning] resident noted yelling again saying that her/his heart is about to explode resident noted anxious .assessed resident, no tachycardia [abnormal heart rate] . 10:45am [morning] pick up for therapy went down to rehab .Resident will be seen by Psychiatrist tomorrow, will continue to monitor resident .</p> <p>Further review of Resident #2's PN revealed that on 10-29-24 and as documented by RN #1, 12:45pm [afternoon] resident noted screaming in the room & crying, saying she wants to go home .talked to resident regarding her condition and she was redirected .continue to monitor behavior.</p> <p>A review of Resident #2's CP with CP Reference Date of 09-16-24 did not indicate a Focus [Problem Area] addressing the Resident's Behaviors [Anxiety while attending dialysis] was initiated as mentioned in the PA/EF and PN on the above-mentioned dates.</p> <p>In the interview of the Surveyor with the Executive Director [Administrator], Director of Nursing (DON), and the Assistant Director of Nursing (ADON) on 01/14/2025 at 11:59am [morning], the DON and ADON stated the nurses do psychotropic charting every month and a psychiatrist follows up the residents with psychotropic medications regularly. When asked regarding the absence of Care Plan on the behaviors of residents with psychotropic medications, the DON and ADON were unable to provide statements.</p> <p>A review of the facility's Policy Manual under Subject: Psychotropic Drug Use; under Objective: 1) To assure that all behavior problems are assessed properly and that every alternative to the use of psychoactive medications has been attempted to eliminate problem behaviors; 3) To assure that all residents receiving psychoactive medications are monitored daily for target behaviors, adverse side effects, and drug reactions; 4) The IDCP [inter-disciplinary care plan] assess, monitor, evaluate the resident's behavior and the use of psychoactive medications .under Procedure: .3) Upon completion of behavioral assessment the nurse will initiate an interdisciplinary team meeting to implement non-pharmacological interventions .These interventions will be entered onto the Interdisciplinary Careplan and the Care Needs Form, and the twenty four hour report .6) If psychoactive medications are initiated .c) The interdisciplinary team must initiate a care plan for psychoactive medications and update the behavioral care plan.</p> <p>N.J.A.C: 8:39-11.2 (d)(e)1,2</p>		