

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366041	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2024
NAME OF PROVIDER OR SUPPLIER Addison Heights Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 Butz Rd Maumee, OH 43537	

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 - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15816</p> <p>Based on observation, medical record review, resident and staff interview, and facility medication administration policy, the facility failed to ensure medications to treat migraine headaches were provided as ordered by the physician resulting in a significant medication error. This affected one resident (#12) reviewed for the administration of medications in a facility census of 69.</p> <p>Findings include:</p> <p>Review of Resident #12's medical record revealed the resident was admitted to the facility on [DATE]. Diagnoses included anxiety disorder, mononeuropathy, major depression, and cervicalgia. Review of the Minimum Data Set (MDS) assessment dated [DATE] assessed Resident #12 with intact cognition, and independent with activities of daily living.</p> <p>Review of the nursing plan of care dated 09/04/22, revealed it was revised to address Resident #12's acute/chronic pain related to arthritis, depression, neuropathy, overweight, gout, migraine, and muscle spasm. Interventions included: to administer analgesia as per orders. Anticipate the resident's need for pain relief and respond immediately to any complaint of pain. Evaluate the effectiveness of pain interventions each shift. Review for compliance, alleviating of symptoms, dosing schedules and resident satisfaction with results, impact on functional ability and impact on cognition. Monitor/record/report to Nurse resident complaints of pain or requests for pain treatment. Notify physician if interventions are unsuccessful or if current complaint is a significant change from residents past experience of pain. Provide the resident with reassurance that pain is time limited. Encourage to try different pain relieving methods i.e. positioning, relaxation therapy, progressive relaxation, bathing, heat and cold application, muscle stimulation, ultra-sound. Provide the resident and family with information about pain and options available for pain management. Discuss and record preferences.</p> <p>The medical record following lacked documentation that Resident #12 attended a recent neurology appointment nor a physician order for Nurtec until 04/02/24. Review of the neurology appointment physician after visit summary that the facility obtained on 04/02/24 and dated 03/26/24 noted physician orders for the administration of Aimovig 70 milligrams (mg)/milliliter (ml) injection every 30 days and Nurtec 75 mg tablet as needed (PRN) once every 24 hours (for the treatment of migraines).</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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NAME OF PROVIDER OR SUPPLIER Addison Heights Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 Butz Rd Maumee, OH 43537	
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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/02/24 at 11:10 A.M., an interview with Resident #12 revealed he attended a neurology appointment the previous week related to the treatment of migraine headaches. The resident stated a physician order was obtained for a new medication called Nurtec. However, he was told by the nurses the medication was located in the medication cart. However, there was no physician order was in the electronic medication administration record (EMAR) for administration.</p> <p>On 04/02/24 at 12:12 P.M., an interview with the Director of Nursing (DON) revealed Resident #12's neurology appointment orders were on the unit manager's desk. Review of Resident #12's orders with the DON revealed she was unaware if the medications were obtained.</p> <p>On 04/02/24 at 12:20 P.M., an observation with Licensed Practical Nurse (LPN) #200 noted the medication Nurtec 75 mg was stored in the medication cart. The package was not opened and pharmacy order slip on the container (box) was dated 03/26/24. The medication Aimovig was not located on the medication cart. Continued review of the EMAR with LPN #200 verified it lacked an order for Nurtec 75 mg by mouth as needed or Aimovig 70 mg injection once every 30 days. LPN #200 indicated she was unaware the medications had been ordered or made available to Resident #12. LPN #200 stated Resident #12's request medications for migraine headaches frequently and receives Floricet 50-325-40 mg with extra strength Tylenol 500 mg two tablets.</p> <p>On 04/02/24 at 12:29 P.M., additional interview with Resident #12 revealed he experiences migraine headaches daily and pain levels reach a level eight (pain level one no pain and level 10 being severe). Administration of the the floricet 50-325-40 mg tablet with extra strength Tylenol 500 mg two tablets had not been consistently effective.</p> <p>On 04/02/24 at 1:15 P.M., an interview with the DON revealed both medications were ordered by the physician at the appointment and delivered to the facility on [DATE]. However, no physician order was transcribed into the EMAR to direct nursing the medications were available for administration.</p> <p>Review of the facility's Administering Medications Policy, revised April 2019, revealed medications are administered in accordance with prescriber orders, including any required time frame.</p> <p>This was an incidental finding discovered during the course of the complaint investigation.</p>		