

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366153	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/01/2025
NAME OF PROVIDER OR SUPPLIER Terrace View Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 3904 North Bend Road Cincinnati, OH 45211	
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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34298 Based on medical record review, staff interview, and review of a facility provided article, the facility failed to order and administer medication with an adequate indication for use and in the presence of adverse effects. This affected one (#2) of three residents reviewed for medications. The facility census was 78. Findings include: Review of the medical record revealed Resident #2 was admitted on [DATE] with diagnoses that included cerebral infarction, attention-deficit/hyperactivity disorder (ADHD), anxiety disorder, congestive heart failure, and obstructive sleep apnea. Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 11 which indicated moderate cognitive impairment. Review of a physician order dated 12/29/24 revealed Resident #2 was ordered amphetamine-dextroamphetamine (Adderall), a central nervous system stimulant, 30 milligram (mg) with instructions to give one tablet by mouth once a day for sleep apnea for 30 days. Review of the December 2024 and January 2025 medication administration records (MARs) revealed Resident #2 was administered Adderall 30 mg at 9:00 P.M. from 12/29/24 until 01/14/25 with indication of use for sleep apnea. It was documented Resident #2 refused the scheduled Adderall the evening of 01/13/25. Further review of the December 2024 and January 2025 MARs revealed on 01/15/24 the administration time for Resident #2's Adderall was changed to 9:00 A.M. with an indication of use for sleep apnea. On 01/21/25, Resident #2's Adderall continued to be administered at 9:00 A.M. daily; however, the indication of use for the medication was changed to ADHD. Review of a physical therapy note dated 01/14/25 revealed Resident #2 was sitting in a wheelchair in the common area dozing off. Resident #2 indicated he did not get any sleep the previous night and he was given his Adderall at 8:00 P.M. Further review of the note revealed Resident #2 demonstrated increased fatigue resulting in frequent verbal cues to open his eyes. Interview on 02/01/25 at 9:05 A.M. with Resident #2 revealed he was not able to participate in therapy at times due to being weak and tired. (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

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview on 02/01/25 at 11:08 A.M. with the Administrator verified Resident #2 was administered Adderall in the evening, but after Resident #2's family expressed concerns about Adderall being administered in the evening, the time was changed to 9:00 A.M. The Administrator verified sleep apnea was the original indication of use when Resident #2 was ordered Adderall on 12/29/24. The Administrator stated she spoke with the doctor and sleep apnea was an uncommon indication for Adderall, but it could be used for sleep apnea. The Administrator verified the indication for use was changed to ADHD when Resident #2's family requested the stimulant medication not be administered in the evening. An interview on 02/01/25 at 11:45 A.M. with Pharmacist #106 stated Adderall was a stimulant, verified the medication should not be administered in the evening, and confirmed sleep apnea was not an indication for use of Adderall. Interview on 02/01/25 at 12:22 P.M. with Occupational Therapist (OT) #103 and Physical Therapy Assistant (PTA) #104 revealed Resident #2 reported being tired, and exhibited exhaustion, activity intolerance, and did not want to get out of bed for therapy. The staff members reported these symptoms were reported to Resident #2's nurse. On 02/03/25 at 12:30 P.M., Medical Doctor (MD) #107 provided an article titled, Stimulants and Sleep, located at, https://www.news-medical.net/health/Stimulants-and-Sleep.aspx. Review of the article revealed stimulants are substances that have an effect on the central nervous system and body, leading to increased alertness and difficulty in getting to sleep. Attention-deficit/hyperactivity disorder (ADHD) is linked to symptoms such as increased sleep latency and daytime somnolence and reduced rapid eye movement (REM) sleep. This deficiency represents non-compliance investigated under Complaint Number OH00161665.		