

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366319	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2024
NAME OF PROVIDER OR SUPPLIER  Twin Lakes		STREET ADDRESS, CITY, STATE, ZIP CODE 9840 Montgomery Road Cincinnati, OH 45242	

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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49771</b></p> <p>Based on record review, staff interview, and review of prescribing information, the facility failed to ensure residents did not receive antipsychotic medications without an approved indication and usage. This affected one Resident (#21) of five Residents reviewed for unnecessary medications. The facility census was 38.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #21 was admitted on [DATE] with diagnoses of Alzheimer's disease with early onset, anxiety disorder, hypertension, insomnia, unspecified psychosis, and unspecified mood disorder.</p> <p>Review of the Minimum Data Set (MDS) comprehensive assessment dated [DATE] revealed Resident #21 had moderate cognitive impairment, was always incontinent of bowel and bladder, and had no range of motion impairment in upper and lower extremities. Resident #21 required touch assistance with eating, moderate assistance with bed mobility and transfers, and maximal assistance with oral and personal hygiene, toileting, bathing, and dressing.</p> <p>Review of the physician orders for Resident #21 revealed an order dated 05/17/24 for Risperidone (antipsychotic used to treat schizophrenia or bipolar disorder) 0.25 Milligram (mg) tablet by mouth at bedtime for F02.82. A search of the International Classification of Diseases (ICD) for F02.82 revealed this is the ICD code for dementia in other diseases classified elsewhere, unspecified severity, with psychotic disturbance.</p> <p>Review of the electronic Medication Administration Record (eMAR) dated May 2024 and June 1024 revealed Resident #21 received Risperidone 0.25 mg by mouth at bedtime for F02.82 (dementia in other diseases classified elsewhere, unspecified severity, with psychotic disturbance).</p> <p>Interview on 06/04/25 at 4:48 P.M. with the Director of Nursing confirmed Resident #21 was being administered Risperidone for a diagnosis of dementia with psychotic disturbance which is not a clinically indicated diagnosis.</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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366319	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2024
NAME OF PROVIDER OR SUPPLIER  Twin Lakes		STREET ADDRESS, CITY, STATE, ZIP CODE 9840 Montgomery Road Cincinnati, OH 45242	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of the Full Prescribing Information for Risperidone as provided by the facility's pharmacy revealed a warning of increased mortality in elderly patients with dementia-related psychosis. Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. The indications and usage for Risperidone include schizophrenia and bipolar mania.</p>		