

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366381	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Concord Health & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1242 Crescent Drive Wheelersburg, OH 45694	

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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34299</p> <p>Based on interview and record review, the facility failed to have parameters for administration of two as needed pain medications for Resident #33. This affected one resident of five reviewed for unnecessary medications. The facility census was 73.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #33 revealed an admitted [DATE]. Diagnoses included chronic pain.</p> <p>Review of the significant change Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #33 was cognitively intact. Resident #33 had occasional moderate pain interfering with her activities of daily living.</p> <p>Review of the pain assessments dated 08/28/24 and 09/04/24 revealed Resident #33 had moderate pain described by the resident.</p> <p>Review of the plan of care revealed Resident #33 had pain related to recent re-fracture of right hip and surgery. The interventions included to assess/monitor pain and provide pain medication as ordered.</p> <p>Review of the physician orders dated 09/2024 revealed on 08/09/24, Resident #33 had an order for Ibuprofen (non-narcotic pain medication) 800 milligrams (mg) by mouth every eight hours as needed for mild pain and on 08/12/24, hydrocodone-acetaminophen (narcotic pain medication) 5/325 mg by mouth every six hours as needed for pain. Neither pain medication had description of mild pain, or numerical identification of pain level.</p> <p>Review of the Medication Administration Record for 09/2024 revealed Resident #33 received no doses of Ibuprofen however, received hydrocodone-acetaminophen 5/325 mg by mouth every six hours as needed for pain was administered 20 times for pain ranging from three to six on a pain scale of one to ten along with non-pharmacological interventions.</p> <p>Interview with Licensed Practical Nurse (LPN) #560 on 09/11/24 at 3:42 P.M. confirmed that a resident ordered two pain medications as needed would need parameters to help the nurse decide which medication to administer based on the resident's level of pain.</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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Director of Nursing (DON) on 09/12/24 at 1:44 P.M. confirmed as needed pain medications required level of pain parameters to ensure the nurse administered the appropriate pain medication.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34299</p> <p>Based on record review and staff interview, the facility failed to ensure Resident #31 had appropriate clinical reason/diagnosis for the use of an antipsychotic medication. This affected one (#31) of five residents reviewed for unnecessary medications. The facility census was 73.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #31 revealed an admitted [DATE] with diagnoses including dementia with psychotic disturbance, anxiety disorder, major depressive disorder, psycho-physiologic insomnia, hallucinations, and delirium.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #31 was cognitively impaired with signs and symptoms of delirium, hallucinations, delusions and verbal behaviors directed to others. Resident #31 received antipsychotic medication seven of seven days during the look back period. The antipsychotics were reviewed on a routine basis with no gradual dose reduction attempted.</p> <p>Review of the plan of care for Resident #31 revealed no plan of care specifically for hallucinations. The plan of care addressed dementia and it did not list hallucinations as a symptom or problem.</p> <p>Review of the nursing progress notes from 07/01/24 to 09/12/24 revealed occasional documentation Resident #31 had hallucinations.</p> <p>Review of the physician orders dated 09/2024 indicated Resident #31 was ordered and received quetiapine fumerate (Seroquel) (antipsychotic medication) 100 milligrams (mg) by mouth daily for hallucinations.</p> <p>Interview with Regional Clinician #999 on 09/12/24 at 9:09 A.M. confirmed hallucinations was not an appropriate diagnosis for the use of antipsychotic medication Seroquel for Resident #31.</p>		