STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366475	A. Building B. Wing	07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Smiths Mill Health Campus	7320 Smiths Mill Road New Albany, OH 43054

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, record review, review of facility policy and review of drug labels, the facility failed to have appropriate diagnoses to support the use of an antipsychotic medication. This affected one (Resident #10) out of three residents reviewed for antipsychotic medication administration. The facility census was 44. Findings Include:Review of the medical record for Resident #10 revealed an admission date of 03/17/24, with diagnoses including Parkinson's disease and dementia (without behavioral, psychotic, mood, or anxiety disturbances), altered mental status, and depression.Review of the care plan dated 10/16/24 revealed Resident #10 exhibited altered behaviors, including hallucinations. Interventions included identifying behavioral triggers, notifying the physician of changes, redirecting the resident when needed, and administering medications as ordered.Review of the Minimum Data Set (MDS) 3.0 assessment dated [DATE] documented that the resident was severely cognitively impaired, displayed no behaviors, and had no psychiatric or mood disorders.Review of Safety Alert Acknowledgements dated 10/14/25 noted that Seroquel (quetiapine) 25 milligrams (mg) oral tablets required extreme caution in residents with dementia. The override reason stated that the benefits outweighed the risks, although the resident's dementia diagnosis did not include behavioral or mood disturbances.Review of physician orders from 10/14/24 through 03/08/25 showed Seroquel 25 mg was prescribed twice daily without any associated diagnosis, administration times were scheduled between 7:00 A.M.-11:00 A.M. and 7:00 P.M.-11:00 P.M.Review of physician orders from 11/08/24 through 03/10/25 showed an increased Seroquel dose of 50 mg at bedtime with a scheduled administration time from 7:00 P.M. to 11:30 P.M. The instruction for the order referenced increased anxiety and behaviors, but no formal diagnosis was documented. A reduction in dose was initiated on 03/10/25 to 25 mg at bedtime scheduled from 7:00 P.M. to 11:30 P.M.Interview on 07/17/25 at 9:50 A.M. with Nurse Practitioner (NP) #200 confirmed Seroquel was ordered for Resident #10 without an appropriate or documented diagnosis. The NP confirmed that the medication was not being used in accordance with the Food and Drug Administration (FDA)-approved drug label and acknowledged it was being used off-label. She stated that she signed and started the order based on a recommendation from hospice.Interview on 07/17/25 at 1:36 P.M. with the Director of Nursing (DON) revealed that she was unaware the physician's order for Seroquel lacked an appropriate diagnosis. The DON stated that the medication was used to manage anxiety and hallucinations. She also confirmed that she was not aware these were not FDA-approved indications for Seroquel and further verified the facility did not ensure proper documentation or justification was in place. Review of the Seroquel FDA-approved drug label revised 10/2013 revealed indications and usage included schizophrenia and bipolar disorder.Review of the policy titled Psychotropic Medication Use dated 03/2025 revealed residents shall receive psychotropic medications only if designated medically necessary by the prescriber, with appropriate diagnosis or documentation to support its usage. This deficiency represents non-compliance investigated under Complaint Number 2562835.

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