STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395857	A. Building B. Wing	09/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ephrata Manor	99 Bethany Road Ephrata, PA 17522

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 41765 Based on a review of the facility's policy, clinical records, and staff interview, it was determined the facility failed to monitor potential side effects of anti-psychotropic medication for one of five residents reviewed (Resident 99). Findings include: Review of the facility's policy titled Psychotropic Medications, dated March 2021, revealed the facility would make every effort to comply with state and federal regulations related to the use of psychotropic medications to include regular review for continued need, appropriate dosage, side effects, risk, and benefits. The same policy also indicated potential adverse medication reactions and side effects will be evaluated. Review of Resident 99's physician order dated June 7, 2024, revealed an order for Quetiapine (anti-psychotic medication) 25 mg tablet, three tablets by mouth daily for delusional disorder (mental health condition in which a person cannot tell what is real from what is imagined). Anti-psychotic side effect (monitoring) 1-No side effect; 2-Confusion; 3-Sleep disturbance; 4-Hangover effect; 5-Restlessness with repetitive movements; 6-Uncontrolled muscle spasm, shaking, tremors; 7-Involuntary repetitive movements of the body; 8-Involuntary chewing motion, tongue movements; 9-Stiff neck. Review of Resident 99's physician order dated July 31, 2024, and August 17, 2024, revealed an order for Rexulti (anti-psychotic medication) 2 mg tablet take one tablet by mouth daily. Review of Resident 99's Medication Administration Record failed to reveal potential side effects for Quetiapine and Rexulti were monitored for August 2024, and September 1-19, 2024. Interview with the Director of Nursing was conducted on September 20, 2024, at 10:00 a.m. The Director of Nursing confirmed there were no documented side effects monitoring for both Quetiapine and Rexulti medication. The facility failed to ensure Resident 99 was monitored for the side effects of Quetiapine and Rexulti medications. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395857	A. Building B. Wing	09/20/2024

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Ephrata Manor	99 Bethany Road Ephrata, PA 17522

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Previously cited 11/3/23