

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/17/2024
NAME OF PROVIDER OR SUPPLIER  Clepper Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  959 East State Street Sharon, PA 16146	

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>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**</b> 42655</p> <p>Based on review of facility policy and clinical records and staff interview, it was determined that the facility failed to ensure that a PRN (as needed) anti-anxiety psychotropic (any drug that affects brain activities associated with mental processes and behavior) medication had clinical rationale identified for the use beyond the limitation of 14 days for one of 11 residents (Resident R34).</p> <p>Findings include:</p> <p>A review of a facility policy entitled Use of Psychotropic Medication dated 2/21/24, stated PRN orders for all psychotropic drugs shall be used only when the medication is necessary to treat a diagnosed specific condition that is documented in the clinical record, and for a limited duration (i.e. 14 days). If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she shall document their rationale in the resident's medical record and indicate the duration for PRN order.</p> <p>Resident R34's clinical record revealed an admitted [DATE], with diagnoses of encounter for palliative care (hospice care), severe protein-calorie malnutrition (inadequate intake of protein, calories, and other essential nutrients), chronic obstructive pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe), and anxiety.</p> <p>Resident R34's clinical record revealed a physician order dated 2/17/24, for Trazadone (medication to treat depression by restoring the balance of natural chemicals in the brain) 100 milligram by mouth at hour of sleep (HS) PRN. The clinical record lacked evidence of clinical rationale for the use of Trazadone beyond 14 days.</p> <p>During an interview on 5/17/24, at 10:35 a.m. the Director of Nursing confirmed there was no duration ordered by the physician for the extended time-period of Resident 34's PRN Trazadone usage beyond 14 days.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12 (d)(1) Nursing services</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
---	-------	-----------