

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth- Aiken		STREET ADDRESS, CITY, STATE, ZIP CODE 830 Laurens Street North Aiken, SC 29801	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19186</p> <p>Based on record review and interview, the facility failed to ensure that there was a process in place for the review of provider recommendations and continuity of care for 1 (Resident (R)1) of 1 resident reviewed for coordination of care.</p> <p>Findings included:</p> <p>A Resident Face Sheet revealed the facility admitted R1 on 10/12/2020. According to the Resident Face Sheet, the resident had a medical history that included bipolar disorder, post-traumatic stress disorder (PTSD), schizoaffective disorder bipolar type, dementia, unspecified disorder of adult personality and behavior, generalized anxiety disorder, suicidal ideations, and major depressive disorder.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/21/2024, revealed R1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. The MDS indicated the resident did not have any concerns related to feeling down, depressed, or hopeless. The MDS indicated the resident was independent for self-care and mobility. The MDS indicated the resident had the following diagnoses of psychiatric/mood disorder: anxiety disorder, depression, bipolar disorder, psychotic disorder, schizophrenia, major depressive disorder, and PTSD. The MDS revealed that the resident received antipsychotic, antianxiety, and antidepressant medications during the seven-day lookback period.</p> <p>R1's Care Plan, included a problem statement initiated on 12/19/2023, that indicated the resident verbalized feelings of depression, had received electroconvulsive therapy, had a history of hallucinations/altered mental status, a history of expressing self-harm, and the resident was followed by a psychiatrist. The goal statement revealed the resident would not cause harm to self and have decreased episodes of feeling depressed thru the next review. Interventions directed staff to administer medications as ordered, consult the doctor as needed, notify the medical doctor of changes, observe for suicidal ideations and report to the nurse/physician, and obtain a psychological consult/psychosocial therapy.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Consultant Pharmacist Communication to Physician report dated 04/16/2024, revealed the Center for Medicare & Medicaid Services (CMS) gradual dose reduction (GDR) review indicated that the resident was ordered diazepam 2 milligram (mg) at bedtime (QHS) for anxiety, trazadone 100 mg QHS for insomnia, duloxetine 60 mg daily for bipolar disorder, and quetiapine 100 mg QHS for schizoaffective bipolar type. The report revealed R1 was due for a dose reduction evaluation. The report revealed that the last psychiatry note scanned into the system for R1 was from 03/22/2024. The report revealed that at that time, it was suggested to consider reducing duloxetine to 40 mg daily as serotonin-norepinephrine reuptake inhibitors (SNRI) had the potential to destabilize mood in residents with bipolar disorder. The report revealed it was also suggested to reduce trazadone and increase quetiapine. The report revealed that the recommendation was No change. An attempted GDR is likely to result in impairment of function or increased distressed behavior.</p> <p>A Psychiatry Follow Up Note, dated 05/10/2024, revealed the Psychiatric Nurse Practitioner (NP) discussed the resident's case with the collaborating psychiatrist. The note revealed the medication Tegrretol was recommend as mood stabilizers were considered first line treatment for bipolar diagnosis and anti-depressants could increase manic cycling. The note revealed the resident and staff were aware to monitor for a spreading rash and to discontinue Tegrretol at the first sign which could indicate Stevens-Johnson Syndrome. The note revealed a medication trough was needed after 10 days as Tegrretol was an auto-metabolizer and dosage adjustments may be necessary. The note revealed the Psychiatric NP's recommendations/plan indicated an electrocardiography (EKG), complete blood count (CBC), comprehensive metabolic panel (CMP), liver function test (LFT), thyroid panel and lipid profile was to be completed prior to starting the medication Tegrretol. The recommendations/plan revealed a recommendation to add the medication Tegrretol 200 mg two times a day for bipolar diagnosis, monitor white blood cell count (WBC), complete a LFT, and draw medication trough after 10 days. The recommendations/plan revealed no further changes to psychotropic medications at this time.</p> <p>R1's Medication Administration Record [MAR] for the timeframe from 05/01/2024 to 05/29/2024 revealed a transcription of the following orders: Seroquel (quetiapine) 100 mg one tablet QHS with a start date of 12/06/2023; duloxetine capsule, delayed release/enteric coated (DR/EC) 60 mg one capsule once a day with a start date of 12/26/2023 and discontinued on 05/20/2024; donepezil tablet 10 mg one tablet QHS with a start date of 06/12/2023; memantine 10 mg one tablet twice a day with a start date of 06/12/2023; and diazepam 2 mg one tablet QHS with a start date of 12/28/2023 and discontinued on 05/20/2024. Further review revealed no transcription of an order for Tegrretol.</p> <p>During an interview on 06/12/2024 at 9:10 AM, the Administrator stated that R1 refused to see the facility doctor and went to an outside primary care physician (PCP).</p> <p>During an interview on 06/12/2024 at 9:30 AM, Medical Doctor (MD)11, who was the facility's primary care physician, stated that R1 had fired him three times over the last [AGE] years the resident had been at the facility. MD11 stated that he did not touch R1's psychiatric medications.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/12/2024 at 9:14 AM, the Director of Health Services (DHS) stated MD12 (R1's outside PCP) had discontinued R1's trazadone order in April 2024, and diazepam and duloxetine were discontinued on 05/20/2024. The DHS stated that she was aware when R1's medications were stopped on 05/20/2024 and the nurses were made aware of the medication changes. The DHS stated if anything came from the psychiatrist, it should be shared with R1's outside PCP. The DHS said she did not know why the new recommendations were not sent to R1's outside PCP. Per the DHS, the resident would not see MD11. The DHS further stated that it was the responsibility of the facility to notify the Psychiatric NP that R1 was seeing an outside PCP. The DHS stated that the outside PCP was not documented on R1's Resident Face Sheet. She stated that it was an oversight that the facility did not notify the Psychiatric NP that R1 was seeing an outside PCP.</p> <p>During an interview on 06/12/2024 at 3:41 PM, the DHS stated that the facility had 30 days to act on recommendations and it was not the facility's practice to wait the 30 days. The DHS stated that was the first time they had a recommendation from the Psychiatric NP to relay to the residents outside PCP. She stated that if R1 was seeing the facility doctor, they would have put the recommendations in the provider notification book and the doctor would have signed off on the orders. Per the DHS, R1 was the only resident who saw an outside PCP.</p> <p>During an interview on 06/12/2024 at 10:47 AM, the Consultant Pharmacist stated that R1's outside PCP made many changes, and she would have liked to speak to them about GDRs and stopping the medication all together.</p> <p>During an interview on 06/12/2024 at 10:15 AM, R1 stated that the resident expressed concerns with MD12 about being on too many medications and asked him to decrease them.</p> <p>During an interview on 06/12/2024 at 11:45 AM, Licensed Practical Nurse (LPN)10 stated that she called R1's outside PCP on 05/20/2024 to clarify that he wanted the duloxetine and diazepam stopped. LPN #10 stated that the doctor said he was trying to get the resident off some of their medications at R1's request.</p> <p>During an interview on 06/12/2024 at 12:50 PM, MD12 stated that he stopped R1's medications because they were not working. He stated that he had prescribed duloxetine 60 mg for back pain. MD12 stated that he did not coordinate R1's care with the Psychiatric NP and he did not touch the resident's psychiatric medications.</p> <p>During an interview on 06/12/2024 at 1:40 PM, the DHS stated that the facility did not have a policy for carrying out orders for residents with an outside PCP. The DHS stated that the recommendation for Tegretol was probably not sent to R1's outside PCP for an order. The DHS stated that the recommendations were missed.</p> <p>During an interview on 06/12/2024 at 2:39 PM, the Psychiatric NP stated that there was no medication proven that would halt suicidal thoughts. She further stated that she could not say for sure that not adding Tegretol would cause suicidal ideations. The Psychiatric NP stated that she was adding Tegretol as a mood stabilizer for bipolar and it was a first line medication. She further stated that Seroquel was an adjunct medication for bipolar. The Psychiatric NP stated that she did know that R1 was seeing an outside PCP.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/12/2024 at 4:50 PM, the Psychiatric NP confirmed that R1 was not on a mood stabilizer, and she thought R1 would benefit from being on Tegretol. The Psychiatric NP stated that in the past when the facility doctor declined her recommendation, she would see the note in the resident's chart. The Psychiatric NP confirmed that she was unaware of R1 having an outside provider and that she did not know if the recommendations were carried out.</p> <p>During an interview on 06/12/2024 at 4:45 PM, the DHS stated that the Interdisciplinary Team (IDT) team did not meet on the process of R1 having an outside PCP. The DHS stated that they reached out to the Ombudsman but did not know how to handle the situation with coordination of care.</p> <p>During an interview on 06/12/2024 at 5:25 PM, the DHS stated that it was her expectation going forward that recommendations would be communicated to the resident's PCP and facility staff would receive a response within the given 30-day timeframe. The DHS stated that the facility did not have a policy that addressed following through on physician recommendations and orders.</p> <p>During an interview on 06/12/2024 at 5:50 PM, the Administrator stated it was his expectation that staff follow the process to make sure recommendations were followed through in a timely manner.</p>