STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425372	A. Building B. Wing	08/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethea Baptist Healthcare Center	157 Home Avenue Darlington, SC 29532

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25335 Based on observation, record review, interviews, review of the Food and Drug Administration (FDA) Manufacturer' Guidelines, and review of the facility's policy and procedures, the facility and Medical Director failed to ensure that 1 of 3 residents (Resident (R)1) reviewed for falls were free of unnecessary medications. Specifically, an antipsychotic and psychoactive medication were used by the facility without proper medical rationale, proper indication for use, and the lack of behavior and side effect monitoring. Findings include: Review of the facility's undated policy titled Use of Psychotropic Medication Copyright 2024 The Compliance Store, LLC revealed, Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication(s) . The attending physician will assume leadership in medication management by developing, monitoring, and modifying the medication in collaboration with residents, their families and/or representatives, other professionals, and the interdisciplinary team. Review of the Centers for Medicare and Medicaid Memo Ref 13-35-NH dated May 24, 2013, revealed, .The problematic use of medications, such as antipsychotics, is part of a larger, growing concern. This concern is that nursing homes and other settings (i.e., hospitals, ambulatory care) may use medications as a quick fix for behavioral symptoms or as a substitute for a holistic approach that involves a thorough assessment of underlying causes of behaviors and individualized, person-centered interventions. When antipsychotic medications are used without an adequate rationale, or for the purpose of limiting or controlling behavior of an unidentified cause, there is little chance it will be effective. In addition, they commonly cause complications such as movement disorders, falls, hip fractures, cardiovascular events (cardiovascular accidents and transient ischemic events) and increased risk of death . (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the FDA's manufacturer's guideline for the use of Seroquel (quetiapine) XR (extended release), revised October 2013, revealed under the section titled, Indications and Usage that Seroquel XR is an atypical antipsychotic indicated for the treatment of Schizophrenia; Bipolar I disorder, manic or mixed episodes; Bipolar disorder, depressive episodes; Major depressive disorder, adjuvant therapy with antidepressants with a Black Box Warning Increased Mortality in Elderly Patients with Dementia related Psychosis.Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Seroquel XR is not approved for elderly patients with dementia-related psychosis. Review of R1's Face Sheet revealed R1 was admitted to the facility on [DATE], with diagnoses including but not limited to: critical illness myopathy, acute and subacute infective endocarditis and urinary tract infection. Readmissions to the facility from the hospital occurred on 04/17/24, subsequent to a diagnosis of pneumonia and on 05/13/24, subsequent to a mechanical fall from standing position resulting in fracture of the ninth right rib. Both of these readmissions included an order for Seroquel XR 50 mg by mouth at bedtime. Review of R1's Electronic Medical Record (EMR), Physicians Orders and Medication Administration Record (MAR) revealed an open ended order dated 04/24/24 for Seroquel XR 24 hr (hour); 50 mg. Amount to Administer: 1 tab; oral Once An Evening [DX: Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety] for which all doses had been charted as administered. Review of R1's EMR did not reveal and order for behavior monitoring. Review of R1's Care Plan did not reveal a Care Plan for behavior monitoring. However, there was a Care Plan for psychoactive medication and at risk for adverse reactions. Review of Physician progress notes dated 04/04/24, 06/02/24 and 07/03/24, do not comment on the use of Seroquel or behaviors. During an interview on 08/26/24 at approximately 3:39 PM, the Administrator stated he was somewhat familiar with the current regulations and the Assistant Director of Nursing (ADON) stated the use of antipsychotic medication and dementia is discussed on Wednesdays during weekly risk meetings and the Medical Director does not attend but does make rounds on Wednesdays. The ADON acknowledged that Seroquel XR 50mg at bedtime was being administered and stated she would expect a resident on Seroquel XR to have orders for behavioral monitoring. On 08/26/24 at approximately 4:05 PM, the Administrator provided a Consultant Pharmacist record of Psychoactive Utilization report, dated 05/31/24, for R1, which revealed that Quetiapine had been ordered 04/24/24 with a diagnosis of Dem w/beh. and that the next evaluation was due 10/24. During a subsequent telephone interview with the Consultant Pharmacist he stated that he started work at the Facility earlier this year, that he attends the monthly QAA (Quality Assurance) meeting, that the Medical Director does get copies of his recommendations and that he suggests monitoring for potential adverse metabolic effects for antipsychotic medications. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 08/26/24 at approximately 4:54 PM, during a telephone interview, the Medical Director and prescribing Physician stated he makes rounds weekly and was aware FDA prescribing guidelines related to diagnoses for use on Quetiapine and was unsure if behavioral monitoring had been ordered for R1. He did not describe a process to determine if a medication is still needed after hospitalization , but did state according to the nursing staff R1 is more confused, might have sundowners and is unable to sleep. The Medical Director further stated he feels that R1 needs to be on Seroquel because he has a diagnosis of dementia with behaviors which has been overlooked. When asked, he stated R1 does not have schizophrenia or bipolar disorder.