STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425396	A. Building B. Wing	05/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presbyterian Home of South Carolina-Columbia	700 Davega Drive Lexington, SC 29073

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. 48214 Based on review of the Resident Assessment Instrument (RAI) manual, report review, and interviews, the facility failed to ensure an Omnibus Budget Reconciliation Act (OBRA) assessment was transmitted timely for 3 of 5 residents (Resident (R)267, R268 and R269). Findings Include: Review of the RAI 3.0 manual section 5.2, dated 10/19, revealed Timeliness Criteria indicated .Transmitting Data: Submission files are transmitted to the Quality Improvement and Enhancement System (QIES) Assessment Submission and Processing (ASAP) system using the CMS wide area network. Providers must transmit all sections of the MDS 3.0 .Transmission requirements apply to all MDS 3.0 records used to meet both federal . requirements . Assessment Transmission .All other MDS assessments must be submitted within 14 days of the MDS Completion Date . Review of an MDS 3.0 NH Final Validation Report revealed that Minimum Data Set (MDS) submissions for R267, R268 and R269 were submitted more than 14 days after the completion date. During an interview on 05/09/24 at 12:22 PM with the MDS coordinator, she stated that she was responsible for transmitting the MDS and takes responsibility for not submitting the data in a timely manner. During an interview on 05/09/24 at 12:57 PM with the Director of Nursing (DON), she stated that it is her expectations that the MDS coordinator follow regulatory guidelines concerning submission of MDS data.

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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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** 42424 Based on interview, record review, and facility policy the facility failed to provide an appropriate clinical rationale for indication of use for Resident (R)5's antipsychotic medication. 1 of 5 reviewed for antipsychotic medications. Findings include: Review of the facility's policy titled, Facility Pharmacy Services and Procedures Manual Psychotic Medication Use last revised 10/24/22, revealed Psychotropic drugs include but are not limited to anti-anxiety, antidepressants, or sedative-hypnotics that affect brain activities associated with mental process and behavior. Procedures include: psychotropic medication is prescribed for a diagnosed condition and noted being used for convenience or discipline. Facility should comply with the Psychopharmacologic Dosage Guidelines created by the Centers for Medicare and Medicaid Services (CMS), the State Operations Manual, and all other Applicable Law relating to the use of psychopharmacologic medications. Psychotropic medications may be used to address behaviors only if non-drug approaches and interventions were attempted prior to their use. All medications used to treat behaviors must have a clinical indication and be used in the lowest possible dose to achieve the desired therapeutic effect. All medications used to treat behaviors should be monitored for efficacy; risks; benefits; and harm or adverse consequences. Antipsychotic medications used to treat behaviors or psychological conditions of dementia must be clinically indicated, be supported by an adequate rationale for use, and may not be used for a behavior with an unidentified cause. R5 was admitted to the facility on [DATE] with diagnoses including but not limited to Alzheimer's Disease, major depressive disorder (recurrent) with psychotic symptoms, and dementia with behaviors. According to the Admission Minimum Data Set (MDS) assessment dated [DATE] revealed R5 had no behaviors during the assessment period and receives antipsychotic medications on a routine basis. Review of the Manufacturer Warning for the medication, Risperidone, revealed Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. RISPERDAL(R) is not approved for use in patients with dementia-related psychosis. Record review on 05/08/24 at 01:26 PM of R5's Medication Administration Record (MAR) for March 2024 revealed Risperidone 0.5 MG (milligrams) for dementia with behavioral disturbance with an order dated of 03/28/24 was administered as ordered 03/29/24-03/31/24. Record review on 05/08/24 at 01:34 PM of R5's MAR for March 2024 revealed Risperidone oral tablet 0.5 MG for dementia with an order date of 03/21/24 and discharge date of [DATE] was administered 03/22/24-03/28/24. Record review on 05/08/24 at 01:41 PM of R5's MAR for March 2024 revealed Risperidone Oral Tablet 0.5 MG for dementia - give one tablet by mouth in the evening for dementia with an order date of 03/21/24 and discharge date of [DATE] revealed the medication was administered 03/22/24 - 03/27/24. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review on 05/08/24 at 01:45 PM of R5's MAR for March 2024 revealed Risperidone 0.5 MG with an order date of 03/28/24. The medication was administered 03/28/24 - 03/31/24. Record review on 05/08/24 at 01:49 PM of R5's MAR for March 2024 revealed R5 had no behaviors when assessed from 03/21/24 - 03/31/24. Record review on 05/08/24 at 01:55 PM of R5's April MAR revealed an order for Risperidone 0.5 MG with a start date of 03/28/24 for dementia with behavioral disturbances. R5 received this medication each day in April (04/01/24 - 04/30/24.) R5 also had an order to receive Risperidone 0.5 mg at bedtime. The April MAR revealed it was received each day in the month of April. Record review on 05/08/24 at 02:01 PM of R5's May 2024 MAR revealed an order for Risperidone 0.5 MG, give one tablet by mouth one time a day for dementia with behavioral disturbance with a start date of 03/28/24. R5 received this medication 05/01/24 - 05/08/24. Record review on 05/08/24 at 02:05 PM of R5's May 2024 MAR revealed an order for Risperidone 0.5 MG, give at bedtime with a start date of 03/28/24. R5 received this medication 05/01/24 - 05/07/24. Review on 05/09/24 at 09:34 AM of a Consultation Pharmacy Report dated 03/22/24 revealed R5's medical record listed a potentially inappropriate supporting diagnosis or indication for the following: Risperdal (2 orders) please change diagnosis to F02.818 Dementia in other disease classified elsewhere, unspecified severity with other behavioral disturbance. Recommendation: please clarify the appropriate supporting diagnosis and document accordingly. Director of Nursing Comments: none A phone interview on 05/09/24 at 9:50 AM with the Physician Assistant (PA) revealed that the resident was prescribed Risperdal while in a memory care unit prior to being admitted to this facility related to her major depressive disorder, that is recurrent with psychotic features. During the resident's most recent hospital stay, she was having psychotic features, and they increased her dosage. When the resident was admitted to the facility, her psychiatric hospital discharge summary included an order for Risperidone 0.5 MG taken daily by mouth. The PA further stated that when the Pharmacist reviewed the resident's medication on 03/22/24, they flagged the order for Risperdal due to having an inappropriate diagnosis of dementia with behavioral disturbances, which should have been updated to major depressive disorder with psychotic symptoms. Due to the resident being admitted with this medication and being on this medication since December (when they started to review resident medications), the resident is not due to for a gradual dose reduction (GDR) at this time. A phone interview on 05/09/24 at 12:37 PM with the Consultant Pharmacist revealed that they flagged the resident medication because there was no diagnosis attached to this medication, which is why they added dementia with behaviors as diagnosis because that was on the resident's face sheet and hospital summary. The Consultant Pharmacist further stated that they were unaware that dementia with behaviors is not an appropriate diagnosis for this medication. Further interview revealed that the Consultant Pharmacist did not have a clinical rationale for the resident being on this medication.