

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/02/2024
NAME OF PROVIDER OR SUPPLIER Middle River Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8274 E San Rd South Range, WI 54874	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48793</p> <p>Based on observations, interviews and record reviews, the facility did not ensure they were monitoring the effectiveness of psychotropic drugs. Behavioral monitoring was not completed as outlined in the comprehensive care plan to determine effectiveness of the medication for 1 of 3 residents (R) reviewed (R2).</p> <p>Findings include:</p> <p>The facility policy titled, Behavioral Assessment, Intervention, and Monitoring, dated 03/2019, states in part:</p> <p>.Management</p> <p>-#1. The interdisciplinary team will evaluate behavioral symptoms in residents to determine the degree of severity, distress, and potential safety risk to the resident, and develop a plan of care.</p> <p>-#10. When medications are prescribed for behavioral symptoms, documentation will include:</p> <p>b. potential underlying causes of the behavior,</p> <p>c. other approaches and interventions tried prior to use of antipsychotic medications.</p> <p>e. specific target behaviors and expected outcomes.</p> <p>h. monitor for efficacy and adverse consequences.</p> <p>Monitoring</p> <p>-#1. If the resident is being treated for altered behavior or mood, the team will seek and document any improvements or worsening in the individual's behavior, mood, or function.</p> <p>-#2. New or emergent symptoms will be documented and reported.</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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-#3. Interventions will be adjusted based on the impact on behavior and other symptoms, including any adverse consequences related to treatment .</p> <p>R2 was admitted to the facility on [DATE] and had diagnosis that include unspecified dementia, mild with behavioral disturbance, ischemic cardiomyopathy, and congestive heart failure.</p> <p>R2's Minimum Data Set (MDS) assessment, dated 08/16/24, indicated that R2 has a Brief Interview for Medical Status of 00, which indicates R2 has a severe impairment.</p> <p>R2's care plan included the following interventions:</p> <p>BEHAVIORS care plan:</p> <p>-Update provider on progressing dementia behaviors of wandering, invading other personal space initiated on 11/16/22.</p> <p>-Re-direct R2 from going into other rooms/spaces, re-direct R2 from other residents at the table when eating initiated on 06/07/24.</p> <p>-Administer behavior medications as ordered by provider. Assess for effectiveness and for side effects on medication on-going, update provider as needed initiated on 09/14/24.</p> <p>-Discuss with family best approaches initiated on 09/14/24.</p> <p>-Provide diversional activities during episodes of inappropriateness/disruptive behavior initiated on 09/14/24.</p> <p>-Re-direct R2 from male residents, when sitting at table, do not place her next to male, only across the table initiated on 09/14/24.</p> <p>-Refer to interdisciplinary team for review as needed initiated on 09/14/24.</p> <p>R2's doctors' orders read:</p> <p>-Monitor and document any increased behaviors due to Seroquel decrease every shift.</p> <p>-Behavior monitoring: targeted behavior: wandering, getting into others personal space leading to altercations, kicking at staff, history of slapping to others, Interventions: Redirect from others, offer food, reassure her. If behavior is present, document in nurses' notes: Behavior, interventions used and effectiveness of the interventions every shift.</p> <p>-Lorazepam give 0.5mg by mouth every 4 hours as needed for anxiety/behavioral disturbances related to Dementia.</p> <p>-Lorazepam give 0.5mg by mouth in the afternoon related to Dementia.</p> <p>-Citalopram Hydrobromide 10 mg tab by mouth in the evening related to Dementia.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Seroquel 25mg tab, give 12.5 mg by mouth two times a day related to Dementia with mild behavioral disturbances.</p> <p>Surveyor reviewed R2's medication administration record (MAR) and Treatment Administration Record (TAR) for September, October, November, and December. Documentation on MAR and TAR for all 4 months periodically present that R2 had behaviors but no documentation found on specific behaviors, interventions utilized, and the effectiveness of the interventions.</p> <p>Surveyor reviewed R2's progress notes for September, October, November, and December. R2's progress notes did not have documentation noted when behaviors occurred, what behaviors were assessed, what interventions were implemented, and how effective were the interventions put into place to decrease R2's behaviors.</p> <p>On 12/02/24 at 9:25 AM, Surveyor interviewed R3 and asked R3 if R3 ever had any residents wander into R3's room or any inappropriate behavior occur to R3. R3 indicated that R3 has a stop sign velcroed to door because other residents wander into R3's room, but sometimes R2 blows right through the door into R3's room. R3 indicated that last night on 12/01/24 in the evening time R2 wheeled into R3's room and began trying to rub R3's hand and kissing R3's arm. R3 told R2 no and to leave. R3 indicated R3 told staff shortly after R2 wheeled back out of R3's room.</p> <p>On 12/02/24 at 11:50 AM, Surveyor interviewed Registered Nurse (RN) C and asked if RN C knew of any instances of inappropriate behaviors and wandering with R2 in the past and from 12/01/24 in the evening into R3's room. RN C indicated that earlier in the afternoon on 12/01/24 RN C was walking into R3's room to pass medications. RN C stated, [R2] did wander into [R3's] room and [RN C] redirected [R2] out of [R3's] room, and then [RN C] wheeled [R2] out of [R3's] room. RN C indicated that R2 always wanders into other rooms, and that the floor is a memory care unit. Surveyor asked RN C why this episode was not charted in the nurse progress notes or on the MAR/TAR. RN C indicated that RN C's usual process is RN C will monitor for inappropriate behaviors and wandering from R2 and then redirect if need be and document the behaviors in the Electronic Health Record (EHR). RN C indicated that since RN C was right there with R2 that RN C felt the behavior was observed and did not need to be charted. Surveyor asked RN C if it was facility policy to not document behaviors. RN C indicated the facility policy is that behaviors are documented in the MAR/TAR and then a progress note will be attached to that documentation so that progress notes show intervention being utilized and if effective for that set behavior.</p> <p>(continued on next page)</p>		

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