STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555060	A. Building B. Wing	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor the Ridge Rehabilitation Center	350 Iris Drive Salinas, CA 93906

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to explain the risks and benefits of psychotropic medications (any drug that affects brain activities associated with mental processes and behavior) during the consent process to the responsible party for one of 5 sampled residents (Resident 108).This failure resulted in Resident 108's responsible party not fully informed about the psychotropic medications, including their nature, degree, duration, probability of side effects, significant risks, and potential interactions with other drugs the resident is receiving.Cross reference to F0757.Findings:Review of Resident 108's admission record indicated, was admitted to the facility on [DATE] with diagnoses including cervical spinal stenosis (a condition where the spinal canal in the neck becomes narrowed, putting pressure on the spinal cord and nerves), bacteremia (the presence of bacteria in the bloodstream), depression (a serious mood disorder characterized by persistent sadness, loss of interest, and other symptoms that interfere with daily life), and post-traumatic stress disorder (PTSD - a mental health condition that can develop after a person experiences or witnesses a traumatic event).During a concurrent interview and record review on 9/24/25 at 11:12 AM with Licensed Vocational Nurse (LVN) 3, Resident 108's order summary for 9/2025 was reviewed. The order summary indicated the following medications: 9/17/25: Quetiapine fumarate (also known as Seroquel - a drug used to treat schizophrenia, a serious mental health condition) oral tablet 25 milligrams (mg). Give 0.5 tablet by mouth at bedtime related to PTSD manifested by (m/b) delirium (a sudden, temporary state of confusion that can cause a person to have trouble paying attention, thinking clearly, and being aware of their surroundings).9/15/25: Ramelteon (a drug used to treat insomnia) oral tablet 8 mg. Give 1 tablet by mouth at bedtime related to depression m/b inability to sleep.9/15/25: Sertraline hydrochloride (HCl) (a drug used to treat depression) oral tablet 100 mg. Give 1 tablet by mouth one time a day related to depression m/b verbalization of feeling sad.LVN 3 stated that the Assistant Director of Nursing (ADON) obtained verbal consent from Resident 108's responsible party, resident's healthcare decision maker, on 9/15/25 for the use of Ramelteon, Sertraline, and Quetiapine.A review of Resident 108's Psychotropic Medication Administration Disclosure and Informed Consent for the use of Ramelteon, Sertraline, and Quetiapine indicated that verbal consent was obtained from the Resident 108's responsible party on 9/15/25. However, the Informed Consent document did not specify the name of the physician who obtained the verbal consent and explained the risks and benefits of Ramelteon, Sertraline, and Quetiapine.During an interview on 9/24/25 at 12:02 PM, the ADON stated, she obtained verbal consent via telephone from Resident 108's responsible party to start the Ramelteon, Sertraline, and Quetiapine. The ADON also stated that the risk and benefits were not explained to the responsible party during the consent process. The ADON stated, If it's an order from the hospital, we don't do the risk and benefits unless it is a new order in the facility.During an interview on 9/26/25 at 9:55 AM, the Director of Nursing (DON) stated that the physician should explain the risks and benefits when obtaining consent for use of any psychotropic medications.During a telephone interview on 9/26/25 at 1:08 PM, Resident 108's responsible party stated that she did not receive a call from the facility to obtain her consent for the use of Ramelteon, Sertraline, and Quetiapine. Furthermore, she stated that (continued on next page)

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

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the risks and benefits associated with these medications were not explained during the consent process. Resident 108's responsible party also mentioned that despite visiting daily, she did not receive any written information nor was she asked to sign an informed consent for the use of Ramelteon, Sertraline, and Quetiapine.According to the facility's Psychotropic Administration Informed Consent form, the Practitioner Attestation section indicated, Following the facility's procedures for obtaining Informed Consent to Psychotropic medication Use, I have reviewed the following with the Resident/Resident Representative the following material information: .The Informed Consent was received by the Resident/Resident Representative in the language, or in any form of material information they understand. The possible non-pharmacologic approaches that could address the resident's needs. The nature of the treatment and the nature and seriousness the resident's illness . The nature, degree, duration, and probability of the side effects, significant risks, and possible interactions with other drugs the resident is receiving . The Informed Consent section also indicated, The information above regarding the risks and benefits of psychotropic medication has been verbally explained to me and/or provided in writing.Review of facility's undated policy and procedure titled, Antipsychotic/Psychotropic Medication Use, indicated, .8. Before administering antipsychotic/psychotropic medication, the prescribing practitioner shall obtain Informed Consent, which will be verified by a Licensed Nurse.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record review, the facility did not ensure one of 5 residents (Resident 8) receiving medication to treat a specific diagnosed condition, when Resident 8 has an order for Depakote ER oral tab 250 mg one tab by mouth at bedtime for Dementia in other Diseases Classified Elsewhere, moderate, with other Behavioral Disturbance manifested by verbal sexual disinhibition.This failure has potential for residents receiving unnecessary medication.Review of admission Record of Resident 8, admitted on [DATE] and readmitted [DATE] with diagnoses including: Dementia (a brain disorder that causes decline in memory and thinking) in other disease classified elsewhere, moderate with other behavioral disturbances, Anxiety Disorder (a mental condition like persistent worry, fear and nervousness), Depression(condition with persistent sadness, hopelessness and loss of interest, Urinary Tract Infection (infection of the urinary tract caused by bacteria). During an observation on 9/22/25 at 11 AM, there is Enhanced Barrier Precaution (EBP) on the door. Resident 8 is sitting on the bed, alert and smiling when introduced myself. Has a foley catheter, with bag cover and a basin on the floor. Did not give any answer to other question if he is getting care he needs. He touched his stomach and stated, I'm hungry.During a review of Resident 8's Minimum Date Set (MDS), dated [DATE], the Brief Interview for Mental Status (BIMS - brief screening for mental status) score is 3, indicating cognitive impairment. During an interview on 9/25/25 at 11 AM, with Social Services Director (SSD), SSD stated , resident 8 is receiving Depakote for mood stabilizer, he yells out to staff during care.Review of Order Summary Report, dated September 25.2025, the Order Summary Report indicated, Depakote ER Oral Tablet Extended Release 24 Hour 250 mg (Divalproex Sodium) Give 1 tablet by mouth at bedtime related to Dementia in Other Diseases Classified Elsewhere, Moderate, with other Behavioral Disturbances m/b verbal sexual disinhibition.Review of Medication Administration Record (MAR) dated 9/1/-9/30/25, the MAR indicated,: Anti-Convulsant : Monitor episodes of manifested by (m/b) verbal sexual disinhibition every shift. Review of facility document Psychoactive medications documentation of maintenance as determined by the Primary Physician, dated 9/17/25, the Psychoactive medication documentation indicated, Depakote ER 250 mg once a day (QD), diagnosis: dementia with behavioral disturbance.Review of facility document Psychotropic Medication Administration Disclosure, the Drug Information indicated, Anti-manic Drug: Depakote Extended Release (ER) 250 mg at bedtime r/t Dementia with behavioral disturbance m/b verbal sexual disinhibition.During an interview on 9/25/25 at 11:30 AM, with facility Pharmacist, pharmacist stated, is aware that Depakote ER is ordered for Dementia. The Pharmacist Medication Regimen Review (MRR) on 4/18/2025, indicated recommendation for Depakote's Food and Drug Administration (FDA) approved diagnoses for use.During an interview on 9/25/25 at 12:10PM, with Director of Nursing (DON), DON stated, is aware of the issue. Has notified the Physician of the recommendation from pharmacist. No changes made till now.During an interview on 9/25/25 at 3PM, with Licensed Vocational Nurse (LVN) 1, LVN1 stated, she knows the resident well, he is fine but can be verbally and physically aggressive, can hit and grab, staff needs to be careful. But we found out that we can leave him in the room with tv on, he is quiet. He does not like the noise out here by the nursing station. He is bilingual. He takes Namenda in AM and Depakote at night.During an interview on 9/26/25 at 11:15 AM, with Certified Nursing Assistant (CNA1), CNA1 stated, resident is combative, grabbing staff, he is verbally and physically touching. Needs 2 people as buddy system during care to this resident.Review of facility Policy and Procedure, Antipsychotic/Psychotropic Medication Use, dated 6/21, Policy indicated, Policy Statement: Antipsychotic medications may be considered for residents with dementia, but only after medical, physical, functional, psychological, emotional, psychiatric, social and environmental causes of behavioral symptoms have been identified and addressed. Policy Interpretation: 6. Diagnosis of a (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	specific condition, an indication of use, and targeted behavior for which antipsychotic/psychotropic mediations are necessary to treat will be based on a comprehensive assessment of the resident.

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. Based on observation, interview, and record review, the facility failed to ensure that restorative care services were provided to one resident (Resident 11) by not applying the resident's Ankle Foot Orthosis (AFO-a brace that you wear on your lower leg and foot to help you walk better and more safely) as ordered by the physician.This failure to implement restorative interventions as ordered had the potential to contribute to functional decline, increased risk of falls, and reduced quality of life for Resident 11. Findings:A review of Resident 11 admission record dated 9/25/2025, the admission record indicated, Resident 11 had contracture (muscle or joint gets stuck in one position and can't move properly anymore) left foot, muscle weakness and Alzheimer's (brain condition that slowly affects a person's memory, thinking, and ability to do everyday tasks) Disease .During observation on 9/24/2025 at 10:22AM, resident was lying in bed watching television without AFO on Resident 11 left foot.During an interview 11 on 9/24/2025 at 10:23AM with Resident 11, Resident 11 stated, I want it that's fine if they put it on. But it has been weeks that they didn't put it on.During an interview on 9/24/2025 at 10:43AM with Restorative Nursing Assistant (RNA), RNA confirmed the AFO was not applied and stated, The splint is not on, I did not put it on this morning, I only work as RNA during Friday, Saturday, Sunday. I don't know who will do it if I'm not here.Interview on 09/24/2025 at 1:38 PM with Assistant Director of Nursing (ADON), The ADON stated, There is no monitoring in the system to confirm whether the splint was applied. The last documented application was on 06/27/2025.A review of Rehabilitation screen document dated 4/11/2025, the rehabilitation screen document indicated, current program.current therapy orders or restorative programs.Patient is having history of severe bilateral ankle plantar flexion contracture. Therapist did give AFO splints for both ankles. Caregiver education done with CNA and Nursing also, initiated on and off schedule for splints.A review of Physician Order dated 5/14/2025, the physician order indicated, RNA to apply BAFO (Bilateral AFO) to bilateral (both side) ankle, 6/week, for 8 hours as tolerated with skin check.A review of Care Plan dated 3/21/2025, the care plan indicated, Resident 11 has impaired mobility with left foot contracture.monitor for pain and reposition for comfort, order for patient will wear left resting splint QD (everyday).A review of Functional Impairment - Clinical Protocol dated 3/2018, the Functional Impairment - Clinical Protocol indicated, Assessment and recognition .3. The staff and physician will identify individuals with potential for significant improvement in function or significant decline in function, including the ability to perform activities of daily living. Monitoring and follow-up, 1. The staff will monitor and document the resident/patient's function (for example, evidence of reduced ADL dependency, improved ambulation, improved balance and gait, etc) and will discuss this with the physician periodically in conjunction with a discussion of medical interventions and plans of care.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that a prescribed psychotropic (a medicine that affects your brain and changes how you think, feel, or behave) medication was ordered and available for one of one sampled residents (Resident 34), resulting in a delay in administration.This failure had the potential to compromise Resident 34 mental health stability, disruption of therapeutic treatment, and adverse effects on the resident's psychosocial well-being. During a medication pass observation conducted on 9/24/2025 at 10:20 AM, front of room [ROOM NUMBER], a psychotropic medication Seroquel 25mg was not available for Resident 34.Interview on 9/24/2025 at 10:21AM with Licensed Vocational Nurse (LVN) 1, LVN 1 stated, Seroquel (a medicine that helps balance chemicals in the brain to improve mood, thinking, and behavior) is not available, I don't know what happened, I think I ordered it last Saturday (9/20/2025), I faxed the refill order to the pharmacy. I need to call pharmacy. When asked to show the documentation the LVN faxed it, LVN stated, I don't where it is.Concurrent Interview and record review on 9/24/2025 at 10:50AM with Assistant Director of Nursing (ADON), ADON stated, If the medication is running low, staff are expected to request a refill. There is a sticker in the bubble pack that serves as a reminder to reorder. In the system, the Seroquel 25 mg was ordered on Monday, 9/22/2025. If the medication is not received, staff should follow up with the pharmacy to ensure timely delivery. I will find out what happened regarding the lack of delivery.Review of Resident 34's Medication Administration Record (MAR) dated 9/24/2025, the MAR indicated the following order, Quetiapine Fumerate Oral tablet 25mg , Give 1 tablet by mouth one time only for physical and verbal aggression towards others related to unspecified psychosis not to substance or known physiological condition. The MAR also noted that the medication was placed on hold (HD).During a review of Resident 34's titled admission Record (AR), the AR indicated, Diagnosis information, Alzheimer's Disease, Unspecified Psychosis not due to a substance or known Physiological condition.During a review of the facility's policy and procedure (P&P) titled, Medication Ordering and Receiving from Pharmacy dated April 2008, the P&P indicated, Medications and related products are received from the dispensing pharmacy on a timely basis. The facility maintains accurate records of medication order and receipt.If not automatically refilled by the pharmacy, repeat medications (refills) are written on a medication order form/ordered by peeling the bottom part of the pharmacy label and placing it in the appropriate area on the order form provided by the pharmacy for that purpose and ordered as follows: a. Reorder medication 5 days in advance of need to assure an adequate supply is on hand.c. the refill order is called in faxed, or otherwise transmitted to the pharmacy.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure that the medication for 1 resident (Resident 8), was changed in response to identified irregularities, when during a Medication Regimen Review (MRR) by pharmacist, gave recommendation for approved diagnoses for use of Depakote Extended Release (ER).This failure has potential for residents receiving unnecessary medications.Review of admission Record, admitted on [DATE] and readmitted [DATE] with diagnoses including: Dementia (a brain disorder that causes decline in memory and thinking) in other disease classified elsewhere, moderate with other behavioral disturbances, Anxiety Disorder (a mental condition like persistent worry, fear and nervousness), Depression(condition with persistent sadness, hopelessness and loss of interest, Urinary Tract Infection (infection of the urinary tract caused by bacteria). During a record review, Order Summary Report, dated September 25.2025, the Order Summary Report indicated, Depakote ER Oral Tablet Extended Release 24 Hour 250 mg (Divalproex Sodium) Give 1 tablet by mouth at bedtime related to Dementia in Other Diseases Classified Elsewhere, Moderate, with other Behavioral Disturbances m/b verbal sexual disinhibition.Review of Medication Administration Record dated 9/1/-9/30/25, the Medication Administration Record indicated, Anti-Convulsant : Monitor episodes of m/b verbal sexual disinhibition Q shift. Review of facility document Psychoactive medications documentation of maintenance as determined by the Primary Physician dated 9/17/25, the Psychoactive medication documentation indicated, Depakote ER 250 mg QD, diagnosis: dementia with behavioral disturbance.Review of facility document Psychotropic Medication Administration Disclosure Drug Information, the drug information indicated, Anti-manic Drug: Depakote ER 250 mg Q HS r/t Dementia with behavioral disturbance m/b verbal sexual disinhibition.During an interview on 9/25/25 at 11:30 Am, with facility Pharmacist, pharmacist atated, is aware that Depakote ER is ordered for Dementia. the pharmacist Medication Regimen Review (MRR) dated 4/18/2025, gave recommendation for Depakote's FDA approved diagnoses for use.Review of MRR note to attending Physician by PharmD, dated 4/18/25, the note indicated, This resident is receiving Depakote for dementia .please note that the following are the only FDA approved diagnoses for use of Depakote: Absence Seizures, Migraine prophylaxis, myoclonic seizures, partial seizures, Bipolar disorder, Mania. Please do either of the following: clarify the diagnosis or document risk vs benefits for using Depakote for any off-label diagnosis.During an interview on 9/25/25 at 12:10PM, with Director of Nursing (DON), DON stated , she is aware of the issue. Has notified MD of the recommendation from pharmacist. No changes till now.Review of Nurses progress notes, dated 4/28/25, entered by DON, the nurses progress notes indicated, MRR review related to Depakote to use off label. Notify MD to document risk and benefits. RP aware. No further notes were found. Notes did not indicate risks and benefits documentation by a physician.Review of facility Policy and Procedure (P&P) titled Consultant Pharmacy Reports, Medication Regimen Review (Monthly Report), dated 6/2021, the P&P indicated: Policy: The consultant pharmacist performs a comprehensive medication regimen(*MRR) at least monthly. Procedure: . D. Resident-specific irregularities and /or clinically significant risks resulting from or associated with medications are documented and reported to the Director of Nursing, and/or prescriber as appropriate. E. Recommendations are acted upon and documented by the facility staff and the prescriber. 1. Physician accepts and acts upon suggestion or rejects and provides an explanation for disagreeing by the next physician visit.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of 5 sampled residents (Resident 108) was free from unnecessary drugs when Quetiapine (also known as Seroquel - a drug used to treat schizophrenia, a serious mental health condition) was administered to treat Resident 108's post-traumatic stress disorder (PTSD - a mental health condition that can develop after a person experiences or witnesses a traumatic event) related delirium (a sudden, temporary state of confusion that can cause a person to have trouble paying attention, thinking clearly, and being aware of their surroundings). Additionally, Quetiapine was not indicated in Resident 108's discharge medication list and physician's assessment and plan.This failure resulted in Resident 108 receiving unnecessary drugs and place residents on psychotropic medications at risk for adverse health consequences which could negatively impact the residents' mental, physical, and psychosocial well-being.Findings:Review of Resident 108's admission record indicated, was admitted to the facility on [DATE] with diagnoses including cervical spinal stenosis (a condition where the spinal canal in the neck becomes narrowed, putting pressure on the spinal cord and nerves), bacteremia (the presence of bacteria in the bloodstream), depression (a serious mood disorder characterized by persistent sadness, loss of interest, and other symptoms that interfere with daily life), and post-traumatic stress disorder (PTSD - a mental health condition that can develop after a person experiences or witnesses a traumatic event).During an observation on 9/22/25 at 11:58 AM, in resident's room, Resident 108 was sleeping in bed with the television on.During a concurrent interview and record review on 9/24/25 at 11:12 AM with Licensed Vocational Nurse (LVN) 3, Resident 108's order summary for 9/2025 was reviewed. The order summary indicated, on 9/17/25, Resident 108 was ordered with Quetiapine fumarate oral tablet 25 milligrams (mg). Give 0.5 tablet by mouth at bedtime related to PTSD manifested by (m/b) delirium. LVN 3 stated she did not observe Resident 108 manifesting any behavioral symptoms since admission.During an interview on 9/24/25 at 12:02 PM, the ADON stated that it was an order from the hospital to continue Resident 108 on Quetiapine for delirium.Review of Resident 108's discharge summary from the acute hospital dated 9/15/25, under Brief Summary of Hospital Course indicated, .Delirium developed during this period (hospital course), but neurological exam remained non-focal (full neurological examination did not find a problem in a specific, localized area of the nervous system). The discharge summary also indicated Resident 108 received seroquel 12.5 (milligrams) qhs (every hour of sleep) PRN (as needed) for agitation and insomnia. Additionally, the Seroquel (quetiapine) was not included in the discharge medication list for Resident 108.Resident 108's History and Physical (H&P) dated 9/16/25 was reviewed. Under the section of diagnosis, assessment, and plan of the H&P indicated #depression and #insomnia were under the diagnosis of PTSD. Additionally, the section also indicated to continue Ramelteon, Sertraline, and trazodone as needed (prn). There was no mention of Quetiapine to be continued.During a concurrent interview and record review on 9/26/25 at 9:55 AM with the Director of Nursing (DON), Resident 108's order summary for 9/2025 was reviewed. The order summary indicated: QUEtiapine Fumarate Oral Tablet 25 MG (Quetiapine Fumarate) Give 0.5 tablet by mouth at bedtime related to POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED (F43.10) m/b (manifested by) [blank]. - Order Status: Discontinued - Start Date: 09/15/2025 QUEtiapine Fumarate Oral Tablet 25 MG (Quetiapine Fumarate) Give 0.5 tablet by mouth at bedtime related to POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED (F43.10) m/b delirium. - Order Status: Active - Start Date: 09/17/2025During a concurrent interview, the DON stated that the Quetiapine was originally ordered on 9/15/25 but was placed on hold to clarify the manifestations. Quetiapine was started on 9/17/25 for PTSD m/b delirium.Further interview and record review indicated, the DON verified that the physician's progress notes including the H&P indicated Resident 108's PTSD diagnosis but did not mention to continue the Quetiapine. The DON also reviewed the discharge summary from the acute (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	hospital but was unable to find an order for Quetiapine in the discharge medication list.During further interview and record review on 9/26/25 at 10:04 AM, the DON stated that Resident 108's behavior monitoring in the Medication Administration Record (MAR) dated 9/15/25 through 9/26/25 indicated no behaviors manifested. The DON stated that a resident exhibiting behaviors for 72 hours should be evaluated for a true behavior prior to ordering and starting a psychotropic medication.Review of the facility's undated policy and procedure titled, Antipsychotic/Psychotropic Medication Use, indicated: .1. Residents will only receive antipsychotic/psychotropic medications when necessary to treat specific conditions for which they are indicated and effective. 2. The Attending Physician and other staff will gather and document information to clarify a resident's behavior, mood, function, medical condition, specific symptoms, and risks to the resident and others . 5. Residents who are admitted from the community or transferred from a hospital and who are already receiving antipsychotic medications will be evaluated for appropriateness and indications for use. The interdisciplinary team will: .b. Re-evaluate the use of antipsychotic medication at the time of admission and/or within two weeks to consider whether the medication can be reduced, tapered, or discontinued. c. Based on assessing the resident's symptoms and overall situation, the Physician will determine whether to continue, adjust, or stop existing antipsychotic medication. 6. Diagnosis of a specific condition, an indication of use, and targeted behavior for which antipsychotic/psychotropic medications are necessary to treat will be based on a comprehensive assessment of the resident. 7. Antipsychotic medications shall generally be used only for the following conditions/diagnoses as documented in the record, consistent with the definition(s) in the Diagnostic and Statistical Manual of Mental Disorders. 9. Diagnoses alone do not warrant the use of antipsychotic/psychotropic medication. In addition to the above criteria, antipsychotic medications will generally only be considered if the following conditions are also met: The behavioral symptoms present a danger to the resident or others; AND: (1) The symptoms are identified as being due to mania or psychosis.or (2) Behavioral interventions have been attempted and included in the plan of care.