

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365870	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER JUDSON PARK		STREET ADDRESS, CITY, STATE, ZIP 2181 AMBLESIDE RD CLEVELAND, OH 44106	
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** Based on record review, interview and policy review, the facility did not ensure two residents (Residents #20 and #137) of five residents reviewed for unnecessary medications had as needed [MEDICAL CONDITION] medications addressed for necessity and a duration. The facility identified three additional residents who received as needed [MEDICAL CONDITION] medications, Residents #3, #4, and #8. Findings include: 1. Review of the medical record for Resident #20 revealed an admission on 02/05/20. [DIAGNOSES REDACTED]. The medical record reflected on 02/05/20 the physician had placed an initial order for [MEDICATION NAME], an antianxiety medication, 0.5 milligram (mg) every two hours as needed for anxiety or restlessness. No stop date was indicated or stated on the order. An interview was completed on 03/03/20 at 4:50 P.M. with the Registered Nurse (RN) #502 and verified the lack of evidence of a 14-day re-evaluation for the use of the anti-anxiety medication. Upon entrance to the facility on [DATE] at 7:30 A.M. no information was provided to evidence the 14-day reevaluation requirement. A note was left at the surveyor's desk to indicate the medication was discontinued. No evidence of the 14-day requirement was presented. An interview on 03/04/20 at 3:05 P.M. was conducted with the Administrator and these findings were verified. Review of the document titled, [MEDICAL CONDITION] Medications, last revision 01/2019, was completed, and this policy stated under bullet point #8, The physician or advanced practice nurse provides documentation in the clinical record to support the need for medications. If as needed medications are used, the documentation should be reviewed every 14 days and the rationale documented in the clinical record. 2. Resident #137 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #137's March 2020 physician orders revealed an order for [REDACTED]. #137's medical record revealed Resident #137 had been seen by the physician on 02/06/20 who documented the order of the as needed antianxiety medication and on 02/05/20 and 02/19/20 by the nurse practitioner who documented in the 02/19/20 note to continue as needed medications, not currently using at this time. None of the three visit notes specifically documented Resident #137's receipt of the as needed antipsychotic medication or a duration for the as needed antianxiety medication. Resident #137's medical record did reveal the pharmacy had reviewed the physician orders on 02/14/20 and only identified a need for a [DIAGNOSES REDACTED]. #137's antidepressant medication. Review of Resident #137's Medication Administration Record [REDACTED]. Interview with RN #502 on 03/03/20 at 4:50 P.M. verified the presence of the antianxiety and antipsychotic medication orders without stop dates and physician justification. Review of the facility policy titled, [MEDICAL CONDITION] Medications, revised January 2019, stated the physician or advanced practice nurse provides documentation in the clinical record to support the need for medications and if as needed medications are used, the documentation should be reviewed every 14 days and the rationale documented in the clinical record.		
F 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interview and record review, the facility failed to ensure medication was administered and secure for one resident (Resident #131) of 33 residents observed during the annual survey. The facility identified nine residents (Residents #1, #11, #13, #14, #15, #127, #129, #135 and #139) who were independently mobile with or without an assistive device. Findings include: Resident #131 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #131's medical record revealed a Brief Interview for Mental Status (BIMS) was completed on 02/28/20 where Resident #131 scored a 14 which demonstrated no cognitive impairment. Observation of Resident #131's bedside table on 03/02/20 at 9:55 A.M. revealed a breakfast tray which the resident was still eating off of, numerous toiletry items including tissues, a mirror, and brush, and a small plastic cup with five pills. During Resident #131's interview on 03/02/20 at 9:55 A.M., Resident #131 stated the facility staff leave her medications for her to take after she finishes her breakfast. Staff interview with Registered Nurse (RN) #500 on 03/02/20 at 10:02 A.M. verified the cup of medications at Resident #131's bedside and stated the medications should not have been left, and RN #500 then took the medications from Resident #131's room. On 03/02/20 at 10:05 A.M., RN #501 verified she had left the medications and identified the medications as Losartan (used to treat high blood pressure), [MEDICATION NAME] (antidiarrheal), [MEDICATION NAME] (used to treat high blood pressure), Tylenol (pain medication), and [MEDICATION NAME] (asthma medication).		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.