

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366135 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/12/2020 |
| NAME OF PROVIDER OF SUPPLIER MOHUN HEALTH CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 2340 AIRPORT DR COLUMBUS, OH 43219 | |
| 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 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, staff interview and record review, the facility failed to obtain a physician order [REDACTED]. #28) of two residents (Resident #7 and Resident #28) reviewed for limited range of motion. The facility census was 62. Findings include: Review of Resident #28's medical record revealed an admitted on 07/30/07 with [DIAGNOSES REDACTED]. Review of Resident #28's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was never or rarely understood. Per staff assessment, the resident had severely impaired cognition. The resident required extensive assistance from one to two staff to complete bed mobility, dressing, eating, toileting and personal hygiene. The resident was totally dependent on staff assistance to complete bathing, mobility and transfers. The resident was always incontinent of bladder and bowel. The resident was on a turning and repositioning program. Review of the progress notes for Resident #28 dated 12/18/19 revealed the resident continued to maintain flexible joints with the restorative maintenance program which included splint or brace and passive range of motion. Review of Resident #28's care plan dated 01/05/2012 revealed the resident had altered functional range of motion of bilateral hands related to contractures with an interventions that included: bilateral elbow, wrist and shoulder and lower extremity passive range of motion exercise program once a day, six to seven days per week for at least fifteen minutes per day and use of supportive devices such as splints, braces, canes, crutches, etcetera as recommended by occupational therapy. Review of Resident #28's Medication Administration Record [REDACTED]. Review of Resident #28's current physician orders [REDACTED], and 6:10 P.M. revealed the resident had a splint on her left hand. Observations of Resident #28 on 03/11/20 at 10:04 A.M., 12:24 P.M., and 4:35 P.M. revealed the resident was up in her custom wheelchair without the hand splint in place at the times of each of the observations. Interview with the Assistant Director of Nursing (ADON) on 03/11/20 at 3:03 P.M. confirmed there should be a physician order [REDACTED]. Interview with State tested Nurse Aide (STNA) #152 on 03/11/20 at 4:40 P.M. revealed Resident #28 wore a splint on her hand in the morning and then once the resident was out of bed, the splint was removed. STNA #152 confirmed the resident was not wearing a splint due to the resident being up in her wheelchair. STNA #152 stated the physical therapist provided instructions on when the resident should have the splint on and when it should be taken off. Resident #28 did not sleep with the splint on. The aide was not aware whether a physician order [REDACTED]. Interview with Registered Nurse (RN) #150 on 03/11/20 at 4:53 P.M. revealed physical therapy provided an in-service to staff regarding Resident #28's restorative nursing program and recommended the use of the splint. RN #150 stated the resident should have the splint on her hand when she is out of bed and it should be taken off when the resident was in bed. RN #150 stated the resident's physician approved the use of the splint, but there should also be an order with instructions in the resident's chart. RN #150 confirmed there was not a physician order [REDACTED].</p> | | |
| F 0758 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <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**</p> <p>Based on record review and interview, the facility failed to ensure the physician provided a rational for declining a gradual dose reduction of [MEDICAL CONDITION] medications for Residents #30 and #33. This affected two of five residents reviewed for unnecessary medications. Facility census was 62. Findings include: 1. Review of the medical record revealed Resident #30 was admitted on [DATE] with [DIAGNOSES REDACTED]. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #30 had severe cognitive impairment. The MDS also revealed the resident received antidepressant medication. Review of pharmacy note dated 12/18/19 revealed a pharmacy recommendation was made for an updated progress note for the continued need of Resident #30's [MEDICATION NAME] (antidepressant). Review of the pharmacy consultation report dated 12/18/19 revealed a recommendation for an annual review to update the progress note regarding the continued need for [MEDICATION NAME] 20 milligram (mg) daily. The Centers of Medicare and Medicaid (CMS) required an annual consideration for a gradual dose reduction (GDR) for residents that received antidepressant medications. If the medication was to continue at the current dose, a resident-specific rationale was to be provided describing why a dose reduction was clinically contraindicated. On 01/03/20, the physician marked the box to decline the recommendation because the GDR was clinically contraindicated as indicated below. There was a note to check option #1 or #2 AND provide a patient-specific rationale. The physician checked option #1 which indicated the medication was to be continued, and a GDR was likely to impair the individual function or cause psychiatric instability by exacerbating an underlying medical condition or psychiatric disorder AS DOCUMENTED BELOW. The physician signed the form but did not provide a patient-specific rationale to describe why a GDR attempt would likely impair function or cause psychiatric instability for Resident #30. Review of March 2020 physician orders [REDACTED]. Interview on 03/12/20 at 5:17 P.M. Director of Nursing (DON) verified the physician did not provide a patient-specific rationale by a GDR should not attempted for Resident #30. 2. Review of the medical record revealed Resident #33 was admitted on [DATE] with [DIAGNOSES REDACTED]. Review of the quarterly MDS dated [DATE] revealed Resident #33 had severe cognitive impairment. The MDS also revealed the resident received antipsychotic and antidepressant medication. Review of pharmacy note dated 05/22/19 revealed a pharmacy recommendation was made for an updated progress note for the continued need of Resident #33's [MEDICATION NAME] (antipsychotic) 2.5 mg daily and [MEDICATION NAME] (antidepressant) 25 mg daily. CMS required an annual consideration for a GDR for residents that received antipsychotic and antidepressant medications. If the medication was to continue at the current dose, a resident-specific rationale was to be provided describing why a dose reduction was clinically contraindicated. On 06/06/19, the physician marked the box to decline the recommendation because the GDR was clinically contraindicated as indicated below. There was a note to check option #1 or #2 AND provide a patient-specific rationale. The physician checked option #1 which indicated the medication was to be continued and a GDR was likely to impair the individual function or cause psychiatric instability by exacerbating an underlying medical condition or psychiatric disorder AS DOCUMENTED BELOW. The physician signed the form but did not provide a patient-specific rationale to describe why a GDR attempt would likely impair function or cause psychiatric instability for Resident #33. Review of March 2020 physician orders [REDACTED]. Interview on 03/12/20 at 5:17 P.M., the DON verified the physician did not provide a patient-specific rationale why a GDR should not attempted for</p> | | |
| 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.

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366135 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/12/2020 |
| NAME OF PROVIDER OF SUPPLIER MOHUN HEALTH CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 2340 AIRPORT DR COLUMBUS, OH 43219 | |
| 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>(continued... from page 1)</p> <p>Resident #33.</p> | | |