

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>205134</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ST JOSEPH'S REHABILITATION AND RESIDENCE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1133 WASHINGTON AVE PORTLAND, ME 04103</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>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.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to ensure Physician order [REDACTED].#2). Finding: A review of Resident #2's electronic orders indicated an order on 4/23/2020 for an antipsychotic/[MEDICAL CONDITION], Quetiapine 25 milligrams (mg), by mouth daily as needed (PRN) for agitation, with no noted stop date. Within the 14-day period, on 5/1/2020, a Physician's Assistant (PA) evaluated Resident #2 and determined a continued need for the PRN antipsychotic and renewed the order on 5/6/2020, again with no stop date. The antipsychotic order would have required the physician/prescriber to evaluate the Resident #2 and write a new order to continue this medication for another 14 days by 5/20/20. An assessment of Resident #2 related to the continued use of PRN Quetiapine next occurred on 7/28/20, 69 days later. The order remained in effect, with no stop date, until surveyor intervention on 8/18/2020. Resident #2 received the antipsychotic Quetiapine: once in May after 5/20/2020; 5 times in June; 6 times in July; and once in August before a change in the order was made. Further review of Resident #2's clinical record indicated on 6/29/2020, the consultant pharmacist recommended to, Please discontinue PRN quetiapine. If this PRN antipsychotic cannot be discontinued at this time, current regulations require that the prescriber directly examine the resident every 14 days to determine if the antipsychotic is still needed and document the specific condition being treated prior to issuing a new PRN order. The prescriber declined the recommendations, as dated on 7/2/2020, and indicated continued need demonstrated. The medical record lacked evidence that the prescriber examined the resident and document the specific condition that demonstrated the continued need. During an interview with the Director of Nursing and Administrator on 8/18/2020, the surveyor confirmed that the PRN order did not have a stop date and Resident #2 was not directly examined every 14 days to determine a continued need. By the conclusion of the investigation, the PRN order was discontinued.		

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.