

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045199	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER HEARTLAND REHABILITATION AND CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 19701 INTERSTATE 30 BENTON, AR 72015	
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 - Some	<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 observation, record review, and interview the facility failed to ensure PRN (as needed) [MEDICAL CONDITION] medication was not used greater than 14 days for 1 (Resident (R) #5) who required PRN [MEDICATION NAME]. This failed practice had the potential to affect the 4 residents with PRN orders for [MEDICATION NAME] as documented on a list provided by the Administrator on 8/28/2020. The findings are: Resident #5 had [DIAGNOSES REDACTED]. The Admission Minimum Data Set with an Assessment Reference Date (ARD) of 6/15/2020 documented the resident scored 0 limited assistance of one for bed mobility, transfers, walk in room and in corridor, locomotion on unit and off as supervision, and antipsychotic medication was received 7 days on the 7 day look back period. a. The August (2020) physician orders [REDACTED]. b. The August 2020 Medication Administration Record [REDACTED]. Nurses Notes dated 8/2/2020 documented, [MEDICATION NAME] Tablet 0.5 MG. Give 1 tablet by mouth every 6 hours as needed for Anxiety for 30 Days. Increased distress, restlessness with pacing and agitation. d. Nurses Notes dated 8/11/2020 documented, [MEDICATION NAME] Tablet 0.5 MG. Give 1 tablet by mouth every 6 hours as needed for Anxiety for 30 Days. resident very angry hitting nurse grabbed glasses and broke them, knocking containers on hall over and trying to pull hand rails off wall, pulling and tearing plastic. e. Nurses Notes dated 8/16/2020 documented, [MEDICATION NAME] Tablet 0.5 MG. Give 1 tablet by mouth every 6 hours as needed for Anxiety for 30 Days anxiety. f. Nurses Notes dated 8/17/20 documented, [MEDICATION NAME] give per orders for increased agitation. Attempts to redirect unsuccessful. Will monitor. g. Nurses Notes dated 8/20/2020 documented, [MEDICATION NAME] Tablet 0.5 MG. Give 1 tablet by mouth every 6 hours as needed for Anxiety for 30 Days crying, hitting staff and trying to climb on A/C (Air conditioning) unit, pulled room numbers off wall. h. Nurses Notes dated 8/23/2020 documented, [MEDICATION NAME] Tablet 0.5 MG. Give 1 tablet by mouth every 6 hours as needed for Anxiety for 30 Days. Awake at 0330 attempting to get up staff asst'd (assisted) pt (patient) up while changing brief r/t (related to) incon't (incontinent) episode pt became combative and agitated screaming very loudly attempting to hit nurse with cast arm grabbed nurse arm with left hand leaving finger nail marks on nurse gowned arm. Was able to redirect pt to remove her hold. [MEDICATION NAME] give per orders. Pt pacing in room at this time with shirt, brief and non-skid socks on. Will monitor. i. On 8/27/2020 at 9:40 a.m., the Director of Nursing (DON) was asked for the policy and procedure on [MEDICAL CONDITION] Drugs. The DON stated, We don't have a policy for [MEDICAL CONDITION] drugs, we just review them during our meetings. The DON was asked, Why wasn't the [MEDICATION NAME] for 30 days reviewed when the regulation specifically documents PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. The DON stated, We must have just missed it.</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.