

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2020
NAME OF PROVIDER OF SUPPLIER THE BRADLEY COURT		STREET ADDRESS, CITY, STATE, ZIP 675 E BRADLEY EL CAJON, CA 92021	
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	<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, interview, and record review, the facility failed to ensure a [MEDICAL CONDITION] (drug that affects behavior, mood, thoughts) as needed (PRN) medication did not exceed a 14 day use for 1 of 2 sampled residents (1). As a result, Resident 1 may have received an unnecessary medication. Findings: Per the facility Admission Record, resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On 9/5/18, a review was conducted of Resident 1's physician's orders [REDACTED]. On 9/5/18 at 10:10 A.M., an interview was conducted with LN 1. LN 1 stated, Resident 1 would yell out, and only calm down when staff would sit with her. LN 1 further stated, Resident 1 took PRN [MEDICATION NAME] without an end date and she knew PRN [MEDICATION NAME] could not be ordered for more than 14 days. On 9/5/18 at 10:35 A.M., a concurrent interview and record review was conducted with the DON (Director of Nursing). The DON stated, the MD had not visited Resident 1 since 8/10/18. The DON further stated, he was unable to find documentation from the physician to provide a reason for the PRN [MEDICATION NAME] to be extended beyond 14 days. On 5/21/19, a record review was conducted of Resident 1's physician's progress notes. The physician's progress notes did not provide a rationale for the use of the PRN [MEDICATION NAME] to be continued for more than 14 days, and there was no new order for the PRN [MEDICATION NAME] to be continued beyond the 14 days. On 5/21/19 at 9:50 A.M., an interview was conducted with the DON. The DON stated, the physician should have reevaluated Resident 1's [MEDICATION NAME] after 14 days, but did not. The DON further stated, an LN should have called the MD to reevaluate the PRN [MEDICATION NAME]. On 2/28/20 at 2:55 P.M., a telephone interview was conducted with the Pharmacist. The Pharmacist stated, it was his responsibility to review resident's medication's every month, look for medications such as [MEDICATION NAME] which were ordered PRN for more than 14 days, and document recommendations for the facility's physician to change the order. The Pharmacist further stated, during the time [MEDICATION NAME] was ordered prn, from 7/27/18 until 1/26/19, the only monthly pharmacy review which he made a recommendation to change the [MEDICATION NAME] order was the month of October 2018. The Pharmacist stated, he did not have documentation, and could not remember why the PRN [MEDICATION NAME] order was not readdressed on his monthly reviews in November, December, or January. Per the facility's policy, titled Summary of OBRA Psychoactive & Hypnotic Regulations, revised 11/2017, i. All PRN [MEDICAL CONDITION] medication orders should not exceed a 14 day length of therapy. 2. For PRN [MEDICAL CONDITION] medications, the order may only be extended past 14 days by the MD or ordering practitioner if they believe it is appropriate. A. Risk vs benefit rationale should be documented by the physician or ordering practitioner in the resident's medical record if this is indicated with a specific duration of use.</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.