

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/23/2016  
FORM APPROVED  
OMB NO. 0938-0391

POC accepted  
7/20/16 g. Mendenhall

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056378	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/13/2016
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NAME OF PROVIDER OR SUPPLIER  REGENCY OAKS POST ACUTE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3850 E. ESTHER ST. LONG BEACH, CA 90804
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F 000 INITIAL COMMENTS

The following reflects the findings of the California Department of Public Health during the investigation of a complaint.

Complaint number: CA00484808 Substantiated

Representing the Department of Public Health:  
Evaluator #36202 HFEN

The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility.

One deficiency was written as a result of entity reported incidents: CA00484808

F 329 SS=E 483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS

Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.


Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically

F 000

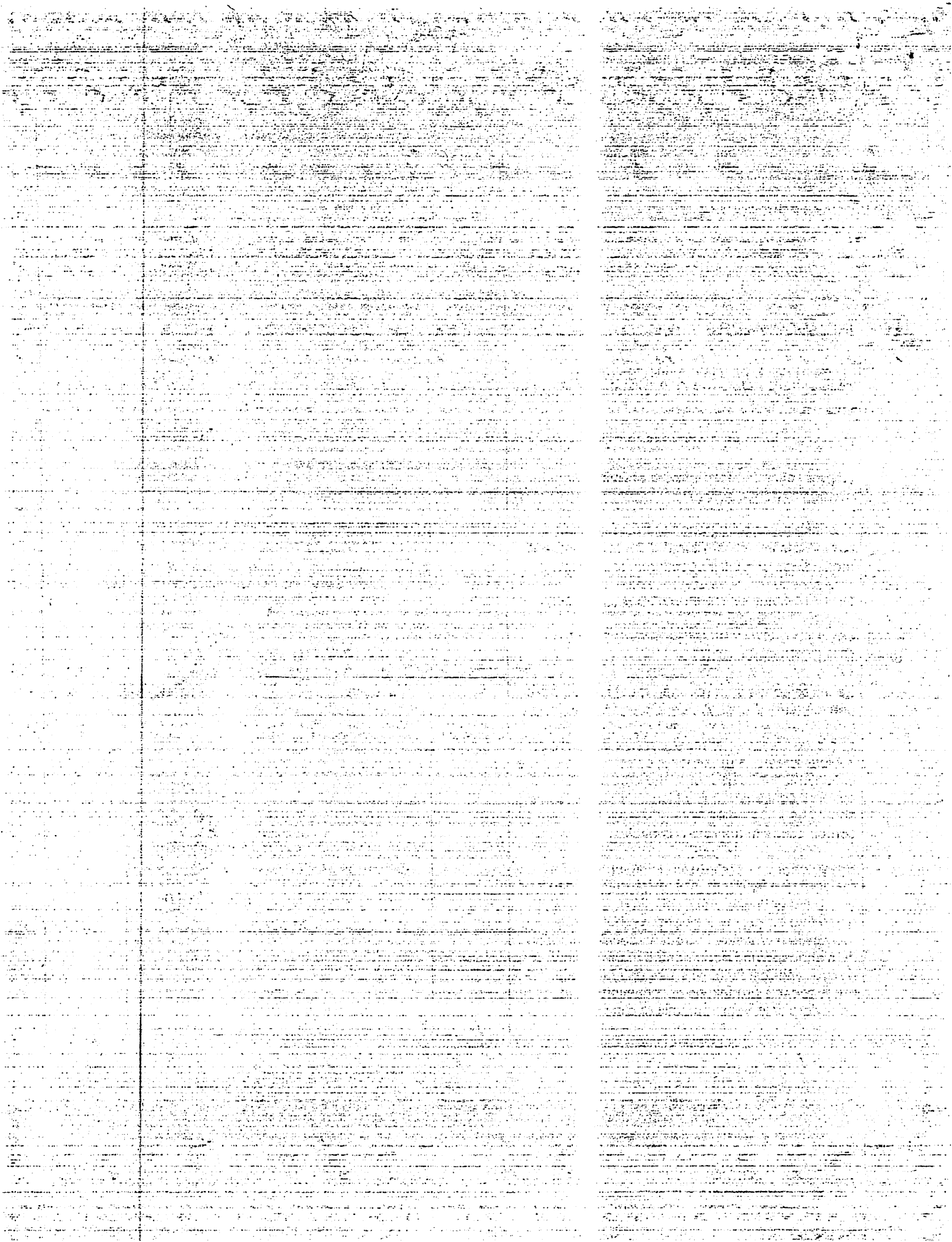
F 329

This plan of correction constitutes the facility's written credible allegation of compliance. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusion set forth on the Statement of Deficiencies. This plan of correction is prepared and/or executed solely because required by the provisions of the health and safety code section 1280 and 42 CFR 483.

HEALTH FACILITIES  
INSPECTION DIVISION  
ADMINISTRATION  
2016 JUL 19 AM 9:57  
RECEIVED

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 7-1-16
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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.



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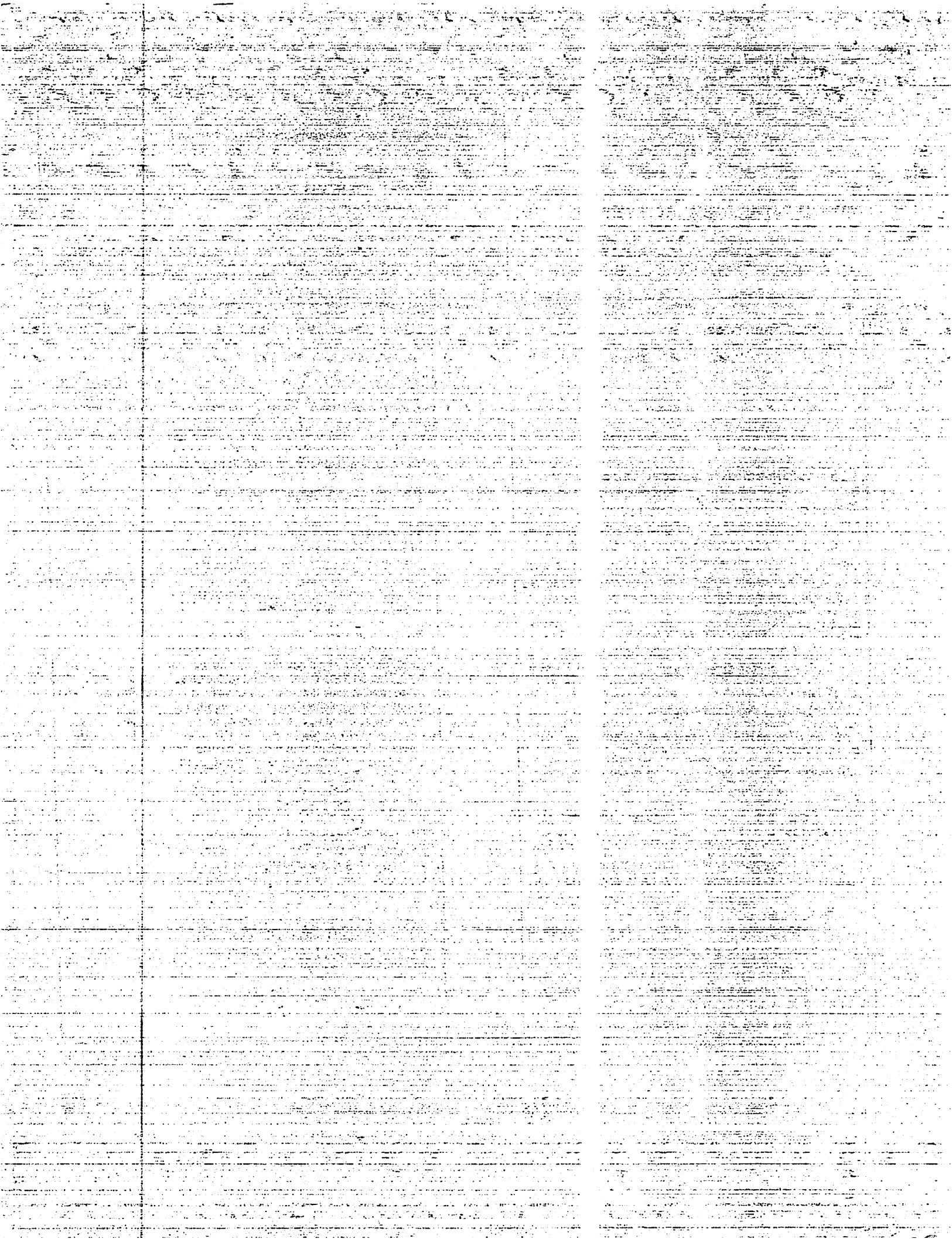
REGENCY OAKS POST ACUTE CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

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LONG BEACH, CA 90804

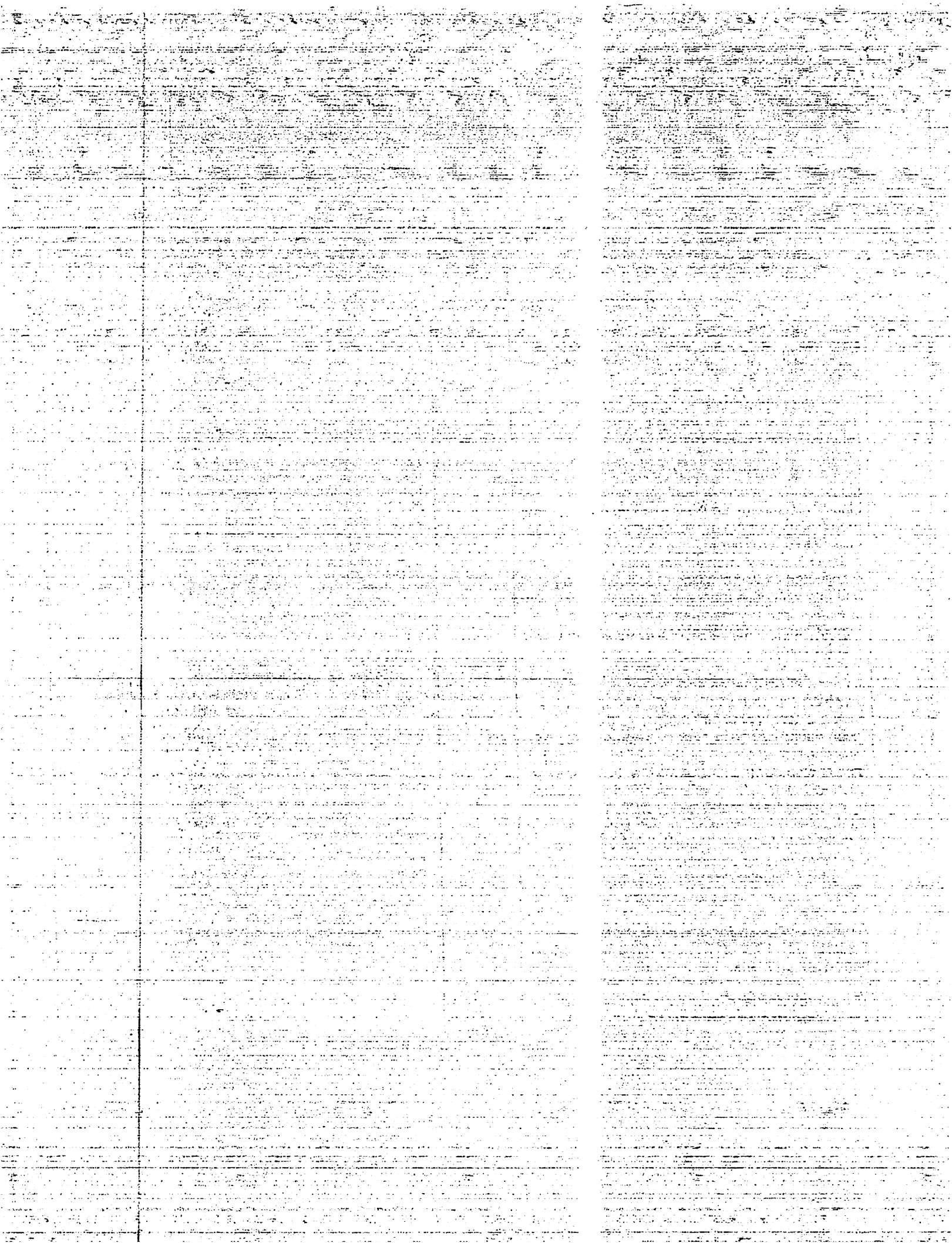
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F 329	<p>Continued From page 1</p> <p>contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure that one of one sampled resident (Resident 1) was free from unnecessary drug. Resident 1 was receiving Pristiq (anti-depressant) and Quetiapine (antipsychotic medication to treat mental illness and for behavior control) without adequate indication. This deficient practice resulted in Resident 1 receiving unnecessary drugs and placed the resident at risk for side effect.</p> <p>Findings:</p> <p>A review of record indicated Resident 1 was admitted to the facility on 4/13/15 with diagnoses including unsteady gait, right hip fracture (broken hip bone), dementia (decline in reasoning and memory), End Stage Renal Disease (ESRD-kidney no longer functioning).</p> <p>A review of Admission Minimum Data Set (MDS-standardized assessment and care planning tool) dated 4/20/15 indicated Resident 1 was assessed as able to make self-understood and was able to understand others. Resident 1 was assessed with no evidence psychosis and no behavioral symptoms exhibited. Resident 1 requires extensive assistance (resident involve in activity, staff provide weight bearing support) with locomotion on and off unit and with dressing, and</p>	F 329	<p><b>F Tag identifier: F 329</b></p> <p>Immediate corrective action(s) for those Residents affected by the deficient practice:</p> <p>Resident was discharged 07/06/2015</p> <p>Plan/Process to identify other residents potentially affected by the same deficient practice and corrective action(s) to be taken:</p> <p>Residents receiving psychotropic medications have the potential to be affected.</p> <p>RN Supervisors/designee completed a facility chart audit between 5/16/16-5/20/16 to identify residents receiving psychotropics who were due for a gradual dose reduction and reviewed for those medications that were given without adequate indications. There were no other residents affected by the deficient practice.</p> <p>Licensed Nursing staff of three shifts was inserviced by the DON on 5/16/16 &amp; 6/24/16 regarding importance of gradual dose reductions as well as the importance of giving medications with adequate indications.</p> <p>Licensed Nursing staff of all three shifts was inserviced by contracted Pharmacy Consultant on 6/27/16 regarding time frame of gradual dose reductions and the importance of giving medications with an adequate indication.</p> <p>Interdisciplinary Team was also inserviced by the administrator regarding Gradual Dose Reduction and Behavioral Management Meetings on 5/16/16.</p>	Completion Date:6/30/16



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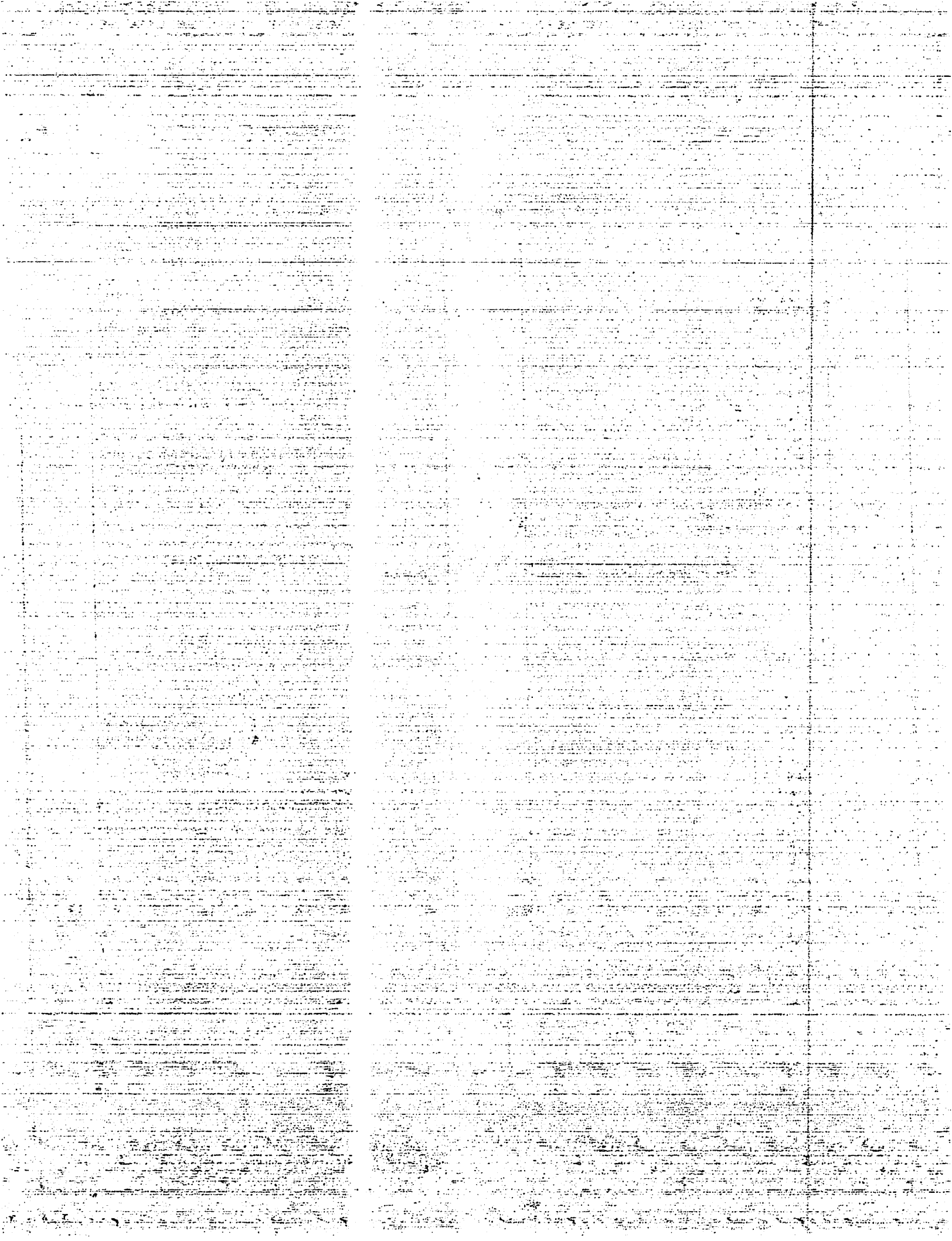
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F 329	<p>Continued From page 2</p> <p>total dependence (full staff performance on bed mobility, transfer and toilet use.</p> <p>A review of physician's order dated 4/13/15 indicated to administer Pristiq tablet sustained release 24 hours 50 milligrams daily for depression (persistent feeling of sadness and loss of interest) manifested by verbalization of sadness, Quetiapine 150 milligrams daily for bipolar disorder (is an illness that causes extreme mood changes from manic episodes of very high energy to depression). On 4/14/15 physician's order indicated to monitor episodes of depression manifested by verbalization of sadness every shift and tally with hash mark and to monitor episodes of bipolar disorder manifested by psychotic feature such as hallucinations every shift and tally with hash mark.</p> <p>A review of Medication Administration Record dated 4/13/15 thru 4/30/15 Pristiq 50 milligrams daily and Quetiapine 150 milligrams daily were given but no episodes of depression manifested by verbalization of sadness and no episodes of bipolar disorder manifested by psychotic features such as hallucinations was observed as indicated by no tallies hash marks every shift. The Medication Administration Record dated 5/1/15 thru 5/31/15 and 6/1/15 thru 6/30/15 indicated that there were no episodes of depression and no episodes of bipolar disorder were observe as indicated by no tallies hash marks every shift.</p> <p>A review of Weekly Progress Notes dated 5/20/15, 5/27/15, 6/3/15 and 6/10/15 indicated no behavioral problem.</p> <p>The Interdisciplinary Team Notes (IDT) dated 7/2/15 indicated no documented evidence that</p>	F 329	<p>Facility measures and systemic changes to ensure the deficient practice does not recur:</p> <p>Pharmacy Consultant will do monthly medication regimen reviews and continue to recommend gradual dose reductions and make recommendations for those who need an adequate indication for medications.</p> <p>Behavioral Management committee will review all psychotherapy medication and will recommend to psychiatrist or following physician for possible drug dose reduction or for clarification of medications for those medications not given with an adequate indication on a quarterly basis. Behavioral Management committee will also review new admission's psychotherapy medication within 2 weeks for possible drug dose reduction or clarifications necessary for adequate indications.</p> <p>Charge nurses, RN Supervisor and/or MDS coordinator will complete behavioral summaries on a monthly basis for the Behavioral Management Committee to review according to OBRA/MDS schedule or as needed. Medical Records Director and/or designee will do a monthly audit to be sure the behavioral summaries are updated.</p> <p>A member of the Behavioral Management Committee will also review the Medication Regimen Review with Psychiatrist or with the following physician monthly to ensure that guideline for Gradual Dose Reductions and medications that need proper or adequate indications are followed.</p>		



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F 329	<p>Continued From page 3</p> <p>the Resident 1 was assessed for the risk and benefits of continue use of Pristiq and Quetiapine.</p> <p>There were no physician progress notes indicating that the Resident 1 will benefit for continue use of Pristiq and Quetiapine and or contraindication on tapering or discontinue of the antipsychotic drugs.</p> <p>An interview with the Registered Nurse (RN 1) on 4/29/16 at 2:10 p.m., RN 1 stated that there was no psychiatric consult because there was no physician's order and the resident will only be referred if necessary. RN 1 stated "we don't have IDT meeting for Resident 1's psychotropic medications". RN 1 stated that the facility conduct an IDT for gradual reduction, and for Resident 1 they did not conduct an IDT meeting regarding the psychotropic drugs use because there were no episodes of behavior observed and the resident was stable with the psychotropic drugs. RN 1 stated "there was no behavior it means she's stable and why discontinue". RN 1 stated Resident 1 was monitored for bipolar disorder manifested by hallucination for Quetiapine use and she was not sure what kind of hallucination behavior the facility was observing for Resident 1.</p> <p>On 5/4/16 at 9:20 a.m. an interview with the Director of Nursing (DON) via telephone, the DON stated that there was no IDT meeting regarding psychotropic drugs use and Resident 1 was stable. The DON stated that the resident was admitted to the facility with psychotropic drugs.</p> <p>A review of facility's policy and procedures titled, "Antipsychotic Medication Use" dated February 2014, indicated, residents who are admitted from</p>	F 329	<p>Facility plan to monitor corrective actions and sustain compliance; Integrate QA Process:</p> <p>A quality-assurance program /Behavioral Management Committee implemented under the supervision of the Director of Nursing to monitor residents for unnecessary medications with no adequate indication or gradual dose reduction. The Director of Nurse or designee will perform the systemic change of auditing or monitoring of resident's physician's orders for psychotherapy medications. Audits schedule is based new admission and when new order is initiated.</p> <p>Any deficiencies will be corrected on the spot, and the findings of the quality-assurance checks will be documented and submitted to the Monthly Quality Assurance and Performance Improvement Meetings for further review or corrective action.</p> <p>Completion Date:6/30/16</p>		





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F 329	Continued From page 4 the community or transferred from a hospital and who are already receiving antipsychotic medications will be evaluated for the appropriateness and indications for use. The interdisciplinary team will: (b) Re-evaluate the use of the psychotic medication at the time of admission and or within two weeks (at the initial MDS assessment) to consider whether or not the medication can be reduced, tapered or discontinued. (c) Based on assessing the resident's symptoms and overall situation, the Physician will determine whether to continue, adjust, or stop existing antipsychotic medication.	F 329			

