STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146086	A. BUILDING _____ B. WING _____	**03/12/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
TUSCOLA HEALTH CARE CENTER	**1203 EGYPTIAN TRAIL TUSCOLA, IL 61953**

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	**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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to assess, identify target behaviors, monitor, and complete required gradual dose reductions for the anti-psychotic medication [MEDICATION NAME]. This failure affects four residents (R2, R11, R14, R19) of four reviewed for [MEDICAL CONDITION] medications on the sample list of 19. Findings include: The facility's [MEDICAL CONDITION] Medication Policy dated 11/28/17 documents unnecessary drugs are any drug used without adequate monitoring. Antipsychotic Drugs are neuroleptic drugs that are helpful in the treatment of [REDACTED]. The same policy documents when using a [MEDICAL CONDITION] medication, the facility will initiate a Pre-[MEDICAL CONDITION] Medication Assessment prior to administration of a newly prescribed [MEDICAL CONDITION] medication. The facility will also complete a [MEDICAL CONDITION] Medication Quarterly Evaluation at a minimum of every quarter. The same policy documents any resident receiving [MEDICAL CONDITION] medication will have an Abnormal Involuntary Movement Scale (AI[CONDITION]) assessment done at a minimum of every six months and gradual dose reductions will be attempted at least twice in one year. 1. R14's March 2020 Physician order [REDACTED]. R14's [MEDICAL CONDITION] Medication Consent- Antipsychotic dated 10/23/19 documents R14 is taking [MED] 12.5 mg every evening for the [DIAGNOSES REDACTED]. The facility was unable to provide an initial Pre-Psychotic Medication Assessment, a Quarterly [MEDICAL CONDITION] Medication Evaluation, or an Abnormal Involuntary Movement Scale (AI[CONDITION]) for R14's Antipsychotic medication [MED]. On 3/12/20 at 3:20 PM, V2, Director of Nurses, confirmed that prior to the start of R14's Antipsychotic medication [MED], the facility should have initiated the Pre-[MEDICAL CONDITION] Medication Assessment. V2 also confirmed the facility should have completed at least an initial AI[CONDITION] and one [MEDICAL CONDITION] Medication Quarterly Evaluation since the start of the medication. V2 confirmed none of these things were completed. 2. R19's March 2020 Physician order [REDACTED]. R19's [MEDICAL CONDITION] Medication Consent- Antipsychotic dated 8/16/18 documents R19 is taking [MED] 12.5 mg daily for the [DIAGNOSES REDACTED]. R19's last Quarterly [MEDICAL CONDITION] Medication Evaluation was completed on 12/11/18 and last Abnormal Involuntary Movement Scale (AI[CONDITION]) was completed on 12/11/18 for the Antipsychotic medication [MED]. On 3/12/20 at 3:20 PM, V2 confirmed that the facility did not complete AI[CONDITION] or [MEDICAL CONDITION] Medication Quarterly Evaluations for R19's [MED] since 12/11/18. V2 confirmed the AI[CONDITION] should have been done at least every 6 months and the [MEDICAL CONDITION] Medication Quarterly Evaluations should have been done at least quarterly. 3. The Physicians Order Sheet (POS) dated March 2020 for R11 documents the following medical Diagnoses: [REDACTED]. The same POS documents R11 receives [MEDICATION NAME] ([MED]) 50 mg (milligram) tablet, one tablet by mouth at bedtime. R11's Quarterly [MEDICAL CONDITION] Medication assessment dated [DATE] was the last assessment the facility provided for R11. The assessment titled Abnormal Involuntary Movement Scale (AI[CONDITION]) which is to be done every 6 months last one was completed on 9/2/19. V3, MDS/CPC (Minimum Data Set/Care Plan Coordinator) stated on 3/11/2020 at 2:30 PM The [MEDICAL CONDITION] assessments and AIMs are not up to date. What you have is the latest assessments on [MEDICAL CONDITION] drugs. R1's Medication Regimen Review form completed by the pharmacist monthly documents on 11/18/19 the pharmacist requesting the drug [MEDICATION NAME] needs to have a gradual dose reduction. The Consultation Report from the Pharmacist on 1/29/2020 states (R11) has been taking [MEDICATION NAME] 50 mg at bedtime since October 2017 for [MEDICAL CONDITION] Disorder. Recommendation: Please attempt a gradual dose reduction of [MEDICATION NAME] to 25 mg at bedtime, with the end goal of discontinuation, while monitoring for re-emergence of target behaviors and /or withdrawal symptoms. There were no evidence the facility sent this recommendation to the physician. V2 stated on [DATE] at 3 :16 PM No (R11) has not had any reductions in the [MEDICATION NAME], no quarterly psych assessments have been done or no AI[CONDITION] have been done. None of the physicians were notified of any pharmacy recommendations. R11's care plan dated 12/23/19 under the section titled [MEDICAL CONDITION] Drugs documents Attempt/Initiate gradual dose reduction as recommended by RPH (Registered Pharmacist) and as ordered by Medical Doctor. Findings include: 4. R2's Physician Order's (3/2020) document R2 receives the anti-psychotic medication [MEDICATION NAME] ([MED]), 25 milligrams, one-half tablet by mouth every other bedtime. R2's medical record does not document any assessment for the use of [MEDICATION NAME]. R2's Care Plan (8/2019) does not document targeted behaviors necessitating R2's use of [MEDICATION NAME] and did not document any alternative interventions used in lieu of the [MEDICATION NAME]. R2's medical record does not document specific monitoring of R2's [MEDICATION NAME] for negative side effects. The facility pharmacy Tracking Report ([DATE]) documents R2 began taking [MEDICATION NAME] on 6/15/2018 and was last formally assessed for negative drug side effects on 12/5/2018. On [DATE] at 3:16 PM, V2 (Director of Nursing) reported R2 did not have an assessment for use of [MEDICATION NAME], R2's Care Plan did not document any targeted behaviors for [MEDICATION NAME] use or alternate interventions for [MEDICATION NAME] use, and the facility had not formally assessed R2 for negative drug side effects since 12/5/2018.

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.