STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455724	A. BUILDING _____ B. WING _____	**06/19/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
EDGEWATER CARE CENTER	**1213 WATER ST KERRVILLE, TX 78028**

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	**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 ensure that a PRN [MEDICAL CONDITION] drug order was limited to 14 days for 1 of 7 residents (Resident #1) reviewed for unnecessary medications, in that: Resident #1 had an order for [REDACTED]. The findings were: Record review of Resident #1's undated face sheet revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #1's Physician Consolidated Orders for June 2020 revealed an order for [REDACTED]. Review of Resident #1's June 2020 Medication Administration Record [REDACTED]. In an interview on 6/19/20 at 10:35 AM the DON stated she was aware that PRN medication drug orders were limited to 14 days and the physician needed to write a rationale for the continued use of the medication. The DON went on to say the ADON was responsible for checking medication orders. In an interview on 6/19/20 at 11:03 AM the ADON stated she was aware PRN [MEDICAL CONDITION] medication orders were limited to 14 days and the physician would have to write a rationale for continued use of the medication. The ADON further stated she thought this had pertained specifically to anti-psychotic medication and did not include anti-anxiety medications. The ADON confirmed Resident #1's PRN anti-anxiety medication did not have a stop date or physician's rationale for continued use of the medication. Review of the facility policy provided by the DON titled, Guideline: Managing Psychoactive Medication Orders, undated, revealed, [MEDICAL CONDITION] medications additionally require limiting the time frame for PRN [MEDICAL CONDITION] medications which are not anti-psychotic medications to 14 days unless a longer time frame and rationale is deemed appropriate by the attending physician or prescribing practitioner and Psychoactive medications include but are not limited to the following categories of medications: [REDACTED].
F 0761 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.** Based on observation and interview the facility failed to ensure in accordance with State and Federal laws, to store all drugs and biologicals in locked compartments and permit only authorized personnel to have access to the keys for 1 of 1 treatment cart observed, in that: The treatment cart was left unlocked and unattended on 4 observations. This deficient practice could place residents at risk of injuries. The findings were: Observation on 6/15/2020 at 10:20 a.m. revealed the treatment cart was left unlocked and unattended on the 400 Hall near the nurses' station. Observation on 6/17/20 at 3:40 PM revealed the treatment cart was left unlocked and unattended towards the end of the 200 Hall. Further observation revealed the Wound Care Nurse was walking towards the treatment cart with additional supplies in her hands. Observation on 6/17/20 at 5:24 PM with the Wound Care Nurse revealed the unlocked treatment cart contained prescribed ointments, bandages, wound care wraps and other wound care treatment items in the four drawers on the cart. Observation on 6/18/20 at 5:04 PM revealed the treatment cart was left unlocked and unattended on the 400 Hall. In an interview on 6/18/20 at 5:25 PM the Wound Care Nurse confirmed she had left the treatment cart unlocked and unattended. The Wound Care Nurse also confirmed she had left the treatment cart unlocked and unattended on 6/18/20 at 5:04 PM. The Wound Care Nurse stated she would forget to lock the wound care cart at times and she should lock the cart anytime it was left unattended.

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.