

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035111	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2019
NAME OF PROVIDER OF SUPPLIER LAKE PLEASANT POST ACUTE REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 20625 NORTH LAKE PLEASANT ROAD PEORIA, AZ 85382	
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 0757 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** > Based on clinical record reviews, staff interviews, and policy review, the facility failed to ensure 2 of 6 sampled residents (#23 and #179) were free from unnecessary drugs, by failing to administer drugs according to the physician ordered parameters. The deficient practice could result in low blood pressures and residents receiving drugs which may not be necessary. Findings include: -Resident #23 was admitted on (MONTH) 2, 2019 with [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. The resident's hypertension care plan, dated (MONTH) 3, 2019, noted that the resident had [MEDICAL CONDITION]. The goal for the care plan was that the resident was to be free from signs or symptoms of complications of cardiac problems. Interventions included to give medications for hypertension and document the response to medication. The admission Minimum Data Set (MDS) assessment dated (MONTH) 12, 2019 included that the resident had a Brief Interview for Mental Status (BIMS) score of 12, which indicated mild cognitive impairment. Review of the Medication Administration Record (MAR) for (MONTH) 3, 2019 through (MONTH) 16, 2019 revealed the resident received the carvedilol when his SBP was below physician ordered parameters on nine occasions: -April 3 for a SBP of 105 mmHg -April 4 for a SBP of 91 mmHg -April 6 for a SBP of 91 mmHg -Twice on (MONTH) 7 both SBPs of 107 mmHg -April 9 for a SBP of 92 mmHg -April 10 for a SBP of 99 mmHg -April 11 for a SBP of 85 mmHg -April 14 for a SBP of 93 mmHg Review of the nursing notes for (MONTH) 3, (YEAR) through (MONTH) 16, 2019 revealed no documentation to show the medication had been held when the SBP was below the physician ordered parameters. On (MONTH) 16, 2019, the physician's orders [REDACTED]. Review of the MAR for (MONTH) 16, 2019 through (MONTH) 31, 2019 revealed the resident received the carvedilol when his SBP was below the physician ordered parameters on two occasions: -April 27 for a SBP of 90 mmHg -May 8 for a SBP of 92 mmHg Review of the nursing notes for (MONTH) 16, 2019 through (MONTH) 31, 2019 revealed no documentation to show the medication had been held when the SBP was below the physician ordered parameters. An interview was conducted on (MONTH) 12, 2019 at 2:13 p.m. with a Licensed Practical Nurse (LPN/staff #72). She stated that before she administers a blood pressure medication, she makes sure the resident's BP is within the ordered parameters and if it's too low, she holds the medication. An interview was conducted on (MONTH) 13, 2019 at 9:06 a.m. with the Director of Nursing (DON/staff 115). She stated it was rare to have parameters on a medication, but she expects the nurses to follow them. She agreed that the resident had received a blood pressure medication outside of the physician ordered parameters. -Resident #179 was admitted on (MONTH) 30, (YEAR) with [DIAGNOSES REDACTED]. A Minimum Data Set (MDS) assessment dated (MONTH) 6, (YEAR) included that resident #179 had a BIMS (Brief Interview for Mental Status) score of 15, which indicated she was cognitively intact. An Initial Admission Record dated (MONTH) 30, (YEAR) included that the resident had [MEDICAL CONDITION]. A physician's progress note dated (MONTH) 6, (YEAR) included that the resident had gained 7 pounds (lbs) and the resident felt that she was swollen. The note included that the resident had mild/moderate bilateral lower extremity [MEDICAL CONDITION], and [MEDICATION NAME] (a diuretic medication) was to be started. A physician's orders [REDACTED]. A written care plan dated (MONTH) 6, (YEAR) included that the resident was on diuretic therapy related to [MEDICAL CONDITION]. Interventions documented in the care plan included to administer medication as ordered, and (MONTH) cause dizziness, postural [MEDICAL CONDITION], fatigue, and an increased risk for falls. Review of the Medication Administration Record (MAR) for (MONTH) (YEAR) revealed the [MEDICATION NAME] was given outside of the physician's orders [REDACTED]. -November 8, (YEAR) for SBP of 86 mmHg -November 12, (YEAR) for SBP of 87 mmHg Continued review of the clinical record did not reveal any additional documentation that [MEDICATION NAME] had been held on (MONTH) 8, and 12, (YEAR). An interview was conducted on (MONTH) 11, 2019 at 12:53 p.m. with a LPN (Licensed Practical Nurse/staff #20). The nurse stated that when blood pressure parameters are ordered for the use of a medication (including [MEDICATION NAME]) the nurse checks the resident's blood pressure prior to administering the medication and if the blood pressure is too low, the medication is not given and the physician is notified. An interview was conducted on (MONTH) 12, 2019 at 10:35 a.m. with the Director of Nursing (DON/staff #115). The Director stated that when a nurse is providing a medication with a physician's orders [REDACTED]. The Director stated that the nurse should not have given the [MEDICATION NAME] 20 mg to resident #179 on (MONTH) 8, and 12, (YEAR). A policy and procedure titled Administration of Medication included a statement that medications shall be administered as prescribed by the attending physician and medications must be administered in accordance with the written orders of the attending physician including following parameter orders for blood pressure.</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.