STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155724	A. BUILDING 00 B. WING	01/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WOODBRIDGE HEALTH CAMPUS	602 WOODBRIDGE AVE LOGANSPORT, IN 46947

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00425685. Complaint IN00425685- Federal/State deficiencies related to the allegations are cited at F757. Survey dates: January 17 and 18, 2024. Facility number: 003691 Provider number: 155724 AIM number: 200456230 Census Bed Type: SNF/NF: 33 SNF: 29 Total: 62 Census Payor Type: Medicare: 17 Medicaid: 31 Other: 14 Total: 62 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review was completed on January 26, 2024.	F 0000	The submission of the Plan of Correction does not indicate an admission by Woodbridge Health Campus that the findings and allegations contained herein are accurate, a true representation of the quality of care provided, or the living environment provided to the residents of Woodbridge Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility is committed to compliance with its regulatory and legal standards as well as quality of care and alleges that it is in substantial compliance with all state and federal requirements governing the management of this facility. Woodbridge Health Campus submits that the effective date for substantial compliance is 02/01/2024. This Plan of Correction is submitted in accordance with this provider's legal and regulatory requirements, and not as an admission of any wrongdoing. The facility respectfully requests from the Department of Health a desk review of this submission for substantial compliance, which is expressly alleged as part of this submission.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Alma Nieves	Executive Director	02/12/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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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F 0757 SS=D Bldg. 00	483.45(d)(1)-(6) Drug Regimen is Free from Unnecessary Drugs §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. Based on interview and record review, the facility failed to ensure nonpharmacological interventions were implemented prior to administering a duplicate antianxiety medication, to document potential medication side effects and to ensure a duplicate antianxiety medication had a clinical rationale for the continued use of the medication for 1 of 3 residents reviewed for unnecessary medication. (Resident C) Finding includes: During an interview, on 1/18/24 at 12:22 p.m., an anonymous family member indicated, on 1/7/24	F 0757	a="" name="_Hlk136957409"> 1. resident c was affected. resident was assessed with no adverse effects noted related to the alleged deficient practice. 2. all residents taking PRN psychoactive medications have the potential to be affected. All residents prescribed PRN psychoactive medications have been reviewed to ensure that side effect monitoring, documentation	02/01/2024

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	after 12:00 p.m., Resident C was scared, acting differently, and was not able to form words. The resident was able to talk just fine a day later and could not remember the previous day. The staff were aware of the resident not being able to form words and acting differently than usual when the family talked to the staff on 1/7/24 and on 1/8/24. The record for Resident C was reviewed on 1/18/24 at 11:35 a.m. Diagnoses included, but were not limited to, malignant neoplasm of unspecified bronchus or lung, chronic obstructive pulmonary disease, anxiety disorder, and rheumatoid arthritis. A care plan, dated 12/31/22, indicated the resident was at risk for adverse consequences related to receiving antianxiety medication. The goal was the resident would not exhibit signs of drug related side effects or adverse drug reactions. The approaches included, but were not limited to, attempt non-pharmacological interventions prior to administering as needed antianxiety medication, monitor for drug effectiveness and adverse consequences, and to provide the lowest effective dose possible. A physician's order, dated 10/19/23 and open ended, indicated to give diazepam (an antianxiety medication) 5 milligram (mg) three times a day routinely for anxiety. A physician's order, dated 11/22/23 through 1/1/24, indicated to give hydroxyzine hydrochloride (HCL) (an antihistamine given for anxiety) 25 mg twice daily as needed for increased anxiety. A pharmacy recommendation, dated 12/29/23 at 11:52 a.m., indicated the pharmacy recommended assessing the psychotropic as needed (prn)		of nonpharmacological interventions, and documentation of clinical rationale for use is present. all nurses and social service director (SSD) have been educated on the importance of ensuring nonpharmacological interventions are attempted prior to the administration of PRN medication. All nurses and the SSD have been educated on ensuring that prn psychoactive medications are only in place for 14days and that clinical rationale for extended use beyond 14 days is clearly documented. all nurses and SSD have been educated on ensuring that side effect monitoring is in place for all residents who are receiving PRN psychoactive medication. 3. As a measure of ongoing compliance, the Director of Health Services, DHS or designee, will audit 5 residents, as available, who are on PRN psychotropic medications to ensure that nonpharmacological interventions are documented, clinical rationale is documented, and side effect monitoring is in place. Audits will occur weekly times 4 weeks, every other week for 2 months, and monthly for 3 months. 4. as a quality of measure, the Executive Director or designee will review any findings and corrective actions at least quarterly in the	

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	medication hydroxyzine HCL 25 mg which had been active since 11/22/23. The Federal regulations required all prn psychoactive initially be limited to 14 days of therapy. The order may be extended, by a prescriber, if the following two conditions were met and documented in the chart: 1. The rationale for extending the order beyond 14 days. 2. How long the order was to remain an active order by providing a stop date. The response indicated the physician agreed with the recommendations. The physician's response did not include a clinical rationale for continuing the hydroxyzine HCL 25 mg. A physician's order, dated 1/1/24 through 1/15/24, indicated to give hydroxyzine HCL 25 mg twice daily as needed for anxiety. A Medication Administration Record (MAR), dated January 2024, indicated the resident received the as needed dose of hydroxyzine HCL on 1/7/24 at 12:10 p.m., and on 1/8/24 at 12:43 a.m. The comment section of the MAR included the resident had anxiety on 1/7/24 and on 1/8/24. The Electronic Health Record (EHR) did not include the non-pharmacological interventions attempted prior to the administration of the as needed hydroxyzine. A social services progress note, dated 1/9/24 at 9:41 a.m., indicated the Social Services Designee (SSD) had talked with the resident the prior day about her concerns with the medications. The resident felt like she was not able to talk or form words and was concerned. The resident had the potential to be sleepy or over sedated with her routine medications and her prn medications. The		campus Quality Assurance Performance Improvement (QAPI) meeting until 100% compliance is achieved. The plan will be reviewed and updated as warranted.	

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	resident's medications would be reviewed with the hospice nurse and the physician. The progress notes did not include documentation from nursing staff on 1/7/24 or 1/8/24 about the resident not being able to talk or to form words. During an interview, on 1/18/24 at 2:24 p.m., the Executive Director (ED) indicated there was no clinical rationale for the continued use of the prn hydroxyzine HCL from the physician. During an interview, on 1/18/24 at 3:05 p.m., the Clinical Support Nurse indicated there was no documentation in the EHR to show non-pharmacological interventions had been attempted prior to the administration of the prn hydroxyzine. A current Nursing Drug Handbook indicated hydroxyzine HCL use was indicated for anxiety and in older adults to observe closely. The nursing considerations included to watch for oversedation and to monitor older adults for dizziness, excessive sedation, and confusion. A current policy, titled "Specific Medication Administration Procedures," dated as revised on 11/18 and received from the ED on 1/18/24 at 3:05 p.m., indicated "To administer medications in a safe and effective manner...Monitor for side effects or adverse drug reactions immediately after administration and throughout each shift...When administering an 'as needed' [PRN] medication, document reason for giving, observe for actions/reactions and record efficacy...." A current policy, titled "Psychotropic Medication Usage and Gradual Dose Reductions," dated as			

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	revised on 10/09/17 and received from the ED on 1/18/24 at 3:05 p.m., indicated "...orders for PRN medications will have designated purpose for use...Administration of PRN medications will be documented in the e[electronic]MAR and indicate prior interventions to include nonpharmacological interventions...PRN orders for psychotropic drugs are limited to 14 days. Except as provided if the attending physician or prescriber believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order...." This Federal Tag relates to Complaint IN00425685. 3.1-48(a)(1) 3.1-48(a)(2) 3.1-48(a)(3) 3.1-48(a)(4)			