AND PLAN OF CORRECTION IDE 165 NAME OF PROVIDER OR SUPPLIER Park Place For information on the nursing home's plan to (X4) ID PREFIX TAG SU (X4) ID PREFIX TAG En irred F 0756 En Level of Harm - Minimal harm or potential for actual harm 45 Residents Affected - Few Ba foll rev Fir 1. wa Th Mo Supple Supple Supple En irred F 0756 En irred F 0756 En F 0756	MMARY STATEMENT OF DEFIG th deficiency must be preceded by sure a licensed pharmacist perf gularity reporting guidelines in 338 sed on clinical record review, sf ow-up completed in response to iewed for unnecessary medical	CIENCIES y full regulatory or LSC identifying informati form a monthly drug regimen review, ind developed policies and procedures. taff interview, and facility policy review t o Medication Regimen Review recomm	agency. on) cluding the medical chart, following he facility failed to ensure timely endations for 1 of 5 residents	
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wa Th Mc Th 5 r Re De sol	Based on clinical record review, staff interview, and facility policy review the facility failed to ensure timely follow-up completed in response to Medication Regimen Review recommendations for 1 of 5 residents reviewed for unnecessary medications (Resident #24). The facility reported a census of 34 residents. Findings include:			
ter Ple be ps Or Ph 3:3	<ol> <li>Review of the Minimum Data Set (MDS) assessment for Resident #24 dated 5/, was rarely to never understood, and took hypnotic medication.</li> <li>The Care Plan dated 10/1/23 titled LTC Psychotropic Medication Use revealed th Monitor for adverse reactions r/t (related to) temazepam, quetipine, trazodone.</li> <li>The Physician Order First Dose Date/Time dated 12/4/2023 at 9:00 PM revealed 5 mg (milligram) oral cap at HS (night).</li> <li>Review of the Phone Message/Call Note dated 3/31/24 at 3:59 PM revealed, in p December, the dose of temazepam was successfully decreased to 7.5 mg daily a some behaviors during the day time with agitation and crying and it looks like nur utilized non pharmacological measures most of the time with success. Would you temazepam 7.5 mg HS to PRN (as needed) for 2 weeks and see if the patient stil Please indicate one of the following: 1) New dose and directions for medication; c because resident's function will be impaired, cause increased distress, or exacert psychiatric disorder. 3) Any new medications or behavior interventions to be tried</li> <li>On 7/24/24 at 3:18 PM, the following requested via email from the facility's RN (R Physician response to the pharmacist recommendation made on 3/31/24 for Resi 3:38 PM, the RN Manager responded via email that she did not see where he rest (continued on next page)</li> </ol>			

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

(X6) DATE

## Department of Health & Human Services Centers for Medicare & Medicaid Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Park Place		STREET ADDRESS, CITY, STATE, ZIP CODE 401 South Van Buren Mount Pleasant, IA 52641	
For information on the nursing home's	plan to correct this deficiency, please con	 tact 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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Phone Message/Call Note dated 5/23/24 at 6:13 PM revealed, I sent a communication about possibly decreasing the temazepam to 7.5mg at bedtime to PRN and see if she still needs it scheduled and I just didn't see a response. Did Dr.[Name Redacted] get back to us? The response per the RN Manager, present in the same note and dated 5/28/24 at 12:51 PM revealed, No we have not. During an interview on 7/25/24 at 9:29 AM, the RN Manager when queried about physician response to the recommendation, responded it would ideally be 24 to 48 hours for physician response. Review of the Facility Policy titled Drug Regimen Review Policy, origination date 8/19/21, revealed the following: The attending provider will document in the resident record that the identified irregularity has been reviewed and what, if any action has been taken to address it. If the physician chooses not to act upon the pharmacy consultant record.		