STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265216	A. Building B. Wing	03/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Scenic Nursing and Rehabilitation Center, LLC	1333 Scenic Drive Herculaneum, MO 63048

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49152 Based on interview, and record review, the facility failed to accurately code the Minimum Data Set (MDS, a federally mandated assessment instrument completed by the facility staff) for three residents (Resident #16, #30, and #56) out of 32 sampled residents. The facility census was 159. Review of the facility's policy, MDS Assessment, revised June 2023, showed: - The facility shall conduct interdisciplinary assessments using the MDS item sets as defined by Federal/State regulations; - These regulations provide information on the resident's condition to facilitate development of an individualized plan of care as a means by which the facility can track changes in a resident's status; - The interdisciplinary team as designated will complete specific portions of the MDS. The registered nurse (RN) designated by the facility will assure that all disciplines have completed their portion of the MDS; - The interdisciplinary team member's signatures in Z0400 will attest to completion/accuracy of the assessment. 1. Review of Resident #16's medical record showed: - An admitted [DATE]; - Diagnoses of traumatic brain injury (TBI, injury that affects how the brain works), gastroesophageal reflux disease (GERD - digestive disease in which stomach acid or bile irritates the food pipe lining), hypothyroidism (condition in which the thyroid gland doesn't produce enough thyroid hormone), bipolar disorder (a mental disorder that causes unusual shifts in mood), dementia (group of thinking and social symptoms that interferes with daily functioning), hypertension (high blood pressure), anxiety (intense, excessive, and persistent worry and fear about everyday situations), and coronary atherosclerosis (damage or disease in the heart's major blood vessels). Review of the resident's quarterly MDS, dated [DATE], showed TBI, GERD, and hypothyroidism not marked under Section I as diagnoses for the resident. (continued on next page)

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

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Review of Resident #30's medical record showed: - An admitted [DATE]; - Diagnoses of diabetes mellitus (disease that results in too much sugar in the blood), hypertension, GERD, anxiety, bipolar disorder, schizoaffective disorder (a condition characterized by abnormal thought processes and deregulated emotions), hypothyroidism, heart failure (chronic condition where heart does not pump blood as well it should), insomnia (difficulty sleeping), and major depressive disorder (mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life). Review of the resident's Physician's Order Sheet (POS), dated February 2024, showed an order for zaleplon (a hypnotic medication) 10 milligrams (mg) by mouth at bedtime for insomnia, dated 03/20/19. Review of the resident's quarterly MDS, dated [DATE], showed: - Heart failure, GERD, and hypothyroidism not marked under Section I as diagnoses for the resident; - Hypnotic (sleeping pill) not marked under Section O. 3. Review of Resident #56's medical record showed: - An admitted [DATE]; - Diagnoses of anxiety, GERD, chronic obstructive pulmonary disease (COPD - a chronic inflammatory lung disease that causes obstructed airflow from the lungs), diabetes mellitus, hypothyroidism, dementia, coronary atherosclerosis, convulsions (irregular involuntary body movements), cerebrovascular disease (condition that affects blood flow and blood vessels in the brain), human immunodeficiency virus (HIV, chronic immune disease that interferes with the body's ability to fight infection), atrial fibrillation (abnormal heart beat), osteoporosis (a condition causing loss of bone mass, predisposing a person to fractures), major depressive disorder, polyneuropathy (malfunction of many peripheral nerves throughout the body), and hypertension. Review of the resident's quarterly MDS, dated [DATE], showed atrial fibrillation, osteoporosis, hypothyroidism, and GERD not documented under Section I as diagnoses for the resident. During an interview on 03/01/24 at 10:28 A.M., the MDS coordinator said the MDS should accurately reflect the resident's current condition. If a resident had a diagnosis that could require medication but actively does not, then it would still be marked on the MDS unless a doctor says the diagnosis can come off. Most diagnoses that drop off are things like a urinary tract infection or something that requires an antibiotic. Once the antibiotic is done then the diagnosis would be taken off as an active diagnosis. During an interview on 03/01/24 at 3:45 P.M., the Administrator said he would expect the MDS assessment to accurately reflect the status of the resident.

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(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** 39360 Based on interview and record review, the facility failed to attempt a gradual dose reduction (GDR) for three residents (Resident #30, #48, and #55) out of 32 sampled residents. This failure had the potential to keep any resident on a psychoactive medication from receiving the lowest possible dosage of medication due to not monitoring if a medication is treating the target symptom. The facility census was 159. Review of the facility's policy titled, Behavior Management and Psychopharmacological Medication Monitoring Protocol, revised March 2018, showed: - Residents who receive antipsychotic, anti-depressant, sedative/hypnotic, or anti-anxiety medications are to be maintained at the safest, lowest dosage necessary to manage the resident's condition; - Residents will be reviewed routinely for effectiveness and monitored for side effects of these medications and will receive gradual dose reductions, unless clinically contraindicated, in an effort to discontinue these drugs; - There will be an established Behavior Management Committee that will meet routinely to review all residents mentioned above and others as the Committee deems appropriate; - Residents with behaviors that are displayed routinely, that affect the resident's psychosocial well-being or that of other residents, or behaviors that can have potential for harm to self or others will be assessed with the development of a behavior program; - During the monthly medication regimen review, the pharmacist evaluates resident-related information for dose, duration, continued need, and the emergence of adverse consequences for all medications; - When evaluating the resident's progress, the practitioner reviews the total plan of care, orders, the resident's response to medications, and determines whether to continue, modify, or stop a medication; - During the quarterly MDS review, the facility evaluates mood, function, behavior, and other domains that may be affected by medications; - The time frames and duration of attempts to taper any medication depend on the coexisting medication regimen, the underlying cause of symptoms, individual risk factors, and pharmacological characteristics of the medications. Some medications require more gradual tapering so as to minimize or prevent withdrawal symptoms or other adverse consequences; - Within the first year in which a resident is admitted on an psychotropic medication or after the prescribing practitioner has initiated a psychotropic medication, the facility must attempt a GDR in two separate quarters, unless clinically contradicted; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/01/2024

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- After the first year, a GDR must be attempted annually, unless clinically contradicted; - For any individual receiving a psychotropic medication to treat a disorder other than expressions or indicators of distress related to dementia (schizophrenia, bipolar mania, or depression with psychotic features), the GDR may be considered clinically contraindicated if the continued use is in accordance with relevant current standards of practice and the physician has documented the clinical rationale for why any attempted dose reduction would be likely to impair the resident's function or cause psychiatric instability or be exacerbating an underlying psychiatric disorder or the residents target symptoms returned or worsened after the most recent attempt at a GDR within the facility and the physician has documented the clinical rationale; - Before initiating or increasing an antipsychotic medication for enduring conditions (non-acute, chronic, or prolonged), the resident's symptoms and therapeutic goals must be clearly and specifically identified and documented; - The facility is to ensure the resident's expressions or indicators of distress are persistent and not due to medical conditions, environmental stressors, or psychological stressors. 1. Review of Resident #30's medical record showed: - admitted [DATE]; - Diagnoses of chronic pain, anxiety (persistent worry and fear about everyday situations), bipolar disorder (a mental disorder that causes unusual shifts in mood), schizoaffective disorder (a condition characterized by abnormal thought processes and deregulated emotions), insomnia (difficulty sleeping), drug induced secondary parkinsonism (brain disorder that causes unintended and uncontrollable movements), and major depressive disorder (long-term loss of pleasure or interest in life); - An order for zaleplon (sleeping medication) 10 milligrams (mg) by mouth at bedtime for insomnia, dated 03/20/19; - An order for alprazolam (anxiety medication) 1 mg by mouth daily at 1600 for anxiety, dated 03/11/21; - An order for melatonin (sleeping medication) 5 mg one tablet by mouth at bedtime for insomnia, dated 05/15/19; - An order for hydrocodone-acetaminophen (pain medication) 7.5-325 mg tablet by mouth three times a day (TID) for chronic pain, dated 06/20/23; - An order for Invega trinza (antipsychotic medication) 819 mg/2.625 milliliters (mL) inject intramuscular (IM) every three months for schizoaffective disorder, dated 05/07/18; - An order for fluoxetine (antidepressant medication) 60 mg by mouth every day, dated 05/18/22; - An order for fluoxetine 20 mg by mouth at noon daily for other recurrent depressive disorders, dated 08/31/18; (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- An order for carbidopa-levodopa (medication to ease Parkinson symptoms) 25-100 mg tablet by mouth TID for drug induced secondary parkinsonism, dated 07/18/23; - An order for Mirapex (medication to ease Parkinson symptoms) 0.5 mg tablet by mouth TID for drug-induced secondary parkinsonism, dated 07/18/23; - No documentation of GDRs attempted; - No documentation of contraindications of medication adjustments. 2. Review of Resident #48's medical record showed: - admitted [DATE]; - Diagnoses of psychosis (a mental disorder characterized by a disconnection from reality), anxiety disorder (a mental health disorder characterized by feelings of worry, anxiety or fear that are strong enough to interfere with one's daily activities), depressive disorder with psychotic symptoms (depressive illness in which mood disturbance is accompanied by either delusions, hallucinations or both) and schizoaffective disorder, and mood disorder symptoms; - An order for Risperodone (antipsychotic medication) 3 mg, one tablet by mouth, daily, with an original start date of 12/29/20; - An order for Effexor (antidepressant medication) extended release (ER), 150 mg, one capsule, by mouth, daily, with an original start date of 01/13/21; - No documentation of GDRs attempted since 09/20/22; - No documentation of contraindications of medication adjustments. During an interview on 03/01/24 at 2:46 P.M., the Pharmacist said the last GDR attempt for Resident #48 was in 2022. 3. Review of Resident #55's medical record showed: - admitted [DATE]; - Diagnoses of bipolar disorder, schizoaffective disorder, and major depressive disorder; - An order for Abilify (antipsychotic medication) 10 mg daily, dated 06/01/17; - An order for Duloxetine (antidepressant medication) 30 mg daily, dated 06/01/17 and discontinued 03/02/22; - An order for Duloxetine 40 mg daily, dated 03/02/22 and discontinued 06/13/22; - An order for Duloxetine 60 mg daily, dated 06/13/22 and discontinued 06/22/23; (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- An order for Duloxetine 30 mg in the morning (A.M.) and 60 mg in the evening (P.M.), dated 06/22/23; - An order for Lorazepam (anti-anxiety medication) 0.25 mg TID, dated 11/17/21; - No documentation of GDRs attempted; - No documentation of contraindications of medication adjustments. During an interview on 03/01/24 at 12:00 P.M., the MDS Coordinator said for the GDR date on Section N on the MDS, she will look in the paper chart under the tab with the Monthly Pharmacy Review and if there isn't a physician form there, she will look under the psychiatric tab to see when their last psychiatric visit was, and if it says the resident was stable on those meds, that is the date she will use for the last GDR. Not everyone's chart has a form signed by the physician on whether they agree or disagree with the pharmacist recommendation. She sees where there isn't really a good process in place for GDRs. During an interview on 03/01/24 at 12:42 P.M., the Infection Preventionist said she will sometimes GDR meds herself if she knows a resident needs it even without the pharmacist recommendation. She feels like the facility has a good system in place, but understands maybe they need better processes in place. The pharmacy will discontinue and restart meds for every resident annually and she sees how that could cause some confusion. She said the pharmacist keeps track of GDR recommendations, then the doctor should address them on whether to do a GDR on the medication, or if a GDR is contraindicated and the rationale for that decision. During an interview on 03/01/24 at 2:46 P.M., the Pharmacist said when GDRs are done, there is a review of the POS, psychotropic medications, and original order dates. If there were no changes or behaviors, a GDR letter would be sent. The GDR attempt is made with one drug at a time, if possible, to assess how that affected the resident. If a resident had a diagnosis of schizophrenia (a disorder that affects a person's ability to think, feel and behave clearly), schizoaffective disorder, Tourette Syndrome (a nervous system disorder involving repetitive movements or unwanted sounds) or Huntington's disease (an inherited condition in which nerve cells in the brain break down over time), he/she does not attempt a GDR as it is standard practice. During an interview on 03/01/24 at 3:45 P.M., the Director of Nursing (DON) said she would expect GDRs to be done per regulation. 46460 49152

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. 46555 Based on observation and interview, the facility failed to ensure the dumpsters were closed at all times and maintained to keep pests out and/or to keep the garbage contained in the dumpster. The facility census was 159. The facility did not provide a policy regarding the dumpsters. Observations of two dumpsters, both with two lids, at the right side of the front entrance showed: - On 02/27/24 at 9:30 A.M., the dumpster on the left had both lids opened with visible trash bags, cardboard boxes, and other miscellaneous items; - On 02/28/24 at 4:00 P.M., the dumpster on the left had one lid opened with visible trash bags and other miscellaneous items; - On 02/29/24 at 8:10 A.M., the dumpster on the right had one lid opened. During an interview on 02/29/24 at 12:25 P.M., the Director of Nursing (DON) said housekeeping, dietary staff, and the night shift Certified Nursing Assistants (CNAs) are the people responsible for taking garbage out to the dumpsters and the dumpsters are emptied six days a week. During an interview on 02/29/24 at 2:45 P.M., the Dietary Manager said trash dumpster lids should be closed after staff discard trash and other miscellaneous items. During an interview on 03/1/24 at 10:09 A.M., the Housekeeping Supervisor said housekeeping empties trash each day and she would expect them to keep the lids closed on the dumpsters. During an interview on 03/01/24 at 3:45 P.M., the Administrator said he would expect the dumpster lids to be closed at all times.