

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365906	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2023
NAME OF PROVIDER OR SUPPLIER Monarch Meadows Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 299 Commerce Dr Seaman, OH 45679	
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	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42728</p> <p>Based on record review, staff interview, and review of the Food and Drug Administration (FDA) black box warning, the facility failed to ensure the anti-psychotic medication Seroquel was administered for an appropriate indication. This affected one (Resident #41) of three residents reviewed for unnecessary medications during the complaint survey. The facility census was 40.</p> <p>Findings include:</p> <p>Closed record review for Resident #41 revealed the resident was admitted to the facility on [DATE] and had diagnoses including dementia, depression, and chronic obstructive pulmonary disorder. Review of the admission Minimum Data Set (MDS) assessment, dated 01/17/23, revealed Resident #41 was assessed to have severely impaired cognition.</p> <p>Review of the physician's order, dated 01/12/23, revealed Resident #41 was ordered to be administered 50 milligrams (mg) of Seroquel (an anti-psychotic medication) twice a day for anxiety/agitation. The physicians order, dated 01/31/23, revealed Resident #41 was ordered to be administered 75 mg of Seroquel in the morning and 50 mg of Seroquel at night for dementia without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. The physician's order, dated 02/10/23, revealed Resident #41 was ordered to be administered 25 mg of Seroquel in the morning and 50 mg of Seroquel at night for dementia without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</p> <p>Interview with the Director of Nursing (DON) on 08/29/23 at 2:45 P.M. verified Resident #41 had been administered the anti-psychotic medication Seroquel for diagnoses of anxiety/agitation and dementia without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</p> <p>Review of the FDA Black Box Warning for the medication Seroquel revealed elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk for death. Seroquel is not approved for the treatment of patients with dementia-related psychosis.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00145539.</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 365906	Facility ID: 365906
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