

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 445272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/18/2020
NAME OF PROVIDER OF SUPPLIER MABRY HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 1340 N GRUNDY QUARLES HWY P O BOX 7 GAINESBORO, TN 38562	
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	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** Based on review of facility policy, medical record review, and interview, the facility failed to provide a stop date for an antidepressant for 1 resident (#30) of 5 residents reviewed for unnecessary medications. The findings include: Review of the facility policy titled, Medication Utilization and Prescribing-Clinical Protocol, dated December 2018, showed [MEDICAL CONDITION] medications that are ordered PRN (as needed) will have a 14 day stop date and reevaluated by PCP (primary care physician) or MD (medical doctor) . Resident # 30 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of a faxed physician's order dated [DATE] showed [MEDICATION NAME] (an antidepressant used to treat anxiety) 50 milligrams (mg) every 6 hours as needed (PRN) for anxiety. Medical record review of the Medication Administration Record [REDACTED]. Interview with the Director of Nursing (DON) on 3/18/2020 at 8:30 AM, confirmed the [MEDICATION NAME] order did not have a stop date. The DON stated PRN [MEDICAL CONDITION] medications were to have a 14 day stop date.		

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.