

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145552</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FAIRFIELD MEMORIAL HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>NORTH WEST 11TH STREET FAIRFIELD, IL 62837</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>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.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the attending physician documented a rationale in the medical record for the use of a PRN (as needed) anxiolytic for an extended time period (beyond 14 days) for one of 7 residents (R5) reviewed for unnecessary medications in the sample of 12. Findings include: R5's Face Sheet documented an admission date of [DATE] and a date of birth of 08/16/39, making R5 [AGE] years of age. R5's March 2020 Physicians Order Sheet documented an order for [REDACTED]. R5's Medication Administration Record [REDACTED]. On 03/06/20 at 9:32 am, V1, Director of Nurses, stated that R5 is seen by R5's provider every 30 days. V1 stated in the last 90 days, R5 has had four doses of the PRN [MEDICATION NAME]. V1 confirmed the 11/08/19 order was open ended and had no discontinuation date. A PRN [MEDICAL CONDITION] Medication Policy dated 4/18 stated, Purpose: To ensure all PRN [MEDICAL CONDITION] medications are used effectively and (to) avoid overuse, and given within the parameters that are laid out within federal and state guidelines All PRN [MEDICAL CONDITION] medication orders will have the medication name, dose, specific reason for use, and a maximum use of 14 days, then discontinue PRN use. Notify physician for new orders.		
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.