Additional Potential F-Tag Deficiencies
When F329 (Unnecessary Drugs) is Cited for Deficient Practice

Federal Law and Regulation for nursing centers emphasize the importance of limiting the use of psychotropic medications to those individuals who have a documented need. The regulations encourage implementation of gradual dose reduction of these medications and applying non-pharmacological interventions for individuals who exhibit behavioral symptoms.

The Investigative Protocol for F329 advises the surveyor to: (1) evaluate non-pharmacological approaches the facility uses; (2) determine if the facility in collaboration with the prescriber identifies the parameters for monitoring medications (including antipsychotics) that pose a risk for adverse consequences; and (3) determine if during the Medication Regimen Review the pharmacist has identified and reported to the director of nursing and the attending physician excess dose or duration of medication including lack of gradual dose reduction (as indicated).

Further, Criteria for Compliance states that for a resident who is receiving medications, the facility is in compliance if they, in collaboration with the prescriber: Implemented a gradual dose reduction and behavioral interventions for each resident receiving antipsychotic medication unless clinically contraindicated.

Note: the following information is from Section PP of the State Operations Manual

If noncompliance with 483.25(l) has been identified, then concerns with additional requirements may also have been identified. The surveyor is cautioned to investigate these related additional requirements before determining whether noncompliance with the additional requirements may be present. Examples of some of the related requirements that may be considered when noncompliance has been identified include the following:

42 CFR 483.10(b)(11), F157, Notification of Changes Review whether the facility contacted the attending physician regarding a significant change in the resident’s condition in relation to a potential adverse consequence of a medication, or if the resident has not responded to medication therapy as anticipated and/or indicated.

42 CFR 483.10 (b)(3) and (4), F154, F155, Notice of Rights and Services and (d)(2) Free Choice Determine whether the resident was advised of her/his medical condition and therapy and was informed about her/his treatment including medications and the right to refuse treatments.

42 CFR 483.20(b), F272, Comprehensive Assessments Review whether the facility’s initial and periodic comprehensive assessments include an assessment of the resident’s medication regimen.
42 CFR 483.20(k)(1) and (2), F279, F280, Comprehensive Care Plans Review whether the resident’s comprehensive care plan: a) was based on the assessment of the resident’s conditions, risks, needs, and behavior; b) was consistent with the resident’s therapeutic goals; (c) considered the need to monitor for effectiveness based on those therapeutic goals and for the emergence or presence of adverse consequences; and (d) was revised as needed to address medication-related issues.

42 CFR 483.25(a)(1), F310, Decline in ADL Review whether the facility had identified, evaluated, and responded to a new or rapidly progressive decline in function, development or worsening of movement disorders, increased fatigue and activity intolerance that affected the resident’s ADL ability in relation to potential medication adverse consequences.

42 CFR 483.25(d), F315, Urinary Incontinence Review whether the facility had identified, evaluated, and responded to a change in urinary function or continence status in relation to potential medication adverse consequences.

42 CFR 483.25(f)(1)&(2), F319, F320, Mental and Psychosocial Functioning Review whether the facility had identified, evaluated, and responded to a change in behavior and/or psychosocial changes, including depression or other mood disturbance, distress, restlessness, increasing confusion, or delirium in relation to potential medication adverse consequences.

42 CFR 483.25(i)(1), F325, Nutritional Parameters Review if the facility had identified, evaluated, and responded to a change in nutritional parameters, anorexia or unplanned weight loss, dysphagia, and/or swallowing disorders in relation to potential medication adverse consequences.

42 CFR 483.25(j), F327, Hydration Review if the facility had identified, evaluated, and responded to a change in hydration or fluid or electrolyte balance (for example, high or low sodium or potassium) in relation to potential medication adverse consequences.

42 CFR 483.40(a), F385, Physician Supervision Review if the attending physician supervised the resident’s medical treatment, including assessing the resident’s condition and medications, identifying the clinical rationale, and monitoring for and addressing adverse consequences.

42 CFR 483.40(b), F386, Physician Visits Review if the attending physician or designee reviewed the resident’s total program of care and wrote, signed, and dated progress notes covering pertinent aspects of the medication regimen and related issues.

42 CFR 483.60(c), F428, Medication Regimen Review Review whether the licensed pharmacist has provided consultation regarding the integrity of medication-related records (e.g., MAR, physician order sheets, telephone orders), and potential or actual medication irregularities.
42 CFR 483.75(i), **F501, Medical Director** Review whether the medical director, when requested by the facility, interacted with the attending physician regarding a failure to respond or an inadequate response to identified or reported potential medication irregularities and adverse consequences; and whether the medical director collaborated with the facility to help develop, implement, and evaluate policies and procedures for the safe and effective use of medications in the care of residents.

**NOTE:** We have heard from providers that the following tags often are cited in conjunction with F329: *tags with asterisk* not included in SOM as potential additional F-tag deficiency

- F157 – Notification of Changes
- F272 – Comprehensive Assessments
- F279, F280 – Comprehensive Care Plans
- F309* – Provide Care/Services for Highest Well-Being
- F425* – Pharmaceutical Services – Accurate Procedures
- F490* – Effective Administration/Resident Well-Being
- F514* – Resident Records – Complete/Accurate/Accessible
- F520* – QAA Committee