

*Nursing Facility Assessments and Care Plans for Residents Receiving  
Atypical Antipsychotic Drugs*

Issued by: Department of Health and Human Services Office of Inspector General

The Department of Health and Human Services (HHS) Office of Inspector General (OIG) issued a report entitled *Nursing Facility Assessments and Care Plans for Residents Receiving Atypical Antipsychotic Drugs* on July 9, 2012. According to OIG, the objective of the report is “to determine the extent to which nursing facilities follow Federal assessment and care plan requirements designed to ensure quality of care for elderly residents receiving atypical antipsychotic drugs.”

**Study Overview**

The study used a sample of records of elderly nursing facility residents with Medicare claims for atypical antipsychotic drugs during the first 6 months of 2007. In total, the records of 375 Medicare beneficiaries in nursing facilities were reviewed.

According to the report, the record review was intended to determine if nursing facility staff complied with Federal requirements for:

- (1) Resident assessments. Reviewers determined if the required number of comprehensive and quarterly assessments were present in the resident’s record. Assessments were also reviewed for staff involvement. If the signature of the RN did not appear on an assessment, the record was considered to be noncompliant.
- (2) Decision-making. Comprehensive assessments were reviewed to determine whether the nursing facility staff documented the care plan decisions when the RAP for psychotropic drug use was triggered. When staff documented a decision, reviewers noted the facility’s intention to proceed (or not proceed) with inclusion of an intervention in the care plans.
- (3) Care plan development. Care plans were reviewed for timeliness and evidence that they were developed by an interdisciplinary team composed of at least a physician and an RN and that the resident or the resident’s family or legal representative was involved. Reviewers noted the credentials of staff listed as participants in development of the care plan, including mental health professionals, such as psychologists or psychiatric or geriatric specialty-trained physicians. When there was no documentation indicating involvement of the resident, the resident’s family or legal representative, then reviewers read care plan information, intake forms, social work notes and nursing notes to determine why involvement was not practicable. When such involvement was clearly documented as not practicable, the facility was considered to be compliant with the requirement for resident involvement.
- (4) Care plan implementation. Mental health assessments, medication administration records and logs of behavior and drug side effects were reviewed to determine whether interventions

occurred as stated in the care plans. Care plans were reviewed for evidence of interventions to address psychotropic drug use, regardless of whether the RAP for psychotropic drug use was triggered and/or considered in the development of the care plan. Reviewers also noted if evidence of interventions to address psychotropic drug use occurred, regardless of whether they were listed in the care plans.

### **Limitations**

According to the OIG, the report analysis was limited by the following:

- There were no observations of residents, nor were there any interviews with relevant parties. The report conclusions reflect only information available in the nursing facility records and interpretations of those records provided by medical reviewers.
- There was no review to determine if comprehensive assessments were conducted when a significant change in resident status occurred.
- Reviewers only determined the extent to which the RAP for psychotropic drug use was used to create care plans. There was no attempt to determine the medical appropriateness of care plans or of the use of antipsychotic drugs.

### **OIG Findings**

- Nearly all records lacked evidence to indicate that they met all Federal requirements for nursing facility resident assessments and care plans.
- Records did not meet Federal requirements regarding resident assessments according to the documentation provided.
  - Nearly one-half of the records did not reflect the either required comprehensive assessment or the required quarterly assessment.
  - Most assessments failed to reflect involvement of a physician.
  - Most assessments did not contain evidence of involvement by a professional who was qualified in the relevant care area, such as a mental health professional.
  - Nearly half of the records indicated that an RN was solely responsible for conducting the resident assessment.
- Nearly all records failed to include nursing facility staff documentation indicating consideration of the RAP for psychotropic drug use as required.
- Nearly all of the records were non-compliant with Federal requirements for care plan development.

- Some of the records did not include care plans.
- Some records contained care plans that were not developed or updated within the required time frames.
- Most of the records did not contain care plans developed by the required interdisciplinary team of at least a general physician and an RN. Further, the report states “A psychiatrist, geriatrician, or psychologist should also be involved in developing care plans, given that they are the appropriate, qualified practitioners to assess the mental health conditions among our study population.” (p. 15).
- About one-fifth of the records did not contain evidence to indicate that planned interventions for antipsychotic drug use occurred.
  - Although interventions for psychotropic drug use listed in care plans included monitoring for side effects and effectiveness of the drugs and attempting gradual dose reductions, about one-fifth of the records contained no evidence that those interventions occurred.
  - Overall, nearly half the records contained no indication that the resident received relevant interventions.

### **OIG Recommendations and CMS Responses**

The OIG recommended to the Centers for Medicare & Medicaid Services (CMS) the following:

- (1) Improve the detection of noncompliance with Federal requirements for resident assessments and care plans. *CMS concurs. New surveyor guidance (in development) will emphasize the need for surveyors to review both the medical record and staff and resident or family interviews. In 2013, CMS plans to pilot-test a focused review of resident assessments, care plans and medication use in a sample of nursing homes. This review will provide CMS with more information about improvements that may be needed in surveyor guidance, process and training.*
- Take appropriate action in nursing facilities to address noncompliance with Federal requirements for resident assessments and care plans. *CMS concurs. Surveyor guidance will be clarified in the State Operations Manual on which deficiency determinations and enforcement remedies are most appropriate for deficiencies in resident assessments and care plans. CMS is also exploring a partnership with a number of consumer organizations for the development of specialized consumer education materials on the use of antipsychotic medications in nursing homes. In summer 2012, CMS will begin*

*reporting a new quality indicator related to antipsychotic medication use on CMS' Nursing Home Compare website.*

- (2) Provide methods for nursing facilities to enhance the development and usefulness of resident assessments and care plans for residents receiving antipsychotic drugs. *CMS concurs. CMS is working with numerous stakeholders to improve behavioral health assessment and care planning including interventions to reduce the unnecessary use of antipsychotic medications. As well, surveyor guidance is in development that will direct surveyors to review records and interview staff, residents and families to identify compliance with Federal requirements for assessment and care planning.*