# **Arkansas Department of Human Services**

### Office of Long Term Care

## **Complaint Report**

Complaint No.:	AR00022866		Date of Visit:	4/15/19					
Facility Name:		Millcreek	of Arkansas						
Mailing Addre	ess:	1810 Indu	ıstrial Drive						
City, State and Zip:		Fordyce A	IR 71742						
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Date of Exit:	4/16/19		Attachments:	See survey packet					
Name & Title of Persons at Exit: See Exit Conference sheet									
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Norma Rushing RN 31855 4/17/19									
Surveyor		Date	Complaint Section	Date					
Complaint Findings									
Item No. 1									
Substantia	Unsubstantiated								
Quality OF CARE									
438.25 (I)(1) Unnecessary Drugs									
HCFA: 06 Care of Services									

#### **UNNECESSARY MEDICATIONS**

This complaint was originally assigned to the ICF/IID facility but determined to be a former PRTF resident.

Received complaint by phone on 4/2/19

#### Complainant Alleges:

When (date, time, shift) did the problem occur? Resident was in the facilely for about 6 months discharged on 3/21.

- 1. What happened? Complaint took resident to PCP after discharge and the PCP was concerned refilling the medications all together for the resident. Resident was also placed on a medication for diabetes, which she doesn't have. There was no explanation as to why these medications were prescribed, other than for behaviors.
- 2. How did it happen? unknown
- 3. Is the problem ongoing? Yes
- 4. Who was involved? Staff
- 5. Are there any witnesses? Complainant
- 6. Did you speak to someone at the facility? Yes
- 7. Has facility tried to address the situation? No, they have not contacted the PCP either
- 8. Do you know if this has happened before to the same individual, or to others? Unknown

An onsite, unannounced complaint survey was conducted in the facility, using observations, record reviews, and interviews throughout the survey. Justonica Watts was the client named in the complaint.

PRTF Patient Information Sheet, documented...Admitting diagnosis Schizophrenia, Unspecified. Suicidal Ideation/Attempt, Self- injurious Behavior, Homicidal Ideation...Patient has active psychosis, visual audtory hallucinations, has imaginary friend telling her to kill herself and others, very paranoid suspecting that someone is listening to everything she says through the walls and ceilings...

The client was referred by Riverview.

Client was admitted to the facility on 8/23/18, and was discharged on 3/21/19, to the care of her mother.

On admission the client was on 2 allergy medications, 1 indigestion medication, 1 depression medication, 1 psychosis medication, 1 anxiety medication and 1 mood medication.

The Client was discharged with the same 2 allergy medications that she was admitted with, plus an inhaler for wheezing. the same indigestion medication, no depression medication, 1 psychosis medication, no anxiety medication, 3 mood medications, Melatonin for sleep, birth control, 2 blood pressure medications (nursing was monitoring clients b/p) 1 acid reflux medication, miralax for constipation, Metformin XL for metabolic side effects, Cogentin for EPS prevention.

Client Justonica Watts was under the care of a Psychiatrist, while at the facility, who monitored her care including medications. Documented in her Treatment plan under Service... Psychiatric Evaluation at admission. Psychiatric Rounds 1x Per week. Individual therapy 50 minutes per calendar week, Group therapy 3 x 50 minutes per calander week. Family therapy Bi Monthly. Treatment Plan Review Every 30 days. Therapeutic Milieu 24 hours with the milieu staff. Facility had multiple behavior reports documenting the clients behaviors while in the facility. Through record review and interview it was determined that although client had multiple behaviors, she was never physically or chemically restrained.

Clients mother was made aware of clients treatment program and via phone and participated in the development of the master treatment plan for her daughter. Upon discharge the mother signed that she had been instructed on the proper use of the medications that were given to herfor her daughter, including how much and how often to give the medications and the reason it is to be given. It was signed by Dellena Watts at 11:48 (a.m.) on 3-21-19.

Under the federal regulations, Restraints, physical and chemical, seclusion and time outs are monitored. During this investigation, that alleged that the client had been given unnecessary medications, there was no evidence that the client had been given any chemical restraint medications. The surveyors went to each classroom and each cottage to see if any clients appeared to be over medicated and no one showed any signs or symptoms of over medication. They were all participating in class or other activities.

On 4/16/19 at 10:01 a.m., the Administrator/CEO stated that the client had had behaviors, but had never been physically or chemically restrained, and that there was no documentation that she had ever been restrained.

The mother via telephone that she agreed to treatment and signed at that she was told what medications, doses and reason for the clients medications at discharge. Mother alleges that upon discharge, she took the client to her PCP who was concerned about refilling the medications for the client. The client was referred to and had been admitted to the Psychiatric Residential Treatment Facility from 8/23/18, and was discharged on 3/21/19, to the care of her mother. Client Justonica Watts was under the care of a Psychiatrist while in the PRTF and received treatment based on her diagnoses/ behaviors. This included changing her medications as well as therapy treatment. The facility also had a medical doctor who consults with the psychiatrist in treatment of the clients in the facility.

This allegation is unsubstantiated due to the ability of the facility to prove that they followed the federal regulation pertaining to chemical restraints.

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