

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Progressive Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2715 Albert L. Bicknell Dr Shreveport, LA 71103	

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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45317</p> <p>Based on record reviews and interviews the facility failed to ensure a resident received adequate supervision for 1 (#1) of 3 (#1, #2 and #3) sampled residents who receive a whirlpool bath.</p> <p>Findings:</p> <p>Review on 05/06/2024 of facility's current undated policy titled Giving the Resident a Shower/Whirlpool Policy and Procedure revealed in part: Be sure that the bath area is at a comfortable temperature for the resident. Stay with the resident throughout the bath/whirlpool. Never leave the resident unattended in the tub or shower. Use the emergency call signal to summon assistance, if needed.</p> <p>Review of the facility's Incident Report with occurrence date of 04/12/2024 revealed in part, Resident #1 was left alone in the whirlpool room.</p> <p>Review of Resident #1's medical record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses including, but not limited to: acquired absence of left leg below the knee, type 2 diabetes mellitus with neuropathy, and hypertensive heart disease.</p> <p>Review of Resident #1's quarterly MDS (Minimum Data Set) dated 03/15/2024 revealed a BIMS</p> <p>(Brief Interview for Mental Status) score of 15 out of 15 indicating cognition intact. Further review of the MDS dated [DATE] revealed Resident #1 had a limb prosthesis and required partial/moderate assistance with shower/bathing.</p> <p>During an interview on 05/06/2024 at 12:50 p.m., Resident #1 confirmed he was left alone in the whirlpool a few weeks ago. Resident #1 further reported he was unsure of the exact date in which the incident occurred.</p> <p>During an interview on 05/06/2024 at 4:25 p.m., S2 CNA confirmed she had assisted Resident #1 out of the whirlpool after she entered the whirlpool room and observed Resident #1 in the whirlpool without a staff member present.</p> <p>During an interview on 05/07/2024 at 2:15 p.m., S1 Administrator confirmed Resident #1 had been left unsupervised in the whirlpool and should not have been.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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