

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 08/14/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30115</p> <p>Based on record reviews and interviews, the facility failed to protect the resident's right to be free from physical and verbal abuse by staff for 1 (#1) resident out of 3 (#1, #2, #3) sampled residents.</p> <p>Findings:</p> <p>Review of the facility's Abuse Policy (undated) revealed the following:</p> <p>It is the policy of the facility to ensure residents have the right to be free from abuse. It is the responsibility of the employees, facility consultants, attending physicians, family members, visitors, etc., to promptly report any incident or suspected incident of neglect or resident abuse, including injuries of unknown origin, and theft or misappropriation of resident property to facility management.</p> <p>Procedure:</p> <p>IV. Comprehensive policies and procedures have been developed to aid in preventing abuse, neglect or mistreatment of our residents. The facility's abuse prevention program at a minimum includes:</p> <p>G. The implementation of changes to prevent future occurrences of abuse.</p> <p>IX. To assist one in recognizing incidents of abuse, the following definitions of abuse are provided:</p> <p>B. Verbal abuse is defined as any use of oral, written or gestures language that willfully includes disparaging and derogatory terms directed to residents or at residents with hearing distance, regardless of their age, ability to comprehend, or disability.</p> <p>D. Physical abuse is defined as hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through punishment.</p> <p>Review of Resident #1's medical record revealed a readmitted [DATE] with the following diagnoses of in part: Sequelae of cerebral infarction, generalized anxiety disorder, shortness of breath, unspecified hemiplegia following cerebral infarction affecting the left non-dominant side.</p> <p>(continued on next page)</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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's Quarterly MDS (minimum data set) dated 05/08/2024 revealed a BIMS (brief interview for mental status) score of 15 indicating intact cognition. Resident #1 used a wheelchair and required 1 person extensive assist with transfers.</p> <p>Review of Resident #1's Resident Grievance Report dated 07/23/2024 revealed in part I (Resident #1) am tired of being verbally and physically abused by my CNA (Certified Nursing Assistant) (S3 CNA). I cannot take it anymore. We do not get along. She (S3 CNA) calls me a crippled m_____ f_____ and slings me into the chair when transferring me just hoping I land into the chair. I do not want her taking care of me anymore; it's S3 CNA.</p> <p>Review of the Abuse and Neglect in-service dated July 24th, 25th and 26th of 2024 failed to reveal all staff were in-serviced.</p> <p>During an interview on 08/13/2024 at 8:42 a.m. Resident #1 reported on 07/23/2024, S3 CNA slung him into his wheelchair roughly and called him a mother f___ honky. Resident #1 further reported he was happy and had no mental or physical trauma from the incident.</p> <p>During an interview on 08/13/2024 at 10:05 a.m. S2 DON (Director of Nursing) reported Resident #1 came to her about the incident with S3 CNA on 07/23/2024 saying S3 CNA slung him in his wheelchair and called him an ugly name. S2 DON further reported S3 CNA left early from her shift that day and has not been back to work since. After the investigation, S3 CNA was no longer permitted to work at the facility. S2 DON acknowledged not all staff were in-serviced on abuse and neglect after the incident on 07/23/2024.</p> <p>During an interview on 08/14/2024 at 10:40 a.m. S1 Administrator acknowledged not all staff participated the in-service training on abuse and neglect after the incident on 07/23/2024 with Resident #1 and should have. S1 Administrator further reported S3 CNA has not worked at the facility since the day of the incident and was no longer employed at the facility.</p>