

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195177	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/17/2024
NAME OF PROVIDER OR SUPPLIER  Lakeshore Manor Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 Lindberg Drive Slidell, LA 70458	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48872</b></p> <p>Based on interviews and record review, the facility failed to notify the resident's representative of changes in condition for 1 (#2) of 3 (#1, #2, and #3) residents reviewed for notification of change. The facility failed to notify Resident #2's Representative after identifying new right upper thigh, lower abdomen and right inner thigh wounds.</p> <p>Findings:</p> <p>Review of the facility's policy dated 03/2023 and titled, Resident Rights Notification of Changes of Condition revealed, in part:</p> <p>Purpose: Clarify the resident representative right to notification of significant changes in the resident's health status.</p> <p>Policy: The facility will keep the resident representative informed of significant changes in health status.</p> <p>Guidelines:</p> <p>1. The facility will promptly inform the resident, consult with the resident's physician, and notify the resident representative, consistent with his or her authority, when there is:</p> <p>b. A significant change in the resident's physical . (i.e. deterioration in health .).</p> <p>Review of Resident #2's current Clinical Record revealed the resident was readmitted to the facility on [DATE] with diagnoses of a Sacral Wound.</p> <p>Review of Resident #2's Skin and Wound-Total body Skin assessment dated [DATE] revealed 3 new wounds were identified by S2WCN.</p> <p>Review of Resident #2's nurse's notes from 06/19/2024 through 06/25/2024 revealed no documentation Resident #2's Representative (RP) was notified of the 3 newly identified wounds located on the right upper thigh, lower abdomen and right inner thigh.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195177	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/17/2024
NAME OF PROVIDER OR SUPPLIER  Lakeshore Manor Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 Lindberg Drive Slidell, LA 70458	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on 07/16/2024 at 10:36 a.m. with Resident #2's RP. Resident #2's RP confirmed she was not notified of new wounds on Resident #2's right upper thigh, lower abdomen or right inner thigh by the facility. She stated she was made aware of the wounds on 06/25/2024 when the resident was admitted to the hospital.</p> <p>An interview was conducted on 07/17/2024 at 1:36 p.m. with S2WCN. S2WCN stated on 06/19/2024 she completed Resident #2's Skin and Wound-Total body Skin Assessment and identified three new wounds, which were located on her right upper thigh, lower abdomen and right inner thigh. She stated if she called Resident #2's RP, she would have documented the RP notification in the nurse's notes. S2WCN reviewed the nurse's notes and confirmed she did not document RP notification of Resident #2's three new wounds. S2WCN confirmed Resident #2's RP should have been notified when the three newly identified wounds were found on 06/19/2024 and was not.</p> <p>An interview was conducted on 07/18/2024 at 4:30 p.m. with S1DON. S1DON confirmed the nurse's should notify the RP immediately after identification of new wounds.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195177	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/17/2024
NAME OF PROVIDER OR SUPPLIER  Lakeshore Manor Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 Lindberg Drive Slidell, LA 70458	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48872</p> <p>Based on interviews and record reviews, the facility failed to maintain accurate records in accordance with accepted professional standards and practices for 1 (#2) of 3 (#1, #2 and #3) sampled residents reviewed for wounds. The facility failed to ensure S2WCN, S3LPN and S4LPN documented wound care treatment administration for right upper thigh on Resident #2's Treatment Administration Record (TAR).</p> <p>Findings:</p> <p>Review of the facility's policy dated 03/2023 and titled, Quality of Care Skin Integrity revealed, in part:</p> <p>Guidelines:</p> <p>32. Pressure ulcers/ Pressure Injury documentation will include:</p> <p>g. dressing and treatments.</p> <p>Review of Resident #2's current Clinical Record revealed the resident was readmitted to the facility on [DATE].</p> <p>Review of Resident #2's current Physician Orders revealed an order to cleanse the right upper thigh with wound cleanser, apply triad paste and cover with a clean dry dressing once daily beginning on 06/18/2024.</p> <p>Review of Resident #2's June 2024 Treatment Administration Record revealed the following, in part:</p> <p>06/18/2024 at 5:00 a.m.: Cleanse right upper thigh with wound cleanser. Apply triad paste and cover with a clean dry dressing once daily.</p> <p>Further review revealed from 06/18/2024 to 06/21/2024 and 06/23/2024 to 06/25/2024 boxes were blank with no check marks or initials, which indicated no treatment documentation.</p> <p>An interview was conducted on 07/17/2024 at 1:36 p.m. with S2WCN. S2WCN stated she was the wound care nurse for Resident #2. S2WCN stated when wound care treatment was provided to the resident, she was responsible for documenting wound care completion as prompted in the resident's TAR. S2WCN reviewed Resident #2's TAR and confirmed the boxes on 06/18/2024, 06/20/2024, 06/21/2024 and 06/24/2024 at 5:00 a.m., were blank, which indicated the wound care treatment was not completed. S2WCN stated she provided wound care treatment for Resident #2's right upper thigh on the aforementioned dates and failed to document completion on the TAR.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195177	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/17/2024
NAME OF PROVIDER OR SUPPLIER  Lakeshore Manor Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 Lindberg Drive Slidell, LA 70458	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on 07/18/2024 at 9:30 a.m. with S3LPN. S3LPN stated on 06/19/2024 she provided wound care for Resident #2. S3LPN stated when wound care treatment was provided to the resident, she was responsible for documenting wound care completion as prompted in the resident's TAR. S3LPN reviewed Resident #2's TAR and confirmed the box on 06/19/2024 at 5:00 a.m., was blank, which indicated the wound care treatment was not completed. S3LPN stated she provided wound care treatment for Resident #2's right upper thigh on the aforementioned date and failed to document completion on the TAR.</p> <p>An interview was conducted on 07/18/2024 at 1:40 p.m. with S4LPN. S4LPN stated on 06/22/2024 and 06/23/2024 she was the wound care nurse and provided wound care for Resident #2. S4LPN stated when wound care treatment was provided to the resident, she was responsible for documenting wound care completion as prompted in the resident's TAR. S4LPN reviewed Resident #2's TAR and confirmed the boxes on 06/22/2024 and 06/23/2024 at 5:00 a.m. were blank, which indicated that the wound care treatment was not completed. S4LPN stated she provided wound care treatment for Resident #2's right upper thigh on the aforementioned dates and failed to document completion on the TAR.</p>		