

| | | | |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195203 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/31/2024 |
| NAME OF PROVIDER OR SUPPLIER Waldon Health Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 2401 Idaho Street Kenner, LA 70062 | |

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** 48855</p> <p>Based on observation, interviews, and record reviews, the facility failed to ensure a resident did not sustain an injury when staff placed a rolling bedside table in front of a resident to prevent a fall.</p> <p>This deficient practice was identified for 1 (Resident #1) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents reviewed for accidents.</p> <p>Findings:</p> <p>Reviewed Facility's Incident/Accident Log revealed, in part, Resident #1 experienced an unwitnessed fall with head injury on 07/14/2024.</p> <p>Record review revealed, in part, Resident #1's was admitted to the facility on [DATE] with a history of falls.</p> <p>Review of Resident #1's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/07/2024 revealed, in part, Resident #1 had a BIMS (Brief Interview for Mental Status) score of 04 which indicated her cognition was severely impaired. Further review revealed she was not ambulatory, sustained previous falls with injury, used a wheelchair, and required moderate assistance by staff with transfers.</p> <p>Review of facility's Incident/Accident Log dated 07/14/2024 revealed, in part, Resident #1 experienced a fall.</p> <p>Review of the facility's Fall Risk assessment dated [DATE] revealed, in part, Resident #1 had one and up to two falls in the past three months, was chair bound, and was identified as being at high risk for falls.</p> <p>In a telephone interview on 07/30/2024 at 10:19 a.m., S3Certified Nursing Assistant (CNA) indicated on 07/14/2024, she placed Resident #1 in her wheelchair and then positioned her rolling bedside table in front of her to prevent her from falling forward and injuring herself. S3CNA further indicated she discovered Resident #1 slumped over the rolling bedside table, did not see any injury to Resident #1, and Resident #1 did not complain of any pain.</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: 195203 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/31/2024 |
| NAME OF PROVIDER OR SUPPLIER Waldon Health Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 2401 Idaho Street Kenner, LA 70062 | |

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>Review of the facility's CNA Communication Log dated 07/14/2024 revealed, in part, S3CNA discovered Resident #1 was face down on the bedside table.</p> <p>In an interview on 07/29/2024 at 2:42 p.m., S9CNA indicated shortly after 7:20 a.m. on 07/14/2024, she entered Resident #1's room and wheeled Resident #1 to the dining area for breakfast. S9CNA further indicated Resident #1's hand covered her face and did not see any bruising or injury to Resident #1's face.</p> <p>In a telephone interview on 07/30/2024 at 9:37 a.m., S7Licensed Practical Nurse (LPN) indicated she was working Monday on 07/14/2024, and S2CNA, S4CNA, and S8Woundcare Treatment Nurse wheeled Resident #1 from the dining room to be assessed for bruising. S9LPN further indicated Resident #1 had bruising noted to the left side of the mouth and left shoulder with blood noted to the upper oral cavity (space).</p> <p>Review of Resident #1's Hospital Emergency Department Report dated 07/14/2024 revealed, in part, Resident #1 was examined and diagnosed with bruising to left side of lip and jaw and an abrasion of the upper oral cavity.</p> <p>In an interview on 07/30/2024 at 8:30 a.m., S1Administrator indicated Resident #1's facial bruising was a linear bruise with a curved edge that resembled the curve of a bedside table. S1Administrator further indicated a bedside table should not be used as a fall precaution intervention.</p> |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195203 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/31/2024 |
| NAME OF PROVIDER OR SUPPLIER Waldon Health Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 2401 Idaho Street Kenner, LA 70062 | |
| 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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48855</p> <p>Based on interview and record reviews, the facility failed to obtain a final disposition for a fugitive charge that appeared on a Certified Nursing Assistant's (CNA) criminal background check.</p> <p>This deficient practice was identified for 1 (S2CNA) of 5 (S2CNA, S3CNA, S4CNA, S5CNA, and S6CNA) personnel records reviewed for personnel requirements.</p> <p>Findings:</p> <p>Review of S2CNA's Personnel Record revealed a hire date of 07/07/2023.</p> <p>Review of S2CNA's criminal background check dated 06/30/2023 revealed, in part, the following:</p> <p>10/17/2016 CCRP 575 Fugitive (Louisiana Code of Criminal Procedure Article 575); 1 charge and 1 count.</p> <p>Review of Louisiana State Government Legislature Law website revealed, in part,</p> <p>CCRP 575 Art. 575. Interruption of time limitations.</p> <p>The periods of limitation established by this Chapter shall be interrupted when the defendant:</p> <p>(1) For the purpose of avoiding detection, apprehension or prosecution, [NAME] from the state, is outside the state, or is absent from his usual place of abode within the state; or</p> <p>(2) Lacks mental capacity to proceed at trial and is committed in accordance with Article 648 of this Code.</p> <p>Further review revealed no final disposition for the above mentioned charge.</p> <p>There was no documented evidence and the facility did not present any documented evidence that a final disposition was obtained upon hire to determine if S2CNA's fugitive status involved a conviction which barred employment.</p> <p>In an interview on 07/30/2024 at 3:02 p.m., S1Administrator indicated she did not have documented evidence of a final disposition for S2CNA's charge of CCRP 575 Fugitive and did not know if the charge barred employment.</p> | | |