

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195204	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Jo Ellen Smith Convalescent Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4502 General Meyer Avenue New Orleans, LA 70131	

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** 49753</p> <p>Based on record review, observations, and interviews, the facility failed to ensure a resident with a history of falls received care and services to prevent future falls for 1 (Resident #1) of 3 (Resident #1, Resident #2, Resident #3) residents reviewed.</p> <p>Findings:</p> <p>Review of Resident #1's minimum data set (MDS) revealed, in part, Resident #1 required extensive assistance with one-person physical assist for bed mobility, transfers, and toilet use.</p> <p>Review of Resident #1's care plan with a problem onset date of 07/10/2024 and updated on 08/22/2024 revealed, in part, Resident #1 would not sustain a serious injury related to falls, with the following interventions: call-light within Resident #1's reach; staff will ensure Resident #1 has no non-skid socks daily; and a mattress will on floor when Resident #1 is in her bed.</p> <p>Review of Resident #1's electronic health records (EHR) revealed, in part, Resident #1 was admitted on [DATE]. Further review revealed Resident #1 had the following diagnoses of: dementia with behavioral disturbance; cerebral edema; non-traumatic intercranial hemorrhage; urinary tract infection (UTI), mild protein-calorie malnutrition; lack of coordination; and abnormalities of gait and mobility.</p> <p>Review of the facility's incident reports revealed, in part, Resident #1's had two unwitnessed falls that occurred in Resident #1's room on 07/02/2024 at 2:17 p.m. and 07/07/2024 at 10:07 p.m.</p> <p>Observation on 09/04/2024 at 9:25 a.m. revealed Resident #1's door was closed, and upon entering the room, the room was observed to be warm with the floor being slippery with a condensation-like substance. Further observation revealed Resident #1 was lying in bed with no staff present in the room, the call light was observed out of reach, without wearing non-skid socks, and without having a mattress placed on the floor next to Resident #1's bed.</p> <p>In an interview on 09/04/2024 at 3:53 p.m. S2Director of Nursing (S2DON), indicated Resident #1 recently had multiple falls at the facility, and the family requested in the care plan meeting that Resident #1 have a mattress placed on the floor next to her bed. S2DON further indicated the mattress should have been left in Resident #1's room so that it would be available for use, when Resident #1 decided to lie down in her bed.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 09/04/2024 at 4:10 p.m. revealed Resident #1's bedroom door was closed and when S2DON walked into Resident #1's room, S2DON's shoes were slightly sliding from the condensation-like wet substance on Resident #1's floor. Further observation revealed Resident #1's room was also warm and humid. Further observation revealed Resident #1 was lying in bed with no staff present in the room, the call light was observed out of reach, without wearing non-skid socks, and without having a mattress placed on the floor next to Resident #1's bed.</p> <p>Observation also revealed S1Administrator and S4Maintenance attempting to bring a mattress in Resident #1's room.</p> <p>In an interview on 09/04/2024 at 4:10 p.m. S2DON confirmed Resident #1 did not have a mattress in her room to prevent falls, and that the slippery floor was a safety risk for Resident #1.</p>