

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Wynhoven Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1050 Medical Center Marrero, LA 70072	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46683</p> <p>Based on record reviews, observations, and interviews, the facility failed to ensure a resident who no longer resided on a locked memory care unit's careplan was updated for 2 (Resident #9 and Resident #71) of 2 residents reviewed for Dementia Care.</p> <p>Findings:</p> <p>Review of the facility's undated document titled, Memory Care Unit Transition to Wander Guard System document revealed, in part, all residents transitioning from the memory care unit to a wander guard would have their careplan updated.</p> <p>Resident #9</p> <p>Review of Resident #9's electronic medical record (EMR) revealed, in part, Resident #9 was admitted to the facility on [DATE] with a diagnosis of Dementia and Alzheimer's Disease.</p> <p>Review of Resident #9's Comprehensive Careplan with a target revision date of 06/20/2024, revealed, in part, Resident #9 resided on the facility's locked memory care unit.</p> <p>Resident #71</p> <p>Review of Resident #71's electronic medical record (EMR) revealed, in part, Resident #71 was admitted to the facility on [DATE] with a diagnosis of Dementia.</p> <p>Review of Resident #71's Comprehensive Careplan with a target revision date of 06/25/2024, revealed, in part, Resident #71 resided on the facility's memory care unit.</p> <p>In an interview on 04/11/2024 at 12:15 p.m., S1Adminsitrator stated the facility no longer had a locked memory care unit.</p> <p>In an interview on 04/11/2024 at 3:12 p.m., S5Unit Coordinator/Minimal Data Set stated Resident #9 and Resident #71's careplan should have been updated to reflect both residents were no longer on a locked memory care unit and it was not.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 04/11/2024 at 3:16 p.m., S2Director of Nursing stated Resident #9 and Resident #71's careplan should have been updated to reflect both residents were no longer on a locked memory care unit and it was not.</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46683</b></p> <p>Based on record reviews, observations, and interviews, the facility failed to ensure a resident's pain level was reassessed and managed for 1(Resident #40) of 1(Resident #40) residents reviewed for pain management.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled Administering Pain Medications revealed, in part, staff should prepare by reviewing the resident's care plan to assess for any special needs of the resident. Further review revealed all nursing, therapy, and ancillary staff would utilize the verbal descriptive scale, and/or Numeric Pain Intensity Scale (0-10) to facilitate consistent pain assessments.</p> <p>Review of the facility's undated policy titled Pain Assessment and Management revealed, in part, pain management was defined as the process of alleviating the resident's pain to a level that was acceptable to the resident. Further review revealed the facility should implement the resident's medication regimen as ordered and document the results of the intervention.</p> <p>Review of the National Institutes of Health defined the numeric rating scale (NRS) as a pain screening tool, commonly used to assess pain severity using a 0-10 scale, with zero meaning no pain and 10 meaning the worst pain imaginable.</p> <p>Review of the Resident #40's EMR (electronic medical record) revealed Resident #40 was admitted to the facility on [DATE] with diagnoses which included, in part, Osteoarthritis, Neuropathy, and Unspecified Pain.</p> <p>Review of Resident #40's Plan of Care with a target completion date of 05/17/2024 revealed, in part, a goal of Resident #40 would have potential for pain related to her diagnosis of Neuropathy and Osteoarthritis, Further review revealed Resident #40 should be assessed for signs and symptoms of pain every 2 hours and as needed and the facility should evaluate and document the effectiveness of Resident #40's pain medication.</p> <p>Review of Resident #40's April 2024 Pain Scale Assessments revealed, in part, Resident #40 had a pain level of 10 on 04/11/2024. Further review revealed there was no documented evidence and the facility did not present any documented evidence of Resident #40's pain level was reassessed after pain intervention was provided.</p> <p>Review of Resident #40's April 2024 electronic Medication Administration Record (eMAR) revealed there was no documented evidence and the facility did not present any documented evidence Resident #40's pain level was reassessed after pain intervention was provided.</p> <p>In an interview on 04/09/2024 at 9:18 a.m., Resident #40 stated the facility staff give her pain medications, but they never return to ask her if the pain medications were effective. Resident #40 further stated her acceptable pain level would be to have a pain level of a 1 or less.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/11/2024 at 9:10 a.m., Resident #40 stated on a scale of 1-10, she would describe her pain today as a level of a 10.</p> <p>In an interview on 04/11/2024 at 11:30 a.m., Resident #40 stated her pain cream administered around 9:00 a.m. this morning was ineffective.</p> <p>In an interview on 04/11/2024 at 3:17 p.m., S9Licensed Practical Nurse stated she should have assessed Resident #40's pain level within 2 hours of administering her pain medication and she did not.</p> <p>In an interview on 04/11/2024 at 3:56 p.m., S2Director of Nursing(DON) stated the expectation of nursing staff was to assess the effectiveness of all pain interventions provided to a resident including, scheduled pain medication. S2DON further stated Resident #40's pain rating should have been assessed within 2 hours after a pain intervention was provided and it was not.</p>

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>39158</p> <p>Based on record review and interview, the facility failed to obtain the resident's most recent documentation of services provided for 2 (Resident #53 and Resident #104) of 2 (Resident #53 and Resident #104) sampled residents reviewed for hospice.</p> <p>Findings:</p> <p>Review of the facility's Hospice Program Policy Statement last reviewed on 01/02/2024 revealed, in part, staff must have communication with the hospice provider (and documented such communication) to ensure the needs of the resident are addressed and met 24 hours a day.</p> <p>Resident #53</p> <p>Review of Resident #53's hospice binder revealed Resident #53 was admitted to hospice on 7/29/22. Further review of Resident #53's hospice binder revealed the last Aide Care Visit documentation was dated 02/21/2024 and the last Registered Nurse Skilled Nursing Visit documentation was dated 02/20/2024.</p> <p>Resident #104</p> <p>Review of Resident #104's hospice binder revealed Resident #104 was admitted to hospice on 11/20/2023. Further review of Resident #104's hospice binder revealed the last Aide Care Visit documentation was dated 02/17/2024 and the last Registered Nurse Skilled Nursing Visit documentation was dated 02/20/2024.</p> <p>In an interview on 04/11/2024 at 1:21 p.m., S7Clinical Coordinator indicated the hospice binders should have had documentation of recent visit notes from March 2024 and April 2024.</p> <p>In an interview on 04/11/2024 at 1:28 p.m., S2Director of Nursing confirmed the hospice binders should have had more documentation of recent visit notes from March 2024 and April 2024.</p> <p>45877</p>