

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2024
NAME OF PROVIDER OR SUPPLIER Heritage Manor of Slidell		STREET ADDRESS, CITY, STATE, ZIP CODE 106 Medical Center Drive Slidell, LA 70461	

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 - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46308</p> <p>Based on interviews and record review, the facility failed to notify the resident's physician and representative of changes in condition for 1 (#1) of 6 (#1, #2, #3, #R1, #R2, and #R3) residents reviewed for notification of change. The facility failed to:</p> <ol style="list-style-type: none"> 1. Notify the resident's physician and family after identifying a new sacral wound for Resident #1; and 2. Notify the physician when Resident #1 did not have a bowel movement beyond 3 days. <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of the facility's policy dated 09/2017 and titled, Change in Resident Medical Status revealed, in part: A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s), when there is- <ol style="list-style-type: none"> 1. A significant change in the resident's physical, mental, or psychosocial status; (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications.) 2. A need to alter treatment significantly; (that is a need to discontinue or change and existing treatment due to adverse consequences, or to commence a new form of treatment.) <p>Review of the clinical record for Resident #1 revealed the resident was readmitted to the facility on [DATE] with diagnoses that included Pressure Ulcer of Sacral Region and Constipation.</p> <p>Review of Resident #1's Nurse's Notes revealed, in part:</p> <p>12/24/2023 at 1:12 p.m., this nurse was notified by CNA that resident had a skin breakdown on sacral area. This nurse assessed along with S4RNS. S4RNS performed wound care to sacral area.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>12/25/2023 at 6:28 a.m., treatment done to sacral wound. At 6:02 a.m., Responsible Party was notified. At 6:04 a.m., S9MD was notified.</p> <p>Review of the medical record for December 2023 revealed Resident #1's body audit on 12/23/2023 revealed no changes in skin and no skin breakdown. Further review revealed on 12/24/2023, Resident #1 had an Unstageable Sacral Ulcer.</p> <p>On 04/09/2024 at 12:40 p.m., a telephone interview was conducted with S13CNA. She said she was working on 12/24/2023 when she noticed a small quarter size reddened area with no break in skin. She stated she notified the nurse on the hall.</p> <p>On 04/09/2024 at 1:23 p.m., a telephone interview was conducted with S4RNS. S4RNS stated he could not recall the wound on Resident #1, but if he notified the MD or the family of a new wound, it would have been documented.</p> <p>On 04/09/2024 at 4:30 p.m., an interview was conducted with S5LPN. She said she was assigned to Resident #1 on 12/24/2023, the day her new sacral wound was found. She said S13CNA reported the wound to her and she and S4RNS assessed the wound. She said S4RNS conducted the skin assessment and performed wound care. She said she didn't notify the family or physician because it was the responsibility of the RN.</p> <p>On 04/11/2024 at 9:40 a.m., an interview was conducted with S3ADON. She said Resident #1's family and physician should have been notified on 12/24/2024, the day the new sacral wound was identified.</p> <p>On 04/11/2024 at 3:15 p.m., an interview was conducted with S2DON. She said staff should have notified Resident #1's family and the physician the day her wound was identified.</p> <p>2.</p> <p>Review of the facility's policy dated 05/2011 and titled, Bowel Movement Monitoring revealed, in part:</p> <p>Policy:</p> <p>Bowel movements will be monitored on a daily basis in order to help prevent constipation and impaction.</p> <p>Procedure:</p> <p>1. All residents will be monitored daily for bowel movements.</p> <p>2. The nurse will review the documentation to determine if a resident has not had a bowel movement in 3 days, then a laxative will be given after notifying the physician and obtaining an order if there is no standing order.</p> <p>3. Nursing observation of resident's condition and/or symptoms, as well as outcomes, must be documented in the Nurse's Notes.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of nursing documentation for Resident #1 including Bowel Movement Records and Nurse's Notes revealed Resident #1 did not have a bowel movement between 03/08/2024 and 03/22/2024. Further review of records revealed the physician was not notified.</p> <p>On 04/11/2024 at 3:15 p.m., an interview was conducted with S1DON. She confirmed there was no documented bowel movements for Resident #1 between 03/08/2024 and 03/22/2024 and no documentation the physician had been notified. She confirmed the nurse's should have notified the physician when there was no bowel movement after 3 days.</p> <p>On 04/11/2024 at 4:10 p.m., an interview was conducted with S9MD. He stated he knew Resident #1's health had declined, her appetite was poor, she was not drinking much, and she had become bedbound. He verified he was not notified of Resident #1 not having a bowel movement between 03/08/2024 and 03/22/2024. He said he expected the nurses to notify him if the resident hadn't had a bowel movement for more than 3 days.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46308</p> <p>Based on record review and interviews the facility failed to develop a residents' plan of care for 1 (#1) out of 10 total sampled residents reviewed. The facility failed to develop a person-centered care plan for constipation for Resident #1 when she returned from a hospital stay on 01/19/2024.</p> <p>Findings:</p> <p>Review of the clinical record for Resident #1 revealed the resident was admitted to the facility on [DATE] and readmitted on [DATE]. The resident had diagnoses that included Traumatic Subdural Hemorrhage, Rhabdomyolysis and Constipation.</p> <p>Review of Resident #1's Quarterly MDS with ARD 01/25/2024 revealed her BIMS was blank, which meant unable to complete an interview.</p> <p>Review of Resident #1's hospital discharge records dated 01/19/2024 revealed, in part:</p> <p>New medications: Senna-docusate 8.6-50 take 1 tablet by mouth 2 times daily as needed for constipation.</p> <p>Active diagnosis: Constipation</p> <p>Review of Resident #1's care plan revealed no care plan developed for her new diagnosis of constipation.</p> <p>On 04/11/2024 at 1:00 p.m., an interview was conducted with S12CPN. She reviewed Resident #1's care plan. She verified Resident #1 was not care planned for constipation and should have been when she returned from the hospital on 01/19/2024 with a new diagnosis of constipation.</p> <p>On 04/11/2024 at 1:35 p.m., an interview was conducted with S2DON. She reviewed Resident #1's care plan and confirmed she should have been care planned for constipation when she returned from the hospital on 01/19/2024 with a new diagnosis of constipation.</p>

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<p>F 0689</p> <p>Level of Harm - 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** 43133</p> <p>Based on record reviews and interviews, the facility failed to ensure the residents remained free of accident hazards for each resident who required transfer by facility's hoier lift for 1 (#3) of 6 (#1, #3, #R1, #R2, #R3 and #R7) residents reviewed. The facility failed to secure resident's safety during transfer.</p> <p>This deficient practice resulted in a harm on 04/01/2024 when staff transferred Resident #3 from a Geri Chair to her bed without using a mechanical lift. Resulting in Resident #3 sustaining commuted, displaced, angulated fractures distal shafts of both the tibia and fibula and portable mildly displaced intra-articular fracture of the distal aspect of the proximal phalanx of the great toe.</p> <p>The facility implemented corrective actions which were completed prior to the State Agency's investigation, thus it was determined to be a Past Noncompliance citation.</p> <p>Findings:</p> <p>Review of the facility's Lifting Policy with review date of 05/2023 revealed:</p> <ol style="list-style-type: none"> 1. Resident will be screened for the need of manual assist for transferring and /or type of mechanical lift needed. This screening will be done on admission/readmission and in the observation prior of each MDS. 2. Staff will follow the documented lifting protocol deemed appropriate for each resident as noted in their ADL Resident Care Information. This information is documented in the resident's clinical record and via a color coded sticker system. This information should be referred to prior to lifting/transferring or assisting each resident. This documentation will also include which sling type and sling size is appropriate for each resident. <p>RED-Total lift - 1 or more person transfer</p> <p>Resident #3</p> <p>Review of Resident#3's clinical records revealed she was admitted to the facility on [DATE] with diagnosis: Alzheimer's disease, unspecified, Repeated Falls.</p> <p>Review of Resident #3's MDS, with an ARD of 04/02/2024, revealed the facility assessed her as requiring two-person mechanical lift for transfers.</p> <p>Review of facility's incident report dated 04/01/2024 at 4:40 p.m. revealed:</p> <p>Incident Type: Injury Unknown Origin</p> <p>Type of Injury: Fracture, Other</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Report prepared by: S10LPN</p> <p>Narrative: At 1:43 p.m., S11CNA reported to S10LPN that Resident #3's foot looked like it was broken. S11CNA did not state or make aware that she transferred resident by herself without a mechanical lift. Resident is a two-person transfer via mechanical lift. S10LPN observed Resident #3's right ankle dangling, blue discoloration, and swollen.</p> <p>Review of the Hospital Records dated 04/01/2024 revealed the following:</p> <p>Chief complaint: right lower leg injury.</p> <p>Right foot X-Ray Results: Commuted, displaced, angulated fractures distal shafts of both the tibia and fibula, portable mildly displaced intra-articular fracture of the distal aspect of the proximal phalanx of the great toe.</p> <p>On 04/09/2024 at 12:10 p.m., an interview was conducted with S11CNA. She stated she was working on 04/01/2024 and assigned to Resident #3. She stated she physically lifted Resident#3 out of her Geri chair and transferred her to bed without using a mechanical lift or staff assistance. She stated she was aware Resident #3 required two-person mechanical lift for transfers. She stated Resident #3 was a small person and she felt she could transfer the resident without assistance. S11CNA stated after she transferred Resident #3 back into the bed, she noticed the resident's right foot was deformed.</p> <p>On 04/09/2024 at 11:19 a.m., an interview was conducted with S10LPN. She stated on 04/01/2024, S11CNA reported something was wrong with Resident #3's ankle. She stated she assessed Resident #3's right foot and it was swollen, bruised, and deformed. She stated Resident #3 was transferred to a local hospital. She stated S11CNA told her she transferred the resident to bed without assistance. S10LPN confirmed Resident #3 was assessed to be a two-person mechanical lift for transfers.</p> <p>On 04/09/2024 at 1:26 p.m., an interview was conducted with S2DON. She confirmed Resident #3 was assessed to be a two-person mechanical lift for transfers. She stated S11CNA admitted she transferred Resident #3 to her bed without the mechanical lift or assistance.</p> <p>The facility has implemented the following actions to correct the deficient practice:</p> <ol style="list-style-type: none"> 1. Director of Nurses and Assistant Director of Nurses in-serviced all nursing staff on lift policy/lift status/lift equipment. 2. Lift dot audit to ensure accuracy according to Plan of care. See facility's policy above. 3. Nursing Facility Administrator viewed cameras for visual evidence. 4. Nursing Facility Administrator suspended S11CNA immediately during investigation. 5. Continued in services on lift policy/lift status/lift equipment by who? How often? 6. Director of Nurses or designee monitored 5 random sampled total lift transfers though out the facility to ensure proper technique was implemented. <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>7. Director of Nurses or designee will continue to monitor 5 transfers a week and record on monitoring tool, interview staff during transfer and continue to in-service nursing staff weekly and monitor 5 lift transfers x 4 weeks.</p> <p>8. 04/04/2024 S12CNA was terminated.</p> <p>9. Competition date 04/08/2024.</p>		