

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2024
NAME OF PROVIDER OR SUPPLIER Ormond Nursing & Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 22 Plantation Road Destrehan, LA 70047	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>46361</p> <p>Based on record reviews, observations, and interviews, the facility failed to assess a resident for self-administration of medications for 2 (Resident #22 and Resident #97) of 20 (Resident #2, Resident #13, Resident #16, Resident #17, Resident #22, Resident #25, Resident #26, Resident #39, Resident #44, Resident #61, Resident #64, Resident #67, Resident #69, Resident #70, Resident #79, Resident #77, Resident #80, Resident #88, Resident #95, and Resident #97) sampled residents reviewed.</p> <p>Findings:</p> <p>Review of the facility's Self-Administration of Medications policy with a revision date of 11/2017 revealed, in part, residents would be allowed to self-administer medications only if a physician order was obtained allowing residents to keep a medication at bedside for the purpose of self-administration, and the interdisciplinary team deemed resident to be clinically appropriate to self-administer medications.</p> <p>Review of the facility's Drug Administration and Documentation policy with a revision date of 12/2023 revealed, in part, under no circumstances is medication to be left at the bedside or given to the resident without him/her swallowing it in the nurses presence unless a physician had written an order to, and the facility had determined the resident is mentally and physically capable of self-administration.</p> <p>Resident #22</p> <p>Review of Resident #22's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/20/2024 revealed, in part, Resident #22 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated Resident #22 was cognitively intact.</p> <p>Observation on 07/15/2024 at 9:13 a.m. revealed a disposable medication cup with 7 tablets and/or capsules on Resident #22's bedside table.</p> <p>In an interview on 07/15/2024 at 9:13 a.m., Resident #22 indicated the nurse left her medications at her bedside for her to self-administer when she was feeling better.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 07/15/2024 at 9:15 a.m., S5Licensed Practical Nurse (LPN) confirmed the disposable medication cup on Resident #22's beside table contained 7 tablets and/or capsules. S5LPN indicated she did not ensure Resident #22 swallowed her medications during medication administration, and should have.</p> <p>In an interview on 07/17/2024 at 11:35 a.m., S6Certified Nursing Assistant indicated she had occasionally noticed medication cups containing medications left at resident's bedsides.</p> <p>Review of Resident #22's record revealed no documented evidence and the facility was unable to present any documented evidence Resident #22 had physician orders to self-administer medications and/or allowed to keep medications at the bedside.</p> <p>In an interview on 07/17/2024 at 12:00 p.m., S1Director of Nursing (DON) indicated Resident #22 did not have a physician's order to self-administer medications and S5LPN should not have left Resident #22's medications at the bedside to self-administer.</p> <p>Resident #97</p> <p>Review of Resident #97's MDS with an ARD of 05/09/2024 revealed, in part, Resident #97 had a BIMS score of 15 which indicated Resident #97 was cognitively intact.</p> <p>Observation on 07/17/2024 at 10:35 a.m. revealed a clear plastic container on Resident #97's bed which contained a box of medication labeled Betamethasone Valerate 0.1% ointment (a medication used to relieve redness, itching, or swelling caused by skin conditions) apply to affected area twice daily.</p> <p>In an interview on 07/17/2024 at 10:35 a.m., Resident #97 stated she previously used the above mentioned ointment for a fungal infection on her ear and she kept the ointment in case she needed it again.</p> <p>Review of Resident #97's record revealed no documented evidence and the facility was unable to present any documented evidence Resident #97 had a physician's order to self-administer medications and/or allowed to keep medications at the bedside.</p> <p>In an interview on 07/17/2024 at 12:00 p.m., S1DON confirmed Resident #97 did not have a physician's order to self-administer medications and/or allowed to keep medications at the bedside.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48855</p> <p>Based on record review and interviews, the facility failed to ensure a resident with a mental illness had an accurate PASARR (Preadmission Screening and Resident Review) for 1 (Resident #67) of 2 (Resident #17, Resident #67) residents reviewed for PASARR.</p> <p>Findings:</p> <p>Review of Resident #67's Medical Record review revealed, in part, Resident #67 was admitted to the facility on [DATE] with a diagnosis of PTSD (Post-Traumatic Stress Disorder).</p> <p>Review of Resident #67's Quarterly MDS (Minimum Data Set) dated 05/30/2024 revealed, in part, Resident #67 had a diagnosis of Post-Traumatic Stress Disorder (PTSD).</p> <p>Review of Resident #67's Level I PASARR dated 10/07/2020 revealed, in part, Resident #67's diagnosis of PTSD was not selected on Section III as a mental illness.</p> <p>In an interview on 07/17/2024 at 10:03 a.m., S3Social Service Director indicated Resident #67 did not have a Level II PASARR, and the facility could not produce any documented evidence that a Level II PASARR for a diagnosis of PTSD was completed and submitted to the required agency for resident review.</p> <p>In an interview on 07/17/2024 at 10:007 a.m., S2Assistant Director of Nursing (ADON) indicated a Level II PASARR was not completed, and the facility could not produce any documented evidence that a Level II PASARR for a diagnosis of PTSD was completed and submitted to OBH for resident review.</p>