

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195247	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/02/2025
NAME OF PROVIDER OR SUPPLIER  Adira Medical Resort		STREET ADDRESS, CITY, STATE, ZIP CODE  4405 Airline Drive Bossier City, LA 71111	

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 - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30115</p> <p>Based on record review and interview the facility failed to immediately notify the resident's representative after an incident with an injury for 1 (#2) of 3 (#1, #2, #3) sampled residents reviewed.</p> <p>Findings:</p> <p>Review of the facility's Condition Change of the Resident policy (no revision date) revealed:</p> <p>Procedure: After all resident falls, possible injuries or changes in physical or mental function: 6. Notify Resident's Responsible Party.</p> <p>Review of Resident #2's medical record revealed an admitted [DATE] with diagnoses which included, in part: Type 2 diabetes mellitus, unspecified dementia, muscle weakness, difficulty walking, cognitive communication deficit and chronic kidney disease.</p> <p>Review of Resident #2's Admission MDS (Minimum Data Sets) assessment dated [DATE] revealed Resident #2 had a BIMS (Brief Interview for Mental Status) score of 11 indicating moderately impaired cognition.</p> <p>Review of the facility's incident log revealed Resident #2 had an incident which involved an injury on 03/16/2025.</p> <p>Review of Resident #2's medical record revealed a progress note dated 03/16/2025 at 11:40 p.m. which documented Resident #2 was transported via stretcher per EMS (Emergency Medical Services) to a local hospital. Further review revealed the facility was not able to contact the family of the incident due to no family contact listed on Resident #2's face sheet.</p> <p>Review of Resident #2's medical record failed to reveal Resident #2's family was notified immediately after an incident on 03/16/2025.</p> <p>Review of Resident #2's medical record revealed a progress note dated 03/17/2025 at 3:18 a.m. which documented Resident #2 returned to the facility from the hospital.</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 - Few</p>	<p>Review of Resident #2's medical record revealed a progress note dated 03/17/2025 at 7:55 a.m. which documented Resident #2's family/RP (Responsible Party) was contacted. Further review revealed the RP asked, Why wasn't I notified last night? RP was informed at this time of no contact listed on the face sheet in the computer or chart.</p> <p>During an interview on 04/01/2025 at 4:15 p.m. S1 Administrator confirmed Resident #2's family was not notified of the incident on 03/16/2025 until his return from the hospital on 03/17/2025. S1 Administrator further confirmed contact information was not located on Resident #2's profile page at the time of the incident.</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30115</p> <p>Based on record review and interviews the facility failed to ensure a baseline care plan was developed for 1 (#2) of 3 (#1, #2, #3) sampled residents. The facility failed to ensure a baseline care plan was developed for Resident #2.</p> <p>Findings:</p> <p>Review of Resident #2's medical record revealed an admitted [DATE] with diagnoses which included, in part: Type 2 diabetes mellitus, unspecified dementia, muscle weakness, difficulty walking, cognitive communication deficit and chronic kidney disease.</p> <p>Review of Resident #2's Admission MDS (Minimum Data Sets) assessment dated [DATE] revealed Resident #2 had a BIMS (Brief Interview for Mental Status) score of 11 indicating moderately impaired cognition.</p> <p>Review of Resident #2's medical record failed to reveal a baseline care plan had been completed.</p> <p>During an interview on 04/01/2025 at 1:30 p.m. S3 LPN (Licensed Practical Nurse) confirmed Resident #2 did not have a baseline care plan and should have.</p> <p>During an interview on 04/01/2025 at 2:15 p.m. S1 Administrator acknowledged a baseline care plan was not done for Resident #2 and should have been.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>30115</p> <p>Based on record review and interview, the facility failed to ensure an RN (Registered Nurse) was on duty for 8 consecutive hours per day 7 days per week. This deficient practice had the potential to affect all 24 residents residing in the facility.</p> <p>Findings:</p> <p>Review of the Nursing/Ancillary Personnel Staffing Pattern Reporting Form for the week days of 03/09/2025 to 03/22/2025 completed by S4 Human Resource Director revealed there were no staffing hours for an RN on 03/21/2025.</p> <p>Review of the facility's Employee Hours Per Day record, provided by S4 Human Resource Director, dated 03/21/2025 revealed no RN hours were clocked on 03/21/2025.</p> <p>During an interview on 04/01/2025 at 2:15 p.m. S1 Administrator reviewed the Personnel Staffing Pattern report from 03/02/2025 to 03/22/2025 and confirmed the facility did not have RN coverage on 03/21/2025.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30115</p> <p>Based on observation, interviews, and record reviews, the facility failed to ensure medications were available for administration for 1 (#1) of 3 (#1, #2, #3) sampled residents reviewed. The facility failed to ensure a controlled drug was available and administered to Resident #1.</p> <p>Findings:</p> <p>Policy:</p> <p>Pharmacy Services: (no revision date)</p> <p>Purpose: Ensure accurate and safe provision or obtaining of pharmaceutical services, including the provision of routine and emergency medications and biologicals as well as the services of a licensed pharmacist to meet the needs of the resident.</p> <p>Procedure: The facility must:</p> <ol style="list-style-type: none"> <li>2. Provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</li> <li>3. Employ or obtain the services of a licensed pharmacist who             <ol style="list-style-type: none"> <li>b. Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation.</li> <li>c. Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</li> </ol> </li> </ol> <p>Review of Resident #1's medical record revealed an initial admitted [DATE] with the following diagnoses, in part: Type 2 diabetes mellitus, acute osteomyelitis, difficulty walking, prosthetic heart valve and generalized anxiety disorder.</p> <p>Review of Resident #1's Admission MDS (Minimum Data Sets) assessment dated [DATE] revealed a BIMS (Brief Interview for Mental Status) score of 15 indicating intact cognition.</p> <p>Review of Resident #1's physician order dated 03/05/2025 revealed an order for Temazepam (a controlled drug) 7.5 mg (milligrams), give 1 capsule by mouth at bedtime for anxiety.</p> <p>Review of Resident #1's 2025 March and April MAR (Medication Administration Record) revealed Tamazepam 7.5mg was not administered on 03/30/2025, 03/31/2025 and 04/01/2025 due to (9) other - See Notes: Not available.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 03/31/2025 at 4:00 p.m. Resident #1 reported the nurse told her she did not receive her Temazepam the night of 03/30/2025 because the pharmacy had not filled her medication and she did not have any Temazepam left.</p> <p>During an interview on 04/02/2025 at 10:50 a.m. S3 LPN (Licensed Practical Nurse) reported prescriptions should be ordered before the resident runs out of their medication.</p> <p>An observation on 04/02/2025 at 11:41 a.m. with S5 RN (Registered Nurse) revealed Temazepam was not available for Resident #1 on the medication cart and should have been.</p> <p>During an interview on 04/02/2025 at 11:41 a.m. S5 RN reported medications should be refilled 7 days before they run out. S5 RN confirmed Resident #1 was not administered Temazepam 7.5 mg at bedtime on 03/30/2025, 03/31/2025, and 04/01/2025 and should have been.</p>		