

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/25/2024
NAME OF PROVIDER OR SUPPLIER  Legacy Nursing and Rehabilitation of Pollock		STREET ADDRESS, CITY, STATE, ZIP CODE 8275 Highway 165 Pollock, LA 71467	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</b></p> <p>Based on observation, interview and record review the facility failed to provide respiratory care consistent with professional standards for 1 (Resident #3) of 3 (Resident #1, Resident #2, and Resident #3), sampled residents reviewed for respiratory care. The facility failed to ensure equipment was properly cleaned, labeled and stored.</p> <p>Findings:</p> <p>The facility's policy titled Oxygen Concentrator Cleaning Policy and Procedure with no revision date, read in part .</p> <p>Purpose</p> <p>To keep Oxygen Concentrator and equipment clean.</p> <p>Policy:</p> <p>Resident's Oxygen Concentrator will be kept clean when in resident room.</p> <p>Procedure:</p> <ol style="list-style-type: none"> <li>1. All surface areas of the machine will be cleaned with disinfectant wipe or spray when needed.</li> <li>2. Store Oxygen tubing, cannula, and mask in plastic bag when not in use.</li> <li>3. Oxygen tubing cannula and mask to be changed out weekly and as needed.</li> <li>4. Oxygen Concentrator filter to be washed out under running water weekly and as needed.</li> </ol> <p>Review of Resident #3's medical record revealed an admitted [DATE] with diagnosis that included in part . Chronic Obstructive Pulmonary Disease, Presence of Cardiac Pacemaker, and Cerebral Infarction Unspecified.</p> <p>Review of Resident #3's active Physician orders revealed the following order with a start date of 01/30/2024:</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Oxygen 2 liters per minute via nasal cannula as needed to keep Oxygen Saturation &gt; 90% with Shortness of Breath every shift.</p> <p>Review of Resident #3's Care Plan with no review date revealed in part .I require Oxygen therapy as needed for Shortness Of Breath while lying flat; I have Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease with interventions that included in part . Administer my oxygen as ordered, I need my Oxygen when I have a respiratory crisis, I need my oxygen level tested with a pulse oximetry as ordered by my physician, and I need to have my respirations watched as appropriate.</p> <p>Observation and interview on 11/21/2024 at 10:30 a.m. revealed Resident #3 had an oxygen concentrator beside her bed with an uncovered and unlabeled nasal cannula lying on top of it. The oxygen concentrator had brown stains on the side of it and the filter was heavily covered with dust. Resident #3 revealed the oxygen concentrator belonged to her and she used it when she was Short of Breath.</p> <p>Observation and interview with S1 ADON on 11/21/2024 at 3:40 p.m. in Resident #3's room revealed the following: The oxygen concentrator with the nasal cannula lying on top of it uncovered and unlabeled, brown stains on the side of the concentrator and the filter heavily covered with dust. S1 ADON confirmed Resident #3's oxygen nasal cannula should have been covered and labeled. S1 ADON confirmed Resident #3's oxygen concentrator had brown stains on the side of it and the filter was dirty, and it should not have been.</p>