

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 07/24/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20604</p> <p>Based on observation, interview and record review the facility failed to ensure services were provided to meet professional standards. The facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure controlled medications were administered at the time the medication was signed by the nurse as being administered for 9 (#4, #13, #39, #40, #43, #45, #56, #70 and #275) of 13 (#4, #13, #28, #29, #31, #39, #40, #43, #45, #56, #64, #70 and #275) Residents who received controlled medications; and 2. Ensure lab work was drawn in accordance with physician orders for 1 (#7) of 3 (#2, #7 and #21) Residents reviewed for labs. <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of the facility's policy titled, Controlled Drug Management Policy And Procedure with no date, revealed the following, in part: .Administration/Recording: 1. When the medication is removed from stock, the Controlled Substance Disposition Record shall be completed to indicate a. Date, b. Time, c. Resident's name, d. Room number, e. Prescribing physician and f. Signed by the nurse administering the medication . <p>On 07/24/2024 at 1:40 p.m., a narcotic reconciliation was done with S6 LPN and the S1 DON on Hall X medication cart. The Individual Controlled Substance Record sign out sheet was compared to the actual controlled medications on-hand, and revealed the following discrepancies which was verified by S6 LPN and S1 DON at the time of the observation:</p> <p>Resident #4</p> <p>Review of the physician's order dated 07/20/2024 revealed Norco Oral Tablet 10-325 mg give 1 tablet by mouth two times a day.</p> <p>Review of the Individual Controlled Substances Record for Resident #4 revealed there were 9 tablets of Norco Oral Tablet 10-325 mg remaining. The last entry signed out by S6 LPN was on 07/24/2024, indicating that 1 tablet was given at 4:00 p.m. with 9 tablets remaining.</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
---	-------	-----------

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 07/24/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observations on 07/24/2024 around 1:40 p.m. of Resident #4's medication card of Norco 10-325 mg revealed there were 10 tablets remaining, instead of 9 tablets as indicated on the Individual controlled Substance Record.</p> <p>Resident #13</p> <p>Review of the physician's order dated 04/05/2024 revealed Norco Oral Tablet 7.5-325 mg give 1 tablet by mouth every 4 hours.</p> <p>Review of the Individual Controlled Substances Record for Resident #13 revealed there were 63 tablets of Norco Oral Tablet 7.5-325 mg remaining. The last entry signed out by S6 LPN was on 07/24/2024, indicating that 1 tablet was given at 4:00 p.m. with 63 tablets remaining.</p> <p>Observations on 07/24/2024 around 1:40 p.m. of the medication card of Norco 7.5-325 mg revealed there were 64 tablets remaining, instead of 63 tablets as indicated on the Individual controlled Substance Record.</p> <p>Resident #39</p> <p>Review of the physician's order dated 12/13/2024 revealed Norco Oral Tablet 10-325 mg give 1 tablet by mouth every 6 hours.</p> <p>Review of the Individual Controlled Substances Record for Resident #39 revealed there were 53 tablets of Norco Oral Tablet 10-325 mg remaining. The last entry signed out by S6 LPN was on 07/24/2024, indicating that 1 tablet was given at 2:00 p.m. with 53 tablets remaining.</p> <p>Observations on 07/24/2024 around 1:40 p.m. of Resident #39's medication card of Norco 10-325 mg revealed there were 55 tablets remaining, instead of 53 tablets as indicated on the Individual controlled Substance Record.</p> <p>Resident #40</p> <p>Review of the physician's order dated 08/10/2023 revealed Xanax Oral Tablet 1 mg give 1 tablet by mouth two times a day.</p> <p>Review of the Individual Controlled Substances Record for Resident #40 revealed there were 23 tablets of Xanax Oral Tablet 1 mg remaining. The last entries signed out by S6 LPN was on 07/24/2024 indicating that 1 tablet was given at 8:00 a.m. and 4:00 p.m. with 23 tablets remaining.</p> <p>Observations on 07/24/2024 around 1:40 p.m. of Resident #40's medication card of Xanax 1 mg revealed there were 25 tablets remaining, instead of 23 tablets as indicated on the Individual controlled Substance Record.</p> <p>Resident #43</p> <p>Review of the physician's order dated 01/24/2024 revealed Xanax Oral Tablet 0.25 mg give 1 tablet by mouth two times a day.</p> <p>(continued on next page)</p>

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 07/24/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Individual Controlled Substances Record for Resident #43 revealed there were 30 tablets of Xanax Oral Tablet 0.25 mg remaining. The last entry signed out by S6 LPN was on 07/24/2024 indicating that 1 tablet was given at 4:00 p.m. with 30 tablets remaining.</p> <p>Observations on 07/24/2024 around 1:40 p.m. of Resident #40's medication card of Xanax 0.25 mg revealed there were 31 tablets remaining, instead of 30 tablets as indicated on the Individual controlled Substance Record.</p> <p>Resident #45</p> <p>Review of the physician's order dated 06/01/2024 revealed Oxycodone HCL Oral Tablets 10 mg give 1 tablet by mouth every 8 hours as needed for pain.</p> <p>Review of the Individual Controlled Substances Record for Resident #45 revealed there were 49 tablets of Oxycodone HCL Oral 10 mg tablets remaining. The last entry signed out by S6 LPN was on 07/24/2024 indicating that 1 tablet was given at 2:00 p.m. with 49 tablets remaining.</p> <p>Observations on 07/24/2024 around 1:40 p.m. of Resident #45's medication card of Oxycodone HCL 10 mg revealed there were 50 tablets remaining, instead of 49 tablets as indicated on the Individual controlled Substance Record.</p> <p>Resident #56</p> <p>Review of the physician's order dated 06/26/2024 revealed Ativan Oral Tablets 0.5 mg give 1 tablet by mouth 2 times per day.</p> <p>Review of the Individual Controlled Substances Record for Resident #56 revealed there were 8 tablets of Ativan Oral Tablets 0.5 mg tablets remaining. The last entry signed out by S6 LPN was on 07/24/2024 indicating that 1 tablet was given at 4:00 p.m. with 8 tablets remaining.</p> <p>Observations on 07/24/2024 around 1:40 p.m. of Resident #56's medication card of Ativan 0.5 mg revealed there were 9 tablets remaining, instead of 8 tablets as indicated on the Individual controlled Substance Record.</p> <p>Resident #70</p> <p>Review of the physician's order dated 05/09/2024 revealed Lorazepam Oral Tablets 1 mg give 1 tablet by mouth 3 times per day.</p> <p>Review of the Individual Controlled Substances Record for Resident #70 revealed there were 9 tablets of Lorazepam 9 mg tablets remaining. The last entry signed out by S6 LPN was on 07/24/2024 indicating that 1 tablet was given at 4:00 p.m. with 9 tablets remaining.</p> <p>Observations on 07/24/2024 around 1:40 p.m. of Resident #70's medication card of Lorazepam 0.5 mg revealed there were 10 tablets remaining, instead of 9 tablets as indicated on the Individual controlled Substance Record.</p> <p>Resident #275</p> <p>(continued on next page)</p>		

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 07/24/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the physician's order dated 07/06/2024 revealed Clonazepam Oral Tablets 2 mg give 1 tablet by mouth 2 times per day.</p> <p>Review of the Individual Controlled Substances Record for Resident #275 revealed there were 44 tablets of Clonazepam 2 mg tablets remaining. The last entry signed out by S6 LPN was on 07/24/2024 indicating that 1 tablet was given at 4:00 p.m. with 44 tablets remaining.</p> <p>Observations on 07/24/2024 around 1:40 p.m. of Resident #275's medication card of Clonazepam 2 mg revealed there were 45 tablets remaining, instead of 44 tablets as indicated on the Individual controlled Substance Record.</p> <p>An interview on 07/24/2024 with S6 LPN at approximately 1:40 p.m. at the time of the observations, revealed that she had signed the Individual Controlled Substance Record indicating the medications were administered. She reported that she should have signed out the controlled medications at the time of administration rather than ahead of time. She stated that she signed out her 4:00 p.m. narcotic medications earlier that day.</p> <p>An interview on 07/24/24 at 1:45 p.m. with S1 DON revealed that controlled substances should be signed out when they are administered. She stated that if a controlled substance is signed out by the nurse and not administered, the nurse should waste and/or dispose of the medicine in the presence of another nurse. S1 DON said both nurses would sign the Individual Controlled Substance Record indicating that the medication was wasted and/or destroyed. She stated that S6 LPN should not have signed out the controlled medication unless she was going to immediately administer the medication.</p> <p>2.</p> <p>Review of Resident #7's medical record revealed an admitted [DATE], with diagnoses that included in part . Schizoaffective Disorder, Chronic Obstructive Pulmonary Disease, Epilepsy, Chronic Pulmonary Edema, and Anxiety Disorder.</p> <p>Review Resident #7's MDS with an ARD of 06/21/2024 revealed a BIMS of 07, which indicates severe cognitive impairment.</p> <p>Review of Resident #7's physicians order dated 04/19/2024 read in part . Depakote level monthly (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec).</p> <p>Review of Resident #7's medical record revealed Depakote levels were done on 04/22/204 and 07/22/2024.</p> <p>An interview on 07/24/24 at 11:30 a.m. with S2 ADON revealed that she was the admitting nurse for Resident #7. She reported that the attending physician ordered Depakote levels to be done monthly. She stated that Depakote levels were done on 04/22/2024 and 07/22/2024. S2 ADON said that Depakote levels were not done in May 2024 or June 2024.</p>		

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 07/24/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46773</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents who are unable to carry out ADLS (Activities of Daily Living) received the necessary services to maintain good personal hygiene for 1 (#53) of 1 Residents reviewed for ADL's. The facility failed to ensure a Resident (#53) received incontinent care.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled: Incontinence Care and Procedure read in part . Purpose: To keep skin clean, dry, free of irritation and odor, identify skin problems as soon as possible so treatment can be started, prevent skin breakdown, and prevent infection.</p> <p>Review of Resident #53's medical records revealed an admitted [DATE] with diagnoses that included: Type 2 Diabetes Mellitus, Schizoaffective Disorder, Unspecified Dementia, and Essential Hypertension.</p> <p>Review of Resident #53's Quarterly MDS with ARD of 04/16/2024 revealed Resident #53 had a BIMS of 01 (Severe Cognitive Impairment). Resident #53 was dependent on staff for all ADL's including toileting, shower/bathing, and personal hygiene.</p> <p>Review of the Facility's grievance log revealed Resident #53's family filed a grievance in 04/2024, 05/2024 and 06/2024 about Resident #53 not being provided incontinent care in a timely manner.</p> <p>Interview on 07/23/2024 at 12:32 p.m. with Resident #53's responsible party revealed she visits daily and Resident #53 is often saturated with urine that goes through his clothing. Resident #53's responsible party revealed she had spoken to management in the facility on several occasions and she continues to find him saturated with soil or feces when she visits. Client #53's responsible party revealed she has marked Resident #53's diapers and has come back 10-12 hours later and he was still in the saturated brief.</p> <p>Interview on 07/23/2024 at 9:02 a.m. with Resident #53's responsible party revealed the hospice aide came and bathed and changed him at 8:45 a.m. Resident #53's responsible party stated she marked the diaper with the time of 8:45 a.m. to see if he would be changed and will check in at 12:00 p.m.</p> <p>.</p> <p>Observation on 07/23/2024 at 12:05 p.m. with S1 DON revealed Resident #53 was wearing a soiled brief that was timed 8:45 a.m., S1 DON confirmed the resident was soiled and that the brief was timed 8:45. S1 DON stated that all residents should have Q2 incontinent care rounds made and confirmed that Resident #53 should had been provided incontinent care in a timely manner.</p> <p>(continued on next page)</p>

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 07/24/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 07/23/2024 at 12:20 p.m. S8 CNA revealed the last time he changed Resident #53 was at 10:00 a.m. This surveyor questioned S8 CNA about resident brief being timed 8:45 a.m. when we made an observation at 12:05 p.m. and S8 CNA stated he can't recall the exact time he changed Resident #53's brief and that maybe it was around 8:45 a.m S8 CNA then stated he did not change Resident #53 and that he was changed by the hospice aide after this surveyor asked if resident was changed by the hospice aide at 8:24 a. m. S8 CNA then stated he made rounds on the resident in the last 2.5 hours but could not recall time and revealed the resident was not wet.</p> <p>Interview on 07/23/2024 at 1:45 p.m. with S1 DON revealed the facility has had problems in the past with Resident #53 receiving incontinent care in a timely manner and that the processes that were put in place had been ineffective. S1 DON revealed the facility had recently implemented the ambassador round, where management staff make Q2 hours rounds on Resident #53 to ensure he is being provided incontinent care in a timely manner but confirmed the ambassador rounds had not been done today.</p>

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 07/24/2024
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>46773</p> <p>Based on observation, interview, and record review the facility failed to meet the nutritional needs of residents in accordance with established national guidelines. The facility failed to follow the menu in regard to portion size to ensure nutritional adequacy of the meal for 9 residents that received mechanically altered diets prepared by the facility kitchen.</p> <p>Findings:</p> <p>Review of the facility's approved Menu Matrix menu revealed on 07/22/2024 the facility was on week 5. The Pureed Diet lunch to be served with serving size consisted of Beef Meatloaf 4oz., Black eye peas 4oz., Cauliflower with cheese mix 1/3 cup, and Pound cake 4 oz.</p> <p>Observation on 07/22/2024 at 12:10 p.m. revealed S4 Dietary [NAME] serving a pureed lunch tray using a 3 oz scoop for the pureed meatloaf. S4 Dietary [NAME] revealed she served the pureed meatloaf with a 3oz scoop but the 4oz scoop was required and should have been used.</p> <p>Interview on 07/22/24 at 12:15 p.m. with S6 Dietary manager confirmed that S4 Dietary cook was using the 3oz scoop instead of the 4oz scoop per serving that was supposed to be used. S6 Dietary Manager revealed that she typically checks the scoop sizes prior to serving meals but had forgotten today. She confirmed the wrong scoop size was used but should not have been.</p>		

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 07/24/2024
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>46773</p> <p>Based on observation, interview, and record review the facility failed to ensure that pureed foods were prepared by methods which conserved nutritional value for 9 Residents who were ordered and served pureed diets.</p> <p>Findings:</p> <p>Review of the facility's approved Menu Matrix menu revealed on 07/22/2024 the facility was on week 5. The Pureed Diet lunch to be served with serving size consisted of Beef Meatloaf 4oz., Black eye peas 4oz., Cauliflower with cheese mix 1/3 cup, and Pound cake 4 oz.</p> <p>Interview and observation on 07/22/2024 at 10:35 a.m. S5 Dietary [NAME] revealed there are 9 resident that received puree meats. S5 Dietary cook was observed using (8) 3oz meat patties, unmeasured amount of bread crumbs and 3 cups of water and added them to the blender. S5 Dietary [NAME] revealed she does not use a recipe because she had been cooking for so long. S5 dietary [NAME] stated (8) 3oz patties should be enough for the 9 pureed resident because the water and breadcrumbs have been added.</p> <p>Interview on 07/22/2024 at 12:15 p.m. S5 Dietary Manager confirmed the recipe for the pureed meals were not followed because she could not locate them, but should have been used.</p> <p>Interview on 07/23/2024 at 3:46 p.m. with S9 RD revealed the recipe for all meals should be followed to ensure residents are receiving adequate caloric intake.</p>

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 07/24/2024
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 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>44844</p> <p>Based on interview and record review the facility failed to include the Medical Director or designee in the Quality Assessment and Assurance process. Total sample size was 31.</p> <p>Findings:</p> <p>Review of the facility policy titled Quality Assurance Policy And Procedure with no review date revealed in part .</p> <p>Procedure:</p> <p>4. The committee will consist of at minimum</p> <p>A. Medical Director</p> <p>B. Administrator</p> <p>C. Director of Nursing</p> <p>D. 3 other staff members designated by the facility</p> <p>Interview and record review on 07/24/2024 at 3:39 p.m. with S1 DON revealed the facility's Medical Director or designee had not been included on the Quality Assessment and Assurance Process Sign-in-sheets for March 2024 or June 2024. S1 DON confirmed the facility had no documented evidence of the Medical Director attending the Quality Assessment and Assurance Process Quarterly meetings in March 2024 and June 2024.</p>

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 07/24/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46773</p> <p>Based on observation, record review, and interview, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development of communicable diseases and infections by failing to ensure staff changed gloves and performed hand hygiene after touching contaminated areas during wound care for 1(#31) of 2 (#31 and #34) residents observed for wound care.</p> <p>Findings:</p> <p>Review of the Facility's undated policy titled Dressing Change, Clean Policy and Procedure read in part .</p> <p>Purpose</p> <ol style="list-style-type: none"> 1. To protect the wound. 2. To prevent irritation. 3. To prevent infection and the spread of infection. 4. To promote healing. <p>Review of Resident #31's 07/2024 Physician Orders read in part:</p> <p>07/02/2024-Cleanse stage 4 pressure injury to right ischium with wound cleanser, fill wound bed with honey and collagen powder, layer with moist Dakin's gauze, cover with absorbent pad and secure with tape.</p> <p>07/02/2024-Cleanse stage 4 pressure injury to left ischium with wound cleanser, fill wound bed with honey and collagen powder, layer with moist Dakin's gauze, cover with absorbent pad and secure with tape.</p> <p>Observation of wound care for Resident #31 on 07/23/2024 at 2:30 p.m. revealed S7 Treatment Nurse removed old dressing to right and left ischium wound, discarded dressing, then reached over the clean field without removing the soiled gloves or sanitizing hands. S7 Treatment Nurse then removed a 4x4 gauze and wound cleanser with soiled gloves and cleansed the wound.</p> <p>An interview on 07/23/2024 at 2:36 p.m., S7 Treatment Nurse was notified by this surveyor that she failed to remove soiled gloves and sanitize hands prior to obtaining supplies from the clean field and cleansing the wound. S7 Treatment Nurse confirmed that she should have removed the soiled gloves and sanitized her hands after removing the soiled dressing from Resident #31's ischium wound, but did not.</p> <p>(continued on next page)</p>		

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 07/24/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 07/24/2024 at 11:42 a.m. with S2 ADON revealed the staff were not aware of needing to sanitize hands between gloves changing while providing wound care because the wound care policy didn't state that it should be done. S2 ADON confirmed she read the regulation and confirmed hands should have been sanitized after removing gloves while providing wound care. S2 ADON stated she will update the policy and notify staff of the changes.</p>		