STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195281	A. Building B. Wing	08/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowview Health & Rehab Center	400 Meadowview Drive Minden, LA 71055

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43405 Based on record review and interview, the facility failed to ensure all allegations of injuries of unknown source with serious bodily injury was reported immediately, or within 2 hours of the allegation to the state agency for 1 (#2) of 2 (#1 and #2) residents sampled with facility incident reports. Findings: Review of the Abuse Prohibition Policy and Procedure with revision date of 05/17/2024 revealed the following, in part: Reporting/Response: 2.) The facility will report all allegations and substantiated occurrences of abuse, neglect or misappropriation of resident property to the state agency and to all other agencies as required by law and will take all necessary corrective actions depending on the results of the investigation. The Abuse Coordinator will report all allegations of abuse, neglect with serious bodily injury, mistreatment with serious bodily injury, exploitation with serious bodily injury, and injuries of unknown source with serious bodily injury immediately or within 2 hours of the allegation. The Abuse Coordinator will report all other allegations of neglect, mistreatment, exploitation, injuries of unknown source and misappropriation within 24 hours of the allegation. Review of the record for resident #2 revealed an admitted [DATE] with diagnoses including other displaced fracture of second cervical vertebra, acute chronic systolic heart failure, chronic obstructive pulmonary disease, nontraumatic subarachnoid hemorrhage without loss of consciousness, contusion and laceration of cerebrum, traumatic subdural hemorrhage with loss of consciousness, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, degenerative disease of nervous system, muscle wasting and atrophy, spinal stenosis, syncope, chronic kidney disease, history of fractures, unspecified fracture of unspecified thoracic vertebra, wedge compression fracture of first and second thoracic vertebra, and dementia. Review of resident #2's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 3 indicating severe cognitive impairment. Further review revealed resident required 1 person assist with activities of daily living. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility reported incident for resident #2 dated 08/06/2024 revealed resident #2 had a fall at 12:17 a.m. on 08/06/2024. Further review revealed resident #2 had moaning and facial grimacing to her right leg during the assessment by S4Licensed Practical Nurse (LPN). S4 LPN notified the physician of the findings and physician ordered an x-ray of her right leg and right hip. S4LPN notified mobile x-ray, and they performed x-rays at 8:00 a.m. on 08/06/2024. S6LPN was notified of results of x-ray including a right femur fracture on 08/06/2024 at 9:55 a.m. S6LPN notified S1Administrator on 08/06/2024 at 10:00 a.m. of resident #2 having a right femur fracture from her fall on 08/06/2024. Review of resident #2's right femur 2 view x-ray dated 08/06/2024 revealed an acute complex impacted fracture proximal right femur. An interview on 08/28/2024 at 9:40 a.m. with S1Administrator revealed she was notified on 08/06/2024 at 10:00 a.m. that resident #2 had a fall on 08/06/2024 around 12:15 a.m. and the portable x-ray results revealed resident had a right femur fracture. S1Administrator revealed she entered the facility reported incident to state office on 08/06/2024 at 10:16 p.m. for resident #2. S1Administrator confirmed she should have reported to the state office within 2 hours of notification for resident #2's injury of unknown source with serious bodily injury.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43405 Based on record review and interview, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, that included measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs that are identified in the comprehensive assessment for 1 (#2) of 5 (#1, #2, #3, #4, and #5) sampled residents. Findings: Review of the record revealed resident #2 had an admitted [DATE] with diagnoses including other displaced fracture of second cervical vertebra, acute chronic systolic heart failure, chronic obstructive pulmonary disease, nontraumatic subarachnoid hemorrhage, contusion and laceration of cerebrum without loss of consciousness, traumatic subdural hemorrhage with loss of consciousness, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, degenerative disease of nervous system, muscle wasting and atrophy, spinal stenosis, syncope, chronic kidney disease, history of fractures, unspecified fracture of unspecified thoracic vertebra, wedge compression fracture of first and second thoracic vertebra, and dementia. Review of resident #2's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 3 indicating severe cognitive impairment. Further review revealed resident required 1 person assist with activities of daily living. Review of the Discharge Summary from the hospital dated 08/12/2024 revealed resident #2 was admitted after a fall with a right hip fracture, pneumonia, sepsis, and was found to have a right radius fracture, right wrist fracture, and right hip fracture. Resident#2 had an open reduction internal fixation of right hip surgery on 08/08/2024, and was discharged back to the facility on [DATE]. Review of the current care plan for resident #2 revealed alteration in musculoskeletal status history other displaced fracture of 2nd cervical vertebra sequela dated 10/24/2023. Interventions included - monitor cast to right lower arm, stabilizer with ace bandage to right leg, ankle and toes dated 08/13/2024. Review of the record revealed no documented evidence the interventions were implemented as stated on the careplan on 08/13/2024. An interview on 08/28/2024 at 12:00 p.m. with S2Corporate Nurse confirmed the facility failed to implement the following interventions listed on resident #2's care plan including monitoring of the cast to the right lower arm, and a stabilizer with ace bandage to the right leg, ankles, and toes.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43405 Based on record review and interviews, the facility failed to ensure residents remained as free of accident hazards as possible for 1 (#2) of 3 (#2, #4, and #5) residents reviewed for accidents. The facility failed to ensure fall risk assessments were completed quarterly, specific interventions were implemented based on the results of the risk assessments, and careplan interventions were implemented on readmission on 08/12/2024. Findings: Review of the facility's Fall Prevention Program Policy and Procedure, last revision dated 06/10/2024, policy and procedure revealed in part the following: Policy: All residents will be assessed for the risk for falls at the time of admission, on a quarterly basis, and upon significant change in condition thereafter. Based on the results of this assessment, specific interventions will be implemented to minimize falls, avoid repeat falls, and minimize falls resulting in significant injury. A. Procedure 1. All residents will be screened for risk for falls utilizing the Fall Risk Assessment. This will be done at the time of admission, quarterly, after each fall and upon significant change in condition. 2. Residents identified at being at risk will have interventions identified in their plan of care to minimize falls. 4. The resident's plan of care will be updated to reflect risk for falls, and appropriate interventions. Review of the record revealed resident#2 had an admitted [DATE] with diagnoses including other displaced fracture of second cervical vertebra, acute chronic systolic heart failure, chronic obstructive pulmonary disease, nontraumatic subarachnoid hemorrhage, contusion and laceration of cerebrum without loss of consciousness, traumatic subdural hemorrhage with loss of consciousness, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, degenerative disease of nervous system, muscle wasting and atrophy, spinal stenosis, syncope, chronic kidney disease, history of fractures, unspecified fracture of unspecified thoracic vertebra, wedge compression fracture of first and second thoracic vertebra, and dementia. Review of resident #2's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 3 indicating severe cognitive impairment. Further review revealed resident required 1 person assist with activities of daily living. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of resident #2's current care plan dated 10/24/2023 revealed the resident was at risk for falls with the following interventions in place prior to the fall on 08/06/2024 as follows: anticipate and meet resident's needs, be sure call light is within reach and encourage resident to use it for assistance as needed, provide prompt response to all requests for assistance, ensure resident wearing appropriate footwear when ambulating or mobilizing in wheelchair. Further review of the care plan revealed an actual fall with injury on 08/06/2024 (fracture proximal right femur) and interventions dated 08/08/2024 were to visit resident often to ensure location, provide visual/verbal cueing as needed to ensure safety. Review of the facility reported incident for resident #2 dated 08/06/2024 revealed resident #2 had a fall at 12:17 a.m. on 08/06/2024. Further review revealed resident #2 had moaning and facial grimacing to her right leg during the assessment by S4Licensed Practical Nurse (LPN). S4LPN notified the physician of the findings and the physician ordered an x-ray of her right leg and right hip. S4LPN notified mobile x-ray, and they performed x-rays at 8:00 a.m. on 08/06/2024. S6LPN was notified of the results of the x-ray including a right femur fracture on 08/06/2024 at 9:55 a.m. Review of the record revealed no documented evidence the facility completed a fall risk assessment for resident #2 quarterly on 05/23/2024. Review of resident #2's record revealed a fall risk assessment was completed on 04/11/2024 and resident #2 was assessed to be high risk for falls. Further review of the record revealed a fall risk assessment was completed on 08/06/2024 and resident #2 was assessed to be at moderate risk for falls. An interview on 08/27/2024 at 10:45 a.m. with S2Corporate Nurse revealed the facility completes fall risk assessments on admit, readmit, with significant change, and with each fall. S2Corporate Nurse revealed resident #2 was assessed to be high risk for falls. S2Corporate Nurse reported the facility does not implement specific interventions for residents at risk for falls. An interview on 08/27/2024 at 12:45 p.m. with S1Administrator confirmed specific interventions are not implemented when residents are assessed to be at risk for falls. An interview on 08/28/2024 at 10:20 a.m. with S2Corporate Nurse confirmed the facility did not have documented evidence of interventions including - visit resident often to ensure location or provide visual/verbal cueing as needed to ensure safety when resident #2 returned from the hospital on 08/12/2024. An interview on 08/28/2024 at 4:00 p.m. with S2Corporate Nurse confirmed the fall risk assessment was not completed quarterly on 05/23/2024 for resident #2, confirmed previous fall risk assessment on 04/11/2024 was the last fall risk assessment/evaluation done prior to resident #2's fall on 08/06/2024. S2Corporate Nurse further confirmed the facility did not follow the Policy and Procedure for the Fall Prevention Program.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43405 Based on record review and interviews, the facility failed to ensure the nursing staff had appropriate competencies and skill sets to provide nursing care to assist resident safety and maintain the highest practical physical, mental, and psychological well-being of each resident for 1 (#2) of 3 (#2, #4, and #5) residents sampled for accidents. The facility`s failed practice was evidenced by a Certified Nurse Aide's (CNA) failure to follow the facility's Incident/Accident policy and procedure when resident #2 was found on the floor on 08/06/2024. Findings: Review of the Policy for Resident Incident and Visitor Accident Report, revised 07/23/2018, reviewed June 2024, revealed the following, in part: B. Resident Incidents/Accidents: 1. If you witness an incident/accident, you must: -Immediately summon help -DO NOT move the resident until he/she has been assessed by a licensed nurse Review of the record revealed resident#2 had an admitted [DATE] with diagnoses including other displaced fracture of second cervical vertebra, acute chronic systolic heart failure, chronic obstructive pulmonary disease, nontraumatic subarachnoid hemorrhage, contusion and laceration of cerebrum without loss of consciousness, traumatic subdural hemorrhage with loss of consciousness, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, degenerative disease of nervous system, muscle wasting and atrophy, spinal stenosis, syncope, chronic kidney disease, history of fractures, unspecified fracture of unspecified thoracic vertebra, wedge compression fracture of first and second thoracic vertebra, and dementia. Review of resident #2's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 3 indicating severe cognitive impairment. Further review revealed resident required 1 person assist with activities of daily living. Review of resident #2's current care plan dated 10/24/2023 revealed resident#2 was at risk for falls with the following interventions in place prior to the fall on 08/06/2024 as follows: anticipate and meet resident's needs, be sure call light is within reach and encourage resident to use it for assistance as needed, provide prompt response to all requests for assistance, ensure resident wearing appropriate footwear when ambulating or mobilizing in wheelchair. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the incident report for resident #2 dated 08/06/2024 at 12:24 a.m. revealed S4Licensed Practical Nurse (LPN) was notified by S5CNA that she heard a thump and a door slam and she found resident #2 lying on the floor in her room. A telephone interview on 08/27/2024 at 8:55 a.m. with S5CNA revealed she worked on 08/06/2024 on the 10:00 p.m.-6:00 a.m. shift, and worked with resident #2. S5CNA reported about midnight she heard a thump and a door slam and she went to resident #2's room and found her lying on the floor on her stomach with her head facing the door. S5CNA reported she assisted resident #2 back into the bed, and then notified S4LPN of resident #2 being on the floor. A telephone interview on 08/26/2024 at 12:40 p.m. with S4LPN revealed she was notified on 08/06/2024 by S5CNA that resident #2 had fallen in her room. S4LPN reported when she was notified she went to assess the resident and the resident was in the bed. S4LPN reported that during the assessment of resident #2, the resident was moaning and had facial grimacing with touching or movement of the right leg. S4LPN reported she notified the resident's physician and an order for a x-ray to the right hip and the right leg was obtained. An interview on 08/28/2024 at 10:15 a.m. S3Director of Nursing (DON) confirmed that S5CNA should not have moved resident #2 back to the bed on 08/06/2024 when she found the resident on the floor. S3DON confirmed S5CNA should have notified S4LPN of the fall immediately, and S5CNA did not follow the facility's policy and procedure.