

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195281	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/09/2024
NAME OF PROVIDER OR SUPPLIER  Meadowview Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40238</b></p> <p>Based on record review and interviews, the facility failed to ensure residents received care, consistent with professional standards of practice, to prevent pressure ulcers 1 (#1) of 3 (#1, #2, #3) residents reviewed for pressure ulcers. The facility failed to have documented evidence of turning and repositioning resident #1 to help prevent pressure ulcers.</p> <p>Findings:</p> <p>Review of the facility's policy and procedure related to pressure injury prevention with a revision date of 09/2024 revealed in part:</p> <p>3. The following is a list of commonly used interventions to possibly prevent the development of pressure injuries-</p> <p>a. Turning and positioning to include but not limited to: during and after care- activities of daily living, skin audits/dressing changes, transfers between surfaces and as needed.</p> <p>Record review for resident #1 revealed an admitted [DATE] with diagnoses including other displaced fracture of second cervical vertebra, acute chronic systolic heart failure, chronic obstructive pulmonary disease, non-traumatic 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. Resident#1 also had a right hip fracture and right wrist fracture diagnosis added on 08/12/2024.</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 3 indicating severe cognitive impairment.</p> <p>Review of the active care plan for resident #1 revealed it was initiated on 10/24/2023 which included the following: The resident has bowel and bladder incontinence. Goal: resident will have intact skin and be free from odors. Interventions: incontinent care as needed, skin checks weekly by licensed vocational nurse or treatment nurse, turn and reposition every 2 hours. The plan of care further revealed resident #1 required 2 person assistance for bed mobility after re-admission to the facility on [DATE].</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/08/2024 at 2:49 p.m., an interview with S4Registered Nurse (RN) (Wound Care Nurse) revealed she assessed resident #1 on re-admission from the hospital to the facility on [DATE] and she had no pressure ulcer to her sacrum. S4RN reported a Certified Nursing Assistant (CNA) reported an abnormal area to resident #1's sacrum on 08/15/2024. S4RN completed a wound assessment on 08/15/2024. The wound was assessed to be a facility acquired stage 2 pressure ulcer to the sacrum.</p> <p>Record review revealed there was no documented evidence of the nursing staff turning and repositioning resident #1 every 2 hours on 08/13/2024 for the morning shift (6 a.m.- 2 p.m.) and the evening shift (2 p.m.- 10 p.m.) and on 08/14/2024 for the evening shift (2 p.m.-10 p.m.) and the night shift (10 p.m.- 6 a.m.) as directed by the plan of care.</p> <p>On 10/08/2024 at 11:25 a.m., an interview with S3Director of Nursing confirmed there was no documented evidence of resident #1 being turned every 2 hours on 08/13/2024 for morning shift (6 a.m.- 2 p.m.) and evening shift 2 p.m.-10 p.m.) and on 08/14/2024 for the evening shift (2 p.m.-10 p.m.) and the night shift (10 p.m.-6 a.m.) as directed by the plan of care.</p>