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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>195281 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY COMPLETED<br><br>03/26/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Meadowview Health & Rehab Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>400 Meadowview Drive<br>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.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(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 - Few</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**</b> 40193</p> <p>Based on record reviews and interviews, the facility failed to ensure 1 (#2) out of 3 sampled residents reviewed received care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers. The facility failed to:</p> <ol style="list-style-type: none"> <li>1. Complete a head to toe assessment prior to discharge to hospital, and</li> <li>2. Notify staff of change in skin status/injury.</li> </ol> <p>Findings:</p> <p>Review of Facility's Skin Integrity Prevention and Treatment Program Policy and Procedure revised 09/2024: Standard: All residents will be assessed for the risk of pressure development at the time of admission, on a quarterly basis, and upon significant change in condition thereafter. Procedure: All residents will have a head to toe assessment (skin check) completed on a weekly basis by the licensed nurse. 5. If a pressure injury/skin breakdown is identified, the following will be done - a. if pressure injury - complete new wound evaluation/assessment. d. notify RP or family .</p> <p>Review of Facility's Investigation Report (259708) for Resident #2 revealed: Discovered: 01/31/2025 at 12:07 p.m. Witness Statement: S5 CNA (Certified Nursing Assistant) - I changed resident on 01/30/2025 and noticed a red spot on her bottom and a blister. I was rushing to get her ready to be sent to the emergency room and I forgot to report it to the nurse.</p> <p>Review of Resident #2's medical records revealed an admitted [DATE] with the following diagnoses, including in part: type 2 diabetes mellitus without complications, unspecified open wound/right ankle/initial encounter, and dementia in other diseases classified elsewhere/unspecified severity with other behavioral disturbance.</p> <p>Review of Resident #2's comprehensive care plan revealed: Potential for impairment of my skin integrity - report abnormalities .</p> <p>During an interview on 03/26/2025 at 9:40 a.m. S6 LPN (Licensed Practical Nurse) reported S5 CNA did not inform her of any skin issues for Resident #2. S6 LPN acknowledged a head to toe assessment was not completed on Resident #1 prior to being discharged from the facility and should have been.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE     | (X6) DATE                            |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                   | Event ID: | Facility ID:<br>195281               |
|   |           | If continuation sheet<br>Page 1 of 3 |

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| <p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 03/26/2025 at 10:35 a.m. S2 DON (Director of Nursing) acknowledged S6 LPN did not complete a head to toe assessment on Resident #2 prior to her discharge to the hospital on 01/30/2025 and should have. S2 DON further acknowledged S5 CNA did not report Resident #2's new skin injury discovered on 01/30/2025 to the nurse and should have.</p> |

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| <p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40193</p> <p>Based on record reviews and interviews, the facility failed to ensure 1 (#1) of 13 sampled residents reviewed was free from unnecessary drugs. The facility failed to monitor Resident #1's edema while receiving a diuretic.</p> <p>Findings:</p> <p>Review of Resident #1's medical records revealed an admitted [DATE] with the following diagnoses, including in part: acute respiratory failure with hypoxia, other pneumonia/unspecified organism, acute kidney failure/unspecified, and heart failure/unspecified.</p> <p>Review of Resident #1's comprehensive care plan revealed: resident has hypertension - monitor for and document any edema/notify Medical Director.</p> <p>Review of Resident #1's Physician's orders revealed an order dated 01/30/2025 for Furosemide oral tablet 40mg (milligram); give 1 tablet by mouth two times a day related to edema.</p> <p>Review of Resident #1's February MAR (Medication Administration Record) failed to reveal edema was monitored while receiving diuretic.</p> <p>During an interview on 03/25/2025 at 2:10 p.m. S7 LPN (Licensed Practical Nurse) while reviewing Resident #1's February MAR, acknowledged there was no monitoring for edema. S7 LPN confirmed Resident #1 was receiving a diuretic.</p> <p>During an interview on 03/25/2025 at 2:35 p.m. S3 Corporate Nurse acknowledged Resident #1 was not monitored for edema while receiving a diuretic for the month of February and should have been.</p> |