

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  05/15/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40015</p> <p>Based on record review, observations and interviews the facility failed to accommodate the needs of 1 (#38) of 39 sampled residents. The facility failed to ensure Resident #38 had a call light within reach.</p> <p>Findings:</p> <p>Review of Resident #38's medical record revealed Resident #38 was admitted to the facility on [DATE] and had diagnoses that included, in part, Alzheimer's disease unspecified, essential (primary) hypertension, chronic atrial fibrillation, other seizures, non-traumatic intracerebral hemorrhage, cognitive communication deficit, major depressive disorder, and unspecified psychosis.</p> <p>Review of Resident #38's 02/06/2024 Annual MDS (Minimum Data Set) revealed Resident #38 had a BIMS (Brief Interview Mental Status) of 09 which indicated moderate cognitive impairment.</p> <p>Review of Resident #38's Care Plan revealed Resident #38 had an alteration in musculoskeletal status including interventions, in part, anticipate and meet needs and be sure call light is within reach and respond promptly.</p> <p>Observation on 05/13/2024 at 9:15 a.m. revealed Resident #38's call light was on floor behind the bed and not within Resident #38's reach.</p> <p>During an interview on 05/13/2024 at 11:25 a.m. Resident #38 reported he could not reach his call light.</p> <p>Observation on 05/13/2024 at 11:26 a.m. revealed Resident #38's call light was on floor behind the bed and not within Resident #38's reach.</p> <p>During an interview on 05/13/2024 at 11:26 a.m. S9 CNA (Certified Nursing Assistant) observed the call light behind Resident #38's bed and confirmed Resident #38's call light was not in Resident #38's reach and should have been.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>40957</p> <p>Resident #98</p> <p>Based on record review and interviews the facility failed ensure a discharge assessment was completed for 1 (Resident #98) of 4 (Residents #6, #98, #103, #106) residents reviewed for hospitalization s.</p> <p>Findings:</p> <p>Record review of Resident #98's progress notes from 04/24/2024 revealed the following:</p> <p>General Nurse's Note- Writer notified by Wound Care NP (Nurse Practitioner) that Resident #98 needs to go to ER (emergency room ) to be evaluated at this time due to worsened wounds and abnormal vital signs .</p> <p>General Nurse's Note- Ambulance arrived and transported Resident #98 to acute hospital .</p> <p>Record review of Resident #98's MDS (Minimum Data Set) failed to reveal a discharge assessment was completed after Resident #98 was sent to an acute hospital on 04/24/2024.</p> <p>During an interview on 05/14/2024 at 4:30 p.m. S12 MDS RN (Registered Nurse) verified she did not do a discharge assessment for Resident # 98 when he was discharged to the hospital on 04/24/2024.</p> <p>During an interview on 05/14/2024 at 4:35 p.m. S2 Corporate Nurse verified a discharge MDS should have been completed by S12 MDS RN when Resident # 98 was discharged to the hospital on 04/24/2024.</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30115</p> <p>40193</p> <p>Based on record reviews, observations and interviews, the facility failed to ensure residents with limited range of motion receive appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion for 2 (#102,#118) of 3 (#10, #102,#118) residents reviewed for position and mobility. The facility failed to apply splints for Resident #102 and Resident #118 as ordered.</p> <p>Resident #102</p> <p>Review of Resident #102's Medical Records revealed an admitted [DATE] with the following diagnoses, in part: anoxic brain damage/not elsewhere classified, muscle wasting and atrophy/right upper arm/left upper arm, contracture of muscle, and personal history of sudden cardiac arrest.</p> <p>Review of Resident #102's MDS (Minimum Data Set) assessment dated [DATE] revealed Section G Functional Status - total dependence/2 person - bed mobility, toilet use, eating, and transfer.</p> <p>Review of Resident #102's Physician's Orders revealed orders dated 05/03/2024 for resident to receive restorative nurse program seven days per week for splinting to bilateral hands with roll resting hand splints, on in a.m. and off in the p.m. with skin checks before and after use related to weakness and decreased mobility secondary to anoxic brain injury.</p> <p>Review of Resident #102's May 2024 Documentation Report (flowsheet) failed to reveal resting hand splints were placed on Resident #102 on May 4, 5, 7-10, 13 and 14th.</p> <p>Observation on 05/13/24 at 9:00 a.m. revealed Resident #102 with a rolled up washcloth in the left hand and none in the right hand.</p> <p>Observation on 05/13/24 at 2:16 p.m. revealed Resident #102 with a rolled up washcloth in the left hand and none in the right hand. No other splints noted.</p> <p>Observation on 05/14/24 at 11:00 a.m. revealed Resident #102 with a rolled up washcloth in the left hand and none in the right hand. No other splints noted.</p> <p>Observation on 05/15/2024 at 9:20 a.m. revealed Resident #102 lying in bed with heel protectors on and splints to both arms. Resident positioned on side.</p> <p>During an interview on 05/15/2024 at 2:20 p.m. S2 Corporate Nurse acknowledged Resident #102's splints were supposed to be placed daily in the a.m. and removed in the p.m. and they were not.</p> <p>Resident #118</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #118's Medical Records revealed an admitted [DATE] with the following diagnoses, in part: Parkinson's disease, acute and chronic respiratory failure with hypoxia, muscle weakness, muscle wasting and atrophy to the right and left upper arm, encounter for attention to tracheostomy, dependence on respirator status, and other secondary parkinsonism.</p> <p>Review of Resident #118's MDS assessment dated [DATE] revealed Section GG: Functional abilities - upper and lower impairment to both sides and was dependent on dressing, undressing and hygiene.</p> <p>Review of Resident #118's Physician Orders dated 05/03/2025 revealed resident to receive restorative nurse program 7 days per week for splinting with resting hand splint to right hand with skin checks before and after use, on in the morning and off in the afternoon.</p> <p>Review of Resident #118's May 2024 Documentation Report (flowsheet) failed to reveal Resident #118's resting right hand splint was placed on May 4, 5, 7-12, and 14th.</p> <p>An observation on 05/13/2024 at 9:00 a.m. revealed Resident #118 did not have on hand splints.</p> <p>An observation on 05/13/2024 at 2:11 p.m. revealed Resident #118 did not have on hand splints.</p> <p>An observation on 05/14/2024 at 12:30 p.m. revealed Resident #118 did not have on hand splints.</p> <p>During an interview on 05/14/2024 at 12:40 p.m., S11 LPN (Licensed Practical Nurse) reported Resident #118 got restorative services and hand splint should be applied in the morning and off in the evening. S11 LPN further confirmed Resident #118's right hand splint should be on his hand now and is not.</p> <p>During an interview on 05/15/2024 at 10:38 a.m., S2 Corporate Nurse reviewed Resident #118's clinical record and confirmed there was no documentation of the right hand splint being placed and removed from Resident #118's on the May 2024 flowsheet on the following dates May 4, 5, 7-12, and 14th.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>36664</p> <p>Based on record review, observation, and interviews the facility failed to ensure appropriate treatment and services to prevent potential complications from enteral feeding by failing to change enteral feeding container at appropriate interval for 1 (#37) out of 3 (#37, #42, #67) residents reviewed for tube feedings.</p> <p>Findings:</p> <p>Review of medical diagnosis revealed the following:</p> <p>Cerebral infarction</p> <p>Facial weakness from cerebrovascular accident</p> <p>Dysphagia</p> <p>Lack of coordination</p> <p>Unspecified dementia</p> <p>Review of resident #37's physician's orders revealed an order for Enteral feeding: every night shift give Jevity 1.5 or equivalent formula at 60 cc (cubic centimeter) per peg tube (1080 calories, 46 grams protein and 1656 cc fluid) order dated 04/27/2023.</p> <p>An observation on 05/13/2024 at 8:30 a.m. revealed peg tube feeding tubing and enteral feeding Jevity 1.5 were dated 05/09/2024.</p> <p>During and interview on 05/13/2024 at 9:00 a.m., S4 LPN (Licensed Practical Nurse) acknowledged resident #37's enteral feeding was dated 05/09/2024 and should have been changed every 24 hours.</p> <p>During an interview on 05/13/2024 at 1:30 p.m., S2 Corporate Nurse acknowledged resident #37's enteral feeding was dated 05/09/2024 and should be changed every 24 hours.</p> <p>During an interview on 05/15/2024 at 9:50 a.m., S3 ADON (Assistant Director of Nursing) acknowledged enteral tube feeding should be changed every 24 hours.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>40015</p> <p>Based on record review and interview, the facility failed to ensure a performance review had been completed at least every 12 months for 3 (S5CNA [Certified Nursing Assistant], S6CNA, S7CNA) of 5 (S5CNA, S6CNA, S7CNA, S8CNA, S10CNA) personnel records reviewed.</p> <p>Findings:</p> <p>Review of S5CNA's personnel records revealed a hire date of 08/09/2022. Further review of S5CNA's personnel records failed to reveal evidence that a performance review had been conducted every 12 months.</p> <p>Review of S6CNA's personnel records revealed a hire date of 02/23/2023. Further review of S6CNA's personnel records failed to reveal evidence that a performance review had been conducted every 12 months.</p> <p>Review of S7CNA's personnel records revealed a hire date of 02/28/2023. Further review of S7CNA's personnel records failed to reveal evidence that a performance review had been conducted every 12 months.</p> <p>During an interview on 05/15/2024 at 4:40 p.m. S1Administrator reported she could not find evidence that performance reviews had been conducted every 12 months for S5CNA, S6CNA, or S7CNA.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>40957</p> <p>Based on observation and interview the facility failed to ensure garbage was disposed properly.</p> <p>Findings:</p> <p>Observation on 05/13/2024 at 8:40 a.m. with S13 Maintenance Director revealed multiple trash bags and loose trash were scattered all around the perimeter of the dumpster outside of the facility. Lids to the dumpster were not closed.</p> <p>During an interview on 05/13/24 at 8:41 a.m. S13 Maintenance Director verified the trash should not be outside of the dumpster and dumpster lids should be closed.</p>