

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195312	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/08/2025
NAME OF PROVIDER OR SUPPLIER  Pierremont Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  725 Mitchell Lane Shreveport, LA 71106	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40015</b></p> <p>Based on record reviews and interviews, the facility failed to ensure baseline care plans had been developed and implemented by failing to identify interventions to minimize falls for 3 (#3, #5, and #6) of 6 sampled residents assessed as being at risk for falls.</p> <p>Findings:</p> <p>Review of Policy titled Fall Prevention Program reviewed 06/10/2024 revealed:</p> <p>Policy:</p> <p>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.</p> <p>A. Procedure</p> <ol style="list-style-type: none"> <li>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 upon significant change in condition.</li> <li>2. Residents identified at being at risk will have interventions identified in their plan of care to minimize falls.</li> <li>3. The following is a list of commonly used interventions that may be considered to minimize falls and injury.             <ol style="list-style-type: none"> <li>a. Visual identifiers</li> <li>b. Resident room is maintained clutter free.</li> <li>c. Bed maintained in low position with bedside mat</li> <li>d. Implement a toileting program</li> </ol> </li> </ol> <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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>e. Maintain call light within reach</p> <p>f. Resident teaching regarding safety</p> <p>g. Involvement in restorative programs</p> <p>h. Utilizing a night light</p> <p>i. Utilizing appropriate footwear</p> <p>j. Utilizing nonskid surfaces</p> <p>k. Utilizing adaptive equipment such as-walker, cane, grab bars, etc.</p> <p>Resident #3</p> <p>Review of Resident #3's medical record revealed an initial admitted [DATE] with diagnoses that included, in part, Type 2 Diabetes Mellitus, muscle wasting and atrophy not elsewhere classified of right and left shoulder, muscle weakness, unspecified abnormalities of gait and mobility, syncope and collapse, other lack of coordination and spinal stenosis cervical region.</p> <p>Review of Medicare 5 day MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 12/15/2024 revealed Resident #3 had a BIMS (Brief Interview Mental Status of 13, which indicated Resident #3 was cognitively intact.</p> <p>Review of Resident #3's 12/12/2024 Admit/Readmit Evaluation Fall Scale revealed a score of 50, which indicated Resident #3 was at a high risk for falls.</p> <p>Review of Resident #3's care plans revealed:</p> <p>-A 12/12/2024 Baseline Care Plan that failed to identify interventions to minimize falls.</p> <p>-A Comprehensive Care Plan with potential risk for falls with interventions that were initiated on 12/16/2024.</p> <p>During an interview on 01/08/2024 at 4:10 p.m. S2 Corporate Nurse reported Resident #3's baseline care plan did not identify interventions to minimize falls for Resident #3, who had been assessed to be at risk for falls on admission.</p> <p>Resident #5</p> <p>Review of Resident #5's medical record revealed an initial admitted [DATE] with diagnoses that included, in part, spinal stenosis, Type 2 Diabetes Mellitus, Muscle wasting and atrophy multiple sites, muscle weakness generalized, other reduced mobility, other lack of coordination, other polyosteoarthritis, essential hypertension, difficulty in walking, other specified arthritis multiple sites, and other idiopathic peripheral autonomic neuropathy.</p> <p>(continued on next page)</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Medicare 5 day MDS with ARD of 12/25/2024 revealed Resident #5 had a BIMS score of 15, which indicated Resident #5 was cognitively intact.</p> <p>Review of Resident #5's 12/20/2024 Admit/Readmit Evaluation Fall Scale revealed a score of 45, which indicated Resident #5 was at high risk for falls.</p> <p>Review of Resident #5's care plans revealed:</p> <ul style="list-style-type: none"> <li>-A 12/20/2024 Baseline Care Plan that failed to identify interventions to minimize falls.</li> <li>-A Comprehensive Care Plan with potential for falls interventions that were initiated on 12/24/2024.</li> </ul> <p>Resident #6</p> <p>Review of Resident #6's medical record revealed an admitted [DATE] with diagnoses that included, in part, unspecified fracture of left calcaneus subsequent encounter for fracture with routine healing, chronic osteomyelitis with draining sinus left ankle and foot, acute hematogenous osteomyelitis unspecified ankle and foot, muscle weakness, other lack of coordination, and other reduced mobility.</p> <p>Review of Medicare 5 day MDS with ARD of 12/29/2024 revealed Resident #6 had a BIMS score of 15, which indicated Resident #5 was cognitively intact.</p> <p>Review of Resident #6's 12/23/2024 Admit/Readmit Evaluation Fall Scale revealed a score of 35, which indicated Resident #6 was at moderate risk for falls.</p> <p>Review of Resident #6's care plans revealed:</p> <ul style="list-style-type: none"> <li>-A 12/23/2024 Baseline Care Plan that failed to identify interventions to minimize falls.</li> <li>-A Comprehensive Care Plan with potential for falls and interventions that were initiated on 12/27/2024.</li> </ul> <p>During an interview on 01/08/2024 at 3:08 p.m. S2 Corporate Nurse and S1 DON (Director of Nursing) reported Resident #5 and Resident #6's baseline care plan did not identify interventions to minimize falls for Resident #5 and #6, who had been assessed to be at risk for falls upon admission.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40015</p> <p>Based on record review and interview the facility failed to develop and implement a comprehensive person-centered care plan with adequate interventions to address resident's medical, physical, mental and psychosocial needs for 1 (#6) of 6 (#1, #2, #3, #4, #5, #6) residents who had a potential for falls.</p> <p>Findings:</p> <p>Review of Policy titled Fall Prevention Program reviewed 06/10/2024 revealed:</p> <p>Policy:</p> <p>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.</p> <p>A. Procedure</p> <ol style="list-style-type: none"> <li>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 upon significant change in condition.</li> <li>2. Residents identified at being at risk will have interventions identified in their plan of care to minimize falls.</li> <li>3. The following is a list of commonly used interventions that may be considered to minimize falls and injury.               <ol style="list-style-type: none"> <li>a. Visual identifiers</li> <li>b. Resident room is maintained clutter free.</li> <li>c. Bed maintained in low position with bedside mat</li> <li>d. Implement a toileting program</li> <li>e. Maintain call light within reach</li> <li>f. Resident teaching regarding safety</li> <li>g. Involvement in restorative programs</li> <li>h. Utilizing a night light</li> </ol> </li> </ol> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>i. Utilizing appropriate footwear</p> <p>j. Utilizing nonskid surfaces</p> <p>k. Utilizing adaptive equipment such as-walker, cane, grab bars, etc.</p> <p>Review of Resident #6's medical record revealed an admitted [DATE] with diagnoses that included, in part, unspecified fracture of left calcaneus subsequent encounter for fracture with routine healing, chronic osteomyelitis with draining sinus left ankle and foot, acute hematogenous osteomyelitis unspecified ankle and foot, muscle weakness, other lack of coordination, and other reduced mobility.</p> <p>Review of Medicare 5 day MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 12/29/2024 revealed Resident #6 had a BIMS (Brief Interview Mental Status) score of 15, which indicated Resident #6 was cognitively intact.</p> <p>Review of Resident #6's 12/23/2024 Admit/Readmit Evaluation Fall Scale revealed a score of 35, which indicated Resident #6 was at moderate risk for falls.</p> <p>Review of Resident #6's Comprehensive Care Plan revealed:</p> <p>-Potential for falls related to gait/balance problems (initiated on 12/27/2024) with 2 interventions 1. Educate resident/family/caregivers about safety reminders and what to do if a fall occurs, 2. PT (Physical Therapy) to evaluate and treat as ordered or prn (as needed).</p> <p>During an interview on 01/08/2024 at 3:50 p.m. S3 MDS Coordinator reviewed Resident #6's Potential for Falls Care Plan and reported she had not added all the appropriate interventions and should have.</p> <p>During an interview on 01/08/2024 at 3:52 p.m. S4 MDS Coordinator reviewed Resident #6's Potential for Falls Care Plan and reported she would add other interventions to the prepopulated ones to include interventions such as bed in low position and call light within reach. S4 MDS Coordinator further reported those items had not been added to Resident #6's comprehensive plan and should have been.</p>		