

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195313	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2024
NAME OF PROVIDER OR SUPPLIER St Agnes Healthcare and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 606 Latiolais Road Breaux Bridge, LA 70517	

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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>46149</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure that certified nursing aides (CNAs) who transported residents in the facility's van were trained and competent on the proper and safe procedure for securing the resident's wheelchair in the van according to the manufacturer's instructions. This deficient practice was evidenced by 1 (S2TransportationCNA) of 2 transportation CNAs observed improperly securing Resident R1 in the facility's transportation van.</p> <p>Findings:</p> <p>On 07/16/2024 at 10:00 a.m., S1ADM (Administrator) was asked to provide the manufacturer's instruction manual for securing a resident in the facility's transportation van. He stated the facility's van was purchased in 2016, and a conversion was put into the van by a third party company. That company demonstrated to staff how to properly secure residents in the van once, when the conversion was put into the van in 2016. He stated the previous transportation drivers trained the new transportation drivers how to secure residents' wheelchairs in the van, and he was not sure if the new drivers were trained on the manufacturer's instructions. S1ADM stated he would look for the manufacturer's instruction manual as he did not know if the facility still had it.</p> <p>On 07/16/2024 at 11:00 a.m., an observation was made with S1ADM of S2TransportationCNA as she secured Resident R1 in the facility's van for transportation. S2TransportationCNA wheeled Resident R1 into the back of the van via the van's ramp, locked the wheelchair, then secured the resident with the rear tie down straps. She then entered through the front of the van, secured the resident with the seatbelt, then proceeded to use the J- hooks at the front of the van to secure the front of the resident's wheelchair. S2TransportationCNA secured the J- hooks to the left and right front wheels of the wheelchair, and not to the frame or welded junction of the frame of the wheelchair.</p> <p>On 07/16/2024 at 1:30 p.m., S1ADM provided the manufacturer's instruction manual for securing a resident in the facility's van. He stated that the L- track system was installed in the van, and confirmed that the instructions provided were how residents should be properly and safely secured in the van.</p> <p>Review of the manufacturer's instructions for the facility's transportation van wheelchair strapping system provided by S1ADM revealed the following in part:</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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>With either the manual or retractable straps, it is important to make sure that you securely attach the pin to the floor anchor or L- track , and the J- hooks are placed properly and tightened so that the chair does not move. W19 wheelchairs feature securement points to attach the straps to. On a non- W19 wheelchair, attach the straps to welded junctions of the frame, or to places where the frame is bolted. Never attach straps to moving or adjustable parts of the wheelchair.</p> <p>Review of the facility's training and in-service records revealed an attestation signed by S2TransportationCNA stating that she participated in an in-service training for van drivers on 12/14/2023, 04/28/2024, and 05/16/2024. There were no training materials attached to show what procedures she was trained on or that she was trained to properly restrain residents in wheelchairs according to the manufacturer's instructions for the van's strapping system.</p> <p>On 07/16/2024 at 3:50 p.m., S1ADM did not confirm or deny that during the observation, S2TransportationCNA secured the J- hooks to the wheels of the resident's wheelchair instead of the frame of the wheelchair as the instructions indicated.</p>		