

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Claiborne Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1536 Claiborne Ave. Shreveport, LA 71103	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40193</p> <p>Based on record review and interview, the facility failed to develop and implement a comprehensive care plan for 1 (#1) of 3 (#1,#2,#3) sampled residents reviewed.</p> <p>The facility failed to:</p> <ol style="list-style-type: none"> 1. Develop a care plan for Resident #1's diagnosis of anxiety, and 2. Develop and implement a care plan for Resident #1's transportation mode. <p>Findings:</p> <p>Review of Resident #1's Medical Records revealed admitted [DATE] with the following diagnoses, in part: acute on chronic systolic (congestive) heart failure, type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema, other lack of coordination, muscle wasting and atrophy, acquired absence of right leg above the knee, acquired absence of left leg above the knee other polyosteoarthritis, dependence on renal dialysis, and spondylosis without myelopathy or radiculopathy/lumbosacral region.</p> <p>Review of Resident #1's Comprehensive Care Plan failed to reveal a problem and approach for a diagnosis of anxiety and receiving an antianxiety medication. Further review failed to reveal a problem and approach for Resident #1's required mode of transportation by ambulance to appointments and dialysis.</p> <p>Review of Resident #1's Physician's Orders revealed an order dated 04/29/2024 to refer to Senior Psychological to evaluate and treat. Further review revealed an order dated 04/23/2024 for Klonopin oral tablet 0.5mg (milligram) give 1 tablet by mouth in the morning every Monday, Wednesday, and Friday for anxiety disorder unspecified administer prior to dialysis transport.</p> <p>Review of Certification of Ambulance Transportation form signed by S9Medical Director revealed transportation details for Resident #1 - Monday, Wednesday and Friday start 03/06/2024, location (dialysis), and mobility: bed confined. All three of the following criteria must be met: (1) unable to ambulate, (2) unable to get out of bed without assistance, and (3) unable to safely sit in a chair or wheelchair; musculoskeletal: non-healed fractures requiring ambulance, amputation.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Claiborne Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1536 Claiborne Ave. Shreveport, LA 71103	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/29/2024 at 11:40 a.m. S10Assistant Administrator reported she verbally notified the staff Resident #1 was to be transported by ambulance only after Resident #1's fall on 04/09/2024. S10Assistant Administrator acknowledged the lack of written documentation to transport Resident #1 by ambulance could have led staff to think it was okay to transport Resident #1 by facility van.</p> <p>During a telephone interview on 04/30/2024 at 8:00 a.m. S9Medical Director confirmed Resident #1 told him he gets anxious before he goes to dialysis. S9Medical Director confirmed he ordered Klonopin for Resident #1 to be given prior to dialysis to ease his anxiety.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Claiborne Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1536 Claiborne Ave. Shreveport, LA 71103	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40193</p> <p>Based on interviews and record reviews, the facility failed to ensure residents were free from accident hazards during transport resulting in a fall for 1 (#1) of 3 (#1, #2, #3) sampled residents who required transportation to appointments. S7Van Driver, S8Van Driver and S4Transportation CNA (Certified Nurse Assistant) failed to ensure Resident #1's mode of transportation was verified by his nurse which led to his fall.</p> <p>This deficient practice resulted in an actual harm for Resident #1 on 04/09/2024 at 1:45 p.m., when S7Van Driver attempted to load Resident #1 via wheelchair onto the facility van for a doctor's appointment when he was required to be transported by ambulance on a stretcher. S7Van Driver reported Resident #1's wheelchair tilted backwards after loading it onto the van lift. S7Van Driver further reported Resident #1's wheelchair fell backwards and slid down the front of her legs to the ground with his head resting on her foot. Resident #1 reported feeling increased anxiety prior to and during other transports after the incident on 04/09/2024. Resident #1's physician ordered antianxiety medication to be administered to Resident #1 prior to being transported due to newly diagnosed anxiety disorder unspecified after this second fall from the facility van lift and previous fall from the facility van lift on 02/14/2024.</p> <p>The facility implemented corrective actions which were completed prior to the State Agency's investigation, thus it was determined to be a Past Noncompliance citation.</p> <p>Findings:</p> <p>Review of Resident #1's medical record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses that included, in part, End Stage Renal disease, dependence of renal dialysis, acquired absences of left leg above knee and right leg above knee. Further diagnoses from 02/16/2024 included displaced fracture of third cervical vertebra, sprain of ligaments of cervical spine, and sequela related to a subsequent encounter for fracture.</p> <p>Review of Resident #1's MDS (Minimum Data Set) assessment dated [DATE], revealed</p> <p>Resident #1 was assessed as moderately impaired cognition with a BIMS (Brief Interview for Mental Status) score of 12. Resident #1's functional status was assessed to require 2 person total assist for transfers and 2 person extensive assist for bed mobility.</p> <p>Review of Resident #1's Comprehensive Care Plan revealed Resident #1 had a witnessed fall without injury on 04/09/2024 while being loaded onto the van. Resident #1's wheelchair tipped backwards, Resident #1's body slid down the van driver's leg with his head landing on the driver's foot. Resident #1 was assessed by nursing staff and immediately transported to the hospital emergency department for evaluation and treatment via emergency transportation. Interventions placed after the fall included anti-tippers were applied to Resident #1's wheelchair to aid in stabilization and to prevent it from tipping over.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Claiborne Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1536 Claiborne Ave. Shreveport, LA 71103	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's Physician's Orders revealed an order dated 04/29/2024 to refer to Senior Psychological to evaluate and treat. Further review of Resident #1's Physician's orders revealed an order dated 04/23/2024 for Klonopin oral tablet 0.5mg (milligram) give 1 tablet by mouth in the morning every Monday, Wednesday, Friday for anxiety disorder unspecified administer prior to dialysis transport.</p> <p>Review of Certification of Ambulance Transportation revealed: Signed by S9Medical Director - revealed transportation details for Resident #1 - Monday, Wednesday, Friday start 03/06/2024, location (dialysis), and mobility: bed confined. All three of the following criteria must be met: (1) unable to ambulate, (2) unable to get out of bed without assistance, and (3) unable to safely sit in a chair or wheelchair; musculoskeletal: non-healed fractures requiring ambulance, amputation.</p> <p>Review of facility's investigation following Resident #1's fall on 04/09/2024 revealed:</p> <p>Summary: the fall was reenacted after resident was sent to emergency room . It was determined that resident's chair was top heavy due to his bilateral AKA (above the knee), and with the slight incline to the lift, this caused the chair to flip over backwards. The interdisciplinary team determined that adding anti-tippers would help prevent wheelchair from tipping over backwards in the future</p> <p>Incident witness statement on 04/09/2024 - S4Transportation CNA - I walked in S6Social Service Director's office and asked her was Resident #1 to go by ambulance, she asked me to call and confirm the pickup. When I called to confirm by ambulance I was told nothing was scheduled. Then I called the van driver and told him that he had to transport Resident #1 because an ambulance was not scheduled for a transport pick up.</p> <p>Incident witness statement on 04/09/2024 - S5LPN (Licensed Practical Nurse) - This nurse was approached by S4Transportation CNA and S8Van Driver. They asked me for paperwork and how he usually travels. I said he has gone out on stretcher every time since his accident on 02/14/2024.</p> <p>Incident witness statement on 04/09/2024 - S7Van Driver - I S7Van Driver was in training today He (Resident #1) then stated that he was not sure about a lady driver due to his prior accident, but then S8Van Driver stated he was there assisting me with training, Resident #1 then stated he was okay with that I rolled Resident #1 up on lift with hands, once Resident #1 was up on lift, I still had my left hand on lift preparing to lock the wheelchair. The back of Resident #1's wheelchair started tilting, I then tried to move swiftly to catch chair but was unable to stop it from falling .Resident #1's chair tilted backwards hitting both of my legs and his head hit my right foot .</p> <p>Previous incidents - on 02/14/2024 - wheelchair flipped over backwards while being loaded in van, injury - displaced fracture of the third cervical vertebra.</p> <p>During an interview on 04/29/2024 at 10:10 a.m. Resident #1 reported the facility had been transporting him by ambulance to appointments but on 04/09/2024, the day he fell , they had to use the van to take him to his appointment. Resident #1 acknowledged he didn't like it when they put him on the van because every time he could feel his wheelchair leaning back. Resident #1 stated, They never should have dropped me. Resident #1 confirmed feeling nervous when he had to go out for appointments.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Claiborne Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1536 Claiborne Ave. Shreveport, LA 71103	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/29/2024 at 11:15 a.m. S6Social Services Director reported Resident #1 must go by ambulance and if he can't go by ambulance the appointment should be rescheduled. S6Social Services Director confirmed S8Van Driver should have been aware of Resident #1's need to be transported by ambulance. S6Social Services Director reported Resident #1 seemed anxious recently since his falls and had voiced concerns about riding on the van.</p> <p>During an interview on 04/29/2024 at 11:40 a.m. S10Assistant Administrator reported she verbally told the staff Resident #1 was to be transported by ambulance after a previous fall. S10Assistant Administrator acknowledged the day of the incident the S7Van Driver did not know the transportation mode required for Resident #1. S10Assistant Administrator confirmed S4Transportation CNA made the determination Resident #1 could go by van and should not have. S10Assistant Administrator acknowledged S4Transportation CNA did not ask Resident #1's nurse how to transport him. S10Assistant Administrator confirmed Resident #1 voiced the day of the incident he was apprehensive with a female van driver.</p> <p>During an interview on 04/29/2024 at 11:50 a.m. S1DON (Director of Nursing) acknowledged Resident #1 told the S8Van Driver he had reservations regarding being transported in the van by a female driver.</p> <p>During an interview on 04/29/2024 at 11:55 a.m. S2Corporate Nurse acknowledged Resident #1 was supposed to be transported by ambulance to appointments since the previous fall incident on 02/14/2024.</p> <p>During an interview on 04/29/2024 at 12:30 p.m. S5LPN reported on 04/09/2024 someone came up to her (S5LPN did not remember who) and asked how Resident #1 was supposed to be transported and she told them by ambulance.</p> <p>During an interview on 04/29/2024 at 12:45 p.m. S7Van Driver confirmed on the day of the incident she was still in training when she introduced herself to Resident #1 and he said oh Lord, that's how this happened to me referring to Resident #1's neck brace from a previous fall. S7Van Driver stated as she was rolling the wheelchair up onto the ramp of the van lift which is slanted, the wheelchair starting tilting backwards. S7Van Driver confirmed Resident #1 and the wheelchair stayed propped on her legs and the wheelchair slid down to the ground. S7Van Driver reported the day of the incident S4Transportation CNA told her and S8Van Driver Resident #1 did not have an appointment with _____ ambulance so they assumed the facility had to transport Resident #1 via the facility van.</p> <p>During an interview on 04/29/2024 at 1:20 p.m. S4Transportation CNA reported there was a misunderstanding the day Resident #1 fell because the appointment that day had not been scheduled with _____ ambulance for transportation. S4Transportation CNA acknowledged she should have asked the nurse how Resident #1 was to be transported but she did not. S4Transportation CNA further acknowledged Resident #1 was worried about going on the van.</p> <p>During a telephone interview on 04/29/2024 at 1:35 p.m. S8Van Driver reported he had transported Resident #1 before and he went by ambulance after his previous fall. He further reported on 04/09/2024 he and S7Van Driver asked S6Social Services Director and S5LPN (not Resident #1's nurse) how Resident #1 was to be transported and was told by ambulance. He confirmed S4Transportation CNA told him _____ ambulance did not have him scheduled so Resident #1 would have to be transported by van. S8Van Driver reported Resident #1 was scared to get on the van lift and told S7Van Driver, as he pointed to his Miami J collar, this is what happened to him the last time they put him on van.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Claiborne Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1536 Claiborne Ave. Shreveport, LA 71103	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/30/2024 at 7:55 a.m. Resident #1 stated, I don't want to ever fall again and I thought I was going to get help from the nursing home.</p> <p>During a telephone interview on 04/30/2024 at 8:00 a.m. S9Medical Director reported Resident #1 told him he had another fall and went to the hospital but did not injure himself this time. S9Medical Director confirmed Resident #1 told him he gets anxious before he goes to dialysis and was supposed to be going by stretcher. S9Medical Director reported he ordered Klonopin for Resident #1 to be given prior to dialysis to ease his anxiety which he confirmed was due to the falls Resident #1 had.</p> <p>During an interview on 04/30/2024 at 9:20 a.m. S3LPN reported prior to the incident on 04/09/2024 Resident #1 had always gone by stretcher to appointments. S3LPN (Resident #1's nurse) reported the staff did not ask her on 04/09/2024 how resident was to be transported and if they had she would have told them only by stretcher. S3LPN reported Resident #1 does seem more anxious now.</p> <p>During an interview on 04/30/2024 at 10:00 a.m. S1DON acknowledged Resident #1 was not transported by stretcher on 04/09/2024 which resulted in a second fall and Resident #1 appeared to have increased anxiety after the fall on 04/09/2024.</p> <p>On 04/30/2024, S7Van Driver, S8Van Driver, S3LPN, S5LPN, and S4Transportation CNA were interviewed about transporting residents and all staff confirmed they received an in-service on Resident #1 is to be transported by stretcher and the process to find a resident's mode of transportation when leaving for appointments.</p> <p>During an observation on 04/29/2024 at 10:10 a.m. Resident #1's wheelchair had anti-tippers in place to prevent his wheelchair from tipping backwards.</p> <p>Review of Resident Appointment Schedule posted at nurse's station revealed appointments for Resident #1 noted transport by _____ ambulance.</p> <p>The facility implemented the following actions on 04/09/2024 and 04/10/2024 to correct the deficient practice and prevent further reoccurrence with completion on 04/10/2024:</p> <ol style="list-style-type: none"> 1. Anti-tippers immediately placed on Resident #1's wheelchair. 2. Staff In-Serviced on 04/09/2024 that Resident #1 is to be transported by ambulance services only until further evaluation. Appointment transportation - appointment schedule is to have listed how a resident is to be transported, whether it is by ambulance or facility van. In-service included an additional amputee resident requiring transport by ambulance. 3. Audit completed for residents with bilateral knee amputations to determine if anti-tippers are needed for wheelchair, two resident's identified and anti-tippers put in place. 4. Random monitoring of residents with bilateral knee amputations requiring transportation weekly x 2 months beginning on 04/09/2024 and ongoing. 		