STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195319	A. Building B. Wing	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thibodaux Healthcare and Rehabilitation Center	150 Percy Brown Road Thibodaux, LA 70301

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 17453 Based on record reviews, observations, and interviews, the facility failed to implement physician ordered interventions to prevent future falls for 2 (Resident #2 and Resident #3) of 3 (Resident #1, Resident #2 and Resident #3) sampled residents reviewed for accidents. Findings: Review of the facility's policy and procedure titled, Resident Incident and Visitor Accident Report revised on 07/23/2018 revealed, in part, the Director Of Nursing (DON) or designee completes the investigation and comes to a reasonable conclusion regarding causative factors surrounding the incident and the actions necessary to prevent further incidents/accidents. Resident #2 Review of Resident #2's fall scale evaluation dated 12/03/2024 revealed, in part, a score of 55. A score of 55 indicated Resident #2 was at a high risk for falls. Review of Resident #2's January 2025 Physician's Orders revealed, in part, on 09/13/2023 an order was received for a pommel cushion (A pommel cushion is a wheelchair cushion with a raised center section, or pommel, that helps keep the user's legs apart and supported) placed to resident's wheelchair to prevent thrusting, improve posture while sitting up in wheelchair, and to promote safety. Review of Resident #2's Care Plan initiated on 09/19/2024 revealed, in part, Resident #2 was at risk for falls related to a right leg prosthesis, muscle weakness, lack of coordination, and impulsiveness status post a cerebrovascular accident (stroke) with a documented intervention, in part, to follow the facility's fall protocol. Observation on 01/14/2025 at 10:10 a.m. revealed Resident #2's wheelchair did not have a pommel cushion. Observation on 01/14/2025 at 11:40 a.m. revealed Resident #2's wheelchair did not have a pommel cushion. Observation on 01/14/2025 at 1:15pm revealed Resident #2's wheelchair did not have a pommel cushion. (continued on next page)

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: 195319	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Thibodaux Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Percy Brown Road Thibodaux, LA 70301	

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 01/14/2025 at 2:00 p.m., S3Certified Nursing Assistant (CNA) indicated Resident #2 did not have a wheelchair cushion with a raised center section. In an interview on 01/14/2025 at 2:07 p.m., S2Licensed Practical Nurse (LPN) confirmed Resident #2 had a current order for a pommel cushion. On 01/14/2025 at 2:18 p.m., S4Physical Therapist observed Resident #2's wheelchair and indicated Resident #2's cushion was not a pommel cushion. In an interview on 01/14/2025 at 2:37 p.m., S1DON confirmed Resident #2 had a current physician's order for a pommel cushion. S1DON further indicated the pommel cushion was ordered as an intervention after a fall in an attempt to prevent further falls, and Resident #2 should have had a pommel cushion in his wheelchair. Resident #3 Review of Resident #3's fall scale evaluation dated 12/06/2024 revealed, in part, a score of 65. A score of 65 indicated Resident #3 was at a high risk for falls. Review of Resident #3's January 2025 Physician's Orders revealed, in part, on 12/10/2024 an order was received for a landing pad to be placed on the right side of Resident #3's recliner for safety. Review of Resident #3's Care Plan initiated on 12/10/2024 revealed, in part, Resident #3 was at risk for falls related to muscle weakness and lack of coordination with a documented intervention, in part, to follow the facility's fall protocol. Observation on 01/14/2025 at 10:42 a.m. revealed Resident #3's recliner did not have a landing pad placed on the right side of her recliner. Observation on 01/14/2025 at 4:05 p.m. revealed Resident #3's recliner did not have a landing pad placed on the right side of her recliner. Observation on 01/15/2025 at 8:30 a.m. revealed Resident #3's recliner did not have a landing pad placed on the right side of her recliner. In an interview on 01/15/2025 at 9:48 a.m., S5CNA indicated she was Resident #3's CNA for the current shift. Through visual observation, S5CNA confirmed Resident #3's recliner did not have a landing pad placed on the right side. In an interview on 01/15/2025 at 10:35 a.m., S2LPN confirmed Resident #3 had a current order for a landing pad to the right side of her recliner. In an interview on 01/15/2025 at 10:47 a.m., S1DON confirmed Resident #3 had a fall on 12/06/2024 and the intervention was to put a landing pad to the right side of the Resident #3's recliner. S1DON further indicated the nursing staff were responsible to ensure the landing pad was present in the room as ordered.