

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46975</p> <p>Based on interviews and record reviews, the facility failed to ensure the MDS assessment accurately reflected the resident's status for 3 (#20, #21, and #90) of 21 sampled residents by failing to ensure:</p> <ol style="list-style-type: none"> 1. Resident #20 was coded correctly for hospice services, 2. Resident #21 was coded correctly for diagnosis; and 3. Resident #90 was coded correctly for Right Arm Splint. <p>Findings:</p> <ol style="list-style-type: none"> 1. <p>Resident #20</p> <p>Review of Resident #20's Clinical Record revealed he was admitted to the facility on [DATE].</p> <p>Review of Resident #20's Quarterly MDS with an ARD of 04/15/2024 revealed a BIMS of 99, which indicated he was unable to complete the BIMs interview. Further review revealed the following:</p> <p>Section O-Hospice: Blank</p> <p>Review of Resident #20's Hospice Admission Sheet revealed he was admitted to hospice on 02/15/2024.</p> <p>On 05/22/2024 at 9:55 a.m., an interview was conducted with S6LPN. She stated Resident #20 had been receiving hospice services for a few months.</p> <p>On 05/21/2024 at 1:25 p.m., an interview was conducted with S4MDS. She stated she was responsible for completing the resident's MDS assessments. She verified she was aware Resident #20 received hospice services. She reviewed Resident #20's Quarterly MDS assessment dated [DATE] and confirmed he was not coded for hospice and should have been.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/21/2024 at 2:52 p.m., an interview was conducted with S5DON. He verified Resident #20 received hospice services. He reviewed Resident #20's last Quarterly MDS assessment and confirmed he was not coded for hospice.</p> <p>2.</p> <p>Resident #21</p> <p>Review of Resident #21's Clinical Record revealed he was admitted to the facility on [DATE] with a diagnosis, which included Extended Spectrum Beta Lactamase (ESBL)Resistance.</p> <p>Review of Resident #21's Quarterly MDS with an ARD of 05/09/2024 revealed the following:</p> <p>Section I- Active Diagnoses</p> <p>-Multi Drug Resistant Organism</p> <p>Review of Resident #21's Physician Orders revealed the following:</p> <p>2/1/2024-2/12/2024- Contact Isolation precautions related to ESBL in urine</p> <p>On 05/22/2024 at 9:05 a.m., an interview was conducted with S8IP. She stated Resident #21 did not have a current MDRO infection nor did she have a colonization of a MDRO.</p> <p>On 05/22/2024 at 10:32 a.m. an interview was conducted with S4MDS. She confirmed Resident #21 did not have a current MDRO infection and the MDS should not reflect it.</p> <p>On 05/22/2024 at 4:05 p.m. an interview was conducted with S5DON. He stated he was responsible for updating the Enhanced Barrier Precautions list weekly and as needed. He stated Resident #21 recently had a urinary tract infection which had resolved. He confirmed she did not have a current MDRO infection and the MDS should not reflect this diagnosis as being active.</p> <p>3.</p> <p>Resident #90</p> <p>Review of Resident #90's Clinical Record revealed he was admitted to the facility on [DATE] with a diagnosis, which included Hemiplegia or Hemiparesis following Cerebral Infarction affecting Right Dominant Side.</p> <p>Review of Resident #90's Quarterly MDS with an ARD of 03/26/2024 revealed the following:</p> <p>Section O-Special Treatments, Procedures, and Programs</p> <p>-No splint or brace assistance</p> <p>Review of Resident #90's Physician Orders revealed the following:</p> <p>(continued on next page)</p>

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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>01/20/2024 -Right resting hand splint to be worn during the day and off at night.</p> <p>Review of Resident #90's MAR revealed the following:</p> <p>02/01/2024-03/31/2024- Right Resting Hand Splint worn daily</p> <p>On 05/22/2024 at 10:50 a.m., an interview was conducted with S8LPN. She stated Resident #90 wore his Right Hand Splint as ordered. She stated no one had ever reported Resident #90 refusing his splint. She stated if Resident #90 would refuse his splint it would reflect in the MAR.</p> <p>On 05/21/2024 at 1:40 p.m., an interview was conducted with S4MDS. She confirmed Resident #90 had an order for a Right Hand Splint and the MDS was not coded for one.</p> <p>On 05/22/2024 at 4:05 p.m., an interview was conducted with S5DON. He confirmed Resident #90 had an order for a Right Hand Splint. He stated the MDS should have been coded for a splint and was not.</p> <p>47173</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46975</p> <p>Based on interviews and record review, the facility failed to ensure PRN orders for psychotropic medications were limited to 14 days and indicated the duration for 3 (#30, #58, and #62) of 6 (#2, #8, #13, #30, #58, and #62) residents reviewed for unnecessary psychotropic medications.</p> <p>Findings:</p> <p>Resident #30</p> <p>Review of Resident #30's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses which included Unspecified Psychosis.</p> <p>Review of Resident #30's May 2024 Physician's Orders revealed an order written on 03/07/2024 for Ativan 0.5 mg tablet, one tablet by mouth every 12 hours as needed (PRN) for anxiety. Further review revealed the PRN medication had no stop date.</p> <p>Review of Resident #30's May 2024 Medication Administration Record (MAR)revealed Ativan 0.5 mg tablet, one tablet by mouth every 12 hours as needed (PRN) for anxiety was started on 03/07/2024. Further review revealed the PRN medication had no stop date.</p> <p>Resident #58</p> <p>Review of Resident #58's clinical record revealed the resident was admitted to the facility on [DATE] and admitted to a local hospice agency on 01/18/2024.</p> <p>Review of Resident #58's May 2024 Physician's Orders revealed an order written on 01/18/2024 for Ativan 0.5 mg tablet, one tablet by mouth every 4 hours as needed (PRN) for anxiety/terminal restlessness. Further review revealed the PRN medication had no stop date.</p> <p>Review of Resident #58's May 2024 Medication Administration Record (MAR) revealed Ativan 0.5 mg tablet by mouth every four hours as needed for anxiety/terminal restlessness was started on 01/18/2024. Further review revealed the PRN medication had no stop date.</p> <p>Resident #62</p> <p>Review of Resident #62's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses which included Insomnia.</p> <p>Review of Resident #62's May 2024 Physician's Orders revealed an order written on 02/05/2024 for Belsomra 5mg tablet, one tablet by mouth every 24 hours as needed for sleep. Further review revealed the PRN medication had no stop date.</p> <p>(continued on next page)</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #62's May 2024 MAR revealed Belsomra 5mg tablet, one tablet by mouth every 24 hours as needed for sleep was started on 02/05/2024. Further review revealed the PRN medication had no stop date.</p> <p>On 05/22/2024 at 9:00 a.m., an interview was conducted with S5DON. He reviewed the aforementioned findings and confirmed there was no duration or stop date documented for the resident's psychotropic PRN medications.</p> <p>47191</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>47732</p> <p>Based on record review, observation, and interview the facility failed to ensure drugs and biologicals used in the facility were labeled in accordance with currently accepted professional principles for 1 (Cart A) of 2 (Cart A and Cart B) medication carts observed. The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Insulin pens were labeled with the date opened; and 2. Insulin pens were discarded 28 days after the date opened. <p>Findings:</p> <p>Review of the updated 02/2023 facility policy titled Medication Labeling and Storage on 05/20/2024, revealed, in part:</p> <p>Multidose vials that have been opened or accessed are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for open vial.</p> <p>An observation was made of Cart A on 05/20/2024 at 9:30 a.m. with S3LPN who confirmed the below observations:</p> <p>Resident # 7's Humalog insulin pen was open, in use, and not dated to indicate when the insulin pen was opened.</p> <p>Resident #47's Lantus insulin pen was open, in use, and not dated to indicate when the insulin pen was opened.</p> <p>Resident #58's Humalog insulin pen was open, in use, and not dated to indicate when the insulin pen was opened.</p> <p>An interview was conducted with S3LPN on 05/20/2024. S3LPN stated the above insulin pens should have been labeled with the open date to indicate when the pen was opened and discarded 28 days after opening and they were not.</p> <p>An interview was conducted with S2ADON on 05/20/2024 at 10:00 a.m. She confirmed the facility uses the above noted Medication Labeling and Storage Policy. She stated insulin pens should be labeled with the open date and discarded per this guideline, and were not.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47173</p> <p>Based on observations and interviews, the facility failed to ensure an infection prevention and control program was maintained by failing to ensure S9CNA appropriately discarded a soiled brief and wipes with visible feces.</p> <p>Findings:</p> <p>On 05/20/2024 at 8:35 a.m., an observation and interview was conducted with S9CNA. S9CNA was observed walking down the hallway with soiled gloves, holding an exposed soiled diaper and soiled wipes with visible feces. S9CNA stated she should not have walked down a hallway with soiled gloves, a soiled brief and soiled wipes with visible feces and did.</p> <p>On 05/22/2024 at 9:40 a.m., an interview was conducted with S8IP. She stated she would expect staff to bag soiled items in a resident's room, dispose of gloves and use hand hygiene prior to exiting a room. She confirmed S9CNA should not have walked down the hallway with soiled gloves, a soiled brief and soiled wipes with visible feces.</p> <p>On 05/22/2024 at 4:05 p.m., an interview was conducted with S1ADM and S5DON. They confirmed S9CNA should not have walked down the hallway with soiled gloves, soiled brief and soiled wipes with visible feces.</p>		