

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195325	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER Vivian Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 912 South Pecan Street Vivian, LA 71082	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30115</p> <p>Based on record reviews and interviews the facility failed to ensure the resident's physician and RP (Responsible Party) were notified of a change in condition for 1 (#1) of 3 (#1, #2, and #3) sampled residents reviewed for resident rights. The facility failed to notify Resident #1's physician and RP when Resident #1 was involved in an investigational incident.</p> <p>Findings:</p> <p>Review of the facility's Abuse Prohibition Policy with a reviewed date of 05/17/2024 revealed in part: Policy and Procedures. Investigation . 6.) Procedure for the investigation will include, but is not limited to the following: Notification to the attending physician and family.</p> <p>Review of Resident #1's medical record revealed an admitted [DATE] with a readmitted [DATE].</p> <p>Review of Resident #1's medical record revealed the following diagnoses in part: Major depressive disorder, delusional disorder, schizoaffective disorder, unspecified dementia, cognitive communication deficit, and behavioral disturbance.</p> <p>Review of Resident #1's quarterly MDS (Minimum Data Set) dated 08/01/2024 revealed a BIMS (Brief Interview of Mental Status) of 3 indicating Resident #1 was moderately impaired.</p> <p>Review of Resident #1's medical record failed to reveal the physician/NP (Nurse Practitioner) and RP were notified of the incident reported to the state office on 09/03/2024.</p> <p>During an interview on 09/25/2024 at 9:00 a.m., S1 Administrator reported Resident #1's RP and the Physician/NP were not notified of the incident investigated and should have been.</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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