

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2024
NAME OF PROVIDER OR SUPPLIER  New Iberia Manor South		STREET ADDRESS, CITY, STATE, ZIP CODE  600 Bayard St New Iberia, LA 70560	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46149</p> <p>Based on record review and interviews, the facility failed to ensure residents were treated with respect and dignity for 1 resident (#1) out of 3 (#1, #2, #3) sampled residents.</p> <p>Findings:</p> <p>On 06/25/2024 , a review of the facility's policy titled Quality of Life- Dignity with a last revised date of February 2020 read in part .1. Residents are treated with dignity and respect at all times .7. Staff speak respectfully to residents at all times .</p> <p>Review of Resident #1's EHR (Electronic Health Record) revealed she was admitted to the facility on [DATE] with diagnoses including Other Post Procedural Complications of Skin and Subcutaneous Tissue, Encounter for Attention to Colostomy, and Anxiety.</p> <p>Review of section C- Cognitive Patterns of Resident #1's admission MDS (Minimum Data Set) assessment dated [DATE] revealed the resident had a BIMS (Brief Interview for Mental Status) score of 15, indicating that her cognition was intact.</p> <p>Review of a facility investigation revealed that on 05/23/2024, Resident #1 gave the following statement to S2DON (Director of Nursing): Resident stated that when S3TN (Treatment Nurse) came in to do wound care S4LPN (Licensed Practical Nurse) came in to help her. I was in a lot of pain while they were doing my wound care, so I was hollering. S4LPN told me, If you scream in my ear like that again, I will leave you in here.</p> <p>On 06/24/2024 at 2:21 p.m., a phone interview was conducted with S4LPN. S4LPN stated Resident #1 would scream really loudly during wound care, causing her ears to ring. On 5/23/2024, while assisting with the resident's wound care, she told the resident that she would walk out if she screamed like that again.</p> <p>On 6/24/2024 at 2:45 p.m., a joint interview was conducted with S1ADM (Administrator) and S2DON (Director of Nursing). S2DON stated that S4LPN telling the resident that she would walk out of the room if she screamed was inappropriate. S1ADM and S2DON both agreed that the statement was unprofessional and she could have used other words or offered the resident alternatives for pain control.</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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