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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195342 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/09/2024 |
| NAME OF PROVIDER OR SUPPLIER Pelican Pointe Healthcare and Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 405 Milton Road Maurice, LA 70555 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17364</p> <p>Based on record review and interview, the facility failed to ensure that all grievances were thoroughly investigated to include the pertinent findings or conclusions regarding the resident's concerns for 1 (#41) out of 39 sampled residents.</p> <p>Findings:</p> <p>Review of the facility's Grievance Policy and Procedure dated 05/23/2024 read in part: Purpose: To ensure each resident has the right to voice grievances with respect to treatment or care, that is, or fails to be furnished without discrimination or reprisal for voicing the grievances. To ensure each resident grievance will be followed up by prompt efforts to resolve grievance that the resident may have, including those with respect to the behavior of other residents. Policy: All grievances will be investigated thoroughly and appropriate corrective action taken .</p> <p>Resident #41. Review of the resident's electronic clinical record revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included Cerebral Infarction, Hemiplegia and Hemiparesis of Right Dominant Side.</p> <p>Review of the resident's quarterly MDS (Minimum Data Set) dated 09/03/2024 revealed the resident's BIMS (Brief Interview Mental Status) score was 15, which meant the resident was cognitively intact.</p> <p>Review of the resident's grievance dated 09/25/2024 at 11:00 a.m. revealed, Concerned that CNAs (Certified Nursing Assistants) are not responding to call bell quick enough and bringing her to restroom. She does not want to use a brief when she can go to restroom .</p> <p>On 10/08/2024 at 11:35 a.m., an interview was conducted with S1DON (Director of Nursing). S1DON stated she spoke to the resident concerning the staff answering the call bells. S1DON stated she does not recall if she asked the resident who the CNA was and which shift the CNA worked that told her to use a brief. S1DON confirmed the resident can call for assistance when she needs to go to the restroom. S1DON stated S7LPN (Licensed Practical Nurse) further investigated the grievance but did not provide evidence of her investigation.</p> <p>On 10/08/2024 at 12:13 p.m., an interview was conducted with S7LPN. S7LPN stated she spoke to the resident concerning her grievance and confirmed that she could not provide evidence of the investigation.</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.

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| 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 - Few</p> | <p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33204</p> <p>Based on record review and interview, the facility failed to accurately code the resident's Minimum Data Set (MDS) for anticoagulant use for 1 (Resident #9) out of 2 (Resident #9 and #38) residents reviewed for resident assessment discrepancy for anticoagulants.</p> <p>Findings:</p> <p>Review of Resident #9's electronic revealed she was admitted to the facility on [DATE].</p> <p>Review of the resident's admission MDS dated [DATE] Section N - Medications revealed the box for taking Anticoagulants was selected.</p> <p>Review of Resident #9's August 2024 physician orders failed to reveal an order for an anticoagulant.</p> <p>On 10/09/2024 at 1:34 p.m., an interview was conducted with S12MDS. She confirmed that the resident had not received any anticoagulant medication and that she had made an error in coding the resident for anticoagulant use.</p> |

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| <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** 17364</p> <p>Based on observation, record review, and interview, the facility failed to develop a comprehensive person-centered care plan that included orders for an AFO (Ankle Foot Orthosis) brace for 1 (#41) out of 2 (#41, #64) residents investigated for positioning and mobility out of a total sample of 39 residents.</p> <p>Findings:</p> <p>Resident #41. Review of the resident's electronic clinical record revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included Cerebral Infarction and Hemiplegia and Hemiparesis of Right Dominant Side.</p> <p>Review of Resident #41's quarterly MDS (Minimum Data Set) dated 09/03/2024 revealed the resident was coded for impairment on one side.</p> <p>On 10/08/2024 at 8:20 a.m., Resident #41 was observed sitting up in a wheelchair in her room. During this observation, an AFO brace was observed in place to resident's right lower leg. S9CNA (Certified Nursing Assistant) stated she applied the brace to the resident's right lower leg.</p> <p>Review of Resident #41's physician's orders revealed there was no order for an AFO brace to right lower leg.</p> <p>On 10/08/2024 at 10:00 a.m., an interview was conducted with S10PT (Physical Therapist). S10PT stated the therapy department did not give an order for the AFO brace.</p> <p>On 10/08/2024 at 10:03 a.m., an interview was conducted with S7LPN (Licensed Practical Nurse). She stated that she did not know if the resident had an order for the AFO brace.</p> <p>On 10/08/2024 at 10:05 a.m., an interview was conducted with S11LPN. S11LPN reviewed the resident's physician's orders and confirmed there were no orders for the AFO brace. She stated that if the brace was being applied by staff then there should have been an order for it.</p> | | |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49784</p> <p>Based on observations, interviews and record review the facility failed to revise the care plan to include an appropriate fall intervention after a resident fell for 1 (#89) of 3 (#9, #75 and #89) residents investigated for accidents.</p> <p>Findings:</p> <p>On 10/09/2024, a review of the facility's policy titled Care Plan Policy and Procedure, with a last review date of 03/19/2024, revealed in part: Purpose: To provide a comprehensive person-centered plan of care addressing resident's needs, strengths, goals, and approaches; Policy: Each resident's care plan will remain current and inform staff of resident's needs, strengths, goals and approaches; Procedure: The Resident's care plan will be updated quarterly and as needed.</p> <p>Review of Resident #89's medical record revealed he was admitted to the facility on [DATE]. Resident #89 had diagnoses that included in part . Other Specified Disorders of Muscle, Difficulty in Walking, Unspecified Lack of Coordination, Myopathy, and Cerebrovascular Disease.</p> <p>Review of Resident #89's Admit MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 07/25/2024, revealed a Brief Interview for Mental Status (BIMS) score of 9, which indicated moderately impaired cognition. Further review revealed Resident #89 used a wheelchair or walker for mobility.</p> <p>Review of Resident #89's current comprehensive care plan, revealed on 08/13/2024 the resident was at risk for falls related to unsteadiness with transitions, gait, and use of antidepressant and antipsychotic medication; Goals included in part: I will not experience any injuries related to falls; Interventions: Anti rollbacks to my w/c. Urinal provided; I need a pathway free from clutter in my room; I need my bed lock and in low position; I need my call light within reach; Refer me for therapy screen as appropriate; Remind me to ask for assist for all ambulation/transfers.</p> <p>Review of Resident #89's Incident Report dated 08/13/2024 at 8:45 p.m., completed by S16LPN (Licensed Practical Nurse) read in part . Resident heard call out for help. Entered resident room, resident noted to be lying in supine position on floor. Resident states he was trying to transfer from bed to wheelchair to go to the restroom when his socks caused him to slip down onto buttocks at side of bed then resident preceded to lie down on back.; No injuries observed at the time of incident; Oriented to person, place, situation, and time; Predisposing Situation Factors- Improper Footwear; Other info: Resident not wearing non-skid socks during transfer.</p> <p>Review of Resident #89's health records revealed a progress note dated 08/13/2024, completed by S16LPN which read in part Entered resident room, resident noted to be lying in supine position on floor. Resident states he was transferring from bed to wheelchair when his socks caused him to slip onto buttocks as side of bed. Applied non-skid socks to resident and reeducated on use of call light for staff assistance in transfers.</p> <p>(continued on next page)</p> | | |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 10/07/24 at 12:29 p.m., an interview and observation was conducted with Resident #89. The resident was oriented to person, place, time and situation. He was sitting in his wheelchair with no shoes and regular socks on. Resident #89 stated that he had a recent fall because he did not have nonskid socks on.</p> <p>On 10/08/2024 at 11:35 a.m., a second interview was conducted with Resident #89. Resident #89 stated that his nonskid socks were in the laundry and he currently had no clean nonskid socks.</p> <p>On 10/09/2024 at 1:45 p.m., a third interview and observation was conducted with Resident #89. Resident #89 stated that his nonskid socks were in the laundry and he currently had no clean nonskid socks. Resident #89 opened his drawer to reveal that he had no nonskid socks.</p> <p>On 10/09/24 at 1:45 p.m. an interview was conducted with S2CORPRN (Corporate Nurse). S2CORPRN confirmed that Resident #89's Incident and Accident Report on 08/13/2024 acknowledged Resident #89 having improper footwear associated with his fall. S2CORPRN confirmed that the care plan should have been updated to include the use of nonskid socks.</p> | | |

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| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49176</p> <p>Based on record review and interview, the facility failed to ensure that a resident received services consistent with accepted professional standards and the resident's comprehensive person-centered care plan by the nursing staff failing to document that a resident's dialysis site was assessed and monitored daily for 1 (#107) out of 1 (#107) resident investigated for dialysis.</p> <p>Findings:</p> <p>On 10/09/2024, a review of the facility's policy titled, Dialysis Residents Care Policy and Procedure, with an unknown last reviewed date, revealed in part .Procedure .5. Assess and monitor dialysis site for bleeding or abnormalities as ordered by physician.</p> <p>Review of Resident #107's electronic health record revealed she was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, Chronic Kidney Disease, End Stage Renal Disease and Dependence on Renal Dialysis.</p> <p>Review of Resident #107's care plan read in part .I receive dialysis 3x/wk (three times per week) r/t (related to) CKD4/ESRD (Chronic Kidney Disease, Stage 4/End Stage Renal Disease) .08/01/2024 double lumen tunneled HD (hemodialysis) cath (catheter) placement to right upper chest wall. Interventions included: Monitor my tunnel cath site (dressing maintained by dialysis).</p> <p>Review of Resident #107's October 2024's eMAR (Electronic Medication Administration Record) failed to reveal evidence that the resident's dialysis access site was assessed and monitored.</p> <p>On 10/09/2023 at 10:52 a.m., an interview and record review was conducted with S14LPN (Licensed Practical Nurse). S14LPN was asked how often the nurses documented they assess the resident's dialysis access site and where they documented their assessment in the chart. She stated the resident's dialysis access site was assessed only on return from the dialysis center on Monday, Wednesday and Friday and was documented on the dialysis communication form. S14LPN stated that they did not assess or monitor Resident #107's dialysis access site or document on it daily.</p> <p>On 10/09/2024 11:16 a.m., an interview and record review was conducted with S1DON (Director of Nursing). She stated that as part of the nurse's assessment, the nurses should have assessed and monitored the resident's dialysis access site. S1DON reviewed Resident #107's electronic medical record and confirmed that there was no documented evidence that the nurses had assessed or monitored the resident's dialysis access site every shift.</p> | | |

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| <p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17364</p> <p>Based on observation, record review and interview, the facility's nursing staff failed to demonstrate appropriate competency and skills as evidenced by failing to assess and report bruises for 1 (#41) out of 3 (#12, #41, #56) residents investigated for skin conditions out of a total sample of 39 residents.</p> <p>Findings:</p> <p>Resident #41. On 10/07/2024 at 11:24 a.m., the resident was observed sitting up in a wheelchair in her room. The resident's right forearm was observed to have a large purple colored bruise. The resident stated the bruise was caused by the CNAs (Certified Nursing Assistants) as a result of them pulling on her arm while in the shower.</p> <p>Review of Resident #41's electronic clinical record revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included Cerebral Infarction and Hemiplegia and Hemiparesis of Right Dominant Side.</p> <p>Review of Resident #41's quarterly MDS (Minimum Data Set) dated 09/03/2024 revealed the resident's BIMS (Brief Interview Mental Status) score was 15, which meant the resident was cognitively intact.</p> <p>On 10/08/2024 at 9:05 a.m., a telephone interview was conducted with S8LPN (Licensed Practical Nurse). S8LPN stated she did observe the bruise to Resident #41's right forearm. S8LPN stated the resident told her the bruise occurred when the CNAs were bathing her in the shower. S8LPN stated the resident told her the CNA pulled on her arm to move it out of the way during the shower. S8LPN stated she did not document an assessment or report the bruise because she thought the CNAs were just trying to transfer or reposition the resident.</p> <p>On 10/08/2024 at 1:30 p.m., an interview was conducted with S1DON. S1DON stated that there were no incident/accident reports for Resident #41. S1DON stated that she was not aware of the bruise on the resident's right forearm. S1DON and the surveyor went to inspect the resident's arm. S1DON observed the resident had a large purple colored bruise to her right forearm. The resident stated that the bruise occurred 3 to 4 days ago while in the shower. The resident stated that the CNA pulled on her arm while bathing her. S1DON stated that the nurse should have documented an assessment of the bruise in the notes and the incident should have been reported.</p> | | |

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| <p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49784</p> <p>Based on observation, interviews, and record review, the facility failed to provide an assistive device at meal times for 1 (#13) of 5 residents who used assistive devices at mealtimes.</p> <p>Findings:</p> <p>On 10/9/2024, a review of the facility's policy titled Adaptive Eating Devices Policy and Procedure, with a last review date of 04/24/2024, read in part, Policy: Adaptive eating devices are available for those who need them. Procedure: 3. Adaptive devices are noted on each individual's meal identification (ID) card/ticket and medical record. 4. The food service department is responsible for ensuring that each individual receives the appropriate feeding devices for each meal.</p> <p>Review of Resident #13's clinical record revealed an admitted [DATE] with diagnoses which included: Aphasia, Cognitive Communication Deficit, Unspecified Protein-Calorie Malnutrition, Dysphagia, Hemiplegia and Hemiparesis Following Cerebral Infarction, and Parkinson's Disease.</p> <p>Review of Resident #13's Quarterly MDS with an ARD of 06/26/2024 revealed he had a BIMS (Brief Interview for Mental Status) score of 6, (indicating severe impaired cognition).</p> <p>Review of Resident #13's diet card revealed in part, Special Notes: Divided Plate or bowls.</p> <p>A review of Resident #13's Care Plan read in part, I am at risk for weight fluctuations, malnutrition related to altered diet, History of Dysphagia; Protein Calorie Malnutrition, therapeutic diet, episodes of refusing to allow staff to assist with meals. I do not like my food to touch; Goal: I will experience minimal weight fluctuation/nutrition related complications; Interventions- I require use of divided high sided plate/bowl as ordered.</p> <p>On 10/07/2024 at 11:45 a.m., and observation of Resident #13 was made in the dining room eating her lunch meal. Resident #13 was feeding herself off a regular plate and was noted to have difficulty scooping the food from her plate.</p> <p>On 10/07/2024 at 12:00 p.m., an interview, review of Resident #13's Dietary Card, and observation of Resident #13's lunch plate, was conducted with S13LPN (Licensed Practical Nurse) who was assigned to Resident #13's care. S13LPN confirmed that Resident #13 should have been served her meal with a divided plate or bowl and had not been.</p> <p>On 10/08/24 at 3:08 p.m., an interview was conducted with S3DM (Dietary Manager). She confirmed that dietary staff were responsible for serving residents appropriate adaptive eating devices. She also confirmed that Resident #13 should have been served with a divided plate or bowl.</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47123</p> <p>Based on observation and interview, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety by failing to ensure refrigerated food items that were opened were cleaned and labeled with the date they were opened before storing. This deficient practice had the potential to affect the 115 residents who consumed food prepared in the kitchen.</p> <p>Findings:</p> <p>On 10/07/2024 at 8:28 a.m., an observation of the walk in cooler in the kitchen and an interview was conducted with S3DM (Dietary Manager). The following items were opened, used, and were not labeled with a date: A container of sweet and sour sauce with sticky residue drippings on the outside, a container of Italian dressing, a container of sour cream, two plastic bottles of nectar thick liquid, and a container of ham base. S3DM confirmed the above findings and stated all opened food items should have been cleaned and labeled with an open date, but had not been.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47123</p> <p>Based on observations, record review and interviews, the facility failed to ensure that staff and resident wore the appropriate PPE (personal protective equipment) for a resident on contact transmission based precautions (TBP) for 1 (#9) of 1 (#9) resident in the facility on TBP. This deficient practice had the potential to affect 115 residents who resided in the facility.</p> <p>Findings:</p> <p>On 10/08/2024, a review of the facility's policy titled Isolation Policy and Procedure, with a revision date of 04/08/2024, revealed in part . contact Isolation. a. these infections are transmitted via contact or indirect contact with the resident or the resident's environment example: MDRO (Multi Drug Resistant Organism) with the presence of acute diarrhea, draining wounds, or other sites of secretion's or excretions that are unable to be covered or contained. b. gown and gloves are to be utilized for all interactions that may involve contact with the resident or potentially contaminated areas in resident's environment.</p> <p>Review of Resident #9's medical record revealed she was admitted to the facility on [DATE] with diagnoses which included but were not limited to: Extended Spectrum Beta Lactamase (ESBL) Resistance, and Urinary Tract Infection (UTI).</p> <p>Review of Resident #9's MDS (Minimum Data Set) dated 08/24/2024 revealed the resident had a BIMS (Brief Interview for Mental Status) score of 9, indicating she had moderate cognitive impairment. Further review of the MDS revealed in Section H Bowel and Bladder that the resident was occasionally incontinent.</p> <p>Review of Resident #9's care plan revealed the following in part : I have an infection: I have an ESBL UTI. I require Contact Precautions. Intervention: Follow Contact Precautions;</p> <p>Review of Resident #9's final microbiology report result on 10/06/2024 revealed: > (greater than) 100,000 colonies/ml (milliliter) escherichia coli (ESBL).</p> <p>Review of Resident #9's physician's orders revealed an order written on 10/06/2024 at 11:35 a.m., which read, new order per nurse practitioner contact precautions x (times) 7 days r/t (related to) ESBL. Staff in-serviced. RP (responsible party) and resident made aware. Further review revealed an order written on 10/07/2024 at 21:00 (9:00 p.m.) which read, Ciprofloxacin Oral Tablet 500mg (milligrams)- give 1 tablet by mouth twice a day.</p> <p>On 10/07/2024 at 9:54 a.m., an observation was made of Resident #9's room. Signage was posted outside the room which indicated the resident was on Contact Precautions, and PPE was observed outside the door. Resident #9 was observed in the hall using the hand rail along the wall to propel her wheelchair to her room.</p> <p>(continued on next page)</p> |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195342 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/09/2024 |
| NAME OF PROVIDER OR SUPPLIER Pelican Pointe Healthcare and Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 405 Milton Road Maurice, LA 70555 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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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>On 10/07/2024 at 11:09 a.m., a second observation was made of Resident #9 propelling herself in her wheelchair down the hall using the hall hand rails. The resident propelled herself to the dining hall and sat at a table with another resident. In an interview with Resident #9 she stated the sign outside of her door was because she fell at the facility.</p> <p>On 10/08/2024 at 8:11 a.m., another observation was made of Resident #9's room and the Contact Precautions sign remained in place.</p> <p>On 10/08/2024 at 8:13 a.m., Resident #9 was observed in the therapy gym working with therapy equipment. The resident had no PPE on, and other residents and staff were in the therapy room. S6OT (Occupational Therapist) stated she was working with Resident #9 on completing Occupational Therapy exercises.</p> <p>On 10/08/2024 at 8:16 a.m., a joint interview was conducted with S4IP (Infection Preventionist) and S5IP. S5IP stated she started working at the facility about a month ago and was currently training with S4IP. S4IP was asked if a resident on contact precautions should have therapy limited to his or her room. She stated when a resident was on Contact Precautions, therapy should take place in their room and the Resident should stay in her room. S4IP proceeded to confirm Resident #9 was on contact precautions for ESBL in her urine. S4IP and S5IP then walked to the therapy gym and confirmed Resident #9 was in the therapy gym with other residents and without PPE on. S5IP stated the Resident should have had therapy in her room and not in the therapy gym. In an interview with S6OT, she stated she was not aware the resident was on contact precautions. S6OT stated the therapy department followed the facility's policy and procedures for Contact Precautions which was to conduct therapy in the residents' rooms.</p> <p>On 10/08/2024 at 8:28 a.m., S4IP, S5IP, and S2CORPRN (Corporate Registered Nurse) walked to Resident #9's room and confirmed the resident's room had a sign indicating Contact Precautions.</p> |

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| <p>F 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33204</p> <p>Based on observations, record reviews and interviews, the facility failed to conduct regular inspections of beds for proper mattress fit for the bed's frame for 1 (Resident #9) out of 3 (Resident #9, #75 and #89) residents investigated for accidents.</p> <p>Findings:</p> <p>Review of the EHR (Electronic Health Record) for Resident #9 revealed she was admitted to the facility on [DATE] with diagnoses that included Insomnia, Atrial fibrillation, History of falling, Displaced intertrochanteric fracture of right femur (healing), Muscle weakness and Fatigue. Further review revealed that the resident was receiving physical therapy to improve her functional status.</p> <p>Review of the resident's admission MDS (Minimum Data Set) dated 08/28/2024 revealed she had a BIMS (Brief Interview for Mental Status) of 9, indicating moderate cognitive impairment. The resident's function abilities included no impairment to upper extremities and impairment to one side of lower extremities. She utilized a wheelchair for mobility. Resident #9 required substantial/maximal assistance for the following: roll left and right; sit to lying; sit to stand; and chair/bed-to-chair transfer.</p> <p>On 10/07/2024 at 10:58 a.m., an observation of Resident #9's bed, currently unoccupied by the resident, revealed an approximate 6 inch gap between the mattress and the assist bar on both sides of the bed. The assist bars were firmly attached to both sides of the bed. The mattress did not slide easily on the bed frame and was approximately 35 inches in width. The bed's frame extended approximately 6 inches past the mattress visible on each side of the bed.</p> <p>On 10/08/2024 at 2:20 p.m., an observation of the resident's bed with S2CORPRN and S15ADM was conducted during which they both confirmed the 6 inch gap between the mattress and assist bars. Both S2CORP and S15ADM confirmed that the mattress was too small for the bed frame. S15ADM stated that this particular model of bed can be converted from a regular bed to a bariatric bed by sliding out the bed's frame and can convert from 39 inches to 42 inches in width. He reported that there must have been a bariatric sized mattress previously on the bed that had been changed at some point to a regular sized (36 inches) mattress. He added that the bed frame had not been reduced after the mattress was changed and this resulted in the frame extending past the mattress and gaps between the mattress and assist bars. S14ADM stated that the facility had about 7 of these bed models (Drive Primecare P703) and did not have any process in place to assess beds for mattress incompatibility.</p> <p>Review of owner's manual for Drive Primecare P703 Long Term Bed dated [DATE]st, 2017 revealed the following:</p> <p>Warning labels - Incompatible mattresses can create hazards</p> <p>Entrapment Warning - Incompatible mattress and assist rails/bars can create hazards .make sure mattress is the correct size for bed frame and assist bars secured to frame to decrease risk of entrapment.</p> <p>(continued on next page)</p> | | |

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| <p>F 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Mattress specifications warning - Possible entrapment hazard may occur if you do not use the recommended specification mattress. It is recommended that a 36, 39 or 42 wide mattress .is used.</p> <p>Accessories and options - 39 - 42 integrated width extension</p> <p>Width extension - this will expand the bed from 36 inches to 39 inches and 42 inches.</p> <p>Entrapment warning - accurate assessment of the resident and monitoring of equipment use are required to prevent entrapment.</p> |