

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER Legacy Nursing and Rehabilitation of Plaquemine		STREET ADDRESS, CITY, STATE, ZIP CODE 59215 River West Drive Plaquemine, LA 70764	

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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>41461</p> <p>Based on interviews and record review it was determined that the facility failed to communicate appropriate resident information to a receiving facility for 1 (Resident #1) of 1 (Resident #1) sampled residents reviewed for transfer requirements.</p> <p>Findings:</p> <p>Review of the facility's document titled Checklist for 6P-6A Shift revealed, in part, th nurse was supposed to call report to the hospital Resident #1 was being transferred to.</p> <p>Review of Resident #1's record revealed, in part, Resident #1 was discharged to the emergency department on 11/16/2024.</p> <p>Review of Resident #1's record revealed no documented evidence and the facility did not provide documented evidence that the receiving facility was provided with all Resident #1's required information for the 11/16/2024 transfer.</p> <p>In an interview on 12/10/2024 at 4:44 PM, S3License Practical Nurse (LPN) indicated she was assigned to work Resident #1's hall on 11/15/2024 for the 6:00 PM to 6:00 AM shift. S3LPN further indicated at 12:00 AM on 11/16/2024, Resident #1 was transferred to the emergency department. S3LPN further indicated she did not call report to the receiving facility and she should have.</p> <p>In an interview on 12/11/2024 at 1:37 PM, S2Director of Nursing (DON) indicated S3LPN should have called report to the receiving facility when Resident #1 was sent to the emergency department on 11/16/2024.</p> <p>In an interview on 12/11/2024 at 12:30 PM, S1Administrator indicated there was no documented evidence and she could not provide documented evidence that a thorough report was given to the receiving emergency department when Resident #1 was transferred on 11/16/2024 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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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>41461</p> <p>Based on facility records reviewed and interviews, it was determined that the facility failed to ensure a licensed nurse was designated as a charge nurse for each shift.</p> <p>Findings:</p> <p>Review of the facility's Nursing Daily Work Schedules from 12/02/2024 through 12/11/2024 revealed there was not a designated charge nurse for the 6:00 AM to 6:00 PM shift and the 6:00 PM to 6:00 AM shift.</p> <p>Review of the facility's November 2024 and December 2024 Nurse Schedules revealed there was not a designated charge nurse for each shift.</p> <p>In an interview on 12/11/2024 at 4:00 AM, S4Licensed Practical Nurse (LPN) indicated there was not a designated charge nurse on the night shift in the facility.</p> <p>In an interview on 12/11/2024 at 4:30 AM, S9LPN indicated there was no designated charge nurse on the night shift in the facility.</p> <p>In an interview on 12/11/2024 at 4:45 AM, S6LPN indicated there was no designated charge nurse on her current shift in the facility.</p> <p>In an interview on 12/11/2024 at 1:37 PM, S2Director of Nursing (DON) indicated she did not designate a charge nurse on the nursing schedule for each shift. S2DON further indicated she should have designated a charge nurse for each shift according to nurse staff regulations.</p> <p>In an interview on 12/11/2024 at 1:45 PM, S1Administrator indicated there was no documented evidence and she could not provide documented evidence a licensed nurse was designated as the charge nurse for each shift.</p>