

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Spring Lake Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  8622 Line Avenue Shreveport, LA 71106	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40193</p> <p>Based on record review and interview, the facility failed to develop and implement a comprehensive care plan for 1 (#1) out of 4 (#1, #2, #3, #4) sampled residents plan of care reviewed.</p> <p>Findings:</p> <p>Review of medical records revealed Resident #1 with an admitted [DATE] and discharge date of [DATE] with the following diagnosis, in part: muscle wasting and atrophy, not elsewhere classified/multiples sites, primary generalized (osteo) arthritis, mild protein-calorie malnutrition, Chronic Obstructive Pulmonary Disease/unspecified, muscle weakness (generalized), difficulty walking/not elsewhere classified, unsteadiness on feet, Peripheral Vascular Disease/unspecified, and cellulitis of right lower limb.</p> <p>Review of Resident #1's MDS (Minimum Data Set) Admission Assessment revealed a date of 04/21/2024. The comprehensive care plan was initiated on 04/19/2024 with only one problem and approach - activities of daily living (ADL) self-care performance deficit.</p> <p>During an interview on 06/04/2023 at 8:25 a.m. S4 MDS Nurse acknowledged Resident #1's care plan included one problem and approach for ADL care. S4 MDS Nurse further acknowledged the care plan was incomplete.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40193</p> <p>Based on record reviews and interviews, the facility failed to ensure residents with pressure ulcers receive necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for 1 (#1) out of 4 (#1, #2, #3, #4) sampled residents reviewed for pressure ulcers and skin conditions. The facility failed to perform a skin and wound evaluation upon admission and weekly for Resident #1.</p> <p>Findings:</p> <p>Review of medical records revealed Resident #1 with an admitted [DATE] with the following diagnosis, in part: muscle wasting and atrophy, not elsewhere classified/multiples sites, primary generalized (osteo) arthritis, mild protein-calorie malnutrition, Chronic Obstructive Pulmonary Disease/unspecified, muscle weakness (generalized), difficulty walking/not elsewhere classified, unsteadiness on feet, Peripheral Vascular Disease/unspecified, and cellulitis of right lower limb.</p> <p>Review of Resident #1's MDS (Minimum Data Set) assessment dated of 04/21/2024 revealed Section M: venous and arterial ulcers - 1.</p> <p>Review of Resident #1's Baseline Care Plan dated 04/19/2024 revealed skin risk - current skin integrity issue - RLE (right lower extremity) cellulitis with ulceration.</p> <p>Review of Resident #1's Skin &amp; Wound Total Body Skin assessment dated [DATE] revealed 1 new wound upon admission.</p> <p>Review of Resident #1's Skin &amp; Wound Evaluations revealed the initial evaluation was completed on 05/01/2024 - wound bed eschar 100%; no exudate; surrounding tissues fragile/intact; treatment: betadine/no dressing; no infection; 9 x 5.5cm (centimeter) intact eschar Education: Keep clean-dry. CV (cardiovascular) consult ordered .Further review revealed Skin &amp; Wound Evaluation was not completed upon admission.</p> <p>Review of Resident #1's Nurse Practitioner (NP) Progress Note dated 04/19/2024 revealed - Chief complaint: Status post hospitalization . RLE (right lower extremity) arterial ulcer.</p> <p>Review of Facility's Pressure Ulcers/Skin Breakdown Policy (revised April 2018) revealed:</p> <p>- Assessment and Recognition: 3. In addition, the nurse shall describe and document/report the following wound conditions when identified within the EMR (electronic medical record): a. full assessment of pressure sore including location, stage, length, width and depth, presence of exudates or necrotic tissue. 4. The DON (Director of Nursing) or designee will examine the skin of newly admitted /readmitted residents for evidence of existing pressure ulcers or other skin conditions; reporting any abnormalities to the physician.</p> <p>- Documentation: Newly identified skin concerns will be added to the Wound Assessment Manager and EMR upon identification and updated weekly with assessments recording the progress of the skin concern.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/04/2024 at 3:40 p.m. S2 Corporate Nurse reported Skin &amp; Wound Evaluations should be completed every 7 days.</p> <p>During an interview on 06/05/2024 at 8:50 a.m. S2 DON acknowledged Resident #1 did not have a Skin &amp; Wound Evaluation completed upon admission and every 7 days and should have.</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40193</p> <p>Based on record reviews and interview, the facility failed to ensure pain management was provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. The facility failed to administer pain medication for 1 (#1) out of 3 (#1, #2, #3) sampled residents receiving pain medication.</p> <p>Findings:</p> <p>Review of medical records revealed Resident #1 with an admitted [DATE] with the following diagnosis, in part: muscle wasting and atrophy, not elsewhere classified/multiples sites, primary generalized (osteo) arthritis, mild protein-calorie malnutrition, Chronic Obstructive Pulmonary Disease/unspecified, muscle weakness (generalized), difficulty walking/not elsewhere classified, unsteadiness on feet, Peripheral Vascular Disease/unspecified, and cellulitis of right lower limb.</p> <p>Review of Resident #1's Physician's Orders revealed the following orders:</p> <ul style="list-style-type: none"> <li>- 05/09/24 - hydrocodone-acetaminophen oral tablet 7.5-325mg (milligram) give 1 tablet by mouth every 6 hours as needed for moderate pain</li> <li>- 05/09/24 - Diclofenac Sodium tablet delayed release 50mg give 50mg by mouth every 12 hours as needed for pain</li> <li>- 04/29/24 - Acetaminophen tablet 325mg give 2 tablet by mouth six times a day for pain every 4 hours</li> <li>- 04/18/24 - assess pain using verbal/non-verbal scale every shift</li> <li>- 04/18/24 - Diclofenac Sodium delayed release 50mg give 50mg by mouth every 24 hours as needed for inflammation</li> </ul> <p>Review of Resident #1's May 2024 Medication Administration Record revealed pain was assessed on 05/06/2024 during day shift with a pain level of 7. Further review revealed pain was assessed on 05/09/2024 during day shift with a pain level of 7. Further review revealed Resident #1 was not administered prn (when necessary) Diclofenac Sodium tablet delayed release 50mg give 50mg by mouth every 12 hours as needed for pain as ordered on 05/06/2024 during day shift and on 05/09/2024 during day shift.</p> <p>During an interview on 06/04/2024 at 2:10 p.m. S3 LPN (licensed practical nurse) reported did not know why Resident #1 did not receive prn Diclofenac Sodium tablet delayed release 50mg on May 6th (pain score of 7) and May 9th (pain score of 7) during the day shifts she worked.</p> <p>During an interview on 06/04/2024 at 3:30 p.m. S1 DON acknowledged Resident #1 did not receive prn Diclofenac Sodium tablet delayed release 50mg pain medication on May 6th and May 9th for a pain level of 7 after reviewing the May MAR.</p>		