

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 09/25/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>36921</p> <p>Based on record review, observation and interviews the facility failed to ensure residents who were unable to complete their ADL (Activities of Daily Living) received the necessary services to maintain proper grooming for 1 (#48) of 3 (#2, #34, #48) residents reviewed for ADL. The facility failed to ensure Resident #48 received nail care.</p> <p>Findings:</p> <p>Review of Resident #48's medical diagnoses revealed the following, but not limited to cerebral infarction, type 2 diabetes mellitus with diabetic neuropathy, and systemic lupus erythematosus.</p> <p>Review of Resident #48's September 2024 physician orders dated 05/08/2024 revealed: Activity as tolerated. Licensed nurse may clip and trim diabetic finger and toenails as indicated.</p> <p>Review of Resident #48's quarterly MDS (Minimum Data Sets) dated 07/08/2024 revealed a BIMS (Brief Interview of Mental Status) was 15 out of 15 indicating cognitively intact.</p> <p>Review of Resident #48's care plan revealed resident has an ADL self-care performance deficit and requires assistance with ADL.</p> <p>Observation on 09/23/2024 at 11:03 A.M. revealed Resident #48 sitting up in wheel chair wearing sandals. Further observation revealed Resident #48's toe nails were long, thick and yellow.</p> <p>During an interview on 09/23/2024 at 11:03 A.M. Resident #48 confirmed her toe nails were long and she was unable to recall the last time her toe nails were trimmed.</p> <p>During an interview on 09/25/2024 at 1:00 P.M. S2 DON (Director of Nursing) reported S3 NP (Nurse Practitioner), from a local foot care group, performs nail care on residents every 60 days. S2 DON confirmed S3 NP's last service date, at the facility, was 08/19/2024 and reported Resident #48 did not receive services on 08/19/2024. S2 DON confirmed Resident #48 was a diabetic and should have received nail care by a podiatrist or NP.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>36664</p> <p>Based on record review and interviews the facility failed to accurately submit mandatory direct care staffing information to Centers for Medicare and Medicaid Services (CMS) for the Fiscal Year (FY) Quarter 3 2024 (April 1-June 31).</p> <p>Findings:</p> <p>Review of the facility's Payroll Based Journal (PBJ) Staffing Data Report for FY Quarter 3 2024 (April 1-June 31) revealed triggers for the following: One Star Staffing Rating and Excessively Low Weekend Staffing.</p> <p>During an interview on 09/25/2024 at 12:30 p.m. S1 Administrator reported he did not understand why the facility triggered for low staffing. S1 Administrator reported he is the only person at the facility that submits agency invoices to the corporate office. S1 Administrator further reported the corporate office submits the PBJ data to the CMS system.</p>		