

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Willow Ridge Nursing and Rehabilitation Center, llc		STREET ADDRESS, CITY, STATE, ZIP CODE 660 Factory Outlet Drive Arcadia, LA 71001	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36665</p> <p>Based on record review and interview, the facility failed to treat and care for each resident in a manner which promoted dignity by failing to ensure resident's medical conditions were not discussed in a community environment for 1 (#3) of 4 (#1, #3, #5, and #6) residents reviewed for Resident's Rights.</p> <p>Findings:</p> <p>Review of resident #3's electronic health record revealed an admitted [DATE] with diagnoses including, but not limited to, cardiovascular accident, pure hypercholesterolemia, type 2 diabetes with diabetic neuropathy, essential hypertension, chronic systolic heart failure, and coronary artery disease.</p> <p>Review of resident #3's Quarterly MDS (Minimum Data Set) revealed a BIMS (Brief Interview Mental Status) score of 13 indicating intact cognition.</p> <p>Review of the facility's grievances revealed on 06/18/2024 resident #3 reported S4 Driver/CNA (certified nursing assistant) talked about the size of his penis in front of the facility with other female staff members present. S4 Driver/CNA reported telling resident #3 how to stop urinating in the bed. S4 Driver/CNA reported telling resident #3 in the presence of 2 other female staff members to keep his penis in the middle of his brief and to not allow it to hang out the side of his brief to prevent his bed from getting wet.</p> <p>During an interview on 07/15/2024 at 1:35 p.m. resident #3 stated, While I was outside in the front of the facility smoking, S4 Driver/CNA talked 'under my clothes' with other staff members present. Resident #3 further stated, She was talking about my private parts. Resident #3 confirmed this made him feel sad and really embarrassed because there were other female staff members present at the time of the conversation.</p> <p>During an interview on 07/16/2024 at 9:14 a.m. resident #3's sister, S5CNA, reported on the day of the incident she left resident #3 in front of the facility and went to get resident #3 some food. Upon returning with resident #3's food she saw resident #3 sitting out front with his head down crying. S5 CNA reported resident #3 told her S4 Driver/CNA had been talking about the size of his private parts. S5 CNA reported taking resident #3 to report the incident to the facility's director of nurses.</p> <p>(continued on next page)</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a phone interview on 07/16/2024 at 10:55 a.m., S4 Driver/CNA reported on 06/18/2024 resident #3 was in the front of the facility smoking a cigarette while waiting on his sister. Resident #3 was asked by S1 Executive Director/Administrator to put the cigarette out because it was a non-smoking area. Resident #3 put the cigarette out and said, That's okay I'm going home anyway. S4 Driver /CNA reported telling resident #3 it was good he was going home. Resident #3 then stated, I just have to stop wetting the bed. S4 Driver/CNA said she told resident #3 to keep his thang in the middle of his brief and not to let it hang out the side of his brief and get his bed wet. S4 Driver/CNA confirmed there were 2 other female staff members outside at the time of the conversation.</p> <p>During a phone interview on 07/16/2024 at 11:31 a.m. S6 Former Wound Care Nurse confirmed being present in front of the facility on 06/18/2024 and heard S4 Driver/CNA tell resident #3 to keep his penis in the middle of his brief and not to let it hang out the side of his brief and wet his bed.</p> <p>During an interview on 07/16/2024 at 1:26 p.m. S3 Social Worker reported resident #3 was usually positive and never complained about anything. S3 Social Worker reported resident #3 did not like S4 Driver/CNA talking about his private parts especially in front of other people. S3 Social Worker reported although resident #3 denied being abused, resident #3 said he was very embarrassed because S4 Driver/CNA said this in front of other ladies.</p> <p>During an interview on 07/18/2024 at 12:00 p.m. S1 Executive Director/Administrator confirmed S4 Driver/CNA should not have discussed resident #3's private parts or incontinence issues in front of the facility with other staff members present.</p>		