

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Lacombe Nursing Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 28119 Hwy 190 Lacombe, LA 70445	

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 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** 46981</p> <p>Based on interviews and record review, the facility failed to ensure the MDS assessment accurately reflected the resident's status for 1 (#3) of 3 (#1, #2, and #3) sampled residents. The facility failed to ensure Resident #3 was coded correctly for falls.</p> <p>Findings:</p> <p>Review of Resident #3's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses which included Age Related Osteoporosis and Unspecified Disorder of Adult Personality and Behavior. Further review revealed Resident #3 had a diagnosis of Displaced Intertrochanteric Fracture of Right Femur on 12/16/2024.</p> <p>Review of Resident #3's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/23/2024 revealed Section J1700: Fall History was blank.</p> <p>An interview was conducted on 01/29/2025 at 1:10 p.m. with S3RN. She stated she was responsible for completing resident MDS assessments. She reviewed Resident #3's Incident Report dated 12/11/2024. She stated Resident #3 was admitted to the hospital and returned on 12/16/2024 with a diagnosis of Displaced Intertrochanteric Fracture of Right Femur. She reviewed Resident #3's Quarterly MDS with an ARD of 12/23/2024 and stated Section J1700 was not coded for falls.</p> <p>An interview was conducted on 01/29/2025 at 1:47 p.m. with S2DON. She reviewed the aforementioned findings and confirmed Resident #3's MDS assessment was not coded for falls 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 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** 46981</p> <p>Based on record review and interviews, the facility failed to ensure a resident's plan of care was revised by failing to update fall interventions after each fall for 1 (#3) of 3 (#1, #2, and #3) residents reviewed for falls.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Fall Policy and Procedure, and dated 01/10/2017, revealed in part, the following:</p> <p>6. The fall care plan shall be updated after a fall and is to include any interventions.</p> <p>Treatment/Management:</p> <p>1. Based on the assessment, the staff will identify pertinent interventions to try to prevent subsequent falls and to mitigate risks of serious injuries associated with falls.</p> <p>Review of Resident #3's Clinical Record revealed she was admitted to the facility on [DATE], with diagnoses which included Age Related Osteoporosis.</p> <p>Review of the facility's Incident Report dated 12/08/2024 revealed, in part the following:</p> <p>Resident #3 had an unwitnessed fall in the day room.</p> <p>Review of Resident #3's Nurse's Note dated 12/08/2024 revealed, in part, the following:</p> <p>Nurse was flagged down by another resident to the dayroom. She notified staff that resident had fallen. Resident was seen lying on her left side with her head on the floor. Resident unable to explain what happened and how she fell .</p> <p>Review of Resident #3's Care Plan revealed it was not revised to include interventions to address Resident #3's fall on 12/08/2024.</p> <p>An interview was conducted on 01/28/2025 at 1:10 p.m. with S3RN. S3RN stated she was responsible for updating Resident #3's Care Plan. S3RN reviewed Resident #3's Care Plan. S3RN stated after Resident #3's fall on 12/08/2024, the only intervention added to the care plan was to send Resident #3 to the local hospital for evaluation.</p> <p>An interview was conducted on 01/28/2025 at 1:47 p.m. with S2DON. S2DON stated S3RN was responsible for updating Resident #3's Care Plan. S2DON reviewed Resident #3's Care Plan. S2DON stated after Resident #3's fall on 12/08/2024, bright signs were placed throughout the resident's room to remind the resident to ask for assistance. S2DON stated the Care Plan should have been revised to reflect the intervention.</p>