

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER The Lodge at Tangi Pines		STREET ADDRESS, CITY, STATE, ZIP CODE 10746 Hwy 16 Amite, LA 70422	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48184</p> <p>Based on observations, interviews and record reviews, the facility failed to protect the residents' right to be free from psychosocial harm by Resident #3 for 4 (#1, #R4, #R5, and #R7) of 7 (#1, #2, #3, #R4, #R5, #R6, and #R7) sampled residents reviewed for abuse.</p> <p>This deficient practice resulted in an actual psychosocial harm on the morning of 02/24/2024 when Resident #3, a cognitively intact resident, was observed kissing Resident #1, a severely cognitively impaired resident, on the cheek. Resident #3's nonconsensual inappropriate sexual advances and psychosocial harm continued for Resident #1. As a result of the investigation, despite there not being a significant decline in mental or physical functioning for Resident #1, it could be determined the reasonable person would have experienced severe psychosocial harm as a result of the sexual abuse, since a reasonable person would not expect to be treated in this manner in their own home or a health care facility. Interviews with Random Resident #4, Random Resident #5, and Random Resident #7 revealed they were afraid of residing in the facility with Resident #3 due to his inappropriate sexual behaviors. Further interview with Random Resident #7 revealed she was sleeping with a walking stick at night in case she needed to defend herself from Resident #3.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled, Abuse, Neglect and Exploitation revealed the following in part:</p> <ol style="list-style-type: none"> 1. The facility will . : <ol style="list-style-type: none"> a. Prohibit and prevent abuse .of residents. 3. The facility will provide ongoing oversight and supervision of staff in order to assure that its policies are implemented as written. <p>Resident #1</p> <p>Review of Resident #1's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses which included Vascular Dementia, Major Depressive Disorder, Expressive Language Disorder, and Altered Mental Status.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER The Lodge at Tangi Pines		STREET ADDRESS, CITY, STATE, ZIP CODE 10746 Hwy 16 Amite, LA 70422	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of Resident #1's MDS with an ARD of 02/20/2024 revealed a BIMS of 4, which indicated she was severely cognitively impaired.</p> <p>Resident #3</p> <p>Review of Resident #3's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included Depression.</p> <p>Review of Resident #3's MDS with an ARD of 02/20/2024 revealed a BIMS of 15, which indicated he was cognitively intact.</p> <p>Review of Resident #3's current Care Plan undated revealed the following in part</p> <p>Focus: Potential for Altered Mood Behaviors r/t Depression.</p> <p>Focus: Exhibits Inappropriate Behaviors at times.</p> <p>Review of #R5's Annual MDS with an ARD of 02/29/2024 revealed, in part, a BIMS of 15, which indicated she was cognitively intact.</p> <p>On 03/14/2024 at 4:14 p.m., an interview was conducted with #R5. She stated Resident #1 was being sexually harassed by Resident #3. She stated Resident #1 had a childlike mentality, and could not speak. She stated on 02/23/2024 she saw Resident #3 leading Resident #1 down Hall A in the direction of Resident #3's room, arm in arm. She stated Resident #1 did not reside on Hall A. She stated she alerted S10LPN, who then brought Resident #1 to the dining area. She stated on 02/24/2024 Resident #3 put his arm around Resident #1 and kissed her on the cheek. She stated S2DON was present and saw what happened. She stated S2DON escorted Resident #3 back to his room. She stated on 02/25/2024 Resident #3 put his arm around Resident #1 and tried to kiss her. She stated a CNA, who she couldn't identify stopped him and brought Resident #3 to his room. She further stated on 02/28/2024 during activities, Resident #3 began calling Resident #1's name over and over again loudly. She stated when the activities director asked if everyone wanted to watch a movie, Resident #3 asked, Do you have any porn? She stated she did not feel safe living in the facility with Resident #3. She stated she was afraid to have her grandchildren visit because of his sexually inappropriate behaviors. She stated she kept a notebook with documentation of the incidents that happened involving Resident #1. She stated she did not feel safe living in the facility with Resident #3.</p> <p>On 03/19/2024 at 10:50 a.m. an interview was conducted with S8LPN. She stated on 03/01/2024, she witnessed Resident #3 blow kisses to Resident #1 and rub Resident #1's back. She stated on that same date, she witnessed Resident #3 approach Resident #1 and he was staring at her. She stated she asked Resident #3 to leave. She stated this incident made her feel very uncomfortable, so she notified the S2DON. She stated S2DON assured her the Administrator was aware of the situation.</p> <p>On 03/18/2024 at 1:01 p.m., an interview was conducted with Resident #3's Responsible Party. He stated S1ADM informed him Resident #3 kissed Resident #1 on the forehead, but he could not recall the date. He stated S1ADM stated Resident #3 was told he could not kiss women in the facility. He stated he spoke to Resident #3 about kissing Resident #1, and Resident #3 didn't think it was wrong. He stated Resident #3 was aware of right and wrong, and confirmed he was cognitively intact.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER The Lodge at Tangi Pines		STREET ADDRESS, CITY, STATE, ZIP CODE 10746 Hwy 16 Amite, LA 70422	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 03/18/2024 at 1:36 p.m., an interview was conducted with Resident #3. He stated he kissed female residents on the hand, and he kissed a lot of them. He stated now he only kisses Resident #1 because she was the prettiest and she liked it. He stated he knew she liked him, because he sat in the dining room and stared at Resident #1 for 6 hours and she only smiled at him, and no one else. He stated he kissed Resident #1 on the forehead. He stated S1ADM told him he could not kiss Resident #1. He stated he kissed Resident #1 and was going to continue to kiss her, even though S1ADM asked him not to.</p> <p>On 03/18/2024 at 1:56 p.m., an interview was conducted with S1ADM. He said Resident #1 was severely cognitively impaired and resident #3 was cognitively intact. He confirmed knowing some resident's in the facility had complained to staff about Resident #3 exhibiting sexually inappropriate behaviors. He stated he was aware Resident #3 allegedly kissed Resident #1. He confirmed being told Resident #3 made a joke to another female resident in reference to Resident #1 stating, You should have seen what we did last night. He stated other residents were exaggerating Resident #3's behaviors, and he did not believe Resident #3 kissed Resident #1.</p> <p>On 03/18/2024 at 2:27 p.m., an interview was conducted with S3MDS. She stated staff were asked to keep Resident #3 away from Resident #1 because he was kissing Resident #1. She confirmed Resident #3 was cognitively intact and Resident #1 was severely cognitively impaired.</p> <p>On 03/19/2024 at 9:15 a.m., an interview was conducted with S5RN. She stated the last meeting she attended was 03/06/2024. She stated staff discussed inappropriate verbal behaviors regarding Resident #3. She stated she was aware Resident #3 had kissed Resident #1 on the forehead. She stated Resident #3 had asked her once to call a prostitute for him. She stated Resident #3 had requested multiple times to only have a female staff to shower him. She stated Resident #3 was aware that Resident #1 had a childlike mind. She stated the Administrator talked to him about this with Resident #3 and she witnessed the conversation. She stated Resident #3 continued with inappropriate comments. She stated because of his comments there was a group of ladies in the dining area who were uncomfortable with him around them.</p> <p>On 03/19/2024 at 9:47 a.m., an interview was conducted with S9A. She stated staff had to watch Resident #1 constantly to assure she was safe from Resident #3. S9A stated Resident #3 walked up quietly behind her and startled her. She stated Resident #3 made her (S9A) feel uncomfortable and uneasy and she did not feel safe with him here at the facility. She stated she attended weekly meetings on Wednesdays with all department heads. She stated in the meetings Resident #3's sexually inappropriate behaviors, were discussed with staff. She stated staff had increased supervision on Resident #3. She stated Resident #1 had a childlike mind.</p> <p>On 03/19/2024 at 10:10 a.m., an interview was conducted with S2DON. S2DON stated, on 02/24/2024, #R5 and other female residents told him Resident #3 kissed Resident #1. He stated he did not witness the kiss, so he didn't think it happened. He confirmed Resident #1 was severely cognitively impaired and nonverbal. He confirmed Resident #3 was cognitively intact.</p> <p>Review of #R4's Significant Change MDS with an ARD of 01/05/2024 revealed, in part, a BIMS of 10, which indicated she was moderately cognitively impaired.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER The Lodge at Tangi Pines		STREET ADDRESS, CITY, STATE, ZIP CODE 10746 Hwy 16 Amite, LA 70422	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 03/19/2024 at 11:16 a.m. an interview was conducted with #R4. She stated she witnessed Resident #3 kiss Resident #1 three times on the head. She stated she said to him, You know you are not supposed to be anywhere near her! She stated Resident #3 told her, in reference to Resident #1, You should have seen what we done last night. She stated Resident #3 made hip gestures in a sexual manner, and said, Making hot love. She stated she was concerned about his inappropriate behavior. She stated a staff member took her to see the Administrator and they told him. She stated this occurred about 3 weeks ago. She stated she was afraid to live in the facility with Resident #3 there.</p> <p>On 03/19/2024 at 1:40 p.m., an interview was conducted with S10LPN. She stated on 02/23/2024, residents seated in the dining room were tapping on the window and pointing toward Resident #1 and Resident #3 walking together. She stated she walked down Hall A, and saw Resident #1 and Resident #3 walking towards Resident #3's room with their arms locked together. She stated she redirected Resident #1 and separated the residents. She stated she told Resident #3, You know you can't take her walking anywhere. She doesn't know what she is doing. She confirmed Resident #3 was oriented and knew right from wrong. She confirmed reporting the incident to S2DON. She stated since the incident on 02/23/2024, staff increased supervision of Resident #1 and Resident #3. She stated supervision was not 1:1, but staff monitored both residents more closely.</p> <p>On 03/20/2024 at 9:17 a.m., an interview was conducted with Resident #1's RP. The RP said Resident #1 was not capable of knowing if she was being sexually abused. Resident #1's RP stated Resident #1 would not want a male she did not know holding arms with her or kissing her anywhere. She confirmed Resident #1 had the mind of a child and can't speak up for herself.</p> <p>Review of #R7's Quarterly MDS with an ARD of 02/06/2024 revealed, in part, a BIMS of 15, which indicated she was cognitively intact.</p> <p>On 03/20/2024 at 12:50 p.m. an interview was conducted with #R7. She stated Resident #3 snuck up behind her and startled her. She stated his face was almost touching hers and he whispered in her ear, Hello sweetheart. She stated she told him to stay away from her, and she put up her hand up by his face. She stated she saw Resident #3 petting Resident #1's hand and then he kissed Resident #1 on the face, and she told Resident #3 to stay away from her. She stated he replied, Shut up you old mean B****! She stated she kept a walking stick by her bedside at night to defend herself from Resident #3. She stated she was afraid living in the facility while he is there. She stated S1ADM talked with her about the incident. She stated S1ADM told her Resident was a nice man who lost his wife and son, and he didn't mean what he said.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER The Lodge at Tangi Pines		STREET ADDRESS, CITY, STATE, ZIP CODE 10746 Hwy 16 Amite, LA 70422	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48184</p> <p>Based on interviews and record reviews, the facility failed to ensure an allegation of sexual abuse was reported immediately, to the facility Administrator and to the State Survey Agency for 1 (#1) of 7 (#1, #2, #3, #R4, #R5, #R6, and #R7) residents sampled for abuse.</p> <p>Findings:</p> <p>Review of the Policy titled Abuse, Neglect and Exploitation undated, revealed the following in part:</p> <p>VII. Reporting/Response:</p> <p>A. The facility will have written procedures that include:</p> <p>1. Reporting of abuse to the Administrator, state agency, adult protective services and to all other required agencies .</p> <p>a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse .</p> <p>Review of the facility's self-reported incidents from February 2024 through 03/18/2024 revealed:</p> <p>No reports completed for Resident #3.</p> <p>Review of Resident #1's clinical record revealed she was admitted to the facility on [DATE] with diagnoses, which included Expressive Language Disorder, Vascular Dementia, Psychotic Disturbance, Mood Disturbance, Anxiety, and Major Depressive Disorder.</p> <p>Resident #1's MDS with an ARD of 01/23/2024 revealed she had a BIMS of 4, which indicated she was severely cognitively impaired.</p> <p>Review of Resident #3's clinical record revealed he was admitted to the facility on [DATE] with diagnoses, which included Depression. Further review of Resident #3's MDS with an ARD of 02/20/2024 revealed he had a BIMS of 15, which indicated he was cognitively intact.</p> <p>On 03/19/2024 at 11:16 a.m. an interview was conducted with #R4. She stated Resident #3 told her, in reference to Resident #1, You should have seen what we done last night. She stated Resident #3 made hip gestures in a sexual manner, and said, Making hot love. She stated a staff member took her to see the Administrator and they told him. She stated this occurred about 3 weeks ago.</p> <p>On 03/19/2024 at 10:10 a.m., an interview was conducted with S2DON. He stated on 02/24/2024, another resident informed him Resident #3 kissed Resident #1. He confirmed he did not report the incident because he did not witness the incident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER The Lodge at Tangi Pines		STREET ADDRESS, CITY, STATE, ZIP CODE 10746 Hwy 16 Amite, LA 70422	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/18/2024 at 1:56 p.m., an interview was conducted with S1ADM. He confirmed he was responsible for reporting alleged abuse to the state agency. He confirmed is was aware Resident #3 allegedly kissed Resident #1, who had a childlike mentality and was nonverbal. He confirmed he was aware of Resident #3's statements regarding Resident #1 You should have seen what we did last night. He confirmed he had not reported the allegations of sexual abuse.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER The Lodge at Tangi Pines		STREET ADDRESS, CITY, STATE, ZIP CODE 10746 Hwy 16 Amite, LA 70422	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>48184</p> <p>Based on record review and interview, the facility failed to ensure an alleged incident of resident to resident sexual abuse was thoroughly investigated for 1 (#3) of 7 (#1, #2, #3, #R4, #R5, #R6, and #R7) sampled residents reviewed for abuse.</p> <p>Findings:</p> <p>Review of the undated facility's policy titled Abuse, Neglect and Exploitation Policy, revealed, in part:</p> <p>V. Investigation of Alleged Abuse, Neglect and Exploitation</p> <p>A. An immediate investigation is warranted when abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. Abuse coordinator is responsible for making this determination.</p> <p>B. Written procedures for investigations include:</p> <ol style="list-style-type: none"> 1. Identifying staff responsible for the investigations; 2. Exercising caution in handling evidence that could be used in a criminal investigation. 3. Investigation different types of alleged violations; 4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations. 5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; ad 6. Providing complete and thorough documentation of the investigation. <p>Review of the facility's self-reported incidents from February 2024 through 03/18/2024 revealed:</p> <p>No reports completed for Resident #3.</p> <p>Review of the facility's investigation documentation for Resident #3 revealed no documentation an investigation was completed.</p> <p>On 03/19/2024 at 11:16 a.m. an interview was conducted with #R4. She stated Resident #3 told her, in reference to Resident #1, You should have seen what we done last night. She stated Resident #3 made hip gestures in a sexual manner, and said, Making hot love. She stated a staff member took her to see the Administrator and they told him. She stated this occurred about 3 weeks ago.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER The Lodge at Tangi Pines		STREET ADDRESS, CITY, STATE, ZIP CODE 10746 Hwy 16 Amite, LA 70422	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/19/2024 at 10:10 a.m., an interview was conducted with S2DON. S2DON confirmed on 02/24/2024 other residents in the facility brought Resident #3's sexually inappropriate behaviors to his attention. He stated on 02/24/2024, a resident informed him Resident #3 kissed Resident #1. He confirmed he did not report or investigate the incident because he did not witness the incident. He stated he did not witness the incident, so he felt it did not happen. S2DON stated he did not see any reason to start an investigation.</p> <p>On 03/18/2024 at 1:56 p.m., an interview was conducted with S1ADM. He confirmed knowing some resident's in the facility had complained to staff about Resident #3 exhibiting sexually inappropriate behaviors in the facility. He stated he was aware Resident #3 allegedly kissed Resident #1. He confirmed being told Resident #3 made a joke to another female resident in reference to Resident #1 stating, You should have seen what we did last night. He stated other residents were exaggerating Resident #3's behaviors, and he did not believe Resident #3 kissed Resident #1. He stated he did not investigate the allegations because he did not believe there was a need to.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER The Lodge at Tangi Pines		STREET ADDRESS, CITY, STATE, ZIP CODE 10746 Hwy 16 Amite, LA 70422	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48184</p> <p>Based on interviews and record review the facility failed to develop a comprehensive person-centered plan of care for 1 (#3) of 7 (#1, #2, #3, #R4, #R5, #R6, and #R7) residents reviewed in the final sample.</p> <p>Findings:</p> <p>Review of Resident #3's medical records revealed he was admitted to the facility on [DATE].</p> <p>Review of Resident #3's current care plan revealed he exhibited inappropriate behaviors at times. Further review revealed there was no documentation specifying what type of inappropriate behaviors exhibited or documentation of interventions for Resident #3.</p> <p>On 03/18/2024 at 2:27 p.m., an interview was conducted with S3MDS. She stated during their weekly staff meeting, there was discussion regarding Resident #3's behaviors on 03/06/2024. She stated staff presented concerns regarding Resident #3 taunting and blowing kisses at female residents. S3MDS stated she added inappropriate behaviors at times to his care plan at that time. S3MDS confirmed she did not list what type of inappropriate behaviors he exhibited and she did not list any interventions discussed in the meeting which included increased supervision for Resident #3 and she should have.</p> <p>On 03/19/2024 at 10:10 a.m., an interview was conducted with S2DON. S2DON confirmed Resident #3's care plan should have been updated to accurately reflect specific behaviors exhibited and appropriate interventions which included increased supervision as previously discussed in staff meeting and did not.</p>		