STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195349	A. Building B. Wing	05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Lodge at Tangi Pines	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)
F 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. 46308 Based on observation, record review, and interview, the facility failed to ensure all complaint surveys since the last annual survey were available for resident review. Findings: An observation was made on 05/20/2024 at 9:07 a.m. of the facility's binder Survey results located near the entrance of the facility. Review of the survey results binder revealed the last survey posted in the binder was dated 05/05/2023. Further review revealed no documented evidence of the survey results from complaint surveys dated 07/12/2023, 03/20/2024, and 05/13/2024 having been available for review. An interview was conducted on 05/20/2024 at 9:40 a.m. with S1ADM. He reviewed the facility's binder Survey results. He confirmed the only survey results located in the binder was the survey dated 05/05/2023. He confirmed the complaint surveys since the annual recertification survey should have been in the binder. 46981

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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50093 Based on interviews and record review, the facility failed to maintain accurate records in accordance with accepted professional standards and practices for 1 (#4) of 2 (#4 and #51) residents reviewed for wound care. Findings: Review of the facility's policy titled, Documentation in Medical Record, with a Copyright date of 2024, revealed the following, in part: Policy Explanation and Compliance Guidelines: 1. Licensed staff and interdisciplinary team members shall document all assessments, observations, and services provided in the resident's medical record in accordance with state law and facility policy. 2. Documentation shall be completed at the time of service, but no later than the shift in which the assessment, observation, or care service occurred. 4. Principles of documentation include, but are not limited to: b. Documentation shall be accurate, relevant, and complete, containing sufficient details about the resident's care and/or responses to care. c. Documentation shall be timely and in chronological order. Review of Resident #4's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Pressure Ulcer of Other Site, Stage 3 and Functional Quadriplegia. Review of Resident #4's current Physician Orders revealed in part, the following: 01/13/2022-Cleanse suprapubic cath site with wound cleanser, pat dry, apply Calcium Alginate and foam over reddened area and apply foam adhesive dressing over both, daily and as needed for soiling. 02/17/2022-Suprapubic catheter care every day. 03/06/2022-Irrigate Foley daily with 120 mLs of sterile water. 07/01/2022-Ampicillin 500 mg mix with 1liter of normal saline. Drain bladder. Instill 60 mL into bladder, plug catheter for 30 minutes. Drain bladder. Perform 3 times a week, one time a day every Mon, Wed, Fri. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #4's March 2024-April 2024 TARs revealed wound care, catheter care, and irrigation of Foley was not documented on the following days: 03/05/2024, 03/20/2024, 03/30/2024, 04/22/2024, 04/24/2024, 04/27/2024, and 04/30/2024. Review of Resident #4's March 2024-April 2024 TARs revealed Ampicillin administration was not documented on 03/20/2024, 04/22/2024, and 04/24/2024. An interview was conducted on 05/22/2024 at 10:13 a.m. with S5WCN. S5WCN reviewed Resident #4's March 2024-April 2024 TARs. S5WCN confirmed there was no documentation of wound care, catheter care, and irrigation of Foley on the following days: 03/05/2024, 03/20/2024, 03/30/2024, 04/22/2024, 04/24/2024, 04/27/2024 and 04/30/2024. S5WCN confirmed there was no documentation of Ampicillin administration on 03/20/2024, 04/22/2024, and 04/24/2024. S5WCN stated these tasks were performed as ordered for Resident #4, however were not documented and should have been. An interview was conducted on 05/22/2024 at 1:45 p.m. with S2DON. S2DON reviewed Resident #4's March 2024-April 2024 TARs S2DON confirmed Resident #4 did not have accurate and complete documentation for wound care, Foley catheter irrigation, suprapubic catheter care, and Ampicillin administration and should have.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49343 Based on record review, observations, and interviews, the facility failed to maintain an infection control program designed to provide a safe and sanitary environment to help prevent the development and transmission of communicable diseases and infection. The facility failed to ensure staff practiced proper hand hygiene and cleaning techniques during incontinence care for 1 (#13) of 3 (#13, #71, and #90) residents reviewed for incontinent care. Finding: Review of the facility's policy labeled, Perineal Care with no revision date, reviewed on 05/22/2024 revealed the following: Policy Explanation and Compliance Guidelines: 6. Perform hand hygiene and put on gloves. Apply other personal protective equipment as appropriate. a. Cleanse buttocks and anus, front to back, vagina to anus in female, then using a separate washcloth or wipes. b. Thoroughly dry. 10. Re-position resident in supine position. Change gloves if soiled and continue with perineal care. 16. Remove gloves and discard. Perform hand hygiene. Review of the facility's policy labeled, Hand Hygiene with no revision date, reviewed on 05/22/2024 revealed the following: Policy Explanation and Compliance Guidelines: 1. Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice. Review of Resident #13's Clinical Record revealed she was admitted to the facility on [DATE]. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/21/2024 at 12:50 p.m., an observation was made of S3CNA and S4CNA performing peri-care on Resident #13. With clean gloves, S3CNA unfastened Resident #13's stool soiled brief, turned the resident to her right side, and wiped the resident's sacrum removing the stool. Then without removing soiled gloves or performing hand hygiene, S3CNA grabbed the new clean brief and assisted the resident to turn on her left side. S4CNA then removed the stool soiled brief, and wiped Resident #13's peri-area clean. Then without removing soiled gloves or performing hand hygiene, S4CNA secured the new brief on Resident #13. S3CNA touched resident to reposition her, applied covers to resident, and adjusted Resident #13's pillow. S4CNA used Resident #13's remote to adjust her head of bed with the same soiled gloves used during peri-care. S3CNA and S4CNA then removed their gloves, preformed hand hygiene, and exited the room. On 05/21/2024 at 12:56 p.m., an interview was conducted with S3CNA. S3CNA confirmed she did not remove her soiled gloves or perform hand hygiene during the above observation. She stated she should have removed her gloves and performed hand hygiene after removing the soiled brief, cleaning the stool from Resident #13's sacrum, and before touching the resident or his/her belongings. On 05/21/2024 at 12:59 p.m., an interview was conducted with S4CNA. S4CNA confirmed she did not remove her soiled gloves or perform hand hygiene during the above observation. She stated she should have removed her gloves and performed hand hygiene after removing the soiled brief and before applying the new one. She stated she should not have touched the resident's remote to adjust the head of the bed with the soiled gloves. On 05/21/2024 at 3:55 p.m., an interview was conducted with S2DON. He stated staff should perform hang hygiene and apply clean gloves upon entering a resident's room, when going from soiled to clean during incontinence care, after completing incontinence care, and prior to exiting the resident's room. S2DON confirmed staff were trained to perform hand hygiene correctly and should have done so during peri-care.