STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195356	A. Building B. Wing	05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Bernard Nursing & Rehab	4021 Roneagle Way New Orleans, LA 70122

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44336 Based on record reviews and interviews, the facility failed to ensure a resident that required two plus person assistance with transfers was transferred with at least two persons and the facility failed to prevent a resident fall for 1(Resident #1) of 3 (Resident #1, Resident #2 and Resident #3) sampled residents reviewed for accidents hazards. Findings: Review of the facility's Quality of Care: Accident/Hazards/Supervision/Device Policy with a date of 03/2023 revealed the following, in part, Purpose: To provide an environment that is free from controllable accident hazards and provision of supervision and assistance devices to residents to avoid preventable accidents. Policy: The facility will provide an environment that is as free of accident hazards as is possible and provide supervision and assistance devices to residents to avoid preventable accidents. Guidelines: The facility will develop a culture of safety and commit to implemented systems that address resident risk and environment hazards to minimize the likelihood of accidents. Efforts to minimize risk to residents will include individualized, resident-centered interventions to reduce individual risk related to hazards in the environment. Interventions will be modified when necessary. Individualized interventions will be developed to reduce the potential for accidents. Interventions will be based on the results of the evaluation and analysis of information related to hazards and risks. Interventions will be consistent with professional standards. Resident specific interventions will be reflected in the resident's person-centered, individualized care plan. Falls: (continued on next page)

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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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	When a resident experiences a fall, the facility will evaluate potential causal factors to aid in the development and implementation of relevant, consistent and individualized interventions to reduce the likelihood of future occurrences. The facility will initiate and implement a comprehensive, resident-centered fall prevention plan for residents at risk for falls or with history of falls. Assistive Devices/Equipment Hazards: Assistive devices and equipment will be used and maintained according to the manufacturer recommendations. The devices and transfer techniques will be reflected in the resident's comprehensive care plan. Review of the facility's Patient Lifts Safety Guide revealed the following, in part, Prepare Environment: Determine the number of caregivers needed: Most lifts require two or more caregivers to safely operate lift and handle patient. Review of Resident #1's clinical record revealed an admitted [DATE]. Resident #1 had diagnoses of ataxic gait, morbid severe obesity, other lack of coordination, muscle wasting atrophy and need for assistance with personal care. Review of Resident #1's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/12/2024 revealed, in part, Resident #1 required extensive assistance and two plus person physical assistance with transfers and bed mobility. Review of Resident #1's current care plan revealed she was at risk for falls and sustained a fall without injury on 04/27/2024. Further review revealed the following interventions: Staff to provide transfer with lift, with 2 people when transferring resident from bed to chair or chair to bed. Review of Resident #1's Incident Investigation revealed, in part, the following: On 04/27/2024 Resident #1 was being transferred from the bed to a wheelchair when she slipped out of the mechanical lift sling. Further review revealed on 05/02/2024 at 7:19 p.m., S1Administrator wrote: Resident #1 diagnosis included morbid obesity. Resident #1 is care planned for two person transfer with mechanical lift. Resident #1's most current weight was documented as 282 pounds. Resident #1 is alert and oriented and able to make her needs and wants known. Record review revealed staff called to the room by S4CertifiedNursingAssistant (S4CNA), Resident #1 was lying on the floor on her back. S4CNA stated while she transferred Resident #1 from the bed to the chair, the mechanical lift tilted and Resident #1 fell to the floor. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 05/06/2024 at 1:56 p.m., S4CNA stated she had attempted to move Resident #1 from the bed to the chair on her own because no staff were available to assist with the lift of Resident #1. S4CNA stated while transferring Resident #1, the mechanical lift got stuck and tilted over causing Resident #1 to fall to the floor. S4CNA acknowledged Resident #1 required a 2 person assist when using the mechanical lift but further acknowledged she transferred Resident #1 without an additional person anyway. In an interview on 05/07/2024 at 9:50 a.m., Resident #1 stated she fell from the mechanical lift over a week ago while being assisted by only one staff member. In an interview on 05/06/2024 at 12:45 p.m., S1Administrator acknowledged on 04/27/2024 S4CNA attempted to transfer Resident #1 with the mechanical lift without the assistance of another staff member causing Resident #1 to fall to the floor.