

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195359	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER St Joseph Continuing Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2301 Sterlington Road Monroe, LA 71203	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18118</p> <p>Based on record reviews and interviews the facility failed to ensure residents received treatment and care in accordance with professional standards of practice and the comprehensive person-centered care plan.</p> <p>The facility failed to ensure 1) resident #1 was administered medications per physician orders, and 2) the nurses documented the amount of sliding scale insulin administered to resident #2 in a total of 3 residents reviewed for medications.</p> <p>Findings:</p> <p>Resident 1</p> <p>Review of the medical record for sampled resident #1 revealed an admitted [DATE] and a discharge date of [DATE]. Resident #1 had diagnoses including cellulitis of the umbilicus, transient ischemic attack, Alzheimer's disease, hyperlipidemia, hypertension, acute kidney failure, anemia, diabetes mellitus and epilepsy.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had intact cognition for daily decision making and required assistance with activities of daily living.</p> <p>Review of the physician orders dated 11/03/2023 revealed an order for blood sugar checks four times a day at 6:00 a.m., 11:00 a.m., 4:30 p.m., and 9:00 p.m. Further review of the 11/03/2023 physician orders revealed to administer Glipizide (medication to treat diabetes) 5 milligrams (mg) to be given two times a day (6:00 a.m. and 4:00 p.m.) before meals. Hold if the blood sugar is less than 110 mg/deciliter (dL).</p> <p>Review of the November 2023 treatment record revealed 13 times during the month the resident's blood sugar was less than 110 mg/dL at 6:00 a.m., and 2 times at 4:30 p.m.</p> <p>Review of the November 2023 Medication Administration Record (MAR) revealed Glipizide 5 mg was given a total of 15 times during November 2023 when the resident's blood sugar was less than 110 mg/dL.</p> <p>On 04/16/2024 at 11:15 a.m., an interview with S2Director of Nursing (DON) confirmed the resident received Glipizide 5 mg when her blood sugar was less than 110 mg/dL, and the medication should not have been administered.</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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident 2</p> <p>Review of the medical record revealed resident #2 was admitted on [DATE] with diagnoses including acute respiratory failure, hypertension, dementia, insomnia, and hyperglycemia.</p> <p>Review of the admission MDS assessment dated [DATE] revealed the resident had moderate impaired cognition with daily decision making and required assistance with activities of daily living.</p> <p>Review of the care plan revealed the resident was at risk for hypoglycemia or hyperglycemia. Further review of the care plan revealed to provide medications as ordered and obtain labs as ordered.</p> <p>Review of the physician orders dated 04/01/2024 revealed an order to obtain blood sugar checks four times a day. Further review of the physician orders revealed an order dated 04/02/2024 for Humalog insulin 100 units/milliliters to be given per sliding scale.</p> <p>For a blood sugar between 151 -200 give 1 unit, 201 - 250 give 2 units, 251- 300 give 3 units, and 301 - 350 - 4 units, and to contact the physician for a blood sugar less than 70 or greater than 400.</p> <p>Review of the blood sugar report revealed the following:</p> <p>04/02/2024 at 7:22 a.m. blood sugar was 181,</p> <p>04/14/2024 at 4:56 p.m. blood sugar was 184, and on</p> <p>04/14/2024 at 9:15 a.m. blood sugar was 194.</p> <p>Review of the April 2023 MAR revealed no documented evidence of the amount of insulin administered to the resident when the resident was to receive sliding scale insulin.</p> <p>On 04/16/2024 at 3:50 p.m., an interview with S2DON confirmed on the above dates the amount of sliding scale insulin administered was not documented for the increased blood sugar readings.</p>