

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 08/16/2024
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** 19121</p> <p>Based on record review and interview, the facility failed to ensure a resident admitted to the facility with a surgical wound was provided care and treatment to the wound for 1 (#4) of 5 (#1 - #5) sampled residents reviewed. Findings:</p> <p>Review of the resident #4's medical record revealed an admitted [DATE] with diagnoses that included gross hematuria, chronic obstructive pulmonary disease, rheumatoid arthritis, cachexia, left hip fracture, hypertension, and anemia.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 13 which indicated the resident was cognitively aware and able to make daily decisions. Further review revealed he needed assistance with bed mobility, transfers, and toileting. Further review revealed under skin conditions the surgical wound was noted.</p> <p>Review of the nursing admission assessment completed on 12/15/2023 revealed no documentation of the surgical wound to the left hip.</p> <p>Review of the admission orders dated 12/15/2023 revealed no documentation for the care and treatment of the surgical wound to the left hip.</p> <p>Interview on 08/13/2024 at 11:45 a.m. with S2DON (Director of Nursing) confirmed the resident's left hip surgical site had not been assessed during the resident's admission and there were no physician's orders for the care of the surgical site. Resident #4's staples to the left hip were not removed until 02/15/2024 and his first orthopedic follow up since admission in December 2023 was on 02/21/2024. S2DON reported usually a follow-up appointment after having surgery for a broken hip is 4 to 6 weeks after surgery. S2DON confirmed resident #4's follow up appointment was 10 weeks after admission.</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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