STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195362	A. Building B. Wing	07/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Zachary Manor Nursing and Rehabilitation Center	6161 Main Street Zachary, LA 70791

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39121 Based on observation, record review and interview, the provider failed to ensure the care plan was implemented for 1 (#2) of 3 (#1, #2, and #3) residents sampled for ADL care had incontinence care provided with the required amount of staff assistance. Findings: Review of the document titled CNA Skill Acknowledgement of Resident Wall Care Plan Sheet and Turning Schedule revealed the following, in part: Resident Wall Care Plan Sheets and Turning Schedules are used by this facility to relay important individualized information about the residents to the CNA caring for that person. Each resident should have a Resident Wall Care Plan Sheet located in their room either above the bed, on the bulletin board or in another prominent location easily seen by direct care staff . The Resident Wall Care Plan Sheet should include information including but not limited to: Transfer status (including use of lift (type) and size of sling, if lift is used) . It is the responsibility of the CNA to read and follow the wall care plan instructions to care for each resident. Review of the undated policy titled, Positioning (Movement in Bed), revealed the following, in part: Procedure: 3. Obtain assistance needed based on assessment of resident's ability to move in bed and type of positioning required. Review of Resident #2's clinical record revealed an admitted [DATE]. Resident #3 had diagnoses which included Lack of Coordination, Muscle Wasting and Atrophy, and Hemiplegia and Hemiparesis. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #2's Optional State Assessment MDS with an ARD revealed Resident #2 had a BIMS of 13 which indicated intact cognition. Resident #2 required extensive Two + persons physical assistance with bed mobility, toileting, and transfers. Review of Resident #2's Care Plan revealed the following in part: Self-Care ADL deficit: resident will receive person centered care. Resident is extensive 2 person assistance for transfers, bed mobility and toileting. Review of the Resident's wall care plan sheet revealed the following, in part: Bed mobility x2 person assist. On 07/29/2024 at 1:51 p.m., an observation was made of S4CNA performing incontinence care to Resident #2. S4CNA did not have assistance from another staff member. S4CNA was observed to roll Resident #2 from one side to the other during the removal of the wet brief, incontinence care and the placement of the new brief. On 07/29/2024 at 2:02 p.m., an interview was conducted with S4CNA. S4CNA reviewed Resident #2's wall care plan and confirmed Resident #2 was a 2 person assistance. S4CNA confirmed she had performed incontinence care on Resident #2 by herself. S4CNA confirmed she should have had another staff member present during Resident #2's incontinence care. On 07/30/2024 at 12:25 p.m., an interview was conducted with S2DON. S2DON was made aware of the aforementioned findings for Residents #2. S2DON confirmed peri-care/incontinence care was included in bed mobility. S2DON confirmed Resident #2 should have had two staff present during incontinence care. On 07/30/2024 at 2:55 p.m., an interview was conducted with S1ADM. S1ADM was made aware of the aforementioned findings. S1ADM confirmed peri-care/incontinence care is encompassed in bed mobility. S1ADM confirmed the wall communication sheet contains information from the resident's care plan and transfers and care should be followed in accordance with the care plan.

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** 39121 Based on interviews and record review, the facility failed to ensure residents remained free of accident hazards by failing to ensure residents were transferred with proper transfer assistance and devices for 2 (#2 and #3) of 3 (#1, #2, and #3) residents reviewed for transfer assistance. The facility failed to ensure: 1. Resident #2 was transferred with 2 person assistance; and 2. Resident #3 was transferred with a mechanical lift. Findings: Review of the document titled CNA Skill Acknowledgement of Resident Wall Care Plan Sheet and Turning Schedule revealed the following, in part: Resident Wall Care Plan Sheets and Turning Schedules are used by this facility to relay important individualized information about the residents to the CNA caring for that person. Each resident should have a Resident Wall Care Plan Sheet located in their room either above the bed, on the bulletin board or in another prominent location easily seen by direct care staff. The Resident Wall Care Plan Sheet should include information including but not limited to: Transfer status (including use of lift (type) and size of sling, if lift is used). It is the responsibility of the CNA to read and follow the wall care plan instructions to care for each resident. Review of the undated policy titled, Transfer: Wheelchair or Geri Chair Policy, revealed the following, in part: The procedures involve various degrees of assistance depending on the strength and capabilities of the resident. Conditions in which assistance is usually necessary are paralysis or weakness of one or both sides. The techniques involved in transfer to and from bed and chair require that the nurse obtain extra staff to assist, if needed, and use correct body mechanics to prevent injury. Essential Points to Remember: 2. Obtain assistance from another staff member if resident is unable to assist. Resident #2 Review of Resident #2's clinical record revealed an admitted [DATE]. Resident #3 had diagnoses which included Lack of Coordination; Muscle Wasting and Atrophy; Hemiplegia and Hemiparesis. (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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #2's MDS with an ARD dated 06/12/2024, revealed Resident #2 had a BIMS of 13, which indicated intact cognition. Resident #2 required extensive Two + persons physical assistance with bed mobility, toileting, and transfers. Review of Resident #2's Care Plan revealed the following, in part: High Risk for falls related to left sided hemiplegia secondary to Cerebral Vascular Accident on 05/31/2024 fall no injury. Required 2 person assistance for transfers. Review of Resident #2's wall care plan sheet revealed the following, in part: Transfer x2 person assist Review of Resident #2's current Physician Orders revealed the following, in part: 05/26/2021 Resident requires 2 person assistance with transfer Review of the Resident #2's Incident Report dated 05/31/2024 revealed the following, in part: Incident Type- lying on floor Date/time: 05/31/2024 6:15 p.m. Incident reported by S3CNA Narrative: Resident lying on floor in supine position. Aide states while trying to transfer from WC to bed resident's foot got caught and they both began to fall to the floor. On 07/29/2024 at 2:07 p.m., an interview was conducted with Resident #2. Resident #2 stated they normally transferred her with 2 people. Resident #2 stated S3CNA transferred her by herself. On 07/30/2024 at 10:02 a.m., an interview was conducted with S3CNA. S3CNA stated they were educated to review communication sheets on the wall to know what care and assistance the residents need. S3CNA confirmed she did not check the communication sheet on the wall for Resident #2. S3CNA stated she transferred Resident #2 by herself and should have had another CNA assist her. Resident #3 Review of Resident #3's clinical record revealed an admitted [DATE] with diagnoses which included Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Right Dominant Side, Muscle Wasting and Atrophy, History of Falling, and Other Lack of Coordination. Review Resident #3's Care Plan revealed the following, in part: At high risk for falls related to diagnoses of hemiplegia, osteoarthritis, Cerebral Vascular Accident and debility 07/18/2024 lowered to floor; no injuries (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Self-Care Deficit: resident requires Extensive x2 person assist with bed mobility, transfers, toilet use, locomotion. Transfer x2 with mechanical lift A review of the current Physician's Orders revealed the following, in part: 12/05/2023 Transfer assist x2 with mechanical lift Review of the resident's Wall Care Plan Sheet revealed the following in part: Transfer x2 person assist with mechanical lift Review of Resident #3's Incident Report dated 07/18/2024 at 7:00 a.m. revealed the following, in part: Incident Type: Lowered to the floor Narrative: CNA staff stated Resident #3 was being transferred with staff assistance x 2 when his legs began to give out. CNA stated we lowered Resident #3 to the floor so the resident did not fall. Resident #3 did not hit his head. There were no apparent injuries upon assessment. On 07/29/2024 at 3:34 p.m., an interview was conducted with S6CNA. S6CNA stated she and S5CNA were transferring Resident #3 from the bed to chair and he started sliding down. S6CNA stated she and S5CNA were lifting Resident #3 under his arms. S6CNA confirmed a mechanical lift was not being used during the transfer. S6CNA confirmed she did not check the wall communication sheet for the resident's transfer status before transferring Resident #3. On 07/30/2024 at 9:14 a.m., an interview was conducted with S5CNA. S5CNA stated Resident #3 is dependent and requires 2 aides with a mechanical lift for transfers. S5CNA confirmed a mechanical lift was not used for Resident #3 during the transfer on 07/18/2024. On 07/30/2024 at 12:25 p.m., an interview was conducted with S2DON. S2DON stated CNAs are trained to look at the wall care plans for the resident's transfer needs. S2DON confirmed Resident #2 was a 2 person assistance with transfers. S2DON confirmed S3CNA transferred Resident #2 by herself on 05/31/2024. S2DON confirmed Resident #3 required two person mechanical lift for transfers. S2DON confirmed S5CNA and S6CNA transferred Resident #3 without a mechanical lift. S2DON confirmed if Residents #2 and #3 had received the transfer assistance as listed on the wall care plan both incidents could have been prevented. On 07/30/2024 at 2:55 p.m., an interview was conducted with S1ADM. S1ADM confirmed the wall communication sheet contains information from the resident's care plan and transfers and care should be followed in accordance with the care plan.