

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195365	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Maison DE Lafayette		STREET ADDRESS, CITY, STATE, ZIP CODE 2707 Kaliste Saloom Road Lafayette, LA 70508	

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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47123</p> <p>Based on observation, record review, and interviews, the facility failed to ensure residents were free from unnecessary physical restraints for 1 (#3) resident out of 3 residents investigated.</p> <p>Findings:</p> <p>On 04/04/2024, a review of the facility's policy titled Use of Restraints with a last reviewed date of 01/04/2024 read in part .Restraints shall only be used to treat the resident's medical symptom and never for discipline or staff convenience, or for the prevention of fall.</p> <p>Review of Resident #3's EHR (Electronic Health Record) revealed the resident was admitted to the facility on [DATE] with diagnoses including Traumatic Subdural Hemorrhage, Major Depressive Disorder, and Dementia.</p> <p>Review of Resident #3's plan of care revealed the following problem and intervention: Resident is at risk for falls r/t (related to) muscle weakness, difficulty walking, SDH (Subdural Hemorrhage), seizure, dementia, TIA (Transient Ischemic Attack), falls, dizziness. Intervention implemented on 03/21/2024- Fall Intervention- I need my bed exchanged with a scoop mattress overlay as ordered.</p> <p>Review of Resident #3's March 2024 physician's orders failed to reveal any physician's orders for the use of a scoop/concave mattress.</p> <p>Review of Resident #3's April 2024 physician orders revealed an order dated 04/03/2024 that read: concave mattress overlay to low air loss mattress overlay, monitor qshift (every shift)</p> <p>Review of Resident #3's EHR and paper chart failed to reveal an assessment or evaluation for the use of scoop/concave mattress to the resident's bed.</p> <p>On 04/03/2024 at 3:55 p.m., a phone interview was conducted with S7HN (Hospice Nurse), along with S3ADON (Assistant Director of Nursing), S4QA (Quality Assurance), and S2DON (Director of Nursing). S7HN stated Resident #3 has had multiple falls so they implemented a concave mattress as a fall prevention intervention, preventing the resident from getting out of the bed.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/04/2024 at 8:50 a.m., an interview was conducted with S5LPN (Licensed Practical Nurse). She stated Resident #3 had been on a concave low air loss mattress since March of 2024. S5LPN also mentioned the hospice company has recently brought him a new mattress. She stated they are were using the concave mattress because it was harder for him to roll out of the bed and for fall prevention. S5LPN stated he can't get out of the mattress without assistance.</p> <p>On 04/04/2024 at 9:04 a.m., an interview was conducted with S3ADON. She stated the resident has a concave mattress to prevent him from rolling out of the bed. She stated there was no restraint assessment completed for the resident because they did not consider it a restraint.</p> <p>On 04/04/2024 at 10:00 a.m., an interview was conducted with S2DON. She stated the Resident was in a concave mattress to prevent falls by rolling out of the bed. She stated she did not consider this a restraint so they did not have an evaluation for the need of a restraint.</p> <p>On 04/04/2024 at 10:58 a.m., an interview was conducted with S6CNA (Certified Nursing Assistant). She stated the Resident was placed in the concave mattress to prevent him from rolling out of the bed. S6CNA stated he cannot remove the mattress or get out of the bed without assistance.</p>		