

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER St Joseph of Harahan		STREET ADDRESS, CITY, STATE, ZIP CODE 405 Folsie Drive Harahan, LA 70123	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>30587</p> <p>Based on record review and interview the facility failed to ensure a resident was provided with restorative services for 1 (Resident #5) of 5 (Resident #1, Resident #2, Resident #3, Resident #4, and Resident #5) sampled residents.</p> <p>Findings:</p> <p>Review of Resident #5's Physical Therapy Discharge Summary dated 04/29/2024 revealed, in part, Resident #5 was discharged from physical therapy with restorative nurse program to facilitate Resident #5 maintaining current level of performance and in order to prevent a decline with ambulation, bed mobility, and transfers.</p> <p>Review of Resident #5's Occupational Therapy Discharge Summary dated 04/30/2024 revealed a discharge recommendation for 24 hour care and participation in the restorative nurse program.</p> <p>In an interview on 05/16/2024 at 11:26 a.m., S7Restorative CNA indicated Resident #5 was not on the restorative CNA program at this time, and had not been since admit.</p> <p>In an interview on 05/16/2024 at 12:19 p.m., S2DON confirmed Resident #5 was not provided restorative series as recommended by therapy staff.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>30587</p> <p>Based on record review and interview the facility failed to identify and/or implement interventions to prevent falls.</p> <p>This deficient practice was identified for 2 (Resident #4 and Resident #5) of 5 (Resident #1, Resident #2, Resident #3, Resident #4, and Resident #5) sampled residents reviewed for falls.</p> <p>Findings:</p> <p>Resident #4</p> <p>Review of the facility's Incident/Accident Log for the last 3 months revealed, in part, Resident #4 had an unobserved fall on 03/18/2024 in Resident #4's room with no injury apparent upon assessment.</p> <p>Review of Resident #4's Nurses Notes dated 03/18/2024 at 5:00 p.m. revealed Resident #4 was screaming out, and when the Certified Nursing Assistant (CNA) entered the room, found Resident #4 on the floor. Further review revealed Resident #4 indicated he was trying to get out of the bed by himself and fell .</p> <p>Review of Resident #4's Care Plan revealed problems of, in part, Resident #4 was assessed as being at risk for falls related to impaired mobility and weakness with falls on 03/17/2024 and 04/29/2024. Further review revealed no documented evidence and the facility did not present any documented evidence that the care plan was updated after the fall on 03/18/2024.</p> <p>In interview on 05/15/2024 at 12:45 p.m., S3Minimum Data Set (MDS) Nurse/Licensed Practical Nurse (LPN) indicated she did not identify and include new approaches on the care plan to prevent falls after the fall on 03/18/2024.</p> <p>In an interview on 05/16/2024 at 11:34 a.m., S2Director of Nursing indicated the care plan should have been revised after every fall with new interventions to prevent future falls.</p> <p>Resident #5</p> <p>Review of Resident #5's Care Plan revealed problem of, in part, Resident #5 had an actual fall from her bed on 04/18/2024, with a goal date of 07/31/2024. Further review revealed interventions to include putting Resident #5's bed was in the lowest position, and for Resident #5 to be screened for therapy.</p> <p>Observation on 05/15/2024 at 2:46 p.m. revealed Resident #5 was in bed with the bed approximately halfway between the lowest and highest position of the bed.</p> <p>In an interview on 05/15/2024 at 2:49 p.m., S4CNA Supervisor indicated the bed was not in the lowest position and staff should ensure the bed was always in the lowest position.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 05/16/2024 at 9:59 a.m. revealed Resident #5 was in bed with the bed approximately halfway between the lowest and the highest position of the bed.</p> <p>In an interview on 05/16/2024 at 10:05 a.m., S5LPN confirmed Resident #5's bed was not in the lowest position, but should have been in the lowest position due to her fall risk.</p> <p>In an interview on 05/16/2024 at 10:13 a.m., S6CNA indicated Resident #5 was a fall risk and her bed should be in the lowest position at all times.</p> <p>In an interview on 05/16/2024 at 12:19 p.m., S2DON indicated Resident #5's bed should have been in the lowest position.</p>		