

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 09/06/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49562</p> <p>Based on record review and interviews, the facility failed to ensure a resident received care and services to prevent falls as much as possible by failing to develop new individualized interventions after a resident sustained a fall. This deficient practice was identified for 3 (Resident #1, Resident #2, and Resident #3) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents reviewed for falls.</p> <p>Findings:</p> <p>A review of the facility's incident reports for the past 60 days revealed, in part, a fall by Resident #1 on 08/06/2024; falls by Resident #2 on 08/12/2024, 08/22/2024, and 08/30/2024; and falls by Resident #3 on 07/26/2024, 08/02/2024, and 09/01/2024.</p> <p>Review of the facility's Fall Prevention Program Policy and Procedure (10/22/2014) revealed, in part, the fall prevention program is an individualized daily plan to promote safety of residents who have been identified as high risk for Falls via interdisciplinary team determination. All residents will be assessed upon readmit, quarterly, annually, if significant change occurs, and as needed; residents on the program will have care plan addressing goals and approaches.</p> <p>Review of the facility's Care Plan Policy and Procedure (05/22/2017) revealed, in part, the care plan will be revised on an on-going basis to reflect changes in the resident and the care that the resident is receiving; interventions are to be implemented to prevent avoidable declines, and to reserve and build resident strengths.</p> <p>Resident #1</p> <p>Resident #1, a [AGE] year old English-speaking African American female, was admitted [DATE] with readmission on 08/18/2024, with diagnoses which included hypertensive heart disease without heart failure and dementia.</p> <p>Review of Resident #1's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/07/2024 revealed, in part;</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #1 had a Brief Mental Status exam score of (BIMS) 4, which indicated severe cognitive impairment, with no signs or symptoms of delirium; Patient Health Questionnaire (PHQ9) of 0, which indicated there were no symptoms of depression; no hallucinations, delusions, or potential indicators of psychosis. Resident #1 did not reject care or wander.</p> <p>Resident #1 was able to make her needs known, although she was confused about actual events occurring.</p> <p>Resident #1 had a fall on 08/06/2024, which resulted in hospital admission. She was readmitted to the facility on [DATE]. New interventions were not implemented on Resident #1's care plan to prevent future falls.</p> <p>Review of Resident #1's medical record revealed a fall risk assessment dated [DATE] with a score of 10; resident was added to the fall program due to her recent fall.</p> <p>On 09/04/2024 at 1:09 p.m., S5LPN indicated Resident #1 mostly takes care of herself, ambulates, changes herself, feeds herself, and doesn't need much assistance from staff.</p> <p>In an interview on 09/04/2024 at 1:20 p.m., S4CNA stated Resident #1 was pretty independent, and was trying to move herself into her own wheelchair when she fell to the floor. She was sent to the hospital for evaluation.</p> <p>Resident #2</p> <p>Resident #2 is a [AGE] year-old African American English-speaking male, admitted on [DATE], with admitting diagnosis of Pneumonia.</p> <p>Review of Resident #2's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/26/2024 revealed, in part;</p> <p>Resident #2 had a BIMS of 10, PHQ9 of 00, with no hallucinations, delusions, or indications of psychosis. Resident #2 did not reject care or wander. Resident #2 is able to make his needs known.</p> <p>Resident #2 had falls on 07/05/2024, 07/10/2024, 07/26/2024, 08/02/2024, and 09/01/2024. New interventions were not implemented on Resident #2's care plan after each fall to prevent future falls.</p> <p>Review of Resident #2's medical record revealed a fall risk assessment dated [DATE] with a score of 12; resident was not added to the fall program.</p> <p>In an interview on 09/04/2024 at 1:24 p.m., S6LPN stated Resident #2 falls often because he tries to go to the bathroom unassisted, not calling for help; he thinks he can do it alone. S6LPN stated Resident #2 has left sided weakness s/p CVA, that his expectations are not realistic.</p> <p>Resident #3</p> <p>Resident #3 is a [AGE] year-old English-speaking white female of Hispanic/Latin/Spanish origin who was admitted to the facility on [DATE], with readmission on 09/25/2022; with diagnoses which include acute on chronic diastolic heart failure, schizophrenia, sepsis, shortness of breath.</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 - Some</p>	<p>Review of Resident #3's Minimum Data Set (MDS) Assessment Reference Date (ARD) 08/24/2024 revealed, in part;</p> <p>Resident #3 had a BIMS of 10, and a PHQ9 of 0; No hallucinations or delusions, no potential indicators of psychosis; no physical, verbal, or other behavioral symptoms exhibited; no rejection of care; no wandering exhibited.</p> <p>Resident #3 is able to make her needs known, although she is often confused about events occurring and will at times exhibit behaviors (e.g. throwing herself on the floor).</p> <p>Resident #3 had falls on 07/07/2024, 08/22/2024, 08/23/2024, and 08/30/2024. New interventions were not implemented on Resident #3's care plan after each fall to prevent future falls.</p> <p>Review of Resident #3's medical record revealed a fall risk assessment dated [DATE] with a score of 7; resident was not added to the fall program.</p> <p>In an interview on 09/04/2024 at 1:36 p.m., S7LPN stated resident #3 is always confused. For her recent fall, the care manager said she needed help to reposition her, because she said she would throw herself on the floor - and then she did throw herself on the floor, within 1 minute of making the statement. She did the same the next day.</p> <p>In an interview on 09/06/2024 2:30 p.m. S3Assistant Director of Nursing stated the facility had recently begun implementing new procedures regarding interventions for falls in June. She acknowledged that not all the falls listed on the care plans since June had appropriate individualized interventions for each fall sustained, and they should.</p> <p>In an interview on 09/06/2024 2:33 p.m. S2DON acknowledged not all the falls listed on the care plans since June had appropriate individualized interventions for each fall sustained, and they should.</p>