

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2026
NAME OF PROVIDER OR SUPPLIER Grand Cove Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1525 W McNeese St. Lake Charles, LA 70605	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and staff interviews, the facility failed to ensure medical records were complete and accurately documented for 1 (#R1) of 4 residents reviewed for medical record accuracy. This deficient practice had the potential to affect a census of 87. Findings: Review of the facility policy titled Medical Records, with a revision date of 09/2025 and an annual review date of 01/2026, revealed in part: This community maintains a separate electronic clinical record on each resident in accordance with regulations and accepted professional standards of practice that are complete, accurate, readily accessible, and systematically organized. The resident clinical medical record shall contain sufficient information to identify the resident, a record of the resident's assessments, the comprehensive plan of care and services provided, and the results of any preadmission screenings, progress notes, and any lab, radiology, and other diagnostic services. Review of Resident #R1's electronic medical record (EMR) revealed an admission date of 03/29/2021 with diagnoses that included dementia and hypertensive heart disease without heart failure. Further review of Resident #R1's EMR revealed a progress note dated 02/10/2026 at 4:45 p.m. referencing Multaq oral tablet 400 mg (milligrams), give 2 tablets by mouth two times a day related to paroxysmal atrial fibrillation. This dosing regimen of 2 tablets two times per day exceeds the usual dosing regimen of 1 tablet two times per day. The single dose of 2 tablets exceeds the maximum recommended single dose of 1 tablet as indicated by a black box warning which is issued by the FDA (Federal Drug Administration) for prescription drugs. Review of Resident #R1's February 2026 Medication Administration Record (MAR) revealed no evidence of a physician's order for Multaq, either current or discontinued. On 03/10/2026 at 1:00 p.m., an interview was conducted with S1DON. S1DON reviewed Resident #R1's EMR and confirmed the resident did not have a physician's order for Multaq, either current or discontinued. S1DON also reviewed a progress note dated 02/12/2026 at 11:56 a.m., which documented the following: ORDER REVIEW - It was noted Multaq order was put in as 2 tab/400 mg BID (twice daily). Correct order was for one tab/400 mg BID. Order immediately changed. On 03/10/2026 at 1:30 p.m., an interview was conducted with S2MDS. After reviewing Resident #R1's EMR, S2MDS confirmed the documentation entered in the progress note dated 02/12/2026 at 11:56 a.m. had been documented in incorrectly in Resident #R1's medical record.

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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