

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 06/05/2024
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)
<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47354</p> <p>Based on record review and interview, the facility failed to ensure a reentry MDS (Minimum Data Set) assessment was completed timely for 1 (Resident #14) out of 25 sampled residents. The deficient practice had a potential to affect a total census of 73.</p> <p>Findings:</p> <p>A review of Resident #14's electronic medical record revealed the resident was admitted to the facility on [DATE] with diagnoses that included Urinary Tract Infection and Vascular Dementia.</p> <p>A review of Resident #14's electronic medical record revealed the resident was admitted to the hospital on 05/27/2024 and returned on 05/30/2024.</p> <p>Further review of Resident #14's MDS assessments failed to reveal a reentry MDS assessment had been initiated indicating the resident had readmitted from the hospital.</p> <p>On 06/05/24 at 9:51 a.m., an interview and record review was conducted with S7RN (Registered Nurse). S7RN confirmed Resident #14 had a recent hospital stay with a readmitted [DATE]. She reviewed the Resident #14's assessments and confirmed a reentry assessment had not been initiated and was overdue.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44418</p> <p>Based on record reviews and interview, the provider failed to ensure that a resident's assessment accurately reflected the resident's status for 1 (#68) out of 3 (#38, #3, #68) residents' records reviewed in a final sample of 25 residents. The deficiency had the potential to affect a census of 73.</p> <p>Findings:</p> <p>Review of Resident #68's EMR (Electronic Medical Record) revealed an admitted [DATE] with diagnosis not limited to Schizophrenia and Bipolar Disorder.</p> <p>Further review of Resident #68's EMR had a PASRR (Pre-Admission Screening and Resident Review) Level II determination date 01/17/2024 indicating the individual had a serious mental illness and was recommended nursing home admission. Lesser services were commended and specialized services were recommended.</p> <p>Review of Resident #68's Significant Change (SC) MDS (Minimum Data Set) assessment with an ARD (Assessment Reference Date) 01/17/2024 revealed resident evaluated by PASRR - No.</p> <p>On 06/04/2024 at 12:30 p.m., an interview was conducted with S4MDS. S4MDS reported the SC MDS was completed on 01/17/2024. S4MDS confirmed the PASRR was not identified on the SC MDS dated [DATE]. She stated she was not aware the resident had a PASRR Level II.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41868</p> <p>Based on policy review, observation, and interview, the facility failed to ensure medication was stored securely and discarded upon expiration and was not available for improper resident use as evidenced by an expired medication being left in an unlocked refrigerator designated for resident food storage. The facility had a census of 73.</p> <p>Findings:</p> <p>On [DATE] at 12:05 p.m., a review of a policy titled Medication Storage ,with a last revision date of , d+[DATE], read in part: There shall be storage areas provided that assure . security for medications within the facility, including .a lock and key system with suitable protection against access by unauthorized personnel. This locked system shall be secured when not in use by authorized personnel. A separate and secure area shall be provided for the storage of medications that are discontinued, expired, or otherwise unusable.</p> <p>On [DATE] at 9:20 a.m., an observation of an unlocked refrigerator labeled Resident Refrigerator centrally located on Hall A was conducted with S3ADON (Assistant Director of Nursing). She confirmed the refrigerator was for the use of resident food items and not for medication storage. She stated that residents and their families had access to this refrigerator at any time. During the inspection of the resident food storage refrigerator, a one gallon container of Gavilyte G (a laxative used to clean out the colon), which was half full was observed. The container contained a prescription label for Resident #53 which indicated that it had been dispensed by the pharmacy on [DATE] and had an expiration date of [DATE]. S3ADON confirmed the Gavilyte G was Resident #53's medication, and should not have been placed within the resident food storage refrigerator where anyone had access to and the medication should have been discarded due to it being expired.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46169</p> <p>Based on record review, observation, and interviews, the facility failed to maintain an effective infection control and prevention program as evidenced by staff failing to put on the appropriate Personal Protective Equipment (PPE) for a resident on Enhanced Barrier Precautions (EBP) and perform hand hygiene and glove changes when indicated during a nephrostomy tube dressing change for 1 (#280) of 2 (#61, #208) residents who were investigated for catheters in a final sample of 25 residents.</p> <p>Findings:</p> <p>On 06/04/2024, a review of the facility's policy titled, Enhanced Barrier Precautions with the latest review date of 03/2024 revealed in part . Enhanced Barrier Precautions require the use of gown and gloves only for high-contact resident care activities. Enhanced Barrier Precautions are indicated for residents with any of the following: Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO (multidrug-resistant organism).</p> <p>On 06/04/2024, a review of the facility's policy titled, Dressing Change Policy and Procedure with the latest review date of 08/2021 revealed in part . 3. Wash your hands thoroughly before beginning the procedure. 9. Put on disposable gloves. 11. Remove dressing. Pull gloves over dressing and discard into appropriate plastic waste bag. 12. Perform hand hygiene. Put on disposable gloves. 13. Irrigate/cleanse the area as ordered. 16. Perform hand hygiene. Apply disposable gloves. 18. Dress the area with prescribed dressing, date and initial the dressing.</p> <p>A review of Resident #280's electronic health record (EHR) revealed the resident was admitted to the facility on [DATE] with diagnoses that included in part, Malignant Neoplasm of Cervix Uteri, Secondary Malignant Neoplasm of Bladder. A further review of Resident #280's EHR revealed following the physician's orders in part:</p> <p>1) 05/24/2024 Replace occlusive dressing to (left) nephrostomy tube daily.</p> <p>2) 05/24/2024 Replace occlusive dressing to (right) nephrostomy tube daily.</p> <p>A review of Resident #280's care plan revealed the following problem in part, Resident has bilateral nephrostomy tubes to lower back flank (Catheter 10.2 French). The interventions included in part, Change dressings to nephrostomy tubes as ordered. Enhanced barrier precautions followed.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/04/2024 at 11:39 a.m., an observation was made of S4LPN (Licensed Practical Nurse) as she conducted a dressing change to Resident #280's to left and right nephrostomy tubes. S4LPN entered the room that had an EBP sign on the door and a box outside to the right of the door with PPE available. S4LPN did not put on a gown or gloves before entering the room. S4LPN entered the resident's room then put on a pair gloves. She obtained a piece of saline soaked gauze and held it in her left hand. She then removed the soiled dressing to the right nephrostomy tube site, placed the soiled dressing in her left hand, then cleaned the site with the saline soaked gauze. S4LPN discarded the soiled dressing and gauze into the trash. S4LPN used the same gloves and grabbed another saline soaked gauze. She removed the dressing from the left nephrostomy tube site then cleaned the site with the saline soaked gauze. S4LPN removed her gloves then put on a clean pair of gloves without performing hand hygiene. She proceeded to apply the dressing to the right and left nephrostomy tube sites wearing contaminated gloves since she did not change gloves or perform hand hygiene between both sites.</p> <p>On 06/04/2024 at 11:49 a.m., an interview was conducted with S4LPN. She confirmed Resident #280 was on Enhanced Barrier Precautions and she should have worn a gown to perform wound care. S4LPN confirmed she did not change gloves or perform hand hygiene after she removed the soiled dressing and before she cleaned the wound site and should have. S4LPN confirmed she did not change gloves or perform hand hygiene between the dressing changes on the left and right nephrostomy tubes and should have.</p> <p>On 06/04/2024 at 11:57 a.m., an interview was conducted with S3ADON (Assistant Director of Nursing/Infection Preventions) who confirmed Resident #280 was on Enhanced Barrier Precautions related to bilateral nephrostomy tubes. S3ADON confirmed a gown and glove should have been worn before entering the room and during wound care to the nephrostomy sites. She also confirmed the nurse should have completed glove changes and perform hand hygiene after removing the soiled dressing and between the glove and dressing changes to the left and right nephrostomy tube sites.</p> <p>On 06/04/2024 at 11:59 a.m., an interview was conducted with S2DON (Director of Nursing) confirmed S4LPN should have changed gloves and performed hand hygiene after removing the soiled dressing, before cleaning the site, and between the left and right nephrostomy tube sites.</p>		