| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195381 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/18/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Christwood | 100 Christwood Blvd.<br>Covington, LA 70433 |

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 0658

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Ensure services provided by the nursing facility meet professional standards of quality.

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48872

Based on record reviews and interviews, the facility failed to correctly implement Physician's Orders to meet professional standards of quality for 1 (#3) of 16 sampled residents' reviewed for medication administration records.

Findings:

Review of the facility's policy titled Medication Administration, dated 07/02/2024, revealed the following, in part:

Policy:

Medications are administered .as ordered by the physician and in accordance with professional standards of practice.

Policy explanation and compliance guidelines:

8. Obtain and record vital signs, when applicable or per Physician's Orders. When applicable, hold medication for those vital signs outside the physician's prescribed parameters.

Review of Resident #3's Clinical Record revealed he was admitted to the facility on [DATE] with medical diagnoses, which included Unspecified Atrial Fibrillation, Chronic Combined Systolic (Congestive) and Diastolic (Congestive) Heart Failure, Peripheral Vascular Disease, and Acute Pulmonary Edema.

Review of Resident #3's current Physician's Orders revealed the following, in part:

Amlodipine Besylate oral tablet, give 10 milligrams by mouth in the morning for blood pressure greater than 140/90 mmHg.

Blood pressure parameters: Obtain blood pressure/pulse before giving as needed beta blockers/antihypertensive medications. Hold medication with a systolic blood pressure of 100 mmHg or less. If systolic blood pressure is above 180 mmHg, give medication and call medical doctor to review plan. Hold if pulse is 50 BPM or less and call medical doctor to review plan.

Review of Resident #3's December 2024 Medication Administration Record (MAR) revealed the following documentation for the Amlodipine Besylate medication, in part:

(continued on next page)

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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195381 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/18/2024 |
| --- | --- | --- | --- |
| NAME OF PROVIDER OR SUPPLIER Christwood | | STREET ADDRESS, CITY, STATE, ZIP CODE 100 Christwood Blvd. Covington, LA 70433 | |

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 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 12/02/2024- blood pressure 128/62 mmHg, check mark, which indicated medication was administered, S2LPN's initials.<br><br>12/03/2024- blood pressure 138/67 mmHg, check mark, which indicated medication was administered, S2LPN's initials.<br><br>12/04/2024- blood pressure 134/61 mmHg, check mark, which indicated medication was administered and S2LPN's initials.<br><br>12/05/2024- blood pressure 135/62 mmHg, check mark, which indicated medication was administered and S2LPN's initials.<br><br>An interview was conducted on 12/18/2024 at 1:45 p.m. with S2LPN. S2LPN reviewed Resident #3's December 2024 MAR and confirmed she administered Amlodipine Besylate medication, as indicated by the check marks, to Resident #3 every morning on 12/02/2024 through 12/05/2024. After further review, S2LPN confirmed the blood pressure results dated 12/02/2024 through 12/05/2024 were all less than 140/90 mmHg. S2LPN reviewed Resident #3's current Physician's Order blood pressure parameters, and December 2024 MAR blood pressure parameters for Amlodipine Besylate medication and confirmed Amlodipine Besylate medication should not have been given to Resident #3 every morning on 12/02/2024 through 12/05/2024 with blood pressures less than 140/90 mmHg. She stated when she administered Amlodipine Besylate medication on the previously mentioned dates, she did not notice on Resident #3's December 2024 MAR the parameters to give medication for blood pressure greater than 140/90mmHg. She stated for Resident #3 she was only aware of one order with parameters to hold blood pressure medication for systolic blood pressure less than 100 mmHg, which was the reason she did not hold the medication.<br><br>An interview was conducted on 12/18/2024 at 2:15 p.m. with S1DON. S1DON reviewed Resident #3's aforementioned December 2024 MAR and current Physician's Orders and confirmed S2LPN gave Amlodipine Besylate medication with blood pressure results less than 140/90 mmHg and should not have. S1DON stated she expected the S2LPN to correctly follow the Resident #3's current physician orders and hold blood pressure medication per physician's parameters. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195381 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/18/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Christwood | | STREET ADDRESS, CITY, STATE, ZIP CODE 100 Christwood Blvd. Covington, LA 70433 | |

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) |
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| F 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48872<br><br>Based on record review and interviews the facility failed to maintain medical records on each resident that are complete and/or accurately documented. The facility failed to ensure:<br><br>1) Suprapubic catheter care and intake and output documentation were completed for 1 (#7) of 1 (#7) residents reviewed for catheter care.<br><br>2) Side effects monitored for antidepressant, antianxiety and anticoagulation medication documentation were completed for 1 (#3) of 5 (#3, #6, #13, #15 and #124) residents reviewed for unnecessary medication and medication regimen.<br><br>Findings:<br><br>Review of the facility's policy titled Documentation in Medical Record, dated 02/06/2024, revealed the following, in part:<br><br>Policy Explanation of Compliance Guidelines:<br><br>1. Licensed staff and interdisciplinary team members shall document all assessments, observations, and services provided in the resident's medical record in accordance with state law and facility policy.<br><br>2. Documentation should be completed at the time of service, but no later than the shift in which the assessment, observation, or care service occurred.<br><br>4. Principles of documentation include, but are not limited to:<br><br>B. Documentation shall be accurate, relevant, and complete, containing sufficient details about the resident's care and/or responses to care.<br><br>1.<br><br>Review of Resident #7's clinical record revealed he was admitted to the facility on [DATE] with medical diagnoses which included Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms and Obstructive and Reflux Uropathy.<br><br>Review of Resident #7's current physician orders revealed the following, in part:<br><br>Monitor daily intake and output two times a day.<br><br>Suprapubic Catheter: daily care and cleaning of insertion site with soap and water, apply split gauze dressing and monitor for pain and skin redness, burning, excoriation, rash, and excoriation in the evening for suprapubic catheter care.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195381 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/18/2024 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Christwood | 100 Christwood Blvd. Covington, LA 70433 |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| F 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of Resident #7's November 2024 Treatment Administration Record (TAR) revealed the following documentation, in part:<br><br>Suprapubic catheter daily care and cleaning of insertion site with soap and water, apply split gauze dressing and monitor for pain and skin redness, burning, excoriation, rash, and excoriation, in the evening for suprapubic catheter care. The boxes for the dates 11/07/2024 and 11/12/2024 were blank.<br><br>Review of Resident #7's December 2024 Medical Administration Record (MAR) revealed the following documentation, in part:<br><br>Start Date: 12/04/2024. Monitor daily intake and output every shift. The boxes for the dates 12/04/2024 (night), 12/07/2024 (night), 12/11/2024 (day) and 12/14/2024 (day) were blank.<br><br>Start Date: 12/14/2024. Monitor daily intake and output 2 times a day. The boxes for the dates 12/15/2024 (night) and 12/17/2024 (night) were blank.<br><br>Review of Resident #7's November and December 2024 Progress/Nurse's Notes revealed no documentation of suprapubic catheter care or intake and output results.<br><br>An interview was conducted on 12/17/2024 at 3:40 p.m. with S3LPN. S3LPN stated she worked 11/07/2024 and 11/12/2024 on the night shift and cared for Resident #7. She stated when suprapubic catheter care is completed for residents, the task was expected to be documented on the TAR. After review of Resident #7's November 2024 TAR, S3LPN confirmed the box was blank, which indicated she did not complete suprapubic catheter care documentation on 11/07/2024 and 11/12/2024 and should have.<br><br>An interview was conducted on 12/18/2024 at 11:22 a.m. with S4LPN via telephone. S4LPN stated she was working the day shift 12/11/2024 and was taking care of Resident #7. She stated resident's intake and output was expected to be documented on the MAR each shift. After S4LPN was notified of Resident #7's December 2024 MAR related to intake and output boxes dated 12/11/2024 were blank on the day shift, she confirmed she forgot to document the intake and output results and should have. She stated she could have documented the intake and output results in the progress notes.<br><br>An interview was conducted on 12/18/2024 at 11:27 a.m. with S5LPN via telephone. S5LPN stated she was working the night shift on 12/04/2024 and taking care of Resident #7. She stated resident's intake and output was expected to be documented on the MAR each shift. After S5LPN was notified of Resident #7's December 2024 MAR related to intake and output boxes dated 12/04/2024 were blank on the night shift, she confirmed she forgot to document the intake and output results and should have.<br><br>An interview was conducted on 12/18/2024 at 2:15 p.m. S1DON. S1DON reviewed Resident #7's November 2024 TAR related to suprapubic catheter care dated 11/07/2024 and 11/12/2024 and confirmed the boxes were blank, which indicated no documentation. She further reviewed December 2024 MAR related to intake and output dated 12/04/2024 (night), 12/07/2024 (night), 12/11/2024 (day) and 12/14/2024 (day), 12/15/2024 (night) and 12/17/2024 (night) and she confirmed the boxes were blank, which indicated no documentation. S1DON confirmed she expected the nurses to correctly complete documentation for suprapubic catheter care once every shift and intake and output each shift and they did not. S1DON reviewed Resident #7's November and December 2024 Progress/Nursing notes and confirmed there was no evidence of documentation for suprapubic catheter or intake and output and should have been.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195381 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/18/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Christwood | | STREET ADDRESS, CITY, STATE, ZIP CODE 100 Christwood Blvd. Covington, LA 70433 | |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 2.<br><br>Review of Resident #3's clinical record revealed he was admitted to the facility on [DATE] with medical diagnoses which included Depression, Unspecified, Anxiety Disorder, Unspecified and Unspecified Atrial Fibrillation.<br><br>Review of Resident #3's current physician orders revealed the following, in part:<br><br>Eliquis Oral Tablet 2.5mg, give 1 tablet by mouth two times a day for Anticoagulant.<br><br>Buspirone HCl Oral Tablet, give 7.5mg by mouth three times a day for Anxiety.<br><br>Xanax oral tablet 0.5mg, give 0.5mg by mouth every 6 hours as needed for Anxiety.<br><br>Zoloft oral tablet (sertraline HCI), give 25mg by mouth in the morning for Depression.<br><br>Review of Resident #3's September 2024 Treatment Administration Record (TAR) revealed the following, in part:<br><br>Monitor for Side effects of antidepressant (N/V, Headache, dizziness, restlessness, insomnia, and constipation) two times a day 'Y' if no side effects noted, 'N' if side effects noted make progress note notify MD. The dates 09/16/2024, 09/25/2024 and 09/26/2024 for the evening shift boxes were blank.<br><br>Anticoagulant medication- monitor for discolored urine, black tarry stools, sudden severe headache, nausea and vomiting, diarrhea, muscle joint pain, lethargy, bruising, sudden changes in mental status and or vital signs, sob, nose bleeds. Document: 'Y' if monitored and none of the above observed. 'N' if monitored and any of the above was observed, select chart code 'Other/See Nurses Notes' and progress notes findings every shift. The dates 09/16/2024, 09/25/2024 and 09/26/2024 for the evening shift boxes were blank.<br><br>Antianxiety medication- monitor for drowsiness, slurred speech, dizziness, nausea, aggressive/impulsive behavior. Document: 'Y' if monitored and none of the above observed. 'N' if monitored and any of the above was observed, select chart code 'Other/See Nurses Notes' and progress note findings two times a day Y if not side effects, N if side effects noted, make progress note notify MD. The dates 09/16/2024, 09/25/2024 and 09/26/2024 for the evening shift boxes were blank.<br><br>Review of Resident #3's September 2024 Progress/Nurse's Notes revealed no documentation of side effects monitored for antidepressant, antianxiety and anticoagulation medication.<br><br>An interview was conducted on 12/17/2024 at 3:40 p.m. with S3LPN. S3LPN stated she worked 09/16/2024 on the night shift and cared for Resident #3. She stated Resident #3 was monitored for side effects related to antidepressant, antianxiety and anticoagulation medication and was expected to be documented on the TAR. After review of the September 2024 TAR, S3LPN confirmed she did not complete side effect documentation on 09/16/2024 and should have.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195381 | A. Building<br>B. Wing | 12/18/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Christwood | 100 Christwood Blvd.<br>Covington, LA 70433 |

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|---|---|
| F 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | An interview was conducted on 12/18/2024 at 1:45 p.m. with S2LPN. S2LPN stated she worked 09/26/2024 on the night shift and cared for Resident #3. She stated Resident #3 was monitored for side effects related to antidepressant, antianxiety and anticoagulation medication and was expected to be documented on the TAR. After review of the September 2024 TAR, S2LPN confirmed she did not complete side effect documentation on 09/26/2024 and should have.<br><br>An interview was conducted on 12/18/2024 at 2:15 p.m. S1DON. S1DON reviewed the September 2024 MAR side effects monitored for antidepressant, antianxiety and anticoagulation medication and confirmed the boxes on 09/16/2024, 09/25/2024 and 09/26/2024 were blank, which indicated no documentation. She confirmed she expected the nurses to correctly complete documentation for the monitored side effects related to medication on each shift and did not. S1DON further reviewed the September 2024 Progress/Nursing notes and confirmed there was no evidence of side effect documentation related to antidepressant, antianxiety and anticoagulation medication. |

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|---|---|

F 0880

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Provide and implement an infection prevention and control program.

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48872

Based on observations, record review, and interviews, the facility failed to follow Enhanced Barrier Precautions (EBP) and proper hand hygiene procedures to prevent the development and transmission of infections by staff for 1 (#7) of 4 (#7, #10, #12, and #15) residents observed for EBP.

Findings:

Review of the facility's policy titled Enhanced Barrier Precautions, dated 06/06/2024, revealed the following, in part:

Policy:

It is the policy of this facility to implement EBP for the prevention of transmission of multidrug-resistant organisms.

3. Implementation of EBP

b. PPE for EBP is only necessary when performing high-contact care activities .

4. High-contact resident care activities include:

g. Device care or use: urinary catheters .

Review of Resident #7's clinical record revealed he was admitted to the facility on [DATE] with medical diagnoses which included Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms and Obstructive and Reflux Uropathy.

Review of Resident #7's current physician orders revealed the following, in part:

Start date: 11/06/2024 Suprapubic Catheter: daily care and cleaning of insertion site with soap and water, apply split gauze dressing.

An observation was made on 12/17/2024 at 4:30 p.m. of Resident #7's room. There was a sign on the wall by the door that stated the following, in part:

EBP

Providers and staff must also:

Wear gloves and a gown for the following high-contact resident care activities:

Device care

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195381 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/18/2024 |
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|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | An observation was made on 12/17/2024 at 4:31 p.m. of S3LPN providing suprapubic catheter care for Resident #7. S3LPN did not put on a gown prior to providing suprapubic catheter care. After providing catheter care to Resident #7, S3LPN removed her gloves, and with bare hands, she picked up the soiled linens used for the catheter care and placed them in a pile on the resident's chair. S3LPN then removed the wash basin from the bedside table and emptied it into the bathroom sink. S3LPN walked back towards the resident with bare hands and without performing hand hygiene. S3LPN touched the resident's water pitcher, newspapers and pen, and then placed the items on the bedside table, and pushed the bedside table towards the resident. S3LPN grabbed the soiled linens from the chair with her bare hands and placed them in the bathroom soiled linen basket. She then washed her hands with soap and water and exited Resident #7's room.<br><br>An interview was conducted on 12/17/2024 at 5:01 p.m. with S3LPN. S3LPN confirmed the observations above. She stated she should not have touched the soiled linens with her bare hands after she performed suprapubic catheter care. She confirmed she should have performed hand hygiene after touching the soiled linens and before touching Resident #7's personal belongings. S3LPN further confirmed she was unaware Resident #7 was on EBP and, after reviewing the EBP sign on the wall, stated she should have worn a gown and did not.<br><br>An interview was conducted on 12/18/2024 at 3:45 p.m. with S1DON. S1DON stated S3LPN told her she did not wear a gown during suprapubic catheter care. She confirmed all nurses had been educated on the EBP policy and she expected them to follow the policy. She further confirmed S3LPN did not use proper hand hygiene after suprapubic catheter care, and should have. |