

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Ringgold Nursing and Rehabilitation Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2501 Kenneth Street Ringgold, LA 71068	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>36921</p> <p>Based on record review, observation and interviews the facility failed to accommodate the needs of 1(#49) resident out of 3 (#17, #49, #93) residents reviewed for environment. The facility failed to ensure a bedside table was available for resident #49.</p> <p>Findings:</p> <p>Review of resident #49's Medical Diagnoses revealed unspecified dementia and type 2 diabetes mellitus.</p> <p>Review of resident #49's MDS (Minimum Data Sets) dated 03/20/2024 revealed a BIMS (Brief Interview of Mental Status) of 13 out of 15 indicating cognitively intact. Review of resident #49's functional status revealed resident #49 required supervision and set up help only with eating.</p> <p>Review of resident #49's Care Plan revealed resident #49 required supervision to extensive assistance with activities of daily living related to impaired cognition, impaired mobility, dementia, schizoaffective disorder, and anxiety with approaches to setup assist with eating.</p> <p>Observation on 06/11/2024 at 8:45 a.m. revealed resident #49 in bed with eyes closed. Further observation revealed resident #49's uneaten breakfast tray on a rolling walker on the side of resident #49's bed.</p> <p>During an interview on 06/11/2024 at 8:45 a.m. S5 LPN (Licensed Practical Nurse) observed resident # 49's uneaten breakfast tray on rolling walker and reported breakfast was served on the hall this morning about 8:00 a.m. S5 LPN confirmed resident # 49 required assistance with meal set up and meal trays should have been placed on residents' bedside table not rolling walker.</p> <p>During an interview on 06/11/2024 at 8:50 a.m. S6 CNA (Certified Nurse Assistant) reported resident #49 did not have a bedside table and resident #49's breakfast was served on rolling walker this morning. S6 CNA confirmed resident #49's breakfast should have been served on a bedside table.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40193</p> <p>Based on record reviews, observations and interviews the facility failed to ensure respiratory care was consistent with professional standards of practice by failing to ensure 1 (#54) of 3 (#15, #28, #54) sampled residents reviewed for respiratory care. The facility failed to ensure Resident #54's continuous positive airway pressure (CPAP) mask was cleaned and/or discarded if (when) visibly soiled.</p> <p>Findings:</p> <p>Review of Facility's Oxygen Policy and Procedure (01/15) revealed Guidelines for Frequency Changes of Respiratory Supplies: item - CPAP/BIPAP Mask - discard when visibly soiled, damaged and/or inoperable, per manufacture guidelines/physician orders.</p> <p>Review of Resident #54's medical records revealed admitted [DATE] with the following diagnoses, in part: other specified disorders of nose and nasal sinuses, obstructive sleep apnea (OSA) (adult) (pediatric), Alzheimer's disease/unspecified, unspecified dementia/unspecified severity with other behavioral disturbance, major depressive disorder/recurrent/severe with psychotic symptoms, dependence on other enabling machines and devices and morbid (severe) obesity with alveolar hyperventilation.</p> <p>Review of Resident #54's Physician's Orders revealed an order dated 03/09/2024 - antibiotic ointment apply to nasal passages QID (four times a day) prn (when needed) may keep at bedside for other specified disorder of nose and nasal sinuses. Further review revealed an order dated 05/19/2022 - Bi-PAP (bilateral positive airway pressure) on while sleeping- OSA.</p> <p>Observation on 06/11/2024 at 8:50 a.m. revealed Resident #54's CPAP mask with nose piece noted to have black particles inside the mask and the strap to be stained brown.</p> <p>Observation on 06/11/2024 at 2:30 p.m. revealed Resident #54 lying in bed wearing CPAP mask.</p> <p>Observation on 06/12/2024 at 9:00 a.m. revealed Resident #54 lying in bed wearing CPAP mask.</p> <p>Observation on 06/13/2024 at 8:55 a.m. S2 DON (Director of Nursing) observed the black particles inside the CPAP nose mask and the straps with brown stains.</p> <p>During an interview on 06/13/2024 at 8:55 a.m. S2 DON reported _____ company comes out and services the CPAP machines but was unable to tell surveyor how often. S2 DON further reported she thinks they have to call them when needed. S2 DON acknowledged Resident #54's CPAP nose mask has black particles and the strap was dirty with brown stains and should be cleaned.</p> <p>During an interview on 06/13/2024 at 9:30 a.m. S1 Administrator acknowledged the facility's policy guidelines provided to surveyor state the CPAP/BIPAP mask should be discarded when visibly soiled.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>44414</p> <p>Based on record review and interviews, the facility failed to maintain an accurate count of the disposition of controlled medications for 1 (Resident #36) of 5 (#1, #28, #36, #54 and #82) residents reviewed for unnecessary medications.</p> <p>Findings:</p> <p>Review of the facility's Controlled Medications Administration policy dated 08/2016 revealed in part:</p> <p>Policy: Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal, and record keeping in the facility, in accordance with federal and state laws and regulations.</p> <p>Procedure:</p> <p>4. Medications listed in Schedules I, II, III, IV and V dispensed by the pharmacy are adequately documented and reconciled consistent with law and regulation .</p> <p>6. When administering controlled medication, the authorized personnel records the administration on the MAR (Medication Administration Record) /e-Mar (Electronic Medication Administration Record) and enters all of the following information on the Controlled Drug Record:</p> <p>a. Date and time of administration</p> <p>b. Amount administered</p> <p>c. Signature of the person preparing the dose</p> <p>d. Quantity reconciled</p> <p>9. Any discrepancy in a controlled substance medication count is reported to the Director of Nursing immediately. The Director or designee investigates and makes every reasonable effort to reconcile all reported discrepancies .</p> <p>Review of Resident #36's physician orders revealed an order dated 11/12/2020, which read, Lorazepam 1 mg. (milligram) tablet; give one tablet po (by mouth) bid (two times a day).</p> <p>Review of Resident # 36's individual Controlled Drug Record with S3LPN (Licensed Practical Nurse) on 06/13/2024 at 12:45 p.m. revealed 7 Lorazepam tablets remained available with the last dose documented as administered on 06/13/2024 at 8:00 a.m. Review of Resident #36's Lorazepam blister pack revealed 8 Lorazepam tablets remained available.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/13/2024 at 12:45 p.m., S3LPN acknowledged the controlled substance count discrepancy for Resident #36. S3LPN reported she had not administered the 06/13/2024 8:00 a.m. dose of Lorazepam to Resident #36 and should not have documented as administered.</p> <p>During an interview on 06/13/2024 at 12:50 p.m., S4LPN Unit Manager, acknowledged Resident #36's available dose discrepancy of Lorazepam.</p>		