

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195416	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Rosepine Retirement & Rehab Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 18364 Central Avenue Rosepine, LA 70659	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20604</p> <p>Based on observation, interview and record review, the facility failed to implement the comprehensive person-centered care plan for 1 (#83) of 4 (#17, #21, #76 and #83) sampled residents reviewed for care plans. The facility failed to monitor a medication that was self-administered by a resident.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Medication - Self-Administration with no date, revealed the following, in part: .The nurse will check with the resident each day and document on the MAR if the medication was taken as reported by the resident .</p> <p>Review of Resident #83's medical record revealed an admitted [DATE] with diagnoses that included in part . Major Depressive Disorder, Hypertensive Heart Disease without Heart Failure, Obstructive and Reflux Uropathy, Shortness of Breath and Pain.</p> <p>Review of Resident #83's Admission MDS with an ARD of 09/09/2024 revealed a BIMS summary score of 15, indicating Resident #83 was cognitively intact.</p> <p>Review of Resident #83's current care plan with a start date of 09/07/2024, revealed Resident #83 may keep Albuterol inhaler at bedside for self-use, and nursing staff was to assist with recording and monitor usage.</p> <p>Review of Resident #83's physician's orders dated 09/07/2024 revealed .may keep Albuterol inhaler at bedside, nursing staff to assist with reordering and monitor usage.</p> <p>Review of Resident #83's Medication Administration Record (MAR) from 09/07/2024 through 10/14/2024 revealed no documentation indicating that Resident #83 used his Albuterol inhaler.</p> <p>Observations on 10/15/2024 09:48 a.m. revealed an Albuterol inhaler on Resident #83's bedside table. An interview with Resident #83 at that time, revealed he self-administers his Albuterol inhaler 3 to 4 times a week at night.</p> <p>An interview on 10/15/2024 at 10:48 a.m. with S9 LPN, revealed he has been taking care of Resident #83 for approximately a month. S9 LPN indicated that he was not aware Resident #83 had an Albuterol inhaler at his bed side.</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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview on 10/15/2024 at 10:50 a.m. with S2 DON, confirmed that Resident #83 was able to self-administer his Albuterol inhaler, and it was not being documented on the MAR. S2 DON indicated the nurses should have been asking Resident #83 if he self-administered his Albuterol inhaler and documenting his response on the MAR.		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44315</p> <p>Resident #47</p> <p>Based on observation, record review and interview, the facility failed to ensure a resident received proper treatment and an assistive device to maintain and/or improve hearing for 1 (#47) resident reviewed for communication and sensory problems out of a total sample of 21 residents. Findings:</p> <p>Review of Resident #47's Medical Record revealed an admitted [DATE] with diagnoses that included in part . Benign Paroxysmal Vertigo, Unspecified Ear, Age-related Cataracts, Bilateral, Hypertensive Heart Disease with Heart Failure, Type 2 Diabetes Mellitus, Parkinson's disease and Speech and Language Deficits following unspecified Cerebrovascular Disease.</p> <p>Review of Resident #47's Quarterly MDS with an ARD of 07/25/2024 revealed a BIMS score of 15, indicative of intact cognition. Review of MDS revealed resident with moderate difficulty with ability to hear and speaker has to increase volume and speak distinctly. Resident did not use a hearing aid or other hearing appliance.</p> <p>Review of Resident #47's Care Plan with a Target date of 10/25/2024 revealed in part . Resident with difficulty hearing related to minimally Hard of Hearing, does not wear hearing aids and to refer to hearing center for hearing aid program. Review of Care Plan revealed an appointment on 02/26/2024 with hearing center today, cleaned ears bilaterally, noted significant hearing loss both ears, recommend trial with amplifier. Resident given (Louisiana Commission for the Deaf) LCD, meets criteria for hearing aid program. Contact hearing center to start process.</p> <p>Review of Resident #47's Progress notes per MD dated 02/26/2024 revealed: Clean ears bilaterally. Recommend trial with amplification. Patient given LCD/ referral.</p> <p>Review of email correspondence regarding Resident #47 dated 10/15/2024 at 3:25 p.m. titled, LCD Hearing Aid Program- Application Received revealed application received on 10/15/2024.</p> <p>Interview on 10/14/2024 at 10:18 a.m. with Resident #47 reported that she went to get tested back in February 2024 and never got a follow up appointment to get hearing aids and she needs them because she is hard of hearing.</p> <p>Interview with 10/15/2024 at 3:41 p.m. with S1 Administrator presented with receipt of application received by LCD Hearing Aid program dated 10/15/24 at 03:25 PM. S1 Administrator stated the program will contact us.</p> <p>Interview on 10/15/2024 at 3:45 p.m. with S11 SSD revealed that she had made a telephone call to a hearing aid program in Lake [NAME] after resident's appointment back in February for a hearing aid and not heard back from them and overlooked checking back with them. She stated she submitted an application for a hearing aid today with another program. S11 SSD confirmed that she did not follow up with the LCD Hearing Aid Program to assist Resident #47 in obtaining an assistive hearing device and should have.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373</p> <p>Based on record review, observation, and interview the facility failed to ensure that a resident maintained acceptable parameters of nutritional status for 1 (#11) of 2 (#11 and #23) residents reviewed for nutrition. The facility failed to provide ordered dietary supplements for a resident with significant weight loss.</p> <p>Findings:</p> <p>Resident #11</p> <p>Review of the Resident #11's medical record revealed an admitted [DATE] with a reentry date of 03/18/2022. Diagnoses included .Parkinson's Disease, Mild Protein-Calorie Malnutrition, Dysphagia - Oropharyngeal Phase, and Muscle Wasting and Atrophy.</p> <p>Review of Resident #11's Quarterly MDS with an ARD of 08/14/2024 revealed a BIMS score of 13, which indicated the resident was cognitively intact. Resident #11 required extensive assistance by one person with eating.</p> <p>Review of Resident #11's medical record revealed the resident was care planned for a nutritional problem related to a diagnosis of Protein Calorie Malnutrition, no salt on tray, and mechanical soft diet. Interventions included in part: Monitor, record, and report to Medical Director as needed signs and symptoms of malnutrition .significant weight loss greater than 10% in 6 months . Registered Dietician to evaluate and make diet change recommendations as needed .provide and serve diet as ordered . monitor intake and record every meal.</p> <p>Review of Resident #11's progress notes revealed the following:</p> <p>09/26/2024: Nutrition/Dietary Note by S13 RD: Resident weight changes -12.62% X 180 days . continues no salt on tray diet, mechanical soft texture with varied by mouth intake .on multiple supplements . mighty shake three times daily .will monitor weight changes, labs, and by mouth intake .recommend to continue the current plan of care .Registered Dietician to monitor.</p> <p>Review of Resident #11's current physician's orders revealed to give a mighty shake three times a day, with an order date of 08/28/2024.</p> <p>Review of Resident #11's weights revealed on 04/03/2024, Resident #11 weighted 136.1 lbs., and on 10/02/2024, Resident #11 weighted 119 lbs., which revealed a significant weight loss of 12.56% over the past six months.</p> <p>In an observation on 10/14/2024 at 12:30 p.m., Resident #11's lunch tray was noted with no mighty shake.</p> <p>In an interview on 10/15/2024 at 9:05 a.m., Resident #11 stated she has poor appetite.</p> <p>On 10/15/2024 at 11:57 a.m., Resident #11's lunch tray was observed and noted with no mighty shake.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 10/15/2024 at 11:57 a.m., Resident #11 stated she does not get any shakes or supplements.</p> <p>Observation on 10/15/2024 at 12:08 p.m., revealed Resident #11's lunch tray after lunch was observed after lunch was completed. Approximately 25% of meal was consumed. No mighty shake noted to her lunch tray.</p> <p>In an interview on 10/15/24 at 1:15 p.m., S9 LPN stated the nurses give the house supplements to the residents and the mighty shakes come from the kitchen. S9 LPN stated the kitchen sends the mighty shakes on the meal carts delivered to the resident rooms. S9 LPN confirmed physician orders that Resident #11 should receive a mighty shake three times a day.</p> <p>In an interview on 10/15/2024 at 1:20 p.m., S8 Dietary Manager stated that when the nurses receive an order for a mighty shake, they are to complete a diet slip and turn it in to the Dietary Manager. S8 Dietary Manager stated once the diet slip is received, the tray cards are updated in the record to reflect the new orders for supplements. S8 Dietary Manager stated that the process relies heavily on the nurses to communicate any updates regarding changes to supplements for weight loss. S8 Dietary Manager stated the dietary staff are aware to follow the tray cards and place any supplements on the meal carts as needed.</p> <p>Review of Resident #11's tray card on 10/15/2024 at 1:34 p.m. revealed no evidence of a mighty shake listed under the supplements category.</p> <p>In an interview on 10/15/2024 at 1:43 p.m., S8 Dietary Manager stated a mighty shake should be placed under the supplement category of the tray card. S8 Dietary Manager confirmed that Resident #11's tray card did not have a mighty shake noted to the supplement category. S8 Dietary Manager stated the dietary staff would not have placed a mighty shake on Resident #11's meal tray because it was not listed on her tray card. S8 Dietary Manager stated Resident #11's tray card had not been updated since September 2024; therefore, Resident #11 would not have gotten a mighty shake since September 2024.</p>

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>44315</p> <p>FACILITY</p> <p>QAPI and QAA</p> <p>Based on interview and record review the facility failed to ensure the Quality Assessment and Assurance (QAA) committee meeting included the required 6 staff members for the facility's quarterly committee meetings.</p> <p>Findings:</p> <p>Review of the facility's 4th Quarterly Quality Assessment and Assurance (QAA) committee sign in sheet conducted on January, 06, 2024 revealed staff in attendance was the facility's Medical Director, Infection Preventionist, staff RN and a staff LPN.</p> <p>Interview on 10/16/2024 at 2:40 p.m. with S2 DON revealed that she was present as a staff RN at the time of the 4th Quarterly QAA meeting was held but the DON at that time was not present.</p> <p>During an joint interview on 10/16/2024 at 2:43 p.m., S1 Administrator and S2 DON indicated that the other members were not available at the time of the QAA meeting scheduled with the facility's Medical Director. S1 Administrator confirmed the required staff members were not in attendance for the Quarterly QAA meetings and should have been.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373</p> <p>38894</p> <p>44315</p> <p>Based on record review, observation, and interview, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary environment, to help prevent the development and transmission of infection for 3 (#26, #45, and #72) of 4 (#26, #45, #72, and #83) residents reviewed for infection control. The facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure staff wore proper PPE while providing wound care to Resident #26; 2. Ensure staff wore proper PPE while proving personal hygiene to Resident #45; and 3. Ensure staff performed proper hand hygiene and maintained a clean technique while performing wound care for Residents #26 and #72. <p>Findings:</p> <p>Review of the facility's policy titled, Enhanced Barrier Precautions read in part .</p> <p>It is the policy of this facility to implement Enhanced Barrier Precautions (EBP) for the prevention of transmission of multidrug-resistant organisms (MDRO). 46. Enhanced Barrier Precautions - a. Nursing staff will place residents with any applicable conditions or devices on EBP. An order may be obtained. Applicable conditions and devices: i. Wounds and/or indwelling medical devices (e.g., central lines, hemodialysis catheters, urinary catheters, feeding tubes, tracheostomy/ ventilator tubes) even if the resident is not known to be infected or colonized with a MDRO.</p> <p>Review of the facility's undated policy titled, Skin Program, Pressure Ulcers and Other Wounds revealed in part . 21. Clean technique, using a no touch method to avoid contaminating the wound is usually adequate for wound treatments. Clean technique and supplies will be used unless otherwise ordered . 48. High-contact resident care activities include: a. Dressing, b. Bathing, c. Transferring, d. Providing hygiene, e. Changing linens, f. Changing briefs or assisting with toileting, g. Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy tubes, h. Wound care: any skin opening requiring a dressing.</p> <p>Resident #45</p> <p>Review of Resident #45's EHR revealed an admitted [DATE], with diagnoses that included: UTI and Neuromuscular Dysfunction of Bladder;</p> <p>Review of Resident #45's Quarterly MDS with an ARD of 08/21/2024, revealed a BIMS score of 8 (which indicated moderate cognitive impairment). Resident #45 had an indwelling Suprapubic catheter, and was always incontinent of bowel. The MDS revealed Resident #45 was at risk for pressure ulcers.</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 - Some</p>	<p>Review of Resident #45's 10/2024 Physician's Orders revealed the following:</p> <p>08/28/2024 - turn and reposition every 2 hours.</p> <p>09/03/2024 - 22FR/10CC Suprapubic Catheter change every 3 weeks and prn leakage, occlusion, dislodgment.</p> <p>09/03/2024 - Admit to hospice.</p> <p>09/03/2024 - Enhanced barrier precautions related to catheter and wound.</p> <p>10/07/2024 - PU Sacrum: Clean with wound cleaner, apply Mesalt and Honey to Slough, and cover with dry dressing daily.</p> <p>Review of Resident #45's Care Plan with target date of 11/21/2024, revealed the following in part .</p> <p>1. Urinary Catheter - Indwelling: 22 FR/10CC Suprapubic Foley catheter. Dx - Neuromuscular Dysfunction of Bladder, and enhanced barrier precautions.</p> <p>Observation on 10/16/2024 at 11:30 a.m., revealed Resident #45's Hospice CNA was in the room, wearing scrubs, touching the resident and leaning over him while he was in the bed. The Hospice CNA was not wearing PPE equipment.</p> <p>Interview on 10/16/2024 at 11:31 a.m. with S12 MDS Nurse, confirmed there was someone in Resident #45's room dressed in scrubs, and leaning over the resident. S12 MDS Nurse revealed she did not know who the person was, but stated that she should be wearing a gown and gloves since Resident #45 was on enhanced barrier precautions.</p> <p>Interview on 10/16/2024 at 11:40 a.m. with Resident #45's Hospice CNA in Resident #45's room revealed she was Resident #45's Hospice CNA. She was observed carrying towels and washcloths, and stated she was preparing to give Resident #45 a bath. There was a basin at the resident's bedside with a used toothbrush noted in the basin. She was not wearing a gown and stated she was unaware that she should be wearing one.</p> <p>Resident #26</p> <p>Review of Resident #26's Medical Record revealed an admitted [DATE], with diagnoses that included in part . Hypertensive Heart Disease with Heart Failure, History of Falling, Non-Pressure Chronic Ulcer of part of right lower leg with unspecified severity, Obesity due to excess calories and Unsteadiness on feet.</p> <p>Review of Resident #26's current Physician's Orders revealed the following orders in part .</p> <p>10/16/2024: Enhanced Barrier Precautions (EBP) related to wound.</p> <p>10/15/2024: Cleanse skin tear to RLE with wound cleanser, apply collagen and cover with dry dressing every day until resolved.</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 - Some</p>	<p>10/06/2024: Cleanse skin tear to RLE with wound cleanser, apply TAO and collagen and cover with dry dressing every 3 days until resolved.</p> <p>09/24/2024: Right lower leg ulcer, cleanse with wound cleanser apply collagen and cover with dry dressing every day until healed.</p> <p>Review of Resident #26's Quarterly MDS with an ARD of 09/18/2024, revealed a BIMS score of 04, indicative of severe cognitive impairment. Review of the Skin Conditions section of the MDS, revealed Resident #26 had one venous/ arterial ulcer present, and received application of nonsurgical dressings and ointments/medications, other than to feet.</p> <p>Review of Resident #26's Care Plan with a Target date of 12/18/2024, revealed in part .</p> <p>1. 03/04/2022 - Tissue integrity, impaired risk for fragile skin, history PU, history incontinent episodes, weakness, decreased mobility, cellulitis, candidiasis and abscess.</p> <p>2. 10/07/2024 - Resident #26 with potential/actual impairment to skin integrity related to fragile skin, decreased mobility, and history of pressure ulcers, history of incontinent episodes, weakness, candidiasis and history of abscess.</p> <p>10/06/2024: Clean skin tear to RLE with wound cleanser, apply TAO and collagen, and cover with dry dressing every 3 days until resolved.</p> <p>Interview on 10/15/2024 at 9:05 a.m. of S10 LPN, revealed the top wound was a skin tear that occurred over the past weekend. S10 LPN stated the wound to the right lower leg is an ulcer wound that she and the DON had assessed last week. Observation at that time revealed there was no EBP signage on Resident #26's door, and that S10 LPN entered without applying a gown.</p> <p>In an observation on 10/15/2024 at 9:05 a.m., S10 LPN performed wound care on Resident #26. S10 LPN set up the wound care supplies directly on the resident's over bed table, without a drape or clean field between the supplies and table. During wound care, S10 LPN removed the collagen from the RLE skin tear wound, then changed gloves without sanitizing hands after doffing the dirty gloves, and prior to donning new gloves. S10 LPN then cleaned the RLE wound with wound cleanser soaked gauze, and changed gloves again without sanitizing before donning new gloves. S10 LPN dried the wound with 4x4s, and changed gloves without sanitizing in between. S10 LPN then applied dry dressing to RLE wound, and began wound care to right lower leg ulcer wound after changing gloves and sanitizing. S10 LPN removed the old dressing from right lower leg ulcer wound, and changed gloves. S10 LPN removed the collagen and cleaned the wound with wound cleanser soaked 4x4s, and changed gloves without sanitizing her hands. S10 LPN dried the right lower leg ulcer wound with 4x4s, and changed gloves again without sanitizing hands. S10 LPN then applied dry dressing over the right lower leg ulcer wound.</p> <p>Interview on 10/15/2024 at 3:36 p.m. with S2 DON, confirmed Resident #26 was not on EBP for the venous ulcer wound to her right lower extremity, because the last treatment nurse had initiated the wound care order, but did not implement the order for EBP on resident's Physician's Orders for EBP, and should have.</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 - Some</p>	<p>In an interview on 10/15/2024 at 3:50 p.m., S2 DON reported S10 LPN became the wound care nurse a couple of weeks ago, and was trained by the previous wound care nurse. S2 DON confirmed S10 LPN should have performed hand hygiene after doffing her gloves and setting up supplies on a clean field. S2 DON stated S10 LPN should not have touched the contaminated surfaces with her gloves while performing wound care.</p> <p>Resident #72</p> <p>Review of Resident #72's medical record revealed an admitted [DATE], with diagnoses that included in part . Pressure Ulcer of right buttock, Pressure Ulcer of sacral region, and Chronic Pain Syndrome.</p> <p>Review of Resident #72's Quarterly MDS with an ARD of 09/20/2024, revealed a BIMS score of 15 (which indicated intact cognition). Review of the MDS revealed Resident #72 required supervision with eating, total dependence on two person physical assistance with toilet use, and extensive assistance by two persons with bed mobility.</p> <p>Review of Resident #72's current Physician's Orders revealed the following:</p> <p>10/14/2024: Sacrum: Cleanse with normal saline, pat dry, apply Mesalt to wound bed, and cover with dry foam dressing daily every day shift.</p> <p>10/14/2024: Right Gluteal fold: Cleanse with normal saline, pat dry, apply Mesalt to wound bed, and cover with dry foam dressing daily every day shift</p> <p>Review of Resident #72's care plan revealed a problem of: Risk for impaired skin integrity, with a review date of 10/17/2024. Interventions included in part .following the wound care orders, providing pressure reducing surfaces to bed and chair, and repositioning schedule.</p> <p>Observation of wound care for Resident #72, performed by S10 LPN, revealed the following: S10 LPN set up the wound care supplies directly on the resident's over bed table with no drape or clean field between the supplies and table. During wound care, S10 LPN removed the Mesalt from the right gluteal fold wound, then changed gloves without sanitizing hands after doffing the dirty gloves, and prior to donning new gloves. S10 LPN then cleaned the wound with normal saline soaked gauze, and changed gloves again without sanitizing hands and donning new gloves. S10 LPN dried the wound with 4x4s, and changed gloves without sanitizing in between. S10 LPN laid the new dressings in their package directly on the resident's bed sheet. S10 LPN changed gloves again without sanitizing, then picked up the scissors off the over bed table, (not on clean field) and opened and cut a piece of foam with the dirty scissors, and then covered the resident's gluteal wound with the foam and a dry dressing. S10 LPN began wound care to sacrum after changing gloves and sanitizing. S10 LPN removed the old dressing from sacrum and changed gloves. S10 LPN removed the Mesalt that was packed in the sacral wound, cleaned the wound with normal saline soaked 4x4s, and changed gloves without sanitizing her hands. S10 LPN dried the sacral wound with 4x4s, and changed gloves again without sanitizing hands. S10 LPN placed the dressings directly on the bed sheet in their packages. With the same gloves on that had touched the cart, dressings, and bed sheet, S10 LPN opened the Mesalt package, removed the Mesalt, and pushed the Mesalt into the sacral wound with her gloved fingers. S10 LPN then put the foam and dressing over the sacral wound.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195416	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Rosepine Retirement & Rehab Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 18364 Central Avenue Rosepine, LA 70659	
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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