

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2024
NAME OF PROVIDER OR SUPPLIER  Naomi Heights Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2421 E. Texas Avenue Alexandria, LA 71301	

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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46773</b></p> <p>Based on record review and interview, the facility failed to transmit a MDS (Minimum Data Set) Assessment within 14 days of completion for 1 (#56) of 1 sampled Resident with MDS record over 120 days old. Findings:</p> <p>Review of the clinical record for Resident #56 revealed the Resident was admitted to the facility on [DATE] with diagnoses that included Cerebral Infarction, Essential Hypertension, and Hemiplegia and Hemiparesis following cerebral infarction affecting right dominant side.</p> <p>Review of Resident #56's Quarterly MDS Assessment with ARD of 06/26/2024 revealed the assessment had been completed.</p> <p>Review of the facility's MDS transmission reports revealed Resident #56's Quarterly Assessment with ARD of 06/26/2024 had been transmitted on 07/31/2024.</p> <p>Interview on 07/31/2024 at 8:51 a.m. with S6 LPN/MDS Nurse revealed she forgot to notify the ADON to close and transmit the 06/26/2024 Quarterly MDS. S6 LPN/MDS Nurse confirmed the Quarterly MDS assessment had not been transmitted timely and should have been.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure Residents who are unable to carry out ADL's (Activities of Daily Living) received the necessary services to maintain good grooming for 1(Resident #62) of 2 (Resident #38 and Resident #62) Residents reviewed for ADL's. The facility failed to ensure Resident #62 received a shave. The total Sample Size was 38.</p> <p>Findings:</p> <p>Review of the facility policy titled: Hygiene and Grooming with no review date read in part .</p> <p>Policy: Staff will provide resident with whatever assistance is necessary to keep their facial hair properly groomed.</p> <p>Review of Resident #62's Electronic Health Record revealed Resident #62 was admitted to the facility on [DATE]. Resident #62 had diagnoses that included in part .Acquired Absence of Left Leg, Cognitive Communication Deficit, Phantom Limb Pain and Dementia.</p> <p>Review of Resident #62's Quarterly MDS with ARD of 05/21/2024 revealed Resident #62 had a BIMS score of 8 (moderately impaired cognition). Resident #62 required Substantial/Maximal Assistance from staff for Toileting, Showering/Bathing, and Personal Hygiene.</p> <p>Review of Resident #62's Care Plan with a review date of 08/08/2024 revealed in part .Self-care ADL deficit: Resident will receive person-centered care; needs assist with bathing, hygiene, dressing and grooming related to Left Above The Knee Amputation, Dementia. Interventions included: Assist with hygiene, dressing, and grooming as needed.</p> <p>Observation and interview on 07/29/2024 at 9:15 a.m. with Resident #62 revealed facial hair approximately half an inch long. Resident #62 revealed he had asked staff to shave him last week, but staff never did.</p> <p>Observation on 07/30/2024 at 8:43 a.m. revealed Resident #62 with facial hair approximately half an inch long.</p> <p>Observation and interview on 07/30/2024 at 11:45 a.m. revealed Resident #62 with facial hair approximately half an inch long. Resident #62 stated he was supposed to be shaved on his shower days.</p> <p>Interview on 07/30/2024 at 2:30 p.m. with S2 CNA revealed she provided care for Resident #62 on the 7:00 a.m. to 3:00 p.m. shift. S2 CNA revealed Resident #62 had received a complete bed bath on the shift before her. S2 CNA revealed she had not provided any grooming for Resident #62 on her shift.</p> <p>Interview on 07/30/2024 at 2:40 p.m. with S3 LPN revealed the CNA's are responsible for providing and documenting ADL care for Residents, and the nurse is responsible for monitoring the tasks.</p> <p>Observation and interview on 07/31/2024 at 8:30 a.m. revealed Resident #62 with facial hair approximately half an inch long. Resident #62 stated I cleaned myself up, but I still need a shave.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation and interview on 07/31/2024 at 8:40 a.m. with S1 DON in attendance revealed Resident #62 with facial hair approximately half an inch long. Resident #62 stated he would have liked to be shaved. S1 DON confirmed Resident #62 had not been shaved and had long facial hair.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44844</p> <p>Based on observation and interview the Facility failed to maintain a clean, sanitary environment and ensure food was served in accordance with professional standards for food service safety.</p> <p>Findings:</p> <p>Review of the facility policy titled: Storage: Freezer with no review date revealed in part .Keep all frozen foods tightly wrapped or packaged to prevent freezer burn.</p> <p>Observation on 07/29/2024 at 8:30 a.m. of the walk in freezer/cooler revealed:</p> <ol style="list-style-type: none"> <li>1. 1 box of corn dogs open to air and undated.</li> <li>2. 1 bag of biscuits open to air.</li> <li>3. 1 bag of squash open to air and undated.</li> <li>4. 1 bag of breadsticks open to air.</li> </ol> <p>Interview at the time of observation with S4 DM revealed the staff who opens a food item should label and date it and store it properly. S4 DM confirmed: The above listed items were not dated and were opened to air.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 20604</p> <p>Based on observation, record review, and interview, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment, and to help prevent the development of communicable diseases and infections by failing to:</p> <ol style="list-style-type: none"> <li>1. Ensure the use of Enhanced Barrier Precautions (EBP) was communicated to staff for 4 (#6, #28, #80, and #283) of 4 (#6, #28, #80, and #283) Residents reviewed for Enhanced Barrier Precautions; and</li> <li>2. Perform proper hand hygiene during wound care for 1 (#283) of 2 (#6 and #283) residents reviewed</li> </ol> <p>Findings:</p> <ol style="list-style-type: none"> <li>1.</li> </ol> <p>Review of the facility's policy titled, Enhanced Barrier Precautions (EBP) Information And Plan with no date, revealed the following, in part: 1. Residents who will be affected by Enhanced Barrier Precautions (EBP) guidelines include residents who have the following: .chronic wound requiring a dressing regardless of the MDRO status .7. CMS has published an Enhanced barrier Precautions (EBP) sign for providers and staff to be aware of who should be on these precautions. Please place this sign on the resident's door and write the residents' room and bed assignment on the sign .8. PPE should be kept in individual towers located right outside the resident's room .</p> <p>Resident #6</p> <p>Review of Resident #6's Physician orders dated 07/29/2024 read in part: Cleanse pressure ulcer to sacrum with wound cleaner, pat dry, apply Silvasorb and collagen and cover with border gauze every day until resolved.</p> <p>Observations on 07/31/2024 around 2:00 p.m. of Residents #6's room revealed no EBP signage on the door or PPE outside of the room indicating the required use of EBP when providing high-contact resident care activity.</p> <p>Resident #28</p> <p>Review of Resident #28's Physician orders dated 07/26/2024 read in part: Cleanse pressure ulcer to right heel lateral with wound cleaner, pat dry, paint with betadine then cover with border gauze every day until resolved.</p> <p>Observations on 07/31/2024 around 2:00 p.m. of Residents #28's room revealed no EBP signage on the door or PPE outside of the room indicating the required use of EBP when providing high-contact resident care activity.</p> <p>Resident #80</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 #80's Physician orders dated 07/23/2024 read in part: Cleanse diabetic ulcer to 2nd toe on right foot with wound cleaner, pat dry, apply Santyl to slough, apply calcium alginate to granulation, cover with foam, last secure with tape every day until resolved.</p> <p>Observations on 07/31/2024 around 2:00 p.m. of Residents #80's room revealed no EBP signage on the door or PPE outside of the room indicating the required use of EBP when providing high-contact resident care activity.</p> <p>Resident #283</p> <p>Review of Resident #283's Physician orders dated 07/30/2024 read in part: Cleanse pressure ulcer to left buttock with wound cleaner, pat dry, first apply collagen to wound bed and cover with bordered gauze, second apply Clotrimazole 1% to peri-wound rash, apply zinc to peri-wound rash and leave open to air every other day until resolved.</p> <p>Observations on 07/31/2024 around 2:00 p.m. of Residents #283's room revealed no EBP signage on the door or PPE outside of the room indicating the required use of EBP when providing high-contact resident care activity.</p> <p>An interview on 07/31/24 at 12:55 p.m. with S7 RN/Infection Preventionist, revealed Enhanced Barrier Precautions were not used on Resident #6, #28, #80 and #283. She stated that she was not aware that Enhanced Barrier Precautions were required for residents with pressure ulcers, venous stasis ulcers or diabetic foot ulcers.</p> <p>2.</p> <p>46773</p> <p>Resident #283</p> <p>Review of the Facility's undated policy on 07/31/2024 titled Dressing Changes (Sterile/Clean) read in part</p> <p>Procedure:</p> <p>7: wash hands and apply clean, non-sterile gloves</p> <p>13: Clean wound with prescribed solution and sterile gauze, swabs, or irrigation system as ordered</p> <p>14: remove soiled gloves and wash hands or use alcohol gel.</p> <p>15: Put on new pair of gloves and apply any gels or ointments. Apply primary dressing, cover with secondary dressing and secure with tape if needed or dressing, cover with secondary dressing and secure with tape if needed or dress as ordered by MD.</p> <p>16: Remove gloves and discard in red bag. Wash hands</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 #283 medical records revealed a admitted [DATE] with diagnoses that included: Pressure ulcer to left buttocks, Hemiplegia and hemiparesis following Cerebral Infarction, Type 2 Diabetes Mellitus, Anxiety Disorder, and Congestive Heart Failure.</p> <p>Review of Resident #283's 07/2024 Physician Orders revealed:</p> <p>07/30/2024- Cleanse pressure ulcer to left buttocks with wound cleanser, pat dry, first apply collagen to wound bed and cover with a bordered gauze, second apply clotrimazole 1% to periwound rash, third apply zinc to periwound rash and leave open to air every other day until resolved.</p> <p>07/23/2024 Cleanse puncture wound to right calf with wound cleanser, pat dry, apply hydrogel with silver, apply collagen and wrap loosely with kerlix Q day until resolved.</p> <p>07/30/2024 Cleanse Hematoma to left lower calf with wound cleanser, pat dry, apply medihoney, cover with ABD pad, wrap loosely with kerlix every other day until resolved.</p> <p>Observation of wound care for Resident #283 on 07/31/2024 at 9:30 a.m. revealed. S5 LPN/Treatment Nurse removed old dressing to lower leg open hematoma wound, discarded dressing then reached over the clean field without changing soiled gloves or sanitizing hands, removed a 4x4 gauze, and cleansed the lower left leg hematoma wound. S5 LPN/Treatment nurse then reached over the clean field without changing gloves and removed a 4x4 gauze and cleansed the puncture wound to Resident #283's left leg. S5 LPN/Treatment Nurse was observed removing Resident #283's left buttocks wound dressing, reaching over the clean filed with soiled gloves, grabbed 4x4 gauze and cleaned the left buttocks without changing gloves and sanitizing hands.</p> <p>Interview on 07/31/2024 at 10:00 a.m. S5 LPN/Treatment Nurse confirmed she did not remove gloves and sanitize hands after removing the soiled dressing for each wound. S5 LPN/Treatment Nurse confirmed she should not have used the same gloves while providing wound care to 2 different wounds.</p>		