

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195423	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Carroll Health and Rehab LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 307 N Castleman St Oak Grove, LA 71263	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17835</p> <p>Based on record reviews and interviews the facility failed to ensure a resident with wounds or history of wounds received necessary treatment and services, consistent with professional standards of practice to promote healing, to prevent infection, and to prevent wounds for 3 (#1, #2, and #3) of 3 (#1, #2, and #3) sampled residents. The facility failed to ensure weekly skin assessments were performed.</p> <p>Findings:</p> <p>Review of the provider's policy entitled Preventive Skin Care with a revision date of 07/2024 revealed in part: That it is the practice of this facility to provide routine preventive skin care. This policy will serve as a guide to facility staff with regard to clinically acceptable techniques to be applied for skin care prevention. Procedures include: complete a weekly skin evaluation on all residents; evaluate interventions that may be implemented based upon the resident's Risk Evaluation and develop an individualized care plan for preventive skin care based upon evaluation.</p> <p>Review of the provider's policy entitled Weekly Skin Audit dated 07/2024 revealed in-part: a skin audit will be documented on residents weekly. Any identified skin conditions will be documented and treatment initiated. Responsibility: Director of Nursing Services/Licensed Nurses/Medical Records</p> <p>Procedure:</p> <ol style="list-style-type: none"> 1. Every resident will have a head to toe skin evaluation performed and documented on a weekly basis. The evaluation will be documented electronically in the medical record. 2. Any skin abnormalities identified during this review can be documented in the Interdisciplinary Notes. 3. Physician and family will be notified of any abnormalities. 4. Treatment will be initiated per the physician's order. 5. The Unit Manager/Charge Nurse will review weekly skin audits. This review indicates appropriate follow-up <p>Resident #1</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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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the record for resident #1 revealed an admitted [DATE]. Resident #1's diagnoses included but not limited to the following: unspecified open wound of lower back and pelvis without penetration into retro-peritoneum, stage 3 pressure ulcer right lateral leg, paraplegia, neuromuscular dysfunction of bladder, congestive heart failure, colostomy, absence of left leg below knee, and sepsis. Further review of resident #1's medical record failed to reveal weekly skin assessments had been performed.</p> <p>Resident #2</p> <p>Review of resident #2's medical record revealed an admitted [DATE]. Resident #2's diagnoses included but not limited to the following: dementia, schizophrenia, diabetes mellitus, and stage 2 pressure ulcer of sacral region. Further review of resident #2's medical record failed to reveal weekly skin assessments had been performed.</p> <p>Resident #3</p> <p>Review of resident #3's medical record revealed an admitted [DATE]. Resident #3's diagnoses included but not limited to the following: muscle wasting and atrophy, type 2 diabetes, colostomy, stage 4 pressure ulcer of sacral region. Further review resident #3's medical record failed to reveal weekly skin assessments had been performed</p> <p>During an interview on 10/09/2024 at 10:30 a.m., S2InterimDirector of Nursing/Wound Care Nurse confirmed resident #1 had not had a weekly skin assessment performed since she has begun as wound care nurse beginning 09/16/2024.</p> <p>During an interview on 10/09/2024 at 12:55 p.m., S3Registered Nurse (RN) reported he was resident #1's nurse and confirmed he had not performed any weekly skin assessments on resident #1.</p> <p>During an interview on 10/09/2024 at 1:15 p.m., S2InterimDirector of Nursing/Wound Care Nurse reported a new wound could deteriorate fast if it was not treated. S2Interim Director of Nursing/Wound Care Nurse acknowledged weekly skin assessments were not being completed on any of the residents in the facility and should have been.</p> <p>During an interview on 10/09/2024 at 3:20 p.m., S1Administrator confirmed that the facility had not performed weekly skin assessments on residents.</p>		