

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195442	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/25/2024
NAME OF PROVIDER OR SUPPLIER  Vermilion Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  14008 Cheneau Road Kaplan, LA 70548	

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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>39826</p> <p>Based on observation and interview, the provider failed to ensure the most recent survey results for the facility were posted in a place readily accessible to residents, family members, and legal representatives of residents. The facility's census was 94 residents.</p> <p>Findings:</p> <p>On 09/23/2024 at 1:30 p.m., an observation was made of a blue binder labeled Survey Results was located in a clear plastic document holder mounted to the wall across from the Nurses station near the main entrance just outside of the Minimum Data Nurses (MDS) office. A review of the Survey Results binder revealed the results and the plans of correction from the last annual survey dated 08/02/2023 and a complaint survey that was conducted 04/04/2023. The results of the most recent complaint survey conducted 10/04/2023 were not in the binder.</p> <p>On 09/24/2024 at 12:44 p.m., an interview was conducted with S6Adm (Administrator) who stated all recent survey results were available in the blue binder in a wall pocket just outside of the MDS Nurse Station Office. S6Adm then reviewed the contents of the binder and confirmed the latest survey results from the complaint survey conducted on 10/04/2023 were not in the binder. S6Adm further stated survey results should remain readily accessible for all residents, their family members, and or legal representatives.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195442	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/25/2024
NAME OF PROVIDER OR SUPPLIER  Vermilion Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  14008 Cheneau Road Kaplan, LA 70548	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47123</p> <p>Based on record reviews, observations and interviews, the facility failed to develop an/or implement a comprehensive person-centered plan of care for 3 (#10, #49 and #88) out of 31 sampled residents as evidenced by failing to:</p> <ol style="list-style-type: none"> <li>1. follow the plan of care to address Resident #49's elevated blood sugar;</li> <li>2. develop a person-centered plan of care to address hearing deficits for Resident #88; and</li> <li>3. follow the plan of care for Resident #10 for ensuring the chair alarm was functioning properly.</li> </ol> <p>1.</p> <p>Resident #49</p> <p>Review of Resident #49's electronic medical record revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included in part: Type 2 Diabetes Mellitus.</p> <p>Review of the resident's physician's orders revealed in part .Novolin R (regular) Injection Solution 100 UNIT/ML (milliliter), inject as per sliding scale: &gt;400=15U (units) recheck in 1 hour, then if &gt;400 (greater than) =15U and call MD/NP, subcutaneously four times a day.</p> <p>Review of the resident's MARs (Medication Administration Record) revealed in September 2024 the following dates had a CBG (capillary blood sugar) greater than 400:</p> <p>09/07/2024 at 4:30 p.m.: cbg 479</p> <p>09/07/2024 at 8:00 p.m.: cbg 511</p> <p>09/08/2024 at 4:30 p.m.: cbg 415</p> <p>09/14/2024 at 4:30 p.m.: cbg 421</p> <p>09/21/2024 at 4:30 p.m.: cbg 461</p> <p>09/21/2024 at 8:00 p.m.: cbg 403</p> <p>Review of nurses progress notes revealed for the following dates and times: 09/07/2024 at 4:30 p.m., 09/07/2024 at 8:00 p.m., 09/08/2024 at 4:30 p.m., 09/14/2024 at 4:30 p.m., 09/21/2024 at 4:30 p.m., and 09/21/2024 at 8:00 p.m., 15 units of Novolin R was administered to the Resident, however no CBG rechecks were conducted after an hour.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195442	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/25/2024
NAME OF PROVIDER OR SUPPLIER  Vermilion Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  14008 Cheneau Road Kaplan, LA 70548	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/24/2024 at 2:46 p.m., a phone interview was conducted S4LPN (Licensed Practical Nurse) with S1DON (Director of Nursing), and S3LPN in the DON's office. S4LPN in the old computer system they would have a pop up that prompted the nurses to recheck the blood sugar if it was over 400ng/dl after an hour. She stated the new computer system does not have that prompt so if she would have rechecked the resident's capillary blood glucose she would have documented it in the nurse's progress notes.</p> <p>On 09/24/2024 at 2:47 p.m., a record review and an interview was conducted with S1DON She reviewed Resident #49's electronic medical record and stated she did not see documentation anywhere in the record that the resident's CBG's rechecks were conducted after an hour for the following dates and times noted above. S1DON stated the nurse should have rechecked the residents CBG's after an hour of administering Novolin R to as ordered.</p> <p>47965</p> <p>2.</p> <p>Resident #88</p> <p>Resident #88 was admitted to the facility on [DATE] with diagnoses which included, but were not limited to Major Depressive Disorder, Single Episode, Severe without Psychotic Features, and Generalized Anxiety Disorder.</p> <p>A review of Resident #88's quarterly MDS (Minimum Data Set) assessment with an ARD (Assessment Reference Date) of 08/07/2024 revealed a BIMS (Basic Interview for Mental Status) of 10, which indicated the resident's cognition was moderately impaired. Section B of the MDS revealed the resident had moderate difficulty hearing and had no hearing aid.</p> <p>On 09/23/2024 at 10:16 a.m., an observation and an interview were conducted with Resident #88. The resident was unable to hear what was said to her. She stated that she was hard of hearing and her hearing aids disappeared after she was admitted to the facility.</p> <p>On 09/24/2024 at 9:03 a.m., a second observation and an interview were conducted with Resident #88. The resident was sitting in her wheelchair with her back turned to the door. The resident did not respond to surveyor when her name was called loudly from behind.</p> <p>A review of Resident #88's plan of care revealed no evidence of the resident's hearing loss.</p> <p>On 09/25/2024 at 8:34 a.m., a review of Resident #88's MDS assessment and plan of care, and an interview were conducted with S5MDS coordinator. She confirmed that the resident was assessed for hearing loss but a plan of care was not developed to address the problem. S5MDS coordinator stated that a person-centered plan of care should have been developed to address the resident's hearing deficit, but was not.</p> <p>39319</p> <p>3.</p> <p>Resident #10</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195442	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/25/2024
NAME OF PROVIDER OR SUPPLIER  Vermilion Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  14008 Cheneau Road Kaplan, LA 70548	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/25/2024 at 12:15 p.m., a review of the facility's undated policy titled Resident Alarm revealed in part . Policy Explanation and Compliance Guidelines: .7. Monitoring and modification . b. When alarms are utilized, additional monitoring shall be provided, including but not limited to: . b. (ii.) verifying alarms are working properly.</p> <p>Resident # 10 was admitted to the nursing home on 06/02/2022. Her diagnoses included in part, Dementia, Congestive Heart Failure, Hypertension, Chronic Obstructive Pulmonary Disease, Anxiety Disorder and Muscle Weakness.</p> <p>Review of the Resident #10's September 2024 physician orders revealed an order dated 05/08/2024 to monitor and maintain chair alarm.</p> <p>Review of Resident #10's Fall Risk assessment dated [DATE] revealed a risk score of 17, which indicated she was at high risk for falls.</p> <p>Review of the Resident #10's care plan revealed under assistance with ADLS (Activities of Daily Living) an intervention dated 09/02/2024 to monitor chair alarm for compliance due to the resident would remove or unplug chair alarm.</p> <p>On 09/23/2024 at 10:31 a.m., an observation was made of Resident #10's chair alarm. The cord for the sensor pad to the chair alarm was observed wrapped around the right handle of her wheelchair and not connected to the chair alarm device.</p> <p>On 09/25/2024 at 11:10 a.m., Resident #10 was observed in the dining area sitting in her wheelchair. An observation was made of the cord for the sensor pad to the chair alarm was still wrapped around the right handle of her wheelchair and not connected to the chair alarm device.</p> <p>On 09/25/2024 at 11:15 a.m., an observation of the resident's chair alarm was made with S7CNA (Certified Nursing Assistant). She confirmed that the cord for the sensor pad to the chair alarm was not connected. She stated that the cord should be connected at all times.</p> <p>On 09/25/2024 at 11:18 a.m., an interview was conducted with S1DON who confirmed that Resident #10 had a chair alarm because she liked to get up out of her chair. She confirmed that the resident was a fall risk. She also confirmed that the cord for the sensor pad to the chair alarm should be connected at all times.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195442	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/25/2024
NAME OF PROVIDER OR SUPPLIER  Vermilion Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  14008 Cheneau Road Kaplan, LA 70548	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47123</p> <p>Based on record review, observations and interviews, the facility failed to provide appropriate and sufficient services, treatment and care according to standards of professional practice for 1 (#49) of 2 (#49, and #64) residents that were reviewed for urinary catheter or UTI (urinary tract infection). The facility failed to ensure Resident #49's urinary catheter drainage tubing was properly secured off of the floor.</p> <p>Findings:</p> <p>Resident #49 was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, Urinary Tract Infection, Acute Cystitis without Hematuria.</p> <p>A review of Resident #49's quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 08/19/2024 section H revealed yes for indwelling catheter.</p> <p>On 09/23/2024 at 9:07 a.m., an observation was conducted of Resident #49 in her room. The resident had a urinary catheter, the catheter bag was covered and placed underneath the wheelchair, and the drainage tubing part was under her wheelchair touching the floor.</p> <p>On 09/24/2024 at 8:24 a.m., a second observation was conducted of Resident #49 observed in her room sitting up in her wheelchair. The catheter bag was covered placed underneath the wheelchair, and the drainage tubing part was under her wheelchair touching the floor.</p> <p>On 09/24/2024 at 8:32 a.m., an interview and observation was conducted with S2ADON/IP (Assistant Director of Nursing/Infection Preventionist). She conducted an observation of Resident #49 in her room sitting up in her wheelchair. She stated the resident's drainage tubing part should not be touching the floor. S2ADON/IP stated the resident receives assistance for transfer from the CNA's (Certified Nursing Assistant). The CNA is supposed to use a yellow rubber band and loop the drainage tubing to prevent it from touching the floor.</p>		