

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER Legacy Nursing and Rehabilitation of Tallulah		STREET ADDRESS, CITY, STATE, ZIP CODE 32 Crothers Drive Tallulah, LA 71282	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32231</p> <p>Based on observations, record reviews, and interviews, the facility failed to ensure a resident who is unable to carry out activities of daily living receives the necessary services to maintain good personal hygiene for 1 (#1) of 5 (#1, #2, #3, #4, and #5) residents reviewed for activities of daily living by, failing to ensure resident #1's feet were kept cleaned and his face was groomed.</p> <p>Findings:</p> <p>Review of the medical record revealed resident #1 was readmitted to the facility on [DATE] with diagnoses that included in part, type 2 diabetes mellitus with diabetic retinopathy, hemiplegia and hemiparesis following a cerebral infarction affecting the left non-dominant side, and dry eye syndrome of bilateral lacrimal glands and blindness of the right and left eye, category 3.</p> <p>Review of the quarterly minimum data set assessment dated [DATE] revealed resident #1 had a documented brief interview for mental status score of 15. A score of 13-15 indicated that resident was cognitively intact with daily decision making skills. Further review of the assessment revealed resident #1 required extensive assistance with one person physical assist with bed mobility, transfers, and personal hygiene.</p> <p>On 09/09/2024 at 10:53 a.m., an observation revealed resident #1 in his room and lying in bed. S4Certified Nursing Assistant (CNA) was present and preparing the resident for his morning bath. During the bath, a visual inspection of resident #1's skin was completed with S4CNA. During the inspection, resident #1 was observed to have a thick buildup of a black colored crust between the great toe and 2nd toe of both feet. There were areas of moisture with a thick, sticky white coating observed in between resident #1's 4th and 5th toe of the left foot and in between the 2nd - 5th toes of the right resident's right foot. Further observation revealed resident #1's left foot had a slight odor and resident #1 had long, untrimmed nasal hairs protruding from both nares. S4CNA confirmed that resident #1's toes needed to be cleaned and the nasal hairs needed to be trimmed.</p> <p>On 09/09/2024 at 11:45 a.m., S5Licensed Practical Nurse (LPN) was notified of the findings that were identified during the visual skin inspection. S5LPN inspected the resident's feet including the areas between the toes and confirmed the area needed further attention as she smelled the odor coming from resident #1's left foot.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/10/2024 at 9:05 a.m., S2Director of Nursing (DON) was notified of the findings regarding crusty buildup, moisture, and coating in between resident #1's toes. She was further notified of the resident having an odor to his left foot and long, untrimmed nasal hair. S2DON confirmed that resident #1's feet, including the areas in between his toes should be cleaned during his baths and his nasal hairs should have been trimmed.</p> <p>On 09/16/2024 at 6:15 p.m., S1Administrator was notified of the above findings.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32231</p> <p>Based on record reviews and interviews, the facility failed to ensure that each resident's drug regimen was free from unnecessary drugs for 2 (#1, #5) of 5 (#1, #2, #3, #4, and #5) sampled residents reviewed for unnecessary medications. The facility failed to ensure the nurses' followed an insulin sliding scale as ordered (#1) and blood pressure parameters as ordered (#1, #5).</p> <p>Findings:</p> <p>Review of the facility's Medication Administration Policy and Procedure (no date noted) revealed in part, the facility shall provide medications as ordered by the physician.</p> <p>Resident #1:</p> <p>Review of the medical record revealed resident #1 was readmitted to the facility on [DATE] with diagnoses that included in part, type 2 diabetes mellitus with diabetic retinopathy, hemiplegia and hemiparesis following a cerebral infarction affecting the left non-dominant side, dry eye syndrome of bilateral lacrimal glands and blindness of the right and left eye, and hypertension.</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed resident #1 had a documented Brief Interview for Mental Status (BIMS) score of 15 which indicated no cognitive impairment and resident #1 required extensive assistance with most activities of daily living.</p> <p>Review of the medical record revealed resident #1 was care planned for having multiple medications. The documented approaches included to administer the resident's medications as ordered by the physician.</p> <p>Review of the August 2024 and September 2024 physician orders revealed resident #1 had an order for Lisinopril Oral Tablet 20 milligrams (mg); give 20 mg by mouth one time a day. Hold if Systolic Blood Pressure (SBP) is less than (<) 120 and /or Diastolic Blood Pressure (DBP) is <75.</p> <p>Review of resident #1's September 2024 Medication Administration Record (MAR) revealed documentation that the nurses failed to follow the above blood pressure parameters 5 times from 09/01/2024- 09/09/2024 when resident #1's diastolic blood pressure was <75.</p> <p>Review of resident #1's August 2024 MAR revealed documentation that the nurses failed to follow the above blood pressure parameters 14 times from 08/01/2024 - 08/31/2024 when resident #1's diastolic blood pressure was <75.</p> <p>On 09/10/2024 at 3:53 p.m., the surveyor reviewed resident #1's 08/2024 and 09/2024 MARS with S5Licensed Practical Nurse (LPN). She reported she was unable to view the parameters for the medication Lisinopril on the MARs. S5LPN confirmed that she did not know the hold the Lisinopril when resident #1 had a DBP result of <75 on dates of 08/07/2024, 08/09/2024, 08/12/2024, 08/16/2024, 08/17/2024, 08/18/2024, 08/22/2024, 08/26/2024, 09/01/2024, 09/04/2024, 09/05/2024, and 09/09/2024.</p> <p>(continued on next page)</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/16/2024 at 12:15 p.m., the surveyor reviewed resident #1's 08/2024 and 09/2024 MARS with S3LPN. S3LPN reported she thought she held resident #1's Lisinopril Oral Tablet 20 mg on the following dates: 08/01/2024, 08/04/2024, 08/05/2024, 08/15/2024, 08/28/2024, 08/31/2024, and 09/07/2024. S3LPN confirmed her documentation indicated that the Lisinopril was administered on the above dates.</p> <p>Review of the August 2024 physician's orders revealed resident #1 had an order for Novolog FlexPen subcutaneously Solution Pen-Injector 100 units/milliliter (Insulin Aspart); Inject 9 units subcutaneously with meals for diabetes mellitus, hold if Finger Stick Blood Sugar (FSBS) was <150.</p> <p>Review of resident #1's August 2024 MAR revealed documentation that the nurses failed to follow the insulin parameters 2 times from 08/04/2024 - 08/30/2024 when resident #1's FSBS was <150.</p> <p>On 09/10/2024 at 3:53 p.m., the surveyor reviewed resident #1's August 2024 MAR with S5LPN. S5LPN revealed that she was not aware that she was to hold the medication and confirmed that the Novolog Insulin was administered on 08/30/2024.</p> <p>On 09/16/2024 at 12:15 p.m., the surveyor reviewed resident #1's August 2024 MAR with S3LPN. S3LPN revealed that she was not aware that she had administered Novolog insulin when resident #1's FSBS was 135 on 08/04/2024. She confirmed that she had not held resident #1 insulin as ordered.</p> <p>On 09/16/2024 at 2:00 p.m., an interview with S2Director of Nursing (DON) confirmed the nurses failed to follow resident # 1's blood pressure and insulin parameters as ordered for the above dates in 08/2024 and 09/2024.</p> <p>On 09/16/2024 at 6:15 p.m., S1Administrator was notified of the above findings.</p> <p>22575</p> <p>Resident #5:</p> <p>Review of the medical record for resident #5 revealed an admitted [DATE] with diagnoses including hemiplegia and hemiparesis following a cerebral infarction affecting the left non-dominant side, unspecified protein-calorie malnutrition, other seizures, and generalized muscle weakness.</p> <p>Review of resident #5's care plan dated 01/22/2024 revealed the resident's hypertension was identified with an intervention to administer the antihypertensive medication as ordered.</p> <p>Review of the Quarterly MDS assessment dated [DATE] revealed resident had a BIMS score of 15, which indicated no cognitive impairment and he required extensive assistance with most activities of daily living.</p> <p>Review of resident #5's Physician Orders revealed an order dated 01/20/2024 for Metoprolol Tartrate (blood pressure medication) 100mg every 12 hours, hold if pulse <60 or systolic blood pressure <110.</p> <p>Review of resident #5's September 2024 MAR revealed documentation that the nurses failed to follow the above blood pressure parameters 6 times from 09/01/2024 - 09/07/2024 when resident #5's pulse was <60 and/or his systolic blood pressure was <110.</p> <p>(continued on next page)</p>

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