STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195452	A. Building B. Wing	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Point Nursing & Rehabilitation Center	4910 Airline Drive Bossier City, LA 71111

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44414 Based on record review, observations, and interviews the facility failed to ensure an appropriate intervention was utilized for 1 (Resident #23) of 2 (#23 and #56) residents reviewed for falls by failing to ensure landing strips were in place at Resident #23's bedside. Review of the facility's Fall Prevention Program policy (not dated) revealed in part: Policy: It is the policy of the facility to promote safety, dignity, and overall quality of life for residents. A safe and hazard free environment, as possible, will be provided as well. It is our goal to prevent falls by enabling staff to recognize those residents who have been identified as high risk for potential falls so appropriate interventions can be implemented. We also hope to decrease the risk of injury when falls cannot be prevented. g. Plan of Care: Based on the nursing assessment, preventive measures will be implemented and care planned for residents identified at high risk for falls. Review of Resident #23's medical record revealed in part, Resident #23 was initially admitted to the facility on [DATE] with re-entry on 11/29/2023. Diagnoses, included in part, fracture of unspecified part of neck of left femur, subsequent encounter for closed fracture with routine healing, anxiety disorder and dementia. Review of Resident #23's Quarterly MDS (Minimum Data Set) dated 03/07/2024 revealed in part, Resident #23 had a BIMS (Brief Interview of Mental Status) score of 11 out of 15 indicating moderately impaired cognition. Review of Resident #23's comprehensive care plan revealed in part, Resident #23 was high risk for falls with interventions including but not limited to, anticipate resident #23's needs, encourage to call for assistance, and ensure landing strips x (times) 2 to each side of bed at all times. Review of Resident #23's Physician's orders revealed an order dated 02/21/2024 which read, Landing strips x 2 to each side of bed at all times, every day. (continued on next page)

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 06/25/2024 at 11:50 a.m. revealed Resident #23 lying in bed asleep with bed in low position. Further observation failed to reveal landing strips were in place to each side of Resident #23's bed. Observation on 06/26/2024 at 8:40 a.m. revealed Resident #23 asleep in bed with bed in low position. Further observation failed to reveal landing strips were in place to each side of Resident #23's bed. Observation on 06/26/2024 at 10:15 a.m. revealed Resident #23 awake in bed with bed in low position. Further observation revealed Resident #23's landing strips were folded up and sitting in the corner of Resident #23's room. During an interview on 06/26/2024 at 10:15 a.m., S4RN (Registered Nurse) acknowledged bilateral landing strips were not in place at Resident #23's bedside and should be. During an interview on 06/26/2024 at 10:40 a.m., Resident #23's Responsible Party reported upon arrival to Resident #23's room, fall mats were not in place at times and this concerned her.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45317 Based on record reviews, observations, and interviews the facility failed to provide appropriate treatment and services for 3 (#1, #19 and #34) of 3 (#1, #19, and #34) residents reviewed for tube feeding. The facility failed to ensure the tube feeding container was labeled with the time it was started. Findings: Review of the facility's undated Nasogastric/Gastrostomy Tube Feedings policy revealed in part: Essential Points to Remember . 7. Labels should be completed with resident's name, date, start time, initials of nurse and rate. Resident #1 Review of Resident #1's medical record revealed an admitted [DATE] and diagnoses which included, in part, diffuse traumatic brain injury, dysphagia, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, encounter for attention to gastrostomy. Review of Resident #1's physician's orders revealed, in part: 06/03/2024 Isosource 1.5 at 45 ml (milliliters)/hr (hour) via peg tube continuously per feeding pump. An observation on 06/24/2024 at 9:22 a.m. revealed Resident #1 was receiving Isosource 1.5 at 45 ml/hr. Further observation revealed Resident #1's tube feeding formula label failed to include the time the feeding was started. During an interview on 06/24/2024 at 9:25 a.m. S3 LPN (Licensed Practical Nurse) confirmed Resident #1's tube feeding formula was not labeled with time it was started and should have been. Resident #19 Review of Resident #19's medical record revealed an admitted [DATE] and diagnoses which included, in part, aphasia, cognitive impairment, diffuse traumatic brain injury, persistent vegetative state, and encounter for attention to gastrostomy. Review of Resident #19's physician's orders revealed, in part: 06/03/2024 Promote with fiber 1.0 at 35ml/hr via peg tube continuously per feeding pump. (continued on next page)

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An observation on 06/24/2024 at 9:13 a.m. revealed Resident #19 was receiving Promote with fiber 1.0 at 35 ml/hr. Further observation revealed Resident #19's tube feeding formula label failed to include the time the feeding was started. During an interview on 06/24/2024 at 9:24 a.m. S3 LPN confirmed Resident #19's tube feeding formula was not labeled with time it was started and should have been. Resident #34 Review of Resident #34's medical record revealed an admitted [DATE] and diagnoses which included, in part, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, dysphagia following cerebral infarction, and encounter for attention to gastrostomy. Review of Resident #34's physician's orders revealed, in part: 06/03/2024 Isosource 1.5 at 45ml/hr via peg tube continuously per feeding pump. An observation on 06/24/2024 at 9:05 a.m. revealed Resident #34 was receiving Isosource 1.5 at 45 ml/hr. Further observation revealed Resident #34's tube feeding formula label failed to include the time the feeding was started. During an interview on 06/24/2024 at 9:23 a.m. S3 LPN confirmed Resident #34's tube feeding formula was not labeled with time it was started and should have been.

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate pain management for a resident who requires such services. 30669 Based on record reviews and interviews the facility failed to ensure 1 (# 62) of 1 resident reviewed for pain management received the treatment and care consistent with professional standards of practice and in accordance with the resident's Comprehensive Plan of Care. The facility failed to perform daily pain assessments including monitoring for worsening of pain symptoms. Findings: Review of resident #62's Comprehensive Plan of Care revealed a potential problem of altered comfort and pain. Intervention start date of 09/03/2021 and remain active for - Assess pain daily using 1-10 scale. Monitor for worsening of pain symptoms and notify physician of changes. Administer pain medication as ordered. Review of resident #62's clinical records revealed diagnoses that include other intervertebral disc degeneration lumbar region, poisoning by unspecified drugs, medicaments and biological substances, accidental (unintentional), initial encounter and chronic pain. Review of resident #62's June 2024 MAR (Medication Administration Record) revealed pain medications were administered on a routine basis, however, the record did not reflect the resident's response to the administration of the pain medication. Further review of resident #62's medical records failed to reveal daily pain assessments were done. Review of resident #62's June 2024 Physician Orders revealed the following orders: 03/15/2023 Hydrocodone-Acetaminophen (controlled drug) oral tablet 10-325 mg (milligram) Give 1 tablet by mouth every 8 hours as needed for pain related to chronic pain syndrome. Do not exceed 4,000 mg APAP (Acetaminophen) in 24 hours. 02/29/2024 Morphine Sulfate (controlled drug) ER (extended release) oral tablet 15 mg. Give 1 tablet by mouth two times a day related to chronic pain syndrome. 03/16/2023 Acetaminophen oral tablet 325 mg. Give 2 tablets by mouth every 4 hours as needed for pain/headache, dose alert (650mg). Do not exceed 4,000 mg APAP in 24 hours. During an interview on 06/24/2024 at 8:40 a.m., resident #62 complained of pain in both arms from exercises during therapy. Resident #62 reported she had been given her routine medications and she was still hurting. Resident #62 reported she would probably not be given anything else for pain and she would talk with her doctor whenever he visited. During an interview 06/26/2024 at 7:57 a.m. S3 LPN (License Practical Nurse) reported resident #62 receives routine pain meds but daily pain assessments were not being done.