

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2024
NAME OF PROVIDER OR SUPPLIER  Winnfield Nursing and Rehabilitation Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 915 1st Street Winnfield, LA 71483	

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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45213</p> <p>Based on observation, interview, and record review, the facility failed to maintain patient care equipment in safe operating condition for 1 (Resident #3) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents.</p> <p>Findings:</p> <p>Review of Resident #3's clinical record revealed an admitted [DATE] with diagnoses which included: Hypertension, Unspecified sequelae of other Cerebrovascular Disease, Type 2 Diabetes Mellitus, and Insomnia.</p> <p>Review of Resident #3's Quarterly MDS with an ARD of 12/28/2023 revealed a BIMS score of 11, indicating moderate cognitive impairment. Review of the MDS revealed Resident #3 had impairments to both sides of his lower extremities, and was dependent with chair/bed to chair transfers and independent with wheeling a manual wheelchair.</p> <p>Review of Resident #3's Care Plan with a Target of 04/2024 revealed a problem of impaired mobility and at risk for decline in ADLs related to diagnoses of: CVA, Depression, and Bilateral AKAs. Interventions included: A self-release belt while up in wheelchair due to poor safety awareness due to bilateral AKAs (non-restraint); Check every 30 minutes; and release and reposition every 2 hours.</p> <p>Observation on 03/22/2024 at 9:49 a.m. revealed Resident #3's wheelchair next to his bed with a self-release belt that had a broken buckle.</p> <p>Interview on 03/22/2024 at 9:49 a.m. with Resident #3 revealed the self-release belt buckle on his wheelchair was broken and had been broken for a few days. Resident #3 reported he told a nurse but cannot recall which nurse.</p> <p>Observation on 03/25/2024 at 10:55 a.m. revealed Resident #3's wheelchair next to his bed with a self-release belt that had a broken buckle.</p> <p>Observation on 03/25/2024 at 11:00 a.m. accompanied by S2 LPN revealed the self-release belt buckle was broken on Resident #3's wheelchair. Interview with S2 LPN revealed Resident #3 was in bed that morning so she had not looked at the self-release belt on his wheelchair until then. S2 LPN confirmed his self-release belt buckle was broken, but should not have been. S2 LPN reported the nursing staff are to monitor the self-release belt routinely.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2024
NAME OF PROVIDER OR SUPPLIER  Winnfield Nursing and Rehabilitation Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  915 1st Street Winnfield, LA 71483	

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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 03/25/2024 at 11:22 a.m. with S1 ADM confirmed the self-releasing belt buckle was broken, but should not have been.</p>