

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195460	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2024
NAME OF PROVIDER OR SUPPLIER Belle Teche Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1306 W Admiral Doyle Dr New Iberia, LA 70560	

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 - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20777</p> <p>Based on record review and interviews the facility failed to develop a person centered care plan for 1 (#2) of 3 (#1, #2, #3) sampled residents assessed for wandering that resided on the Dementia Unit in the facility.</p> <p>Findings:</p> <p>Record review revealed Resident #2 was admitted to the facility on [DATE] to the Dementia Unit (Long term memory care). Her diagnoses were as follows: Alzheimer 's disease, Dementia, Alcohol dependence, Opioid dependence, History of repeated falls, Major Depressive Disorder, Anxiety Disorder. She had a BIMS (Brief Interview for Mental Status) of 9, indicating moderate cognitive impairment.</p> <p>Record review of Resident #2's assessment document titled, Wander Data Collection, dated for 05/26/2023 (Admission), 09/07/2023, and 12/07/2023 revealed six yes's on the evaluation factors, meaning Resident #2 was a Definite Risk for wandering and/or elopement.</p> <p>Record review of Resident #2's care plan with a start dated of 5/26/2024 (admitted) under the category of Cognition and Psychosocial Well-Being revealed there was no goal to monitor the resident for wandering or elopement.</p> <p>On 04/01/2024 at 2:22 p.m., a record review of Resident #2's Wander Data Collection Tools and care plan was conducted with S1CCC (Clinical Care Coordinator). She confirmed the resident was assessed for wandering on her admitted [DATE], quarterly on 9/07/2023 and again on 12/07/2023. She also confirmed she did not care plan the resident for wandering. She stated she should have care planned Resident #2 for wandering.</p> <p>On 04/01/2024 at 4:03 p.m., S2ADON (Assistant Director of Nursing) confirmed that if a resident was assessed as a wanderer, they should be care planned for wandering.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 195460
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