

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195464	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2024
NAME OF PROVIDER OR SUPPLIER The Ellington		STREET ADDRESS, CITY, STATE, ZIP CODE 308 Amelia Street Rayne, LA 70578	

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** 47540</p> <p>Based on interview and record review the facility failed to ensure that a resident's person-centered plan of care was implemented for monitoring adverse reactions of Plavix and Aspirin for 1 (Resident #2) out of 3 (Resident #1, #2, and #3) sampled residents.</p> <p>Findings:</p> <p>Review of Resident #2's record revealed she was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, Occlusion and Stenosis of Unspecified Carotid Artery, Heart Failure, and Chronic Pulmonary Edema.</p> <p>Review of Resident #2's Quarterly MDS (Minimum Data Set) dated 04/17/2024 revealed the Brief Interview for Mental Status (BIMS) of 8, indicating her cognition was moderately impaired. Under Section N: Medications revealed the resident received antiplatelets.</p> <p>Review of Resident #2's physician's orders revealed an order entry with a start date of 05/01/2020 read in part, Aspirin EC (enteric coated) tablet delayed release 81 mg (milligram) give 1 tablet by mouth one time a day related to Occlusion and Stenosis of Unspecified Carotid Artery. Further review of Resident #2's physician's orders, revealed an order with a started date of 05/01/2020 of Plavix Tablet 75 mg (Clopidogrel Bisulfate) Give 1 tablet by mouth one time a day related to Occlusion and Stenosis of Unspecified Carotid Artery.</p> <p>Review of Resident #2's person-centered plan of care, revealed in part, a focus of Resident #2 is on Plavix and Aspirin r/t (related to) occlusion and stenosis of carotid artery with an intervention to monitor/document/report PRN (as needed) adverse reactions of therapy: blood tinged or red blood in urine, black tarry stools, dark or bright red blood in stools, sudden severe headaches, nausea, vomiting, diarrhea, muscle joint pain, lethargy, bruising, blurred vision, SOB (shortness of breath), loss of appetite, sudden changed in mental status, significant or sudden changes in v/s (vital signs).</p> <p>Review of Resident #2's MAR (Medication Administration Record) and TAR (Treatment Administration Record) from March, April, and May 2024 did not reveal documentation of monitoring for adverse reactions of Aspirin or Plavix as ordered on the person-centered plan of care.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/28/2024 at 3:10 p.m., an interview was conducted with S1DON (Director of Nursing) who confirmed that Resident #2 was taking Aspirin 81 mg and Plavix 75 mg as ordered. S1DON reviewed Resident #2's person-centered plan of care and confirmed the order of monitoring and documented adverse reactions of Plavix and Aspirin. S1DON also reviewed Resident #2's MAR and TAR from March, April, and May 2024 and confirmed there was no monitoring of adverse reactions of Aspirin and Plavix that was done by nursing staff. S1DON confirmed that monitoring of adverse reaction of Aspirin and Plavix should have been done and documented on the MAR/TAR every shift as ordered on the person-centered plan of care and was not.</p>		