

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195466	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER Lasalle Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 139 Ninth Street Jena, LA 71342	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</p> <p>Based on observations, interviews, and record review the facility failed to ensure that each Resident was treated with respect and dignity and in an environment that promoted maintenance or enhancement of his or her quality of life for 1 (#28) out of a total of 18 sampled Residents, by failing to ensure she was free of facial hair.</p> <p>Findings:</p> <p>Review of Resident #28's medical record revealed she was admitted to the facility on [DATE] with diagnoses which included: Cognitive Communication Deficit, Need for Assistance, Type 2 Diabetes Mellitus and Neuropathy.</p> <p>Review of Resident #28's Quarterly MDS with an ARD of 06/06/2024 revealed she had a BIMS score of 15 (indicating intact cognition). The MDS revealed Resident #28 was independent with personal hygiene and required partial/moderate assistance with shower/bath.</p> <p>Review of Resident #28's care plan with a target date of 09/25/2024 revealed in part .Requires limited assist with bath. Independent in all others. Can feed self with meal tray set-up. Wheelchair used for locomotion. Care plan goal to have a neat well-groomed appearance.</p> <p>Observation on 08/12/2024 at 10:10 a.m. revealed Resident #28 sitting in her room. Resident #28 noted to have facial hair to chin. Resident #28 revealed she usually received a shave with her shower, but had not been shaven recently.</p> <p>Observation and interview on 08/14/2024 at 8:43 a.m. revealed Resident #28 with facial hair to her chin. Resident #28 revealed she was still waiting to be shaved.</p> <p>Interview on 08/14/2024 at 9:05 a.m. with S1 DON revealed Resident #28 received a shower or a whirlpool on the 6:00 p.m. to 6:00 a.m. shift. S1 DON confirmed Resident #28's bath roster indicated she received a shower on 08/12/2024 and a bed bath on 08/13/2024. S1 DON revealed facial hair was to be removed during a resident's bath or when the beautician visited.</p> <p>Observation and interview on 08/14/2024 at 9:35 a.m. of Resident #28 with S10 RN Unit Manager in attendance confirmed Resident #28 had facial hair to chin and should not have.</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>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** 38894</p> <p>Based on observation, record review and interview the facility failed to develop and implement a comprehensive person-centered care plan for 1 (Resident #40) of 1 sampled resident who was identified as a smoker. Findings:</p> <p>Review of a facility policy titled Comprehensive Care Plan dated 01/22/2018 revealed the following including: Policy: The facility will complete person centered, comprehensive plans of care for each resident that will identify specific resident problems (or potential for problem), and will include measurable goals and interventions for each problem identified.</p> <p>Observation on 08/12/2024 at 2:56 p.m. of Resident #40 revealed he was sitting in his room preparing a cup of coffee. He was alert and oriented to person, place, and time. He stated he was able to smoke whenever he wanted and he kept his cigarettes with him.</p> <p>Observation on 08/13/2024 at 8:49 a.m. revealed Resident #40 sitting outside in his wheelchair smoking. He was without supervision although the area he was sitting was surrounded by glass. Safe smoking was observed.</p> <p>Review of Resident #40's facility record revealed an admitted [DATE] with the following diagnoses including: Major Depressive Disorder; Weakness; and Parkinson's.</p> <p>Review of Resident #40's Quarterly MDS with an ARD of 08/12/2024 revealed a BIMS score of 15.</p> <p>Review of Resident #40's Care Plan revealed no information concerning smoking.</p> <p>Review of Resident #40's 05/15/2024 Smoking Safety Evaluation revealed the following including: Resident continues to smoke safely in designated smoking areas per facility protocol.</p> <p>Interview on 08/13/2024 at 9:35 a.m. with S1 DON and S2 MDS Nurse confirmed Resident #40 was not care planned for smoking and should have been.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46773</p> <p>Based on interview and record review the facility failed to ensure that residents who received psychotropic medications were monitored for behaviors and side effects for 2 (#36 and #49) of 5 (#25, #36, #42, #49, and #50) residents reviewed for unnecessary medications.</p> <p>Findings:</p> <p>Resident # 36</p> <p>Review of Resident #36's medical records revealed an admitted [DATE] with diagnoses that included; Unspecified Dementia, with behavioral disturbance, Psychotic disturbance, and Mood disturbance, Depression, and Anxiety Disorder.</p> <p>Review of Resident # 36's Quarterly MDS with ARD of 06/24/2024 revealed a BIMS of 03, which indicates severe cognition impairment.</p> <p>Review of Resident #36's 08/2024 Physician's Order read in part</p> <p>05/08/2024: Alprazolam, Give 0.25mg by mouth, twice daily for Anxiety Disorder, Unspecified Dementia and Other Behavioral Disturbances.</p> <p>05/07/2024: Seroquel, Give 24mg by mouth at bedtime for Anxiety Disorder, Unspecified Dementia and Other Behavioral Disturbances.</p> <p>03/27/2024: Zoloft, Give 25mg by mouth at bedtime for Depression.</p> <p>Review of Resident #36's Care Plan with a review date of 10/11/2024 read in part</p> <p>Risk for crying, drowsiness related to a diagnosis of Depression</p> <p>Intervention: Observe and address signs and symptoms of Depression such as crying, drowsiness, social isolation, irritability, little interest in things once enjoyed. Document and report to Medical Director if persist. Observe for any change in mood, behavior, or cognitive status. Document and report to Medical Director.</p> <p>Risk for side effects of Psychotropic drugs related to antianxiety, antidepressant and antipsychotic use. Interventions: Observe and address side effects related to psychotropic drug use such as sedation, increase confusion, increase agitation, increase anxiety, orthostatic hypotension, rigidity, tremors, lip smacking, abnormal face or jaw movement, abnormal lip movement, abnormal leg/arm movement. Document & report to Medical Director.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #36's Medication Administration Record revealed the Medication Behaviors Monitoring tool was blank for the month of 07/2024 and 08/2024. Review of Resident #36's Medication Side effects Monitoring tool for the month of 07/2024 and 08/2024 revealed monitoring was done on 07/03/2024, 08/5/2024, 08/06/2024, and 08/07/2024 and all other days of 07/2024 and 08/2024 were left blank.</p> <p>Interview on 08/14/2024 at 9:19 a.m. with S4 LPN revealed she documented behaviors for residents on the behavior and side effect tool if behaviors occur, otherwise she does not document on the behavior/side effect tool.</p> <p>Interview on 08/14/2024 at 9:26 a.m. with S1 DON revealed the nurses should be documenting any behaviors exhibited by resident regardless if they are new or normal behaviors. S1 DON revealed any new abnormal behaviors should also be documented in nursing notes and that the Physician rounds on residents every two weeks and staff are to communicate any behaviors residents may have. S1 DON confirmed that Medication Side effects and Behavior monitoring was not completed daily but should have been.</p> <p>44844</p> <p>Resident #49</p> <p>Review of Resident 49's medical record revealed an admitted [DATE], with diagnoses that included: Chronic Kidney Disease Stage 4, Cognitive Communication Deficit, Heart Failure, Unspecified Dementia, and Insomnia.</p> <p>Review of Resident #49's Admission MDS with a Target date of 06/04/2024 revealed a BIMS score of 3, indicating severe cognitive impairment.</p> <p>Review of Resident #49's Care Plan with a Target date of 09/12/2024 revealed in part .Potential risk for difficulty falling asleep related to diagnosis of Insomnia. Potential risk for side effects related to psychotropic drug use related to Hypnotic use, with interventions that included: Observe for adverse side effects such as sedation, increase in Confusion, increased Anxiety, and Orthostatic Hypotension. Document and report to Medical Doctor.</p> <p>Review of Resident #49's 08/2024 Medication Administration Record revealed in part .Temazepam (Restoril) give 7.5 MG by mouth at bedtime related to Insomnia, Unspecified. The Medication Administration Record had no documented Behavior Monitoring for Temazepam.</p> <p>Review of Resident #49's Gradual Dose Reduction sheet dated 07/02/2024 revealed in part .Resident currently taking Temazepam 7.5 MG every night. Medical Doctor noted resident still exhibiting behavioral symptoms at the present dose and further decrease would only make symptoms worse.</p> <p>Interview on 08/13/2024 at 3:55 p.m. with S1 DON confirmed Resident #49 had no documented behaviors on his behavioral monitoring sheet. S1 DON revealed the floor nurses were responsible for documenting behaviors. S1 DON confirmed Resident #49's behavior monitoring sheet was blank and should not have been.</p>		