

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/10/2024
NAME OF PROVIDER OR SUPPLIER  Amelia Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  903 Center Street Lafayette, LA 70501	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47540</b></p> <p>Based on record review, interviews, and review of the facility's policy and procedure, the facility failed to ensure all allegations of injuries of unknown source with serious bodily injury was reported immediately, or within 2 hours of the allegation to the state survey agency for 1 (#1) of 4 (#1, #2, #3 and #R1) residents sampled with facility reported incidents.</p> <p>Findings:</p> <p>On 09/10/2024, a review of the facility's policy titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating with a last reviewed date of 03/11/2024 read in part: Policy Statement: All reports of resident abuse (including injuries of unknown origin) . are reported to local, state and federal agencies (as required by current regulations) . 1. If resident . injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. 2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following applicable persons or agencies: a. The state licensing/certification agency responsible for surveying/licensing the facility . 3. Immediately is defined as: a. within two hours of an allegation involving abuse or result in serious bodily injury .</p> <p>Review of Resident #1's record revealed he was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, Fracture of Right Femur, Muscle Wasting and Atrophy, and Heart Failure.</p> <p>Review of Resident #1's Significant Change Minimum Data Set (MDS) dated [DATE], revealed the resident had a Brief Interview for Mental Status (BIMS) of 3 indicating his cognition was severely impaired.</p> <p>Review Resident #1's Incident Report completed on 08/19/2024 at 1:50 p.m. by S4LPN (Licensed Practical Nurse), read in part: . Informed by CNA (Certified Nursing Assistant) that resident was found on the floor in supine position; Head to toe assessment performed and bruising noted to the L (left) and R (right) hand; skin tear to R upper and c/o (complaints of) pain w/ (with) guarding to the R hip area .</p> <p>Review of the investigation submitted for Statewide Incident Management System (SIMS) Incident ID: 206829 revealed, in part . Entered: 08/21/2024, 11:13 a.m. 08/20/2024, 12:00 p.m.</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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NAME OF PROVIDER OR SUPPLIER  Amelia Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  903 Center Street Lafayette, LA 70501	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's right hip x-ray results revealed the following in part: examination date 08/19/2024 at 10:24 p.m.; reported date: 08/20/2024 at 7:35 p.m. an acute intertrochanteric femoral fracture with mild displacement with varus angulation.</p> <p>Review of Resident #1's progress notes documented by S5LPN revealed the following in part: 08/20/2024 at 1:23 a.m., S5LPN received Xray results. Right hip Acute intertrochanteric femoral fracture with mild displacement with varus angulation . New order to send resident to the ER (emergency room ) for treatment . I called the on-call number. No one answered .</p> <p>Multiple attempts were made to contact S5LPN via phone for interview on 09/09/2024 at 2:50 p.m., at 3:54 p. m., and at 4:08 p.m., and on 09/10/2024 at 8:44 a.m., at 9:40 a.m., and at 11:00 a.m. S5LPN failed to return any phone calls and was unable to be interviewed.</p> <p>On 09/10/2024 at 11:10 a.m. an interview was attempted with Resident #1. Resident #1 is not able to be interviewed due to unable to answer questions appropriately and he does not remember the cause of his right femur fracture.</p> <p>On 09/10/2024 at 11:26 a.m., an interview was conducted with S3ADON (Assistant Director of Nursing). S3ADON stated she was on call on 08/20/2024. She stated S5LPN did call the on call phone, but she (S3ADON) did not answer the phone due to her not hearing it. She stated on 08/20/2024 she called the facility at around 6:45 a.m. and was notified that Resident #1 sustained a right hip fracture and was sent to the ER. She confirmed that she notified S1ADM (Administrator) verbally of Resident #1's right femoral fracture on 08/20/2024 at around 8:15 a.m. in a morning meeting at the facility. She stated she did not have access to report incidents to the state survey agency.</p> <p>Multiple attempts were made to contact S1ADM via phone for interview on 09/10/2024 at 2:12 p.m., at 2:27 p. m., and at 3:12 p.m. S1ADM failed to return any phone calls and was unable to be interviewed.</p> <p>On 09/10/2024 at 3:39 p.m., an interview was conducted with S2DON (Director of Nursing). S2DON stated that S1ADM was currently on vacation and may not be able to take calls. She stated she reviewed Resident #1's x-ray results on 08/20/2024 before coming to work at around 8:00 a.m. and she forwarded the x-ray results to S1ADM on 08/20/2024 at around 8:00 a.m. She confirmed the right femur fracture was an injury of unknown origin and that's why an in-service was completed with staff after this incident on 08/21/2024 to report all injury of unknown origin to the administrator or DON immediately because these must be reported to LDH (Louisiana Department of Health) within 2 hours. She stated S1ADM entered the facility reported incident to the state survey agency on 08/21/2024 at 11:13 a.m. S2DON confirmed this should have reported to the state survey agency within 2 hours of notification for resident #1's injury of unknown source with serious bodily injury.</p>		