STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195481	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverbend Nursing and Rehabilitation Center, Inc	13735 Highway 23 Belle Chasse, LA 70037

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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. 47487 Based on interviews and record reviews, the facility failed to respect a resident or a resident's responsible party's right to choose a health care services for (Resident #1) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents investigated for resident rights. Findings: Review of Resident #1's Physician's Communication dated 03/04/2024 revealed, in part, documentation that Resident #1's representative had concerns regarding Resident #1's continued itching and requested that Resident #1 see a dermatologist. In a telephone interview on 04/11/2024 at 4:17 p.m., Resident #1's responsible party indicated Resident #1's skin rash had kept getting worse despite treatment, and Resident #1's responsible party had requested that Resident #1 be sent to a dermatologist. Resident #1's responsible party further stated no appointment with a dermatologist was made, and no staff from the facility had gotten back to her regarding the above mentioned request. Resident #1's representative indicated Resident #1 was diagnosed with scabies (a contagious, intensely itchy skin condition cause by tiny, burrowing mites) when he was admitted to the hospital on 03/12/2024. In an interview on 04/11/2024 at 9:41 a.m., S4Social Services Director stated if a resident chooses to see a dermatologist, the nurse would let the resident's physician know of the resident's request, and then S4Social Services Director would call and get an appointment scheduled. S4Social Services Director further stated she knew Resident #1's representative wanted him to go to a dermatologist. S4Social Services Director stated a resident had the right to go to any doctor if they choose to do so. In an interview on 04/11/2024 at 5:27 p.m., S4Social Services Director stated she could not produce evidence that Resident #1 was scheduled or had seen a dermatologist.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195481	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverbend Nursing and Rehabilitation Center, Inc	13735 Highway 23 Belle Chasse, LA 70037

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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47487 Based on interview and record review, the facility failed to have quarterly care plan meetings with the interdisciplinary team for 2 (Resident #1 and Resident #2) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents investigated for care plans. Findings: Resident #1 In an interview on 04/11/2024 at 4:17 p.m., Resident #1's responsible party indicated she had only been invited to two of Resident #1's plan of care meetings since Resident #1 was admitted to the facility on [DATE]. Resident #1's responsible party further indicated she had not been to a plan of care meeting at the facility during his last 3 months as a resident. Review of a letter presented by S4Social Services Director, revealed, in part, Resident #1 was scheduled to have a plan of care meeting on 01/11/2024. Review of Resident #1's record revealed, in part, no evidence, and the facility did not present any documented evidence, a plan of care meeting was held for Resident #1 between 01/01/2024 and his discharge on 03/12/2024. In an interview on 04/11/2024 at 5:27 p.m., S4Social Services Director stated that she could find no evidence that a plan of care meeting was held for Resident #1 anytime between 01/01/2024 and his discharge on 03/12/2024 or evidence as to who would have attended the scheduled plan of care meeting. Resident #2 Review of a letter presented by S4Social Services Director, revealed, in part, Resident #2 was scheduled to have a plan of care meeting on 02/15/2024. Review of Resident #2's record revealed, in part, no evidence, and the facility did not present any documented evidence, a plan of care meeting was held for Resident #2 between 01/01/2024 to 04/11/2024. Further review revealed Resident #2's last plan of care meeting was held on 11/02/2023. In an interview on 04/11/2024 at 5:27 p.m., S4Social Services Director indicated she could not find any documentation that a plan of care meeting was held for Resident #2 anytime between 01/01/2024 and 04/11/2024 or evidence as to who would have attended the scheduled plan of care meeting.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195481	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverbend Nursing and Rehabilitation Center, Inc	13735 Highway 23 Belle Chasse, LA 70037

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47487 Based on interviews and record reviews, the facility failed to assess and/or measure a resident's wound weekly for 2 (Resident #1 and Resident #3) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents investigated for wound management. Findings: Resident #1 Review of Resident #1's hospital discharge record dated 12/29/2023 revealed, in part, Resident #1 had a wound dehiscence (total or partial separation of a wound the was previously closed). Review of Resident #1's nurse's note dated 12/30/2023, revealed, in part, Resident #1 returned back to the facility with sutures to the left side of his head. Review of Resident #1's clinical record revealed no documented evidence, and the facility did not present any documented evidence, Resident #1's left scalp incision was assessed and/or measured upon Resident #1's return from the hospital and/or weekly. In an interview on 04/09/2024 at 1:30 p.m., S2Assistant Director of Nursing (ADON) confirmed there was no evidence of a wound assessment for Resident #1's surgical incision to his left head from 12/2023 to his discharge on 03/12/2024. S2ADON further indicated there should have been an assessment of Resident #1's surgical incision documented weekly. Resident #2 Review of Resident #2's February, March, and April 2024 Physician's orders revealed, in part, Resident #2 was to receive wound care to right leg wound from 02/01/2024 to 04/11/2024. Review of Resident #2's clinical record revealed, no documented evidence, and the facility did not present any documented evidence, Resident #2's right calf venous ulcer was assessed and/or measured weekly except on 04/02/2024. Review of Resident #2's right calf venous ulcer wound assessment dated [DATE], revealed no documented evidence that Resident #2's right calf venous ulcer was measured. In an interview on 04/11/2024 at 3:50 p.m., S2ADON confirmed there was no evidence of a wound assessment for Resident #3's right calf venous ulcer except on 04/02/2024. S2DON further confirmed the wound assessment of Resident #2's right calf venous ulcer, dated 04/02/2024, did not have wound measurements documented. In an interview on 04/11/2024 at 4:00 p.m., S1Director of Nursing (DON) indicated a wound assessment with measurements should have been completed for both Resident #1's left scalp incision and Resident #3's right calf venous ulcer. S1DON further indicated the wound assessment for Resident #3's right calf venous ulcer, dated 04/02/2024, should have wound measurements documented.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195481	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverbend Nursing and Rehabilitation Center, Inc	13735 Highway 23 Belle Chasse, LA 70037

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)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 47487 Based on observation, record review, and interview, the facility failed to follow the menu for 1 (Resident #3) of 2 (Resident #2 and Resident #3) sampled residents investigated for dietary services in a total sample of three. Findings: Review of the facility's regular diet menu for 04/11/2024 revealed, in part, residents were to be served roasted pork, au gratin potatoes, sliced zucchini, a dinner roll, a brownie, margarine, salt packet, pepper packet, a choice of a beverage, and water. Observation of the facility's posted lunch menu on 04/11/2024 at 11:22 a.m. revealed, in part, residents were to be served roasted pork loin, mashed potatoes, California blend vegetables, dinner rolls, brownies, salt packet, pepper packet, juice, and water. Observation on 04/11/2024 at 2:30 p.m., revealed Resident #3's lunch tray did contain a piece of battered and/or fried meat. In an interview on 04/11/2024 at 2:30 p.m., Resident #3 indicated she did not like the meat she was given today for lunch, as it was either fried chicken or fried pork. Resident #3 further stated she saw the menu for 04/11/2024, and the residents were supposed to be served roasted pork loin today for lunch. Resident #3 further stated that she would have wanted to eat the roasted pork loin. In an interview on 04/11/2024 at 2:32 p.m., S5Dietary Supervisor confirmed there was a piece of fried/battered pork on Resident #3's lunch tray. S5Dietary Supervisor further indicated residents should have been served the meal as listed on the menu.