

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195481	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2024
NAME OF PROVIDER OR SUPPLIER Riverbend Nursing and Rehabilitation Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34060</p> <p>Based on observation, record review, and interviews, the facility failed to ensure wound care treatments were administered to residents as ordered for 2 (Resident #1 and Resident #3) of 2 (Resident #1 and Resident #3) sampled residents investigated for pressure injuries.</p> <p>Findings:</p> <p>Review of the facility's wound care/dressing change policy revised 12/2022 revealed, in part, in preparation to performing wound care, a review of the resident's medical record and/or care plan, current orders, and diagnoses to determine any special resident needs should be completed. Further review revealed, in part, the date and time the dressing was changed, and the name and title of the individual changing the dressing should be recorded in the resident's medical record.</p> <p>Resident #1</p> <p>Review of Resident #1's electronic medical record revealed, in part, Resident #1 was admitted to the facility on [DATE] with diagnoses of, in part, Pressure Ulcer of Sacral Region, Stage 4, Muscle Wasting and Atrophy, and Fusion of Spine, Cervical Region.</p> <p>Review of Resident #1's Minimum Data Set with an Assessment Reference Date of 06/26/2024 (Quarterly) revealed Resident #1 had a Brief Interview for Mental Status score of 15 (cognitively intact). Review of Section GG revealed Resident #1 had upper extremity impairment on both sides, and lower extremity impairments on both sides, and used a wheelchair. Review of Section M revealed Resident #1 had a pressure ulcer, was at risk for developing a pressure ulcer, and was assessed as having one stage 4 pressure ulcer that was present upon admission.</p> <p>Review of Resident #1's Care Plan revealed, in part, Resident #1 had a stage 4 pressure ulcer to the sacrum. Further review revealed an intervention to follow facility policies/protocol for the prevention of skin breakdown.</p> <p>Review of Resident #1's August 2024's Physician's Orders revealed, in part, an order with a start date of 06/03/2024 to clean Resident #1's stage 4 sacral pressure ulcer with normal saline, pat dry, apply santyl (an ointment uses to remove damaged tissue from chronic skin ulcers), lightly pack with gauze, and cover with appropriate dressing once a day and as needed.</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 Riverbend Nursing and Rehabilitation Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 13735 Highway 23 Belle Chasse, LA 70037	
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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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #1's June, July, and August 2024's electronic Treatment Administration Order (e-TAR) revealed, in part, Resident #1's treatment to his sacrum was not administered daily as per physician's orders.</p> <p>In an interview on 08/23/2024 at 2:30 p.m., Resident #1 indicated that he had a pressure ulcer to his sacrum. Resident #1 also indicated the nurse treated his wound every Wednesday.</p> <p>Resident #3</p> <p>Review of Resident #3's electronic medical record revealed, in part, Resident #3 was admitted to the facility on [DATE] with diagnoses of, in part, Alzheimer's Disease, Dementia, Age related debility, and Right Femur Fracture.</p> <p>Review of Resident #3's Minimum Data Set with an Assessment Reference Date of 07/18/2024 revealed Resident #3 had a Brief Interview for Mental Status score of 8 (moderate cognitive impairment). Further review of Section M revealed Resident #3 was at risk for developing pressure ulcers/injuries.</p> <p>Review of Resident #3's Care Plan revealed she had a potential for pressure ulcer development related to immobility.</p> <p>Review of Resident #3's August 2024's Physician's Orders revealed, in part, an order with a start date of 07/29/2024 to provide wound care to Resident #3's right lateral heel, and cleanse with normal saline, pat dry, apply antibiotic ointment, cover with appropriate dressing every Monday, Wednesday, and Friday and as needed until resolved.</p> <p>Review of Resident #3's July and August 2024's e-TAR revealed, in part, Resident #3's treatment to her right heel was not administered every Monday, Wednesday, and Friday as per physician's orders.</p> <p>In an interview on 08/27/2024 at 10:08 a.m., upon review of the missing entries on Resident #1's e-TAR for the above months, S2Director of Nursing (DON) indicated that Resident #1's wound care to his sacrum was not completed by the nursing staff daily as ordered, and it should have been completed daily as ordered. S2DON indicated that the nurses assigned to each neighbor pod were responsible for completing Resident #1's wound care daily, and prior to 08/26/2024, the facility did not employ a dedicated Treatment Nurse to provide wound treatments to residents.</p> <p>In an interview on 08/27/2024 at 1:36 p.m., S2DON confirmed that Resident #3's wound care treatment was not documented as being administered as ordered, and she indicated that wound care treatments should have been completed as ordered.</p> <p>In an interview on 08/27/2024 at 1:38 p.m., S1Administrator indicated that Resident #1 and Resident #3's wound care treatments were not administered as per Physician's orders and the nurses on each pod should have performed the wound care for Resident #1 and Resident #3 as per Physician's orders and the nurses on each pod should have performed the wound care for Resident #1 and Resident #3 as per physician's orders.</p>		