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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>195481 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>05/28/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Riverbend Nursing and Rehabilitation Center, Inc |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>13735 Highway 23<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observations, interviews, and record reviews, the facility failed to provide a privacy cover for a urinary catheter drainage bag for 1 (Resident #1) of 3 (Resident #1, Resident #2, Resident #3) residents reviewed with urinary catheters.</p> <p>Findings:</p> <p>Review of Resident #1's Care Plan revealed, in part, Resident #1 has a urinary catheter bag related to Urinary Retention, revised on 01/26/2025, with an intervention to keep Resident #1's catheter drainage bag in a privacy cover.</p> <p>Review of Resident #1's Quarterly Minimum Data Set with an Assessment Reference Date of 04/16/2025 revealed, in part, Resident #1 had Brief Interview for Mental Status score of 5, which indicated Resident #1 had impaired cognition.</p> <p>Observation on 05/27/2025 at 11:23AM revealed Resident #1 was in her wheelchair in the dining area. Further observation revealed Resident #1's catheter drainage bag was attached under her wheelchair seat, and yellow urine was visible in the catheter drainage bag.</p> <p>Observation on 05/27/2025 at 1:41PM revealed Resident #1 was in her room, lying in bed. Further observation revealed Resident #1's catheter drainage bag was attached to the bottom of the bed railing, and her urine was visible in the catheter drainage bag from the doorway. Further observation revealed Resident #1 has a roommate that resided in the room with Resident #1.</p> <p>Observation on 05/27/2025 at 3:32PM revealed Resident #1 was in her room, lying in bed. Further observation revealed Resident #1's catheter drainage bag was attached to the bottom of the bed railing, and her urine was visible in the catheter drainage bag from the doorway.</p> <p>In an interview on 05/28/2025 at 9:12AM, S3Licensed Practical Nurse indicated Resident #1 should have a privacy cover for her catheter drainage bag at all times.</p> <p>In an interview on 05/28/2025 at 10:33AM, S4Certified Nursing Assistant, confirmed Resident #1 did not have a privacy cover over Resident #1's urinary catheter bag on 05/27/2025 during her shift.</p> <p>In an interview on 05/28/2025 at 2:01PM, S2Director of Nursing, indicated urinary catheter bags should be covered at all times, and confirmed Resident #1's urinary catheter bag should have been covered.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| NAME OF PROVIDER OR SUPPLIER<br><br>Riverbend Nursing and Rehabilitation Center, Inc   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>13735 Highway 23<br>Belle Chasse, LA 70037 |  |
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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record reviews, the facility failed to ensure a resident's Foley catheter (a medical device inserted into the bladder to collect urine) was changed according to physician's orders for 1 (Resident #2) of 3 (Resident #1, Resident #2, Resident #3) sampled residents reviewed for catheter use.</p> <p>Findings:</p> <p>Review of Resident #2's medical record revealed, in part, he was admitted to the facility on [DATE] with diagnosis, in part, of urinary retention and had an indwelling Foley catheter.</p> <p>Review of Resident #2's March 2025 Physician's Orders revealed, in part, to not remove Resident #2's Foley catheter. Further review revealed Resident #2's Foley catheter was to be changed every month by urology.</p> <p>Review of Resident #2's indwelling catheter Care Plan revealed, in part, Resident #2's catheter was to be changed every month at Resident #2' urology office.</p> <p>Review of Resident #2's electronic medical record revealed, in part, no documented evidence and the facility was unable to present any documented evidence Resident #2's Foley catheter was changed/replaced in March 2025.</p> <p>In an interview on 05/29/2025 at 3:50PM, S2Director of Nursing confirmed the above findings and indicated she did not have any documented evidence to present to dispute the above findings.</p> |   |  |