

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Riviere DE Soleil Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7408 Hwy 1 Mansura, LA 71350	

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>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>44844</p> <p>Based on observation and interview the facility failed to ensure that each Resident was treated with respect and dignity in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life by failing to wait until all residents eating at a table were finished with their meal before picking up trays. Total sample size was 26.</p> <p>Findings:</p> <p>Observation of X Hall dining room on 07/09/2024 at 11:43 a.m. revealed S7 CNA removing plates from the dining table, while other residents at the same dining table were still eating.</p> <p>Interview on 07/09/2024 at 11:45 a.m. with S7 CNA revealed she did not know she should wait until all residents at the dining table were finished eating before removing their plates.</p> <p>Interview on 07/09/2024 at 11:50 a.m. with S10 LPN confirmed S7 CNA should have waited until all residents at the dining table were finished eating, before removing any plates from the table.</p> <p>Interview on 07/10/2024 at 1:40 p.m. with Resident #57 who had a BIMS score of 14 (indicating intact cognition), revealed on yesterday (07/09/2024) when S7 CNA started removing plates from the dining table while she was still eating, it made her feel rushed to finish eating.</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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20604</p> <p>Based on interview and record review, the facility failed to ensure a personal funds statement was provided quarterly for 1(#24) of 1 resident reviewed for personal funds.</p> <p>Findings:</p> <p>Review of an undated facility policy titled Resident Trust Fund Policy/Procedure [NAME] read in part: . Quarterly Statements. The facility provides a written statement quarterly to each resident or authorized representative within 30 days after the end of the quarter. A copy is also filed in the resident's trust fund folder. The quarterly statement includes the following: balance at the beginning of the statement period, total deposits and withdrawals, interest earned, if any, and ending balance. A Resident Trust Fund Quarterly Statement Distribution Form should be signed and dated by the Administrator and two witnesses indicating that the quarterly accounting statements have been distributed and the completed form is to be kept in the Administrative office with the trust fund records .</p> <p>Review of Resident #24's Medical Record revealed she was admitted to the facility on [DATE], with a primary diagnosis of Chronic Obstructive Pulmonary Disease with Acute Exacerbation.</p> <p>Review of Resident #24's Quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 04/17/2024 revealed Resident #24 had a BIMS (Brief Interview for Mental Status) of 10 (moderately impaired cognition).</p> <p>Interview with Resident #24 on 07/09/2024 at 9:21 a.m. revealed the facility managed her money. Resident #24 stated she was admitted to the facility approximately 6 months ago and had not received a quarterly account statement.</p> <p>Interview with S2 Administrative Assistant, on 07/09/2024 at 10:30 a.m. revealed she was responsible for sending out quarterly account statements. S2 Administrative Assistant indicated that she mailed the statements out to the resident's responsible party quarterly. S2 Administrative Assistant stated for residents that were their own RP, she provided account balances when resident's came to request money. S2 Administrative Assistant indicated she did not have a system for residents that were their own responsible party, to receive quarterly statements. S2 Administrative Assistant indicated that Resident #24 had withdrawn money on 04/21/2024, 04/23/2024 and 04/24/2024, and thinks she would have given Resident #24 an account balance then, but could not confirm Resident #24 received a quarterly statement.</p> <p>Interview with S1 Administrator, on 07/09/2024 at 4:20 p.m. revealed he signed the Trust Fund Quarterly Statement Distribution Form. S1 Administrator indicated that his signature was acknowledgment he received the statements from cooperate office, but not a verification that the quarterly statements were distributed to residents. S1 Administrator indicated that he had spoken to Resident #24 and verified she did want to receive her statements quarterly. S1 Administrator stated he did not have documentation that Resident #24 received her quarterly statement, but should have.</p>		

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<p>F 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>20604</p> <p>Based on observation, interview and record review the facility failed to ensure resident equipment, a Pommel cushion, was in good repair for 1 (#49) of 4 (#23, #43, #49 and #85) residents reviewed for environment.</p> <p>Findings:</p> <p>Review of the facility's policy Assistive Devices and Equipment with Revision date January 2020 revealed . c. Device condition- devices and equipment are maintained on schedule and according to manufacturer's instructions. Defective or worn devices are discarded or repaired .</p> <p>Review of the Resident #49's MDS with ARD of 05/21/2024, revealed Resident #49 had a BIMS of 12 which indicated moderate cognitive impairment.</p> <p>Review of Resident #49's current Care Plan revealed .Pommel cushion applied to my wheelchair to aid in the prevention of me slipping out of chair . with start date 09/10/2019.</p> <p>Observation on 07/08/2024 at 10:21 a.m. revealed Resident #49 was seated in his wheelchair with Pommel cushion in place. Resident #49's Pommel cushion had a 3 inch tear along the seam with the inner foam exposed.</p> <p>Observation on 07/09/2024 at 8:43 a.m. revealed Resident #49 was seated in his wheelchair with Pommel cushion in place. Resident #49's Pommel cushion had a 3 inch tear along the seam with the inner foam exposed. Resident #49 stated It's been like that for 2 1/2 to 3 weeks.</p> <p>Interview on 07/09/2024 at 1:00 p.m. with S4 LPN revealed she was responsible for overseeing the care of Resident #49. S4 LPN stated Resident #49's pommel cushion should be inspected and cleaned every day, and replaced if in disrepair. S4 LPN indicated Resident #49's Pommel cushion should have been replaced.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47004</p> <p>Based on observation, interview and record review the facility failed to ensure that residents received treatment and care in accordance with professional standards of practice for 2 (Resident #26, and Resident #46) of 26 sampled Residents. Findings:</p> <p>Resident #26</p> <p>Review of Resident #26's medical record revealed an admitted [DATE]. Resident #26 had the following diagnoses in part . Primary Osteoarthritis of Right Shoulder, Retention of Urine, Urinary Tract Infection, Constipation, Paroxysmal Atrial Fibrillation, and Generalized Anxiety Disorder.</p> <p>Review of Resident #26's Quarterly MDS with an ARD of 05/22/2024 revealed Resident #26 had a BIMS of 15 (Cognition Intact). Resident #26 was dependent on staff for toileting.</p> <p>Review of Resident #26's Comprehensive Person Centered Care Plan with a target completion date of 07/16/2024 revealed the following in part . I have constipation. I have occasional diarrhea. Interventions included the following in part . Record my bowel movement pattern each day. Describe amount, color and consistency.</p> <p>Review of Resident #26's medical record revealed she was hospitalized [DATE]- 05/16/2024 with a diagnosis of Fecal Impaction.</p> <p>Review of Resident #26's 05/2024 Bowel and Bladder Elimination Record revealed 14 out of 40 documented bowel movements did not have size and consistency documented.</p> <p>Interview on 07/08/2024 at 9:26 a.m. with Resident #26 revealed she had been recently hospitalized . Resident #26 stated she had stomach issues, and I had to get my belly cleaned out at the hospital.</p> <p>Interview on 07/09/2024 at 2:50 p.m. with S5 DON confirmed CNA's are required to document Bowel Contenance, Size, and Consistency of bowel movements on resident's Bowel and Bladder Elimination Record. Review of Resident #26's 05/2024 Bowel and Bladder Elimination record with S5 DON revealed Resident #26's 05/2024 Bowel and Bladder Elimination record did not have documentation to include bowel size and consistency, and it should have been.</p> <p>Interview on 07/10/2024 at 9:59 a.m. with S11 LPN revealed Resident #26 had a history of constipation and diarrhea. S11 LPN stated she sent Resident#26 to the hospital on 05/13/2024 due to the resident vomiting, and not feeling well. S11 LPN stated Resident#26 denied constipation on 05/13/2024, and stated Resident #26 was good about letting staff know if she did not have a bowel movement. Review of Resident #26's 05/2024 Bowel and Bladder Elimination report with S11 LPN. S11 LPN stated Resident #26 had bowel movements on 05/09/2024, and 05/11/2024, but the size and consistency were not documented. S11 LPN confirmed CNA's should document bowel movement size and consistency on the record when documenting bowel movements, but had not.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 07/10/2024 at 2:16 p.m. with S12 CNA revealed she was required to document bowel movement continence, size, and consistency on the Bowel and Bladder Elimination Report, and had failed to do so.</p> <p>38894</p> <p>Resident #46</p> <p>Review of the facility's policy dated 2017 titled Medication and Treatment Orders read in part: Policy Statement - Orders for medications and treatments will be consistent with principles of safe and effective order writing. Policy Interpretation and Implementation - Verbal orders must be recorded immediately in the resident's chart by the person receiving the order and must include prescriber's last name, credentials, the date and the time of the order.</p> <p>Review of Resident #46's EHR revealed an admitted [DATE] with the following diagnoses including: Acute Respiratory Failure and CHF.</p> <p>Review of Resident #46's 07/2024 MD Orders revealed the following including:</p> <p>08//23/2023 - DNR</p> <p>04/30/2024 - Admit to All Saints Hospice: Dx: CHF</p> <p>05/10/2024 - Feeder and assist per staff with all meals</p> <p>06/17/2024 - MS 100 mg/5 ml Concentrate - give 0.5 ml SL every 2 hours prn pain/air hunger</p> <p>06/20/2024 - crush medications every shift</p> <p>06/26/2024 - Lorazepam Oral Concentrate 2 mg/ml Give 0.5 ml sublingually every 4 hours as needed for Anxiety for 14 Days</p> <p>07/02/2024 - Tramadol HCL 50 mg q 8 hours prn</p> <p>Review of Resident #46's 04/30/2024 - 07/09/2024 Nurse Notes revealed Resident #46 was admitted to hospice on 04/30/2024. On 07/08/2024 there was documentation that stated the MD visited today with new orders to hold medication due to Resident #46 not swallowing; RP notified.</p> <p>Review of Resident #46's 07/2024 e-MAR revealed the Resident #46 had not been given any po medications since 07/08/2024.</p> <p>Review of Resident #46's facility chart revealed no MD order concerning holding medications.</p> <p>Interview on 07/09/2024 at 1:22 p.m. with S6 LPN revealed Resident #46's physician made rounds yesterday (07/08/2024) and gave a verbal order to hold po medications due to Resident #46 having problems swallowing. S6 LPN stated she did not write an order for the verbal order given by Resident #46's physician and she should have.</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents obtained routine dental services for 1 (Resident #89) of 2 (Resident #89 and Resident #98) sampled residents for dental. Total sample size was 26. Findings:</p> <p>The Facility's Policy Titled Dental Examination/Assessment with a Revision date of December 2013, read in part .</p> <p>Policy statement:</p> <p>Each resident shall undergo a dental assessment prior to or within 90 days of admission.</p> <p>Policy Interpretation and Implementation:</p> <p>1. Resident shall be offered dental services as needed.</p> <p>Review of Resident #89's clinical record revealed an admitted [DATE] with diagnoses which included in part: Type 1 Diabetes Mellitus, Hypertension, Hemiplegia and Hemiparesis following Cerebral Infarction affecting Left non-dominant side.</p> <p>Review of Resident #89's Quarterly MDS with an ARD of 05/29/2024 revealed a BIMS score of 14 indicating intact cognition. Resident #89 required setup or clean-up assistance with meals and oral hygiene.</p> <p>Review of Resident #89's care plan with a target date of 08/08/2024 read in part . I am at risk for oral/dental health problems related to poor oral hygiene with approaches that included arrangements coordinated for dental care, transportation as needed.</p> <p>Observation and interview on 07/08/2024 at 10:47 a.m. revealed Resident #89 was edentulous. Resident #89 stated he was [AGE] years old and had not seen the dentist since he was admitted to the facility. Resident #89 stated he would like to be seen by the dentist for dentures.</p> <p>Review of Resident #89's Dental progress notes revealed Resident #89 had scheduled dental appointments on 03/09/2024 and the appointment was rescheduled, for 09/07/2023 with no documented reason of why. On 09/07/2023, Resident #89 was not seen by the Dentist as the dental progress notes read in part . 09/07/2023 patiently currently in patient care. Will reschedule.</p> <p>Review of Resident #89's Dental Visit Notification Forms revealed the following:</p> <p>09/07/2024- Therapy Conflict (Resident #89 was in therapy).</p> <p>10/25/2024-Time conflict (Dentist ran out of time before Resident #89 could be seen).</p> <p>01/26/2024-Resident #89 not seen due to scheduling (Dentist ran out of time).</p> <p>(continued on next page)</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 07/09/2024 at 1:47 p.m. with Resident #89 revealed he had spoken to the staff (unable to recall the date and/or staff) requesting to see the dentist and as of today, he was still waiting on a reply and/or on an appointment.</p> <p>Interview on 07/09/2024 at 1:50 p.m. with S9 RN confirmed after reviewing Resident #89's dental progress notes that Resident #89 had not been seen by a dentist since admission and should have been.</p> <p>Interview on 07/09/2024 at 1:55 p.m. with S8 Social Worker revealed she was uncertain as to why Resident #89's appointments had been rescheduled and he had not been seen by a Dentist before now. After reviewing Resident #89's Dental Visit Notification Forms, S8 Social Worker confirmed Resident #89 should have been seen by the Dentist.</p> <p>Interview on 07/09/2024 at 3:00 p.m. with S5 DON confirmed that Resident #89 had been scheduled but was not seen and/or had a Dental assessment within 90 days of his admission to the facility and should have.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38894</p> <p>Based on observation and interview the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety. Findings:</p> <p>Review of the facility's policy dated ,d+[DATE] titled Food Service Operational Standards for Purchasing, Cooking and Storage read in part: Policy: The facility stores, prepares, distributes and serves food under sanitary conditions to prevent the spread of food borne illness and to reduce those practices that result in food contamination and compromised food safety.</p> <p>Procedure: 8. Cooling and storing - g. Label and store foods with the date and time they were prepared to indicate when to discard.</p> <p>Review of the facility's policy dated ,d+[DATE] titled Storage of Cooked Foods read in part: Procedure: 5. Discard food that has exceeded maximum storage time. j. Gravy - Discard.</p> <p>Review of the facility's policy dated ,d+[DATE] titled Food Receiving and Storage read in part: Policy Statement - Foods shall be received and stored in a manner that complies with safe food handling practices. Policy Interpretation and Implementation - 8. All foods stored in the refrigerator or freezer will be covered, labeled and dated (received and/or open date).</p> <p>Observation on [DATE] at 8:55 a.m. of the facility kitchen with S3 Dietary Manager revealed the following expired items noted in the pantry and in the reach in refrigerator:</p> <p>Plate Scraper - 2 cans - expired [DATE]</p> <p>Tomato Paste 12 ounce cans - 20 cans - expired [DATE] and [DATE]</p> <p>Potato Salad - 1 gallon - expired [DATE]</p> <p>Garlic in Water - 2 jars - expired [DATE]</p> <p>1 unlabeled, undated pitcher of prepared brown gravy</p> <p>Interview on [DATE] at 9:45 a.m. with S3 Dietary Manager confirmed the above findings. S3 Dietary Manager stated the items should have been disposed and were not.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>44844</p> <p>Based on observation and interview the facility failed to keep all information in the Medical Record confidential for 4 (Resident #92, Resident #74, Resident #57 and Resident #58) 6 residents receiving Dialysis outside of the facility. Total sample size was 26. Findings:</p> <p>Observation on 07/09/2024 at 4:05 p.m. of the facility's front desk revealed a sheet attached to a clip board, which contained 4 Residents full name and the times they needed to be at Dialysis. The list was visible to the public. Visitors were observed at the front desk several times throughout the survey process.</p> <p>The sheet read in part .</p> <p>Dialysis Schedule:</p> <p>Monday, Wednesdays and Friday</p> <p>Resident #92-chair time 6:15 a.m.</p> <p>Resident #74-chair time 11:20 p.m.</p> <p>Tuesdays, Thursdays and Saturdays</p> <p>Resident #57-chair time 5:50 a.m.</p> <p>Resident #58-chair time 11:30 a.m.</p> <p>Interview on 07/09/2024 at 4:05 p.m. with S5 DON confirmed the list with resident's full names and Dialysis times were visible to visitors, and it should not have been.</p>