

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195500	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Tioga Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 Shreveport Hwy Pineville, LA 71360	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373</p> <p>Based on record review and interview, the facility failed to implement the person-centered care plan for 1 (#81) of 3 (#76, #81, & #87) residents reviewed for pain management by failing to order and administer Lidocaine patches for pain, as recommended by the resident's orthopedic doctor.</p> <p>Findings:</p> <p>Review of Resident #81's medical record revealed an admitted [DATE] with diagnoses that included in part . Lumbago with Sciatica, Muscle Weakness, and Left Arm Pain.</p> <p>Review of Resident #81's MDS with an ARD of 05/01/2024 revealed a BIMS score of 14, which indicated the resident was cognitively intact. Review of the MDS revealed Resident #81 used a walker to ambulate and her primary medical condition was listed as Lumbago with Sciatica, right side. Review of the MDS revealed the resident received prn pain medications.</p> <p>Review of Resident #81's current physician's orders revealed the following:</p> <p>05/13/2024: Appointment with Orthopedist 05/23/2024 Right iliolumbar ligament and right sacroiliac joint injections</p> <p>05/13/2024: Acetaminophen 325 mg -give 2 tablets po q 4 hours as needed for general discomfort</p> <p>04/23/2024: Norco Oral Tablet 5-325 mg po q 12 hours prn pain</p> <p>05/06/2024: Tizanidine HCL 2 mg give 1-2 tablets po at hs</p> <p>Review of Resident #81's care plan with a target completion date of 05/16/2024 revealed she was care planned for I am on pain medication related to Scoliosis, Cervicalgia, Osteoporosis, and Lumbago with Sciatica, right side. Interventions included: I will be free of any discomfort or adverse side effects from pain medication through the review date; Administer my analgesic medications as ordered by physician. Monitor/document side effects and effectiveness every shift; Monitor/document/report as needed If I exhibit adverse reactions to analgesic therapy.</p> <p>Review of the nurses' notes for Resident #81 revealed the following:</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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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>05/13/2024 at 12:19 p.m.: Resident returned from appointment with (Orthopedist), per wheelchair via facility's transportation. Resident returned in stable condition. Lidocaine patches recommended to affected area 12 hours on 12 hours off. Schedule for right iliolumbar ligament and right sacroiliac joint injections under fluoroscopy on 05/23/2024. By S2 LPN.</p> <p>In an interview on 05/20/2024 at 9:32 a.m., Resident #81 stated her back was hurting and asked if I could find out about her getting some pain medicine for it. Resident #81 stated she only received Tylenol for the pain and stated it doesn't work.</p> <p>In an interview on 05/21/2024 at 8:45 a.m., Resident #81 stated her back hurts this morning. Resident #81 stated she was hoping to get some relief when she goes to the Orthopedist on Thursday to get her injections.</p> <p>In an interview on 05/21/2024 at 9:57 a.m , Resident #81 confirmed at her appointment on 05/13/2024 the Orthopedist did recommend Lidocaine patches but stated the nurses haven't put any patches on her yet. Resident #81 stated she wanted to try the patches.</p> <p>In an interview on 05/21/2024 at 10:39 a.m., S2 LPN stated Resident #81 went to the doctor and returned with a progress note that recommended Lidocaine patches. S2 LPN stated she called the Orthopedist's office to get an order for the patches and left a message, but they never called her back. S2 LPN confirmed she never followed up with the doctor by trying to call them back.</p> <p>Review of the progress note dated 05/13/2024 on 05/21/2024 at 10:42 a.m. with S1 ADON revealed the Orthopedist recommended Lidocaine patches to affected area, 12 hours on and 12 hours off. S1 ADON stated S2 LPN should have called the facility's Medical Director or Resident #81's Nurse Practitioner to see if they wanted to carry out this order, but did not.</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>38373</p> <p>Based on interview and record review, the facility failed to ensure the Quality Assessment and Assurance (QAA) committee meeting included the required 6 staff members for the facility's last 4 quarterly committee meetings.</p> <p>Findings:</p> <p>Review of the facility's quarterly Quality Assessment and Assurance (QAA) committee sign in sheets conducted on April 11, 2024, January 18, 2024, October 3, 2023, and July 13, 2023 revealed staff in attendance was the facility's Medical Director, Administrator, Director of Nurses, and the Infection Preventionist.</p> <p>During an interview on 5/22/2024 at 12:10 p.m., S3 Administrator indicated that he was not aware of the other members required attendance in the Quarterly QAPI meetings.</p>		