

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195501	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Harvest Manor Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 839 North Range Avenue Denham Springs, LA 70726	

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** 52121</p> <p>Based on observations, interviews, and record review, the facility failed to ensure interventions for falls were implemented as identified on the care plan for 1 (#3) of 2 (#2 and #3) residents reviewed for falls.</p> <p>Findings:</p> <p>Review of Resident #3's Clinical Record revealed she was admitted to the facility on [DATE]. Further review revealed the resident had diagnoses which included Alzheimer's Disease and repeated falls.</p> <p>Review of Resident #3's Quarterly MDS with an ARD of 02/18/2025 revealed a BIMS of 03, which indicated severe cognitive impairment.</p> <p>Review of Resident #3's Physician Orders revealed the following:</p> <p>Fall mat X 2 at bedside for safety, every shift, prescriber written, active, start date 07/01/2024</p> <p>Review of Resident #3's current Care Plan revealed the following:</p> <p>Problem: The resident is at risk for falls r/t Alzheimer's dementia, history of falls.</p> <p>Intervention: Fall mat x2 at bedside for safety.</p> <p>On 05/06/2025 at 10:18 a.m., an observation was made of Resident #3's room. One fall mat was observed at bedside.</p> <p>On 05/07/2025 at 9:42 a.m., an observation was made of Resident #3's room. One fall mat was observed at bedside.</p> <p>On 05/07/2025 at 9:47 a.m., an interview was conducted with S3LPN. She stated she cared for Resident #3. She confirmed one fall mat was present at bedside and there was not a second fall mat in the room.</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>On 05/07/2025 at 10:00 a.m., an interview was conducted with S4CNA. She stated she cared for Resident #3. She confirmed there was one fall mat at bedside. She stated she was unaware of the need for a second fall mat.</p> <p>On 05/07/2025 at 11:50 a.m., an interview was conducted with S2ADON. She stated she was responsible for implementing fall interventions for all residents in the facility. She stated Resident #3 had fall interventions in place due to a history of falls. She stated if the care plan included two fall mats then two fall mats should have been at the bedside.</p> <p>On 05/07/2025 at 12:49 p.m., an interview was conducted with S1DON. She stated if Resident #3 was care planned to have 2 fall mats and had an order for 2 fall mats, there should have been 2 fall mats at the bedside.</p>		