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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195507 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/11/2024 |
| NAME OF PROVIDER OR SUPPLIER Heritage Manor of Ville Platte | | STREET ADDRESS, CITY, STATE, ZIP CODE 2020 W. Main Street Ville Platte, LA 70586 | |

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) |
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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>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** 44315</p> <p>Based on interview, observation and record review, the facility failed to develop and implement a comprehensive person-centered care plan for services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being for 2 (Resident #1 and Resident #2) of 4 sampled residents. The facility had a total census of 114. The facility failed to ensure a person-centered plan of care was:</p> <ol style="list-style-type: none"> 1. Implemented for 1 resident (Resident #1) reviewed for transfers. The facility failed to ensure Resident #1 who required substantial/ maximal assistance was transferred by 2 person assistance according to his CPOC. 2. Implemented for 1 resident (Resident #2) reviewed for high risk of falls. The facility failed to ensure Resident #2 had proper footwear according to her CPOC. <p>Findings:</p> <p>Review of the facility's policy and procedure on Lifting stated in part . Procedures: Blue - No Mechanical lift required - Hold hand or assist x 1. Yellow - Stand-n-Lift 1 or more person transfer. Red - Total Lift - 1 or more person transfer. This information will be posted in a designated area and on Resident's ADL documentation, indicating the color, red, green, blue or yellow with the transfer instructions. The appropriate color dot will be placed at the head of bed.</p> <p>Resident #1</p> <p>Review of Resident #1's Medical Record revealed an admitted [DATE] with diagnoses that included Hemiplegia following Cerebral Infarction affecting right dominant side, Parkinson's Disease, Morbid Severe Obesity, Primary Generalized Osteoarthritis, Generalized Muscle Weakness, Lack of Coordination, unspecified Fracture of shaft of right fibula, initial for closure fracture (03/19/2024), Unsteadiness on Feet, Repeated Falls, Age-related Osteoporosis, other Muscle Spasm and Abnormalities of Gait and Mobility.</p> <p>Review of Resident #1's Quarterly MDS with an ARD of 03/05/2024 revealed a BIMS score of 03, indicative of severely impaired cognition. Functional limitation in ROM with bilateral impairment to upper and lower extremities. Resident #1 required substantial/ maximal assist for in part . bed to chair transfers.</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.

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| 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>Review of Resident #1's Care Plan with a Target date of 06/05/2024 revealed history of falls with potential for further falls due to Parkinson's. Goal of staff will decrease risk of falls by providing safe environment. Approaches included in part . ADLs: Transfers - Resident #1 needs total assist x 2 assist with chair/ bed to chair transfers due to Osteoarthritis, Muscle Weakness and Parkinson's. 10/16/2023 Transfers status changed to blue x 2.</p> <p>Review of Resident #1's imaging report dated 03/19/2024 revealed in part . Procedure: Right ankle, 2 views. Findings: Examination: Radiographs of ankle. Indication: pain. Findings: The ankle demonstrates decreased bony ossification. Acute fracture of the distal fibula. No evidence of osteomyelitis. Impression: Acute Fracture of distal fibula, Osteopenia.</p> <p>Review of Physician's Visit Notes dated 03/22/2024 revealed subjective: Right distal fibula Fracture, No complaints. 1. Right distal fibula Fracture Plan: NWB (non-weight bearing), Ortho F/U, Conservative treatment. 2. HTN 3. Depression 4. Anxiety.</p> <p>Observation on 04/11/2024 at 8:40 a.m. revealed Resident #1 in room awake sitting up in his Geri chair with lower extremities elevated and an air boot noted to his right lower extremity. Resident #1 stated the aides had just got him out of bed. Resident #1's wife at bedside revealed resident visited with the doctor yesterday and came back with a boot. Resident #1 stated, I hurted my foot but don't know how I hurted it.</p> <p>Telephone interview on 04/11/2024 at 9:27 a.m. with S5 CNA revealed she was trained on the coding of resident's transfer procedures during her orientation and admitted that she did not look for the blue x2 assist dot code on signage posted on the wall over Resident #1's head of bed in his room. S5 CNA revealed she instead had asked Resident #1 how he is transferred when he said he can stand up. S5 CNA verified that she should have asked for assistance to transfer him but did not. S5 CNA confirmed that she assisted Resident #1 to standing position and then transferred him from the bed to his Geri chair by herself.</p> <p>Interview on 04/11/2024 at 10:35 a.m. with S2 DON revealed she had spoken with Resident #1 on the morning of 03/19/2024 when S6 CNA reported his right ankle swollen with discoloration. S2 DON stated she asked resident what happened and stated he had Hurted his foot but didn't know how he hurted it. S2 DON revealed that she initiated an investigation before the findings of x-ray and called S5 CNA to come in for conference due to noting that she had cared for resident last on the 10-6 shift. S2 DON revealed S5 CNA admitted to transferring Resident #1 by herself without assistance and should have asked for assistance and did not. S2 DON revealed S5 CNA was trained on proper transfers of Resident #1 and did not follow policy on the morning of 03/19/2024 and should have. S2 DON revealed that she suspended S5 CNA pending investigation because she had violated policy. S2 DON confirmed that S5 CNA transferred Resident #1 from his bed to his Geri chair by herself against policy and should not have.</p> <p>Interview on 04/11/2024 at 1:50 p.m. with S2 DON revealed that Resident #1 required 2 person assist and had a #2 blue dot on the signage posted over the head of his bed. S2 DON confirmed Resident #1 required to be transferred by 2 person assistance and was not.</p> <p>46773</p> <p>Resident #2</p> <p>(continued on next page)</p> | | |

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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>Review of Resident #2's medical records revealed an admitted d of 10/05/2023 with diagnoses that included: Displace Fracture of base of neck of left femur (02/16/2024), Generalized Muscle Weakness, lack of coordination, Unsteadiness on feet, Cognitive communication deficit, Unspecified Dementia, Chronic Atrial Fibrillation, Pain in left hip, and Bipolar Disorder.</p> <p>Review of Resident #2's Quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 02/22/2024, revealed a BIMS score of 3, indicating severely impaired cognition. Resident #2 required 1 person physical assistance with transfers.</p> <p>Review of Resident #2s Comprehensive Plan of Care with a review dated of 07/05/2024, read in part . At risk for falls due to a history of falls and unsteadiness on feet. Interventions: Ensure resident has, and wears proper footwear and clothing.</p> <p>Observation on 04/11/2024 at 11:44 a.m., revealed Resident #2 was observed with socks without grips or shoes.</p> <p>During an interview on 04/11/2024 at 11:40 a.m., S3 LPN confirmed Resident #2 was not wearing proper footwear, and was wearing socks without grips instead.</p> | | |