

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER The Bradford Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3050 Baird Road Shreveport, LA 71118	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45317</p> <p>Based on observations, record reviews and interview, the facility failed to ensure 1 (Resident #3) of 3 (Resident #1, #2, #3) sampled residents was free of accidents and hazards.</p> <p>Findings:</p> <p>Review of Resident #3's medical records revealed admitted [DATE] with the following diagnoses, in part: muscle wasting and atrophy/multiples sites, other abnormalities of gait and mobility, other lack of coordination, anxiety disorder/unspecified, shortness of breath, Type 2 diabetes mellitus without complications, pain/unspecified, heart failure/unspecified, and pulmonary fibrosis/unspecified.</p> <p>Review of Resident #3's Comprehensive Care Plan revealed: risk for falls r/t (related to) gait/balance problems, Psychoactive drug use - fall mats x 2, keep bed in low position Be sure the resident's call light is within reach .</p> <p>Review of Resident #3's Physician's Orders revealed an order dated 04/09/2024 - patient to have low bed and fall mats.</p> <p>Observation on 04/15/2024 at 10:10 a.m. revealed Resident #3 lying in bed with call bell hanging off side of bed out of reach. Bed in high position.</p> <p>Observation on 04/15/2024 at 4:00 p.m. revealed Resident #3 lying in bed asleep. Bed in high position. Call bell wrapped around assist rail and hanging down out of reach.</p> <p>Observation on 04/16/2024 at 8:10 a.m. Resident #3 lying in bed with bed in high position and call bell on floor.</p> <p>Observation on 04/16/2024 at 10:25 a.m. revealed Resident #3's call bell on floor and bed in high position.</p> <p>During an interview on 04/16/2024 at 10:25 a.m. S1 Restorative Aide acknowledged the bed should be lowered and the call bell should not be on the floor.</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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