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| 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 10/09/2024 |
| 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) |
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| <p>F 0557</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 be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40193</p> <p>Based on record review and interviews, the facility failed to ensure residents were treated with dignity and respect. The facility failed to address 1 resident (#1) out of 3 (#1, #2, #3) residents in a dignified and respectful manner.</p> <p>Findings:</p> <p>Review of Facility's Resident Rights Policy (revised October 4, 2022) revealed: Employees shall treat all residents with kindness, respect, and dignity .These rights include the resident's right to: a. a dignified existence; and c. be treated with respect, kindness, and dignity .</p> <p>Review of Resident #1's medical records revealed an admitted [DATE] and a discharge date of [DATE] with the following diagnoses, including in part: Chronic Obstructive Pulmonary Disease (COPD)/unspecified, centrilobular emphysema, chronic respiratory failure with hypoxia, unspecified diastolic (congestive) heart failure, pneumonia/unspecified organism and pulmonary hypertension/unspecified.</p> <p>Review of Resident #1's Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 15 indicating cognitively intact. Further review revealed Resident #1 was receiving oxygen therapy and hospice.</p> <p>During a telephone interview on 10/08/2024 at 10:00 a.m. S5 Complainant confirmed after the incident with the administrator Resident #1 became fearful, felt threatened and didn't want to be left alone.</p> <p>During an interview on 10/08/2024 at 2:35 p.m. S3 Licensed Practical Nurse (LPN) reported Resident #1 told her he was leaving the facility because of the way the administrator spoke to him, how he was rude. S3 LPN further reported Resident #1 was oriented and indicated he was actively dying.</p> <p>During an interview on 1/08/2024 at 2:45 p.m. S4 Certified Nursing Assistant (CNA) reported she took care of the resident. S4 CNA reported the resident told her he was leaving the facility because he didn't like the way he was treated.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 10/09/2024 at 8:50 a.m. S2 Business Office Manager reported she asked S1 Administrator to join the meeting in an attempt to help Resident #1 and his son understand the payment process. S2 Business Office Manager confirmed S1 Administrator told Resident #1 if his funds were not used to pay his bill at the facility Adult Protective Services (APS) would be notified and he could be arrested. S2 Business Office Manager confirmed Resident #1 was visibly shaken by what S1 Administrator said about notifying APS. S2 Business Office Manager confirmed Resident #1 was adamant about leaving the facility and not feeling safe after the conversation with S1 Administrator regarding APS notification.</p> <p>During an interview on 10/09/2024 at 10:45 a.m. S1 Administrator acknowledged he told Resident #1 if he didn't pay on the day of admission he would call APS.</p> | | |