

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  10/29/2024
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45317</b></p> <p>Based on record review, facility's video footage review, and interviews the facility failed to ensure a comprehensive, person-centered care plan had been developed and implemented for 1 (#4) of 4 (#1, #2, #3, #4) sampled residents. The facility failed to ensure, Resident #4 was checked every two hours for incontinence.</p> <p>Findings:</p> <p>Review of Resident #4's medical record revealed an admitted [DATE] and reentry date of 05/28/2024 with diagnoses including, but not limited to, schizoaffective disorder bipolar type, Alzheimer's disease, history of falls, and osteoarthritis.</p> <p>Review of Resident #4's MDS (Minimum Data Set) dated 08/26/2024 revealed a BIMS (brief interview for mental status) score of 2 indicating severely impaired cognition.</p> <p>Review of Resident #4's comprehensive care plan revealed, in part, the problem of frequent bowel incontinence with intervention including, but not limited to, check resident every two hours.</p> <p>On 10/28/2024 at 2:00 p.m., review of facility's video footage from 10/21/2024 at 11:00 p.m. to 10/22/2024 at 7:15 a.m. revealed in part, S3 CNA (Certified Nursing Assistant) entered Resident #4's room on 10/21/2024 at 11:08 p.m. and exited Resident #4's room [ROOM NUMBER] seconds later. Further review of facility's video footage from 10/21/2024 at 11:00 p.m. to 10/22/2024 at 7:15 a.m. revealed no staff member entered Resident #4's room again until 10/22/2024 at 6:25 a.m.</p> <p>During an interview on 10/28/2024 at 2:30 p.m. S1 Administrator confirmed, after reviewing facility video surveillance, S3 CNA entered Resident #4's room on 10/21/24 at 11:08 p.m. and did not enter Resident #4's room again until 10/22/24 at 6:25 p.m. S1 Administrator also confirmed no other staff entered Resident #4's room between 10/21/24 at 11:08 p.m. and 10/22/24 at 6:25 p.m.</p> <p>During an interview on 10/29/2024 at 10:30 a.m., S2 DON (Director of Nursing) confirmed Resident #4's current comprehensive care plan included an intervention to check on Resident #4 every two hours related to incontinence.</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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NAME OF PROVIDER OR SUPPLIER  The Bradford Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  3050 Baird Road Shreveport, LA 71118	
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F 0656  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During an interview on 10/29/2024 at 10:30 a.m., S1 Administrator confirmed, based on facility's video footage from 10/21/2024 at 11:00 p.m. to 10/22/2024 at 6:25 a.m., staff did not check on Resident #4 every two hours.		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40957</p> <p>Based on record review, observation, and interview the facility failed to ensure a resident received ADL (Activities of Daily Living) care for 1 (Resident #3) out 4 (Residents #1, #2, #3, #4) residents reviewed.</p> <p>Findings:</p> <p>Review of Resident #3's medical record revealed the resident was admitted to the facility on [DATE] with diagnoses that included, in part a primary diagnosis of muscle wasting and atrophy. Other diagnoses included COPD (Chronic Obstructive Pulmonary Disease), bronchitis, cough, anxiety, dysphagia, bipolar disorder, insomnia, hypertension, pain, and osteoporosis.</p> <p>Review of Resident #3's minimum data sheet dated 09/10/2024 revealed a BIMS (Brief Interview of Mental Status) of 15 which would indicate the resident was cognitively intact.</p> <p>Review of Resident #3's comprehensive care plan revealed a care plan with a focus indicating the resident has an ADL self-care performance deficit related to decreased vision, impaired balance. Interventions included personal hygiene: resident requires assistance with personal hygiene.</p> <p>Observation on 10/28/2024 at 8:15 a.m. revealed Resident #3's finger nails to left and right hands were long and dirty.</p> <p>During an interview on 10/28/2024 at 8:15 a.m. Resident #3 was asked if he wanted to have long fingernails and Resident #3 indicated he did not and the nails needed to be cut. Resident #3 also indicated he had asked for his nails to be trimmed a week ago.</p> <p>On 10/28/2024 at 8:25 a.m. S2 DON (Director of Nursing) observed Resident #3's fingernails and S2 DON confirmed Resident #3's fingernails to right and left hands were dirty and needed to be trimmed.</p>