

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 07/02/2025
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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>Based on record review, observations, and interviews, the facility failed to obtain informed consent for side rail use and failed to assess resident for the risk of entrapment from side rails quarterly for 1(#3) of 3(#1, #2, and #3) sampled residents.</p> <p>Findings:</p> <p>Review of the facility's Proper Use of Side Rails policy (revised August 2024) revealed in part:</p> <p>Purpose</p> <p>The purposes of these guidelines are to ensure the safe use of side rails as resident mobility aids and to prohibit the use of side rails as restraints unless necessary to treat a resident's medical symptoms.</p> <p>Definition</p> <p>Physical restraints are defined by the Centers for Medicare and Medicaid Services (CMS) as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. (Note: The definition of restraints is based on the functional status of the resident and not on the device, therefore any device that has the effect on the resident of restricting freedom of movement or normal access to one's body could be considered a restraint.)</p> <p>General Guidelines</p> <p>1. Side rails are considered a restraint when they are used to limit the resident's freedom of movement (Prevent the resident from leaving his/her bed). (Note: the side rails may have the effect of restraining one individual but not another, depending on the individual resident's condition and circumstances)</p> <p>2. Side rails are only permissible if they are used to treat a resident's medical symptoms and/or to assist with mobility and transfer of residents.</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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Upon admission, readmission, with routine quarterly or significant change MDS (Minimum Date Set) and PRN(As Needed), therapy nursing designee will complete the Side Rail Utilization Assessment, or equivalent form to determine the resident's symptoms, risk of entrapment and rationales for using side rails prior to implementation. When used for mobility or transfer, the assessment will include a review of the resident's:</p> <ul style="list-style-type: none"> a. Bed mobility. b. Ability to change positions, transfer to side of bed and from bed or chair, and to stand and toilet, c. Risk of entrapment from the use of side rails; and d. That the bed's dimensions are appropriate for the resident's size and weight. <p>4. Consent for use of side rail will be obtained from the resident or legal representative, after presenting potential benefits and risks.</p> <p>Review of Resident #3's medical record revealed an admission date of 05/19/2023 with diagnoses included, in part: muscle wasting and atrophy, not elsewhere classified, left shoulder, chronic pain, unspecified osteoarthritis, and morbid obesity due to excess calories.</p> <p>Review of Resident #3's physician orders revealed: 09/10/2024 may have (bilateral) assist rails to promote independence and bed mobility. Check for placement and functioning every shift; every shift related to muscle wasting and atrophy, not elsewhere classified, multiple sites.</p> <p>Review of Resident #3's 04/25/2025 Annual MDS revealed Resident #3 had a BIMS (Brief Interview Mental Status) Score of 15, which indicated intact cognition.</p> <p>Review of Resident #3's care plan dated 02/29/2024 revealed in part, Resident #3 may have bilateral assist rails to promote independence in bed mobility; provide supportive care.</p> <p>Review of Resident #3's medical record failed to reveal a Side Rail Utilization Assessment had been conducted quarterly as per policy.</p> <p>Observation on 06/30/2025 at 3:15 p.m. revealed Resident #3 resting in bed with bilateral hand assist rails in use.</p> <p>Observation on 07/01/2025 at 8:50 a.m. revealed Resident #3 resting in bed with bilateral hand assist rails in use.</p> <p>During an interview on 06/30/2025 at 3:15 p.m. Resident #3 reported he used the hand assist rails to adjust and sit on the bedside.</p> <p>During an interview on 07/01/2025 at 3:20 p.m. S1DON (Director of Nursing) confirmed the Side Rail Utilization Assessment contained both assessment and consent. S1DON reported a Side Rail Utilization Assessment should have been completed quarterly per policy and had not been completed for Resident #3.</p>		