| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195522 | A. Building<br>B. Wing | 07/17/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Golden Age of Welsh, LLC | 410 South Simmons Street<br>Welsh, LA 70591 |

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| F 0565<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to organize and participate in resident/family groups in the facility.<br><br>47540<br><br>Based on record review, policy review and interviews, the facility failed to ensure resident rights by not acting promptly upon resident grievances received during monthly resident council meetings and failed to demonstrate the facility's response for such grievances.<br><br>Findings:<br><br>On 07/17/2024, a review of the facility's policy titled Resident and Family Grievances with a last reviewed date of 01/2024 read in part, Policy: It is the policy of this facility to support each resident's and family member's right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal . Policy Explanation and Compliance Guidelines: . 8. Grievances may be voiced in following forums: . d. complaint during resident or family council meetings . 10. Procedure: . d. The grievance official will take steps to resolve the grievance, and report information about the grievance, and those actions on the grievance form . e. The grievance official, or designee, will keep the resident appropriately appraised of progress towards resolution of the grievances .<br><br>A review of the Resident Council Meeting Minutes was conducted and revealed notes by (Activity Director) for April 2024 - July 2024 with the different complaints voiced by the residents. However there was no evidence that the complaints were reviewed and initiated nor that attempts were made to resolve the voiced grievances.<br><br>A review of the facility's grievance logs from April 2024 - July 2024 failed to include the complaints addressed during the monthly Resident Council Meeting Minutes. Resident #11 was identified in the complaints on the Resident Council Meeting Minutes.<br><br>Review of Resident #11's Annual MDS (Minimum Data Set) dated 04/11/2024 revealed the Brief Interview for Mental Status (BIMS) score of 13, indicating her cognition was intact.<br><br>On 07/15/2024 at 1:15 p.m., an interview was conducted with Resident #11 who reported she attended monthly Resident Council meetings regularly. Resident #11 reported S5AD (Activity Director) was present at the meetings and was responsible for documenting the voiced complaints. Resident #11 also reported residents were not being notified of any follow ups or resolutions regarding their complaints.<br><br>(continued on next page) |

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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195522 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/17/2024 |
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| NAME OF PROVIDER OR SUPPLIER: Golden Age of Welsh, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE: 410 South Simmons Street, Welsh, LA 70591 | |

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| F 0565<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 07/15/2024 at 1:34 p.m., an interview was conducted with S5AD. S5AD confirmed she was the designated staff who sat in on the monthly Resident Council meetings. A review of the Resident Council Meeting Minutes from April 2024 - July 2024 was reviewed with S5AD and she explained she had given a copy of all complaints voiced to the administrative staff during the daily morning huddle meetings. S5AD confirmed that grievances voiced in the resident council meetings were not filed nor included with the other facility grievances.<br><br>On 07/17/2024 at 8:22 a.m., an interview was conducted with S4SSD (Social Service Director). She stated that her responsibility at the facility was to file grievances and complete investigations which included the efforts made by the facility to resolve the filed grievances. She verified that she received the resident council meeting minutes during the daily morning huddle meetings. S4SSD reviewed the resident council meeting minutes and confirmed there was documentation of the grievances voiced by the residents. S4SSD further confirmed that she should have started a Resident Council Meeting Minutes grievance for the complaints from April 2024 - July 2024 and she did not. |

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| F 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives an accurate assessment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47354<br><br>Based on record review and interview, the facility failed to ensure the assessment accurately reflected the resident's status by failing to accurately code the Minimum Data Set (MDS) assessment for medications received for 1 (#44) of 38 residents reviewed in the initial pool.<br><br>Findings:<br><br>Review of Resident #44's electronic health record revealed she was admitted on [DATE] with diagnoses that included: Morbid Obesity, Bipolar Disorder, and Spondylosis with Radiculopathy.<br><br>A review of the Quarterly MDS with an Assessment Reference Date (ARD) of 05/31/2023 for Resident #44 revealed, Section N: Medications received failed to include opioid use.<br><br>A review of the Medication Administration Record (MAR) for May 2024 revealed the resident received an opioid for the entire month.<br><br>On 07/17/2024 at 10:00 a.m., a concurrent record review and interview was conducted with S14RN (Registered Nurse). S14RN reviewed Resident #44's May 2024 MAR and confirmed she received an opioid for the whole month of May 2024. S14RN then viewed Resident #44's quarterly assessment for 05/31/2024 and confirmed that the resident was coded inaccurately for opioid use. |

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| F 0644<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44418<br><br>Based on record review and interview, the facility failed to refer a resident with a diagnosed mental disorder to the appropriate state-designated authority for Level II PASARR (Preadmission Screening and Resident Review) evaluation and determination for 1 ( #10) of 4 (#10, #54, #63, #61) residents investigated for PASARR in a final sample of 38 residents.<br><br>Findings:<br><br>Resident #10<br><br>Review of Resident #10's electronic medical record (EMR) revealed she was admitted to the facility on [DATE] with diagnoses that included in part, Bipolar Disorder and Major Depressive Disorder.<br><br>Further review of Resident #10's records revealed no evidence that a new review or a Level II PASRR had been submitted to the appropriate state-designated authority with those psychiatric diagnoses identified on the request.<br><br>On 07/16/2024 at 8:29 a.m., an interview was conducted with S3RDON. She reviewed Resident #10's Level I Pre-admission screening with completed date of 02/28/2023. S3RDON confirmed Section III #1 was answered with no diagnoses checked. S3RDON then reviewed the resident's diagnoses list and confirmed the resident had the diagnoses of Bipolar Disorder and Major Depressive Order since admit on 03/01/2023. S3RDON confirmed a request for level II should have been resubmitted indicating the resident had a diagnosis of Bipolar disorder and Major Depressive disorder.<br><br>On 07/16/24 at 9:36 a.m., during an interview S4SSD reported the Notice of Medical Certification was resubmitted for continued stay on 05/30/2023, and where indicated on page 1 nothing was checked that indicated mental illness was known or suspected. S4SS then confirmed the resident had both qualifying diagnoses of Bipolar Disorder and Major Depressive Disorder. She confirmed those diagnoses should have been identified on the continued stay form when it was submitted but were not. |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47540<br><br>Based on record review and interview, the facility failed to develop a comprehensive resident centered care plan for 1 (#33) out of 38 final sampled residents by failing to update the care plan to reflect the resident's code status.<br><br>Findings:<br><br>On [DATE], a review of the facility's policy titled, Residents' Rights Regarding Treatment and Advance Directives with a last reviewed date of ,d+[DATE] read in part, Policy: It is policy of this facility to support and facilitate a resident's right to request, refused and/or discontinue medical or surgical treatment to formulate an advance directive . Policy Explanation and Compliance Guidelines: . 7. During the care planning process, the facility will identify, clarify, and review with the resident or legal representative whether they desire to make any changes related to any advance directives. 8. Decisions regarding advance directives and treatment will be periodically reviewed as part of the comprehensive care planning process . 9. Any decisions making regarding the resident's choices will be documented in the resident's medical record .<br><br>Review of Resident #33's record revealed she was admitted to the facility on [DATE] with diagnoses that included in part, Heart Failure, Hypersomnia, and Traumatic Brain Injury.<br><br>A review of Resident #19's Electronic Health Record (EHR) revealed a physician's order dated [DATE] that read DNR (Do Not Resuscitate).<br><br>A review of the resident's medical record revealed the form titled, Louisiana Physician Orders for Scope of Treatment (LaPOST) signed by the physician and dated [DATE]. Section A. Cardiopulmonary Resuscitation (CPR) had a check mark next to DNR/Do Not Attempt Resuscitation. Further review of Section B. Medical Interventions had a check mark next to comfort focused treatment.<br><br>Further review of all areas in the EHR and hard chart revealed Resident #33 was a DNR.<br><br>A review of Resident # 19's care plan revealed in part in part, the resident is a Full Code.<br><br>On [DATE] at 3:02 p.m., a record review and interview was conducted with S7MDS/LPN (Minimum Data Set/Licensed Practical Nurse). S7MDS/LPN confirmed the care plan read the resident was a full code. S7MDS/LPN confirmed the physician's order written on [DATE] read DNR (Do not resuscitate). S2ADON also confirmed Resident #19's record revealed the LaPOST form that indicated the resident had a DNR status with comfort focused treatment and was signed on [DATE]. She confirmed the resident's code status was not accurately documented in the resident's care plan. |

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| F 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe and appropriate respiratory care for a resident when needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47540<br><br>Based on observations, record review and interviews the facility failed to properly store respiratory equipment for 2 (#18 and #75) out of 2 (#18 and #75) residents investigated for respiratory care.<br><br>Findings:<br><br>On 07/17/2024, a review of the facility's policy titled Oxygen Administration with a last reviewed date of 01/2024 read in part . Policy Explanation and Compliance Guidelines: . 8. Oxygen tubing is to be bagged at bedside when not is use . 10. Types of delivery systems included: . e. Bi-level Positive Airway Pressure (BiPAP) Mask . g. Aerosol Generating Device .<br><br>Resident #18<br><br>Review of Resident #18's health record revealed that he was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, Chronic Obstructive Pulmonary Disease, Heart Failure, Obstructive Sleep Apnea, and Respiratory Failure.<br><br>Review of Resident #18's most recent Admission Minimum Data Set (MDS) dated [DATE], revealed the resident had a Brief Interview for Mental Status (BIMS) of 13, indicating her cognition was intact. Section O: Special Treatments, Procedures and Programs was checked for oxygen therapy.<br><br>Review of Resident #18's physician's orders revealed an order dated 05/06/2024 that read, ensure oxygen tubing, oxygen masks, BiPAP/CPAP masks are in respiratory bags when not in use.<br><br>On 07/15/2024 at 9:27 a.m., an observation was conducted in Resident #18's room. Resident #18's BiPAP mask was hanging over her recliner, not in use, open to air and not stored in a respiratory bag.<br><br>On 07/15/2024 at 10:24 a.m., a second observation was conducted in Resident #18's room. Resident #18's BiPAP mask was hanging over her recliner, not in use, open to air and not stored in a respiratory bag.<br><br>On 07/15/2024 at 11:30 a.m., a third observation was conducted in Resident #18's room. Resident #18's BiPAP mask was hanging over her recliner, not in use, open to air and not stored in a respiratory bag.<br><br>On 07/15/2024 at 11:55 a.m., an observation and interview was conducted with S6LPN (Licensed Practical Nurse). S6LPN confirmed that Resident #9's BiPAP mask was hanging over her recliner, not in use and open to air. She stated the resident was at doctor's appointment today and her BiPAP mask should have been stored in a respiratory bag.<br><br>On 07/17/2024 at 8:41 a.m., an interview was conducted with S2DON/IP (Director of Nursing/Infection Preventionist). S2DON confirms when BiPAP masks are not in use it should be stored in a respiratory bag.<br><br>47251<br><br>(continued on next page) |

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| F 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Resident #75<br><br>Findings:<br><br>Resident #75 was admitted to the facility 01/05/2022 with diagnoses that included, but not limited to, Acute and Chronic Respiratory Failure with Hypoxia and Chronic Obstructive Pulmonary Disease.<br><br>Review of Resident #75's Annual MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 05/29/2024 revealed a BIMS (Brief Interview for Mental Status) of 15, indicating he was cognitively intact.<br><br>Review of Resident #75 current physician's orders read: Arformoterol Tartrate Inhalation Nebulization Solution 2 ml (milliliters), Inhale orally via nebulizer two times a day. Ipratropium-Albuterol Inhalation Solution 0.5-2.5 3mg/3ml (milligram/milliliter) 3 ml inhale orally via nebulizer every 4 hours as needed for wheezing/shortness of breath. Sodium Chloride Inhalation Nebulization Solution 3% 1 vial inhale orally via nebulizer two times a day. Further review of Resident #75's physician's orders revealed an order that read: Ensure oxygen tubing, oxygen masks, are in respiratory bags when not in use.<br><br>On 07/15/2024 at 09:00 a.m., an observation was made of Resident #75's nebulizer mask lying open to air on his bedside table, not in a bag.<br><br>On 07/15/2024 at 09:45 a.m., a second observation and interview was made with S15LPN (Licensed Practical Nurse) and she confirmed that the nebulizer mask was open to air and not stored properly. Also present for interview was S16CNA (Certified Nursing Assistant) and she confirmed that she had placed Resident #75's nebulizer mask on the bedside table and had not stored it properly. |

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| F 0697<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Provide safe, appropriate pain management for a resident who requires such services.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47540<br><br>Based on observations, record review, interviews and policy review, the facility failed to ensure pain management was provided to resident who required such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences for 1 (#16) out of 5 (#15, #16, #22, #40, and #44) sampled residents receiving pain medication.<br><br>The facility failed to:<br><br>1. provide pain medication upon complaints of pain nor offer non-pharmacologic interventions; and<br><br>2. follow up with the physician and/or pharmacy after the physician reported he was sending a pain medication order to the pharmacy.<br><br>This deficient practice resulted in actual harm for Resident #16 beginning on 07/14/2024 at 10:02 a.m. when the resident reported she was in pain was not provided any medication nor offered non-pharmacological interventions for pain relief.<br><br>On 07/15/2024, S6LPN (Licensed Practical Nurse) called S15DR to report the resident's pain and stated that he would send something to the pharmacy as soon as possible, however, no order was received by the pharmacy.<br><br>On 07/16/2024 at 10:37 a.m., Resident #16 refused Physical Therapy because of continued pain and was not provided any pain relieving medication nor offered non-pharmacological interventions.<br><br>On 07/17/2024 at 9:08 a.m., Resident #16 stated I am tired of hurting and the doctor still hasn't sent anything stronger than Tylenol to help with my back pain. The resident was sent to the ER (emergency room ) on 07/17/2024 at 9:41 a.m. for low back pain.<br><br>Findings:<br><br>On 07/17/2024, a review of the facility's policy titled Pain Management with a last reviewed date of 01/2024 read in part, Policy: The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. Policy Explanation and Compliance Guidelines: The facility will utilize a systematic approach for recognition, assessment, treatment and monitoring of pain. Recognition: 1. In order to help a resident attain or maintain his/her highest practicable level of physical, mental and psychosocial well-being and to prevent or manage pain, the facility will: . c. Manage or prevent pain . 2. Facility staff will observe for nonverbal indicators which may indicate the presence of pain. These indicators include but are not limited to: . d. Facial expressions (e.g. grimacing .) Pain Management and Treatment: 1. Based upon evaluation, the facility in collaboration with the attending physician/prescriber . prevent or manage each individual resident's pain . 6. Non-pharmacological interventions . 7. H. Facility will notify the practitioner, if the resident's pain is not controlled by the current treatment regimen .<br><br>(continued on next page) |

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| F 0697<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Review of Resident #16's health record revealed that she was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, Pain, Idiopathic Peripheral Autonomic Neuropathy, Transient Cerebral Ischemic Attack, Neurologic Neglect Syndrome and Chronic Pain Due To Trauma.<br><br>Review of Resident #16's most recent Quarterly Minimum Data Set (MDS) dated [DATE], revealed the resident had a Brief Interview for Mental Status (BIMS) score of 13, indicating her cognition was intact. Section J Health Conditions: A. Received scheduled pain medication regimen? Coded 0. No.<br><br>Review of Resident #16's physician's orders revealed an order dated 07/10/2024 that read in part, . PT (Physical Therapy) to tx (treat) 3 times a week for 8 weeks . Further review of orders revealed an order dated 04/13/2024 that read, Tylenol Extra Strength Oral Tablet 500 mg (milligram) (Acetaminophen) Give 2 tablets by mouth every 6 hours as needed for pain.<br><br>Review of Resident #16's comprehensive care plan with a focus that read in part, The resident has a potential for pain r/t (related to): chronic physical disability . neurologic neglect . neuropathy with a goal that read, the resident will not have an interruption in normal activities d/t (due to) pain . with interventions that read in part, administer analgesia medications as ordered/requested, anticipate the residents need for pain relief and respond immediately to any complaint of pain, attempt non pharmacological pain relief techniques . document technique and effectiveness, observe and report changes in . sleep patterns<br><br>Review of Resident #18's form titled Weights and Vitals Summary read in part, pain level documented on 07/14/2024 at 10:02 a.m. was rated a 5 out of 10 (pain scale from rated from 1-10 with 1 being the least and 10 being the most), further review revealed a pain level documented on 07/16/2024 at 10:37 a.m. was rated a 5 out of 10.<br><br>Review of Resident #18's MAR (Medication Administration Record) from July 2024 failed to reveal administration of Tylenol Extra Strength Oral Tablet 500 mg on 07/14/2024 at 10:02 a.m. for pain rated 5 out of 10, and before this she was last given Tylenol on 07/13/2024 at 7:20 p.m. On 07/16/2024 at 10:37 a.m. when the resident reported pain rated 5 out 10 Tylenol was not administered, and before this was last given Tylenol on 07/15/2024 at 4:10 a.m.<br><br>Review of Resident #18's progress notes failed to reveal non-pharmacological interventions were provided on 07/14/2024 at 10:02 a.m. and 07/16/2024 at 10:37 a.m. when the resident reported pain.<br><br>On 07/15/2024 9:48 a.m., an observation was made of Resident #16. She was lying sideways on the bed and facial grimacing was noted. Upon interview, she complained of pain rated as a 10 out of 10 to left sided sciatica radiating down her left leg. She stated she has been feeling this pain since last week and all that she has received from nursing was Prednisone (steroid). She stated that she has notified nursing staff that the Prednisone is not working and she needs something else to help with her pain. She stated she had not received anything else to help with her pain.<br><br>Review of progress note by S6LPN dated 07/15/2024 at 4:25 p.m. read, S6LPN spoke to S15DR's (Physician) nurse. S15DR's nurse stated that she sent a note to S15DR concerning resident's back pain. S15DR stated he would be sending something to the pharmacy ASAP (as soon as possible). Don't go to hospital until she tries what S15DR is sending.<br><br>(continued on next page) |

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| F 0697<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Further review of progress notes failed to reveal any documentation that S6LPN nor any other facility staff followed-up with the pharmacy or S15DR when no new pain medication was received for Resident #16.<br><br>On 07/17/2024 at 8:55 a.m., a follow-up observation was made of Resident #16. She was lying sideways on the bed with facial grimacing noted.<br><br>On 07/17/2024 8:55 a.m., a second interview with Resident #16. She rated her pain as a 10 out of 10 (worst pain possible) to the left side of the back down her left leg stating it was sciatica pain. She stated she has been having this pain for over 1 week now. She stated she received Prednisone during the day and Tylenol at times but none of these medications have worked. She stated she notified nursing staff that the medications were not working. She further stated I've been begging for something for pain.<br><br>Review of progress note by S10LPN dated 7/17/1024 at 9:08 a.m. read, Called to room by resident, states I am tired of hurting and the doctor still hasn't sent anything stronger than Tylenol to help with my back pain. Pain 6/10. Refused any pain medication intervention at this time .(ambulance) called for transportation .09:30 a.m. transported to (hospital) in stable condition.<br><br>Review of Resident #16's form titled Transfer Form dated 07/17/2024 completed by S10LPN read in part, . reason for transfer: Resident . going to hospital ER (emergency room ) for low back pain .<br><br>On 07/17/24 at 9:19 a.m. an interview was conducted with S10LPN. S10LPN stated resident has been in pain for about 1 week now. She stated the resident went to S15DR's for a rash and back pain on 07/09/2024 she was told by S15DR it was sciatica pain and to take OTC (over the counter) medication such as Tylenol. S10LPN stated communication was sent to S15DR about resident requesting something else for pain besides Tylenol on 07/13/2024 at around 10:15 a.m., but she was unable to provide any documented evidence of that communication. S10LPN confirmed she did not follow up with S15DR about prescribing the resident something else for pain after she communicated with him on 07/13/2024. S10LPN stated she worked again on 07/14/2024. On 07/14/2024 she had not heard back from S15DR about Resident #16's request to prescribe something else for pain nor did she attempt to call S15DR again. She confirmed she could have followed up with S16MD (Medical Director) of Resident #16's request for stronger pain medication. S10LPN stated based off her documentation in the EHR (Electronic Health Record) the resident reported 5 out of 10 on 07/14/2024 and she did not administer Tylenol as ordered to her on that shift and she stated she did not offer Resident #16 Tylenol.<br><br>Four attempts were made to contact S6LPN via phone on 07/17/2024 at 10:17 a.m., 10:36 a.m., 11:40 a.m., and 2:47 p.m. S6LPN failed to return any phone calls and was unable to be interviewed.<br><br>Four attempts were made to contact S13LPN on 07/17/2024 at 10:21 a.m., 12:10 p.m., 1:21 p.m., and 2:46 p.m. S13LPN failed to return any phone calls and was unable to be interviewed.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195522 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/17/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Golden Age of Welsh, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 410 South Simmons Street Welsh, LA 70591 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| F 0697<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | On 07/17/2024 at 11:42 a.m. an interview was conducted with S12LPN. S12LPN confirmed that Resident #16 was in pain last night and was given Tylenol. She stated Resident #16 didn't sleep well last night and slept off and on. S12LPN confirmed the resident had been complaining of sciatica pain since last week. She stated she had not reached out to S15DR regarding the resident's pain because other staff had already. She stated she had not received any other updates from S15DR or nursing staff in report regarding resident's pain medication. She stated she had no provided non-pharmacological pain relief interventions to the resident.<br><br>On 07/17/2024 at 12:30 p.m., an interview with S19PM (Pharmacy Manager). S19PM stated he reviewed resident #16's medications from February 2024 to 07/17/2024 and there were no new orders of pain medication.<br><br>On 07/17/2024 at 12:37 p.m., attempted to call S15DR (Physician) per his answering system his office is closed on Wednesday's.<br><br>On 07/17/2024 3:41 p.m., an interview with S3RDON (Registered Nurse, Regional Director of Nursing). She stated On 07/09/2024 Resident #16 went to an appointment with S15DR, new orders were implemented for resident to start PT. Phone call interview was conducted at this time with S20TD (Therapy Director) and S3RDON. S20TD stated the first therapy evaluation for Resident #16 was done on 07/10/2024. S20TD stated Resident #16 was unable to participate in therapy on 07/16/2024 due to her verbalizing that she could not get out of bed due to pain. He communicated to S6LPN that resident refused therapy due to pain. The resident's documented pain levels were then reviewed with S3RDON. She confirmed on 07/14/2024 at 10:02 a.m. and 07/16/2024 at 10:37 a.m. Resident #16 rated her pain at a 5 out of 10 and no Tylenol was administered and non-pharmacological interventions were not done nor documented. S3RDON then reviewed S6LPN's progress note dated 07/15/2024 that stated she had called S15DR regarding the resident's request for more effective pain medication. S3RDON confirmed that there was no follow up completed by the nurse. S3RDON confirmed that the staff should have followed up regarding Resident #16's pain with S15DR or S16MD on 07/15/2024 and 07/16/2024 and staff did not. She confirmed Resident #16 was sent to the emergency room today due to her pain.<br><br>Review of Discharge Hospital Records dated 07/17/2024 read in part, . diagnosis hip pain bilateral, sciatica of right side, neuropathy. Medications given: Decadron, Demerol, and Phenergan. Start taking: Flexeril (muscle relaxant) and Tramadol (opioid analgesic). Resident #16 returned to the facility on [DATE] at 03:11 p. m. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47540<br><br>Based on observations, interviews, record review and policy review, the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of infection. The facility failed to ensure S8CNA (Certified Nursing Assistant) and S9CNA wore proper PPE (Personal Protective Equipment) while proving care for 1 (#33) out of 2 (#29 and #33) sampled residents reviewed for peg tube care.<br><br>Findings:<br><br>On 07/17/2024, a review of the facility's policy titled, Enhanced Barrier Precautions with a last reviewed date of 04/01/2024 read in part, Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multi-drug resistant organisms. Definitions: Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multi-dry resistant organisms that employs targeted gown and gloves use during high contact resident care activities . Policy Explanation and Compliance Guidelines: . 3. Implementation of Enhanced Barrier Precautions: . b. PPE for enhanced barrier precautions is only necessary when performing high contact activities . 4. High-contact resident care activities include: . f. changing briefs .<br><br>Review of Resident #33's record revealed she was admitted to the facility on [DATE] with diagnoses that included in part, Gastrostomy Status, Disturbances of Salivary Secretion, and Gastro-Esophageal Reflux Disease.<br><br>Review of Resident #33's most recent Quarterly Minimum Data Set (MDS) dated [DATE], revealed the resident's Brief Interview for Mental Status (BIMS) score was blank, indicating she was unable to participate during this assessment. Section H: Bladder and Bowel was checked for always incontinent of bowel and bladder. Section K: Swallowing/Nutritional Status was checked for feeding tube.<br><br>Review of Resident #33's physician's orders revealed an order dated 04/01/2024 that read, Enhanced Barrier Precautions gown and gloves worn for high-contact care activities.<br><br>On 07/16/2024 at 2:40 p.m., an observation was made of Resident's #33's name outside of her door, next to her name was a sign which stated Enhanced Barrier Precautions.<br><br>On 07/16/2024 at 2:42 p.m., an observation was made of two staff members with an incontinent brief and gloves in their hands walking into Resident #33's room and closing the door behind them. They were observed with no gown in their hands nor did they don a gown before entering into Resident #33's room. There was a PPE station noted next to the resident's door stocked with gown and gloves.<br><br>On 07/16/2024 at 2:56 p.m. an interview was conducted with S8CNA. S8CNA stated she went into Resident #33's room to change the resident's brief due to it being soiled. She confirmed the resident was on EBP and she did not wear gowns before providing resident care and should have.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 07/16/2024 at 2:57 p.m., an interview with S9CNA. S9CNA stated that she went into Resident #33's room to change the resident's brief due to it being soiled. She confirmed the resident was on EBP due to her peg tube. She confirmed that PPE supplies are on the outside of Resident #33's room readily available, but she did not wear a gown while proving resident care.<br><br>On 07/17/2024 8:42 a.m., an interview was conducted with S2DON/IP (Director of Nursing/Infection Preventionist). S2DON stated she was one of the IP's for the facility. She confirmed if a resident was on EBP, a gown and gloves must be donned when proving high contact activities such as changing a resident's brief. |