

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Westwood Manor Nursing Home, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 714 High School Drive Deridder, LA 70634	

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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47004</p> <p>Based on observation, interview, and record review the facility failed to ensure a cognitively impaired resident was treated with respect and dignity, and cared for in a manner that promoted enhancement of his or her own quality of life for 1 (#96) of 2 (#45, #96) Residents reviewed for dignity in a total sample of 29. The facility failed to ensure Resident #96 was dressed appropriately. Findings:</p> <p>Review of Resident #96's EHR (Electronic Health Record) revealed an admitted [DATE] with diagnoses including in part . Hypertensive Heart Disease, Chronic Kidney Disease Stage 2, Gastrostomy Status, Parkinson's Disease, Adult Failure to Thrive, Major Depressive Disorder, Unspecified Severe Protein- Calorie Malnutrition, Anxiety Disorder, and Hemiplegia and Hemiparesis following Unspecified Cerebrovascular Disease.</p> <p>Review of Resident #96's Quarterly MDS with ARD of 04/17/2024 revealed Resident #96 was non-interviewable with a BIMS of 99 (unable to assess mental status). Resident #96 was dependent on staff for oral hygiene, toileting, showering/bathing, dressing upper and lower body, and personal hygiene. Resident #96 received Hospice Services.</p> <p>Review of Resident #96's Comprehensive Care Plan with start date of 03/02/2024 and review date of 07/25/2024 revealed Resident required assistance for all ADL's which included dressing.</p> <p>Observation on 05/13/2024 at 12:40 p.m. revealed Resident #96 was non-interviewable and was lying in bed, uncovered, and clothed with only a diaper.</p> <p>Observation on 05/14/2024 at 1:29 p.m. revealed Resident #96 was lying in bed, without clothing, and only a diaper on.</p> <p>Interview on 05/14/2024 at 1:34 p.m. with S6 CNA revealed he did not dress Resident #96 because the resident pulls clothes off when he attempts to dress him.</p> <p>Telephone interview on 05/14/2024 at 2:43 p.m. with Resident #96's RP revealed she had asked numerous times to place a gown on Resident. Resident #96's RP stated she wanted him to be dressed, and Resident #96 would have always wanted to be dressed.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 05/14/2024 at 3:08 p.m. with S3 LPN revealed Resident #96 was care planned for behaviors of being aggressive towards staff occasionally, but she was unaware of Resident #96 having behaviors of undressing himself.</p> <p>Interview on 05/14/2024 at 3:19 p.m. with S2 DON revealed Resident #96 had behaviors at times in which he acted out against staff, but she was unaware of him pulling his clothing off. S2 DON acknowledged Resident #96 should be covered or dressed appropriately.</p>		

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<p>F 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47004</p> <p>Based on record review and interview the facility failed to ensure the Resident's right to formulate an advanced directive was properly reflected in the Resident's medical record for 1 (#96) of 2 (#96, #352) Residents reviewed for advance directives. The total sample size was 29. The facility failed to ensure all medical records regarding code status consistently reflected the Resident's wishes to be a DNR (Do Not Resuscitate). Findings:</p> <p>Review of Resident #96's EHR (Electronic Health Record) revealed an admitted [DATE] with diagnoses including in part . Hypertensive Heart Disease, Chronic Kidney Disease Stage 2, Gastrostomy Status, Parkinson's Disease, Adult Failure to Thrive, Major Depressive Disorder, Unspecified Severe Protein- Calorie Malnutrition, Anxiety Disorder, and Hemiplegia and Hemiparesis following Unspecified Cerebrovascular Disease. Further review of Resident #96's EHR- Bed board revealed a code status of CPR.</p> <p>Review of Resident #96's Quarterly MDS with ARD of [DATE] revealed Resident #96 was non-interview able with a BIMS of 99. Resident #96 was dependent on staff for oral hygiene, toileting, showering/bathing, dressing upper and lower body, and personal hygiene. Resident #96 received Hospice Services.</p> <p>Review of Resident #96's Comprehensive Care Plan with start date of [DATE] and review date of [DATE] revealed no evidence of Resident's code status.</p> <p>Review of Resident #96's current [DATE] physician's orders revealed there was no order for code status.</p> <p>Review of the LaPOST (Louisiana Physician Order for Scope of Treatment) for Resident #96 revealed Resident #96's code status was listed as DNR (Do Not Resuscitate) and was signed by Resident #96's sister on [DATE].</p> <p>Interview on [DATE] at 2:54 p.m. with S4 LPN revealed she determined a Resident's code status by reviewing the EHR bed board in computer, or by pulling the hard chart if a computer is not around. S4 LPN reviewed Resident #96's EHR and it stated full code-CPR. S4 LPN reviewed Resident #96's hard chart and the LaPOST stated DNR. S4 LPN confirmed Resident #96's medical record contained conflicting information for code status, and should not.</p> <p>Interview on [DATE] at 2:56 p.m. with S5 LPN confirmed Resident #96 did not have an active order for code status, but should.</p> <p>Interview on [DATE] at 3:19 p.m. with S2 DON revealed each resident should have an order for code status within their medical record. S2 DON confirmed Resident #96's order for code status was not updated after receiving LaPOST, but should have been.</p>		

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<p>F 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</p> <p>Based on observation and interview, the facility failed to maintain a clean, comfortable, and homelike environment, by failing to ensure a resident's bed linens were clean for 1 (Resident #18) of 4 (Resident #10, Resident #18, Resident #49 and Resident #55) sampled Residents. Total sample size was 29.</p> <p>Findings:</p> <p>Review of Resident #18's medical record revealed an admitted [DATE], with diagnosis which included: Major Depressive Disorder, Heart Failure Unspecified, Vascular Dementia Unspecified, Overactive Bladder and Unspecified Dementia.</p> <p>Review of Resident #18's Quarterly MDS with an ARD of 04/03/2024 revealed a BIMS score of 12 indicating mildly impaired cognition. The MDS revealed Resident #18 required supervision or touching assistance with bathing, independent with eating and toileting hygiene; set-up or clean up assistance with personal hygiene.</p> <p>Review of Resident #18's Care Plan with a review date of 07/31/2024, revealed he required supervision to limited assistance with ADL's with interventions to assist as needed.</p> <p>Observation and interview on 05/13/2024 at 10:44 a.m. revealed Resident #18 in bed. Resident #18's sheets were visibly soiled and stained from the top to the bottom. Resident stated he had wasted food and drink on the sheets. The bottom sheet had black streaks at the foot. Resident #18 stated it had been over 3 weeks since his sheets had been changed.</p> <p>Observation and interview on 05/13/2024 at 10:46 a.m. with S9 CNA in attendance confirmed Resident #18's sheets were visibly soiled and stained. S9 CNA stated she did not know when Resident #18's sheets had been changed.</p> <p>Interview on 05/15/2024 at 12:00 p.m. with S2 DON confirmed Resident #18's sheets should have been changed on Resident's bath days and as needed.</p>		

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<p>F 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</p> <p>Based on interview and record review, the facility failed to ensure a prompt resolution of an allegation of missing property for 1 (Resident #13) of 1 resident reviewed for grievances by failing to initiate a grievance for Resident #13. Total sample size was 29.</p> <p>Findings:</p> <p>Review of the Facility's Grievance/Complaint Policy (no review date) revealed in part .</p> <p>1. Any resident, his or her representative (sponsor), family member, or appointed advocate may file a grievance or complaint to the facility other entity that hears grievances concerning treatment, medical care, behavior of other residents, staff members, theft of property, and other concerns regarding their LTC facility stay without fear of threat or reprisal in any form.</p> <p>4. Upon receipt of a grievance and/or complaint, the grievance official will ensure prompt investigation and resolution of the allegations.</p> <p>Review of Resident #13's clinical record revealed an admitted [DATE] with diagnosis which included: Neuromuscular Dysfunction of Bladder, Multiple Sclerosis, Hypertensive Heart Disease, Anxiety Disorder and Anemia.</p> <p>Review of Resident #13's Quarterly MDS with an ARD of 03/26/2024 revealed Resident #13 had a BIMS score of 15 indicating intact cognition. Resident #13's MDS revealed she required partial to moderate assistance with toileting, bathing and personal hygiene; independent with eating.</p> <p>Interview on 05/13/2024 at 12:03 p.m. with Resident #13 revealed she had a pair of blue capris that had been missing since December 2023 and a blanket that she sent to laundry over a week ago had not been returned.</p> <p>Interview on 05/14/2024 at 11:45 a.m. with Resident #13 revealed she had reported the missing items to S1 Administrator in writing, but had not received any response from him.</p> <p>Interview on 05/14/2024 at 1:07 p.m. Interview with S1 Administrator revealed Resident #13 had communicated with him via a letter, but was not aware of the missing capris or blanket. S1 Administrator provided surveyor with the letter which Resident #13 had sent him.</p> <p>Review of the letter written and dated 05/11/2024 by Resident #13 revealed in part .Immediate attention: I have been asking for my blue/navy capris for months. I have asked multiple times. This has been of no avail. On 05/08/2024 my favorite Christmas blanket fell on the floor and became saturated with urine .housekeeper took it to the laundry and it was not returned. I want my things returned. My blanket is very special to me.</p> <p>(continued on next page)</p>		

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 05/15/2024 at 9:45 a.m., S1 Administrator acknowledged Resident #13 had written him a letter on 05/11/2024 complaining of her blue capris pants and blanket being missing. S1 Administrator confirmed he did not initiate a grievance at that time.		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373</p> <p>Based on record review and interview, the facility failed to develop and implement a CPOC (Comprehensive Person Centered Care Plan) to meet Resident's medical needs for 2 (#47, #96) of 29 sampled residents. The facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure Resident #47 was transferred with a mechanical lift by 2 person assist as specified in the resident's physician's orders and CPOC, and 2. Ensure Resident #96 had a CPOC to address the Resident's code status of DNR. <p>Findings:</p> <p>Resident #47</p> <p>Review of Resident #47's medical record revealed an admitted [DATE] with diagnoses that included in part . Urinary Tract Infection, Acquired absence of left and right leg above knee, Hemiplegia, COPD, Major Depressive Disorder, Morbid Obesity, and Muscle Weakness.</p> <p>Review of Resident #47's current physician's orders revealed the following:</p> <p>[DATE]: X 2 mechanical lift with transfers</p> <p>Review of Resident #47's Quarterly MDS with an ARD of [DATE] revealed a BIMS score of 15, which indicated the resident was cognitively intact. The MDS revealed the resident required substantial/maximal assistance with showering/bathing self and chair/bed to chair transferring and was always incontinent of bladder and bowel.</p> <p>Review of Resident #47's care plan with a start date of [DATE] and a review date of [DATE] revealed the resident was care planned for Requires extensive with ADLs: Requires extensive assistance with bed mobility, transfers x 2 person assistance, dressing, toileting, wheelchair mobility, bathing and hygiene . Resident is bilateral above knee amputation with right upper extremity weakness related to right-sided hemiplegia. Interventions included to assist with ADLs as needed.</p> <p>In an interview on [DATE] at 11:10 a.m., Resident #47 stated she just finished getting bathed. Resident #47 stated S8 CNA used the lift beside her bed to put her in the shower chair to take her to the shower.</p> <p>In an interview on [DATE] at 11:17 a.m., S8 CNA confirmed she had just bathed Resident #47. S8 CNA stated used the lift in Resident #47's room to transfer her from the bed to the shower chair to take her to bathe. S8 CNA confirmed she transferred Resident #47 from the bed to the shower chair using the lift without any assistance. S8 CNA confirmed she should you have had another staff member assist her when using the lift to transfer Resident #47.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on [DATE] at 11:20 a.m., S2 DON confirmed there should have been two staff members using the mechanical lift to transfer Resident #47. S7 Corporate Nurse confirmed there should be two staff present when operating the lift.</p> <p>47004</p> <p>Resident #96</p> <p>Review of Resident #96's EHR (Electronic Health Record) revealed an admitted [DATE] with diagnoses including in part . Hypertensive Heart Disease, Chronic Kidney Disease Stage 2, Gastrostomy Status, Parkinson's Disease, Adult Failure to Thrive, Major Depressive Disorder, Unspecified Severe Protein-Calorie Malnutrition, Anxiety Disorder, and Hemiplegia and Hemiparesis following Unspecified Cerebrovascular Disease. Further review of Resident #96's EHR- Bed board revealed a code status of CPR.</p> <p>Review of Resident #96's Quarterly MDS with ARD of [DATE] revealed Resident #96 was non-interview able with a BIMS of 99. Resident #96 was dependent on staff for oral hygiene, toileting, showering/bathing, dressing upper and lower body, and personal hygiene. Resident #96 received Hospice Services.</p> <p>Review of Resident #96's Comprehensive Care Plan with start date of [DATE] and review date of [DATE] revealed no evidence of Resident's code status.</p> <p>Review of Resident #96's [DATE] physician's orders revealed there was no order for code status.</p> <p>Review of the LaPOST (Louisiana Physician Order for Scope of Treatment) for Resident #96 revealed Resident #96's code status was listed as DNR (Do Not Resuscitate) and was signed by Resident #96's sister on [DATE].</p> <p>Interview on [DATE] at 3:08 p.m. with S3 LPN revealed she was responsible for developing resident's care plans. S3 LPN confirmed each resident's care plan should reflect resident's wishes for code status. S3 LPN confirmed Resident #96 was not care planned for code status, but should be.</p>

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373</p> <p>Based on observation, record review and interview, the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain good grooming and personal hygiene for 2 (#47, #49) of 2 residents reviewed for Activities of Daily Living (ADLs).</p> <p>Findings:</p> <p>Resident #47</p> <p>Review of Resident #47's medical record revealed an admitted [DATE] with diagnoses that included in part . Urinary Tract Infection, Acquired absence of left and right leg above knee, Hemiplegia, Major Depressive Disorder, Morbid Obesity, and Muscle Weakness.</p> <p>Review of Resident #47's Quarterly MDS with an ARD of 04/15/2024 revealed a BIMS score of 15, which indicated the resident was cognitively intact. The MDS revealed rejection of care was coded as behavior not exhibited. The MDS revealed the resident required substantial/maximal assistance with showering/bathing self and chair/bed to chair transferring and was always incontinent of bladder and bowel.</p> <p>Review of Resident #47's care plan with a start date of 02/07/2024 and a review date of 07/25/2024 revealed the resident was care planned for Requires extensive with ADLs: Requires extensive assistance with bed mobility, transfers x 2 person assistance, dressing, toileting, wheelchair mobility, bathing and hygiene . Resident is bilateral above knee amputation with right upper extremity weakness related to right-sided hemiplegia. Intervention included to assist with ADLs as needed.</p> <p>In an interview on 05/13/2024 at 12:00 p.m., Resident #47 stated staff are not bathing her.</p> <p>In an interview on 05/15/2024 at 9:10 a.m., Resident #47 stated she hadn't been bathed since last week and only gets bathed when she forces the issue. Resident #47 stated this had been a problem since she was admitted to the facility. Resident #47 stated staff do not offer to bathe her. Resident #47 stated she was supposed to be bathed on Tuesdays, Thursdays, and Saturdays. Resident #47 stated she had never refused to be bathed and staff had not offered to bathe her since last Thursday. Resident #47 stated she required assistance with showering.</p> <p>Review of Resident #47's Bathing Roster for the last 30 days (04/15/2024 through 05/15/2024) revealed documentation the resident had received 4 baths in that period, two of which were bed baths. Review of the Bathing Roster on 05/15/2024 revealed Resident #47 was last bathed on 05/09/2024.</p> <p>Review of the Bathing Roster and interview on 05/15/2024 at 10:30 a.m. with S7 Corporate Nurse revealed there were only 4 baths documented for the 30 day period and S7 Corporate Nurse stated the facility had documentation issues.</p> <p>(continued on next page)</p>

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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>In an interview on 05/15/2024 at 11:10 a.m., Resident #47 stated she just finished getting bathed. Resident #47 stated this was her first shower since last Thursday, 05/09/2024, and she had never received a bed bath.</p> <p>In an interview on 05/15/2024 at 11:20 a.m., S2 DON interviewed confirmed Resident #47 should be bathed three times per week or anytime she asked to be bathed. S2 DON confirmed there was no documentation that Resident #47 was receiving showers/baths as scheduled.</p> <p>46773</p> <p>Resident #49</p> <p>Review of Resident #49's medical record revealed an admitted [DATE] with diagnoses that included Frontotemporal Neurocognitive Disorder, Unspecified Mood Disorder, Major Depressive Disorder, Anxiety Disorder, Essential Hypertension, and Cognitive Communications Deficit.</p> <p>Review of Resident #49's Quarterly MDS with an ARD of 04/15/2024 revealed a BIMS score of 0, which indicated the resident had severe cognition impairment. The MDS revealed the resident was dependent on staff for eating, oral hygiene, toilet hygiene, shower/bath, personal hygiene and dressing.</p> <p>Review of Resident #49's care plan with a review date of 06/30/2024 read in part . ADL assistance needed. Resident #49 dependent x1 staff assist with transfers and other ADL's.</p> <p>Observation on 05/13/2024 at 11:30 a.m. revealed Resident #49's fingernails were 1/4 inch long, jagged with brown substance observed under nails.</p> <p>Interview on 05/13/2024 at 11:40 a.m. with S4 LPN revealed Resident #49's nails are long, jagged and have brown substance under them and should have been trimmed and cleaned but had not been.</p> <p>Interview on 05/15/2024 at 10:20 a.m. with S10 Corporate Nurse stated there is no documentation in Resident #49's chart or EChart to suggest there was nail care provided recently but should have been.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</p> <p>Based on record review and interview the facility failed to administer the Pneumococcal Vaccine after receiving consent for 1 (#45) of 5 (#2, #45, #57, #66 and #352) residents sampled for Influenza, Pneumococcal and COVID-19 immunizations.</p> <p>Findings:</p> <p>Review of the facility's policy titled Pneumococcal Vaccine (Series) with a review date of 05/2024 revealed in part .It is our policy to offer our residents, staff and volunteer workers immunization against Pneumococcal disease in accordance with current CDC guidelines and recommendations.</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>2. Each resident will be offered a Pneumococcal immunization unless it is medically contraindicated or the resident has already been immunized. Following assessment for any medical contraindications, the immunization may be administered.</p> <p>Review of Resident #45's clinical record revealed an admitted [DATE] with diagnosis which included: COVID-19, Heart Failure Unspecified, Acute Upper Respiratory Infection Unspecified, and Other General Symptoms and Signs.</p> <p>Review of Resident #45's clinical record revealed no evidence that she had received the Pneumococcal Vaccine. Resident #45's clinical record had a signed consent dated 11/29/20218 for her to receive the Pneumococcal Vaccine.</p> <p>Interview on 05/15/2024 at 12:03 p.m. with S2 DON confirmed Resident #45 had a signed consent dated 11/29/2018 to receive the Pneumococcal Vaccine but had not received it. S2 DON stated she did not know why Resident #45 had not received the Pneumococcal Vaccine, but she should have.</p>		