

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/13/2024
NAME OF PROVIDER OR SUPPLIER  Heritage Healthcare of Hammond		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 Derek Drive Hammond, LA 70403	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46975</b></p> <p>Based on interviews, observations, and record review, the facility failed to ensure residents' assessments accurately reflected the resident's status by failing to ensure a resident's Minimum Data Set was accurately coded for an indwelling catheter for 1 (#2) of 2 (#1 and #2) residents reviewed for catheters.</p> <p>Findings:</p> <p>Review of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE] and was readmitted on [DATE] from a local hospital.</p> <p>Review of Resident #2's Significant Change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/01/2024 revealed the Brief Interview for Mental Status (BIMS) could not be completed because the resident was rarely/never understood. Further review revealed Resident #2 was not coded for an indwelling catheter. The MDS had a status of Accepted.</p> <p>Review of Resident #2's Clinical Admission Screener, with an effective date of 10/30/2024, revealed the resident returned to the facility from the hospital with an indwelling catheter.</p> <p>On 11/12/2024 at 10:50 a.m., an observation was made of Resident #2 lying in his bed with his catheter bag hanging on the lower right side of the bed.</p> <p>On 11/13/2024 at 8:25 a.m., an observation was made of Resident #2 lying in his bed with his catheter bag hanging on the lower right side of the bed.</p> <p>On 11/13/2024 at 1:45 p.m., an interview was conducted with S2MDS. She stated she was responsible for completing MDS assessments. She reviewed Resident #2's Significant Change MDS dated [DATE] and confirmed he was not coded for an indwelling catheter and should have been. She stated the MDS assessment had been submitted to CMS without accurate coding.</p> <p>On 11/13/2024 at 3:00 p.m., an interview was conducted with S1DON. She was notified of the above information. She stated Resident #2's Significant Change MDS dated [DATE] will be changed to reflect the indwelling catheter.</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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