

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Delta Grande Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 South Grande Street Monroe, LA 71202	

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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19121</p> <p>Resident #61</p> <p>Review of the medical record revealed sample resident #61 was admitted to the facility on [DATE] with diagnosis of Alzheimer's disease, heart disease, agitation, pacemaker, and dementia. The resident resided in the locked unit.</p> <p>Review of the quarterly Minimum Data Set assessment dated [DATE] revealed the resident was cognitively impaired and needed assistance with all activities of daily living. Review of the physical restraint section revealed no restraints documented as being used for the resident.</p> <p>Review of the February 2025 physician's orders revealed no order for a lap tray to the wheelchair to aide in trunk control or the monitoring of the lap tray release every two hours.</p> <p>On 02/17/2025 at 1:45 p.m., observation revealed resident #61 had a lap tray on the wheelchair.</p> <p>On 02/18/2025 at 8:05 a.m., observation revealed resident #61 was sitting in the dining room in the unit with a lap tray to his wheelchair.</p> <p>On 02/19/2025 at 7:50 a.m., resident #61 was sitting up in his wheelchair with the lap tray on.</p> <p>During an interview on 02/18/2025 at 10:10 a.m., S8CNA stated resident #61 always had the lap tray in place when he was up in his wheelchair and he cannot remove it himself.</p> <p>Review of the Informed Consent for the use of the physical restraint dated 12/23/2024 revealed a lap tray to be used for resident #61.</p> <p>Review of the Pre-restraining Evaluation completed and signed 12/23/2024 for resident #61 revealed the use of a lap tray.</p> <p>Further review of the record revealed no documentation of monitoring the release of the lap tray for resident #61.</p> <p>During an interview on 02/19/2025 at 2:55p.m., S3ADON confirmed the resident did not have monitoring every two hours for the removal of the lap tray.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Delta Grande Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 South Grande Street Monroe, LA 71202	
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #38</p> <p>Review of the medical record for resident #38 revealed an admitted [DATE] with diagnosis of Alzheimer's, anxiety disorder, major depressive disorder, dementia, Acute Kidney failure, and history of urinary tract infection.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed resident #38 had a Brief Interview for Mental Status (BIM) score of 00 which indicated severely impaired cognitive skills for daily decision making and the resident required assistance with all activities of daily living (ADLs).</p> <p>Review of the verbal order written on 02/17/2025 revealed an order for a lap tray to the wheelchair to aid in truck control and to release every two hours times 15 minutes then reapply.</p> <p>On 02/17/2024 at 10:00 a.m. and 2:10 p.m., observations of resident #38 revealed he was sitting in his wheelchair with a lap tray in place.</p> <p>During an interview on 02/18/2025 at 10:10 a.m., S8CNA stated resident #38 must have the lap tray in place when he is up in his wheelchair, due to him trying to ambulate without assistance and he cannot remove the lay tray himself.</p> <p>Review of the Informed Consent for the use of the physical restraint dated on 02/17/2025 revealed a lap tray to be used for resident # 38 while in his wheelchair.</p> <p>Review of the Pre-restraining Evaluation completed and signed 02/17/2025 for resident #38 revealed the use of a lap tray while up in his wheelchair.</p> <p>Further review of the record revealed no documentation of monitoring the release of the lap tray for resident #38.</p> <p>During an interview on 02/19/2025 at 2:55 p.m., S3ADON confirmed the physician order for the lap tray was not written until 02/17/2025 and there was no documented evidence of monitoring every two hours for the release of the lap tray.</p> <p>51983</p> <p>Based on observations, record reviews, and interviews, the facility failed to ensure residents were free from physical restraints imposed for the purpose of discipline or convenience for 3 (#23, #38 and #61) of 3 residents reviewed for restraints. The facility failed to have physician orders for the lap trays for residents #23 and #61 and failed to have documented evidence of monitoring the release of the lap trays for residents #23, #38 and #61.</p> <p>Findings:</p> <p>Review of the facility's Use of Restraints policy, revised January 2025, revealed the following, in part:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Delta Grande Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 South Grande Street Monroe, LA 71202	
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. Physical Restraints are defined 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 restricts normal access to one's body.</p> <p>2. The definition of a restraint is based on the functional status of the resident and not the device. If the resident cannot remove a device in the same manner in which staff applied it given that resident's physical condition (i.e., side rails put back down, rather than climbed over), and this restricts his/her typical ability to change position or place, that device is considered a restraint.</p> <p>3. Examples of devices that are/may be considered physical restraints include leg restraints, arm restraints, hand mitts, soft ties or vest, wheelchair safety bars, geri-chairs, and lap cushions and trays that the resident cannot remove.</p> <p>9. Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative (sponsor). The order shall include the following:</p> <p>a. The specific reason for the restraint (as it relates to the resident's medical symptom)</p> <p>b. How the restraint will be used to benefit the resident's medical condition; and</p> <p>c. The type of restraint, and period of time for the use of the restraint.</p> <p>12. The following safety guidelines shall be implemented and documented while a resident is in restraints:</p> <p>d. The opportunity for motion and exercise is provided for a period of not less than ten (10) minutes during each two (2) hours in which restraints are employed.</p> <p>e. Restrained residents must be repositioned at least every two (2) hours on all shifts.</p> <p>18. Care plans shall also include the measures taken to systematically reduce or eliminate the need for restraint use.</p> <p>19. Documentation regarding the use of restraints shall include:</p> <p>f. Observation, range of motion and repositioning flow sheets.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Delta Grande Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 South Grande Street Monroe, LA 71202	

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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's undated Informed Consent for Use of Physical Restraint revealed the following, in part: a staff member shall assess restrained residents every 30 minutes, for physical needs and comfort, and release the restraint for 10 minutes at least every 2 hours, changing position, toileting, and performing range of motion exercises to all extremities, as part of the resident's plan of care.</p> <p>Resident #23</p> <p>Review of the medical record for resident #23 revealed an admitted [DATE] with a diagnosis of parkinson's disease with dyskinesia, urinary tract infection, eosinophilic asthma, mood disorder due to known physiological condition with depressive features, and pseudobulbar affect</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed resident # 23 had a Brief Interview for Mental status (BIMS) score of 1 which indicates cognitive impairment for daily decision making and that the resident required assistance with activities of daily living (ADLs).</p> <p>A record review of resident #23's physician's orders on 02/18/2025 revealed no order for use of lap tray.</p> <p>On 02/18/2025 at 11:30 a.m., 1:20 p.m. and 4:20 p.m., observations of resident #23 revealed she was sitting in a reclined geri-chair with lap tray attached.</p> <p>On 02/18/2025 at 2:10 p.m., an interview with S6 certified nursing assistant (CNA) revealed that staff assists resident #23 out of bed daily and places her in a geri-chair. Further interview with S6 CNA revealed that everytime resident #23 is placed in the chair, a lap tray is attached.</p> <p>On 02/18/2025 at 2:25 p.m., an interview with S4 licened practical nurse (LPN) confirmed that resident #23 is assisted to a geri-chair daily with a lap tray attached by staff. S4 LPN also states that she is not sure if Resident #23 is released from lap tray every 2 hours for range of motion (ROM).</p> <p>On 02/19/2025 at 9:45 a.m., resident #23 was observed sitting in her room in a reclined geri-chair with a lap tray attached.</p> <p>On 02/19/2025 at 10:00 a.m., an interview with S3 Assistant Director of Nursing (ADON) confirmed that Resident #23 did not have an active physician's order for lap tray and monitoring of lap tray</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Delta Grande Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 South Grande Street Monroe, LA 71202	
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40238</p> <p>Based on record review, observations, and interviews, the facility failed to ensure activities of daily living (ADL) were performed for 1 (#53) of 1 residents reviewed for activities of daily living. The facility failed to ensure resident #53 received nail care.</p> <p>Findings:</p> <p>Record review revealed resident #53 was admitted to the facility on [DATE] with diagnoses that included cerebral infarction, diabetes, and heart failure.</p> <p>Review of most recent quarterly minimum data set (MDS) assessment dated [DATE] revealed a brief interview of mental status (BIMS) score of 7 which indicated severe cognitive impairment. Further review of the MDS data revealed (section GG- functional abilities)resident #53 was dependent on staff for ADL care.</p> <p>On 02/17/2025 at 10:02 a.m., an observation/interview with resident #53 revealed he had long fingernails to both hands. Resident #53 reported his toenails were also long and in need of trimming. Resident #53 reported he asked staff to trim his nails but no one trimmed his nails.</p> <p>On 02/18/2025 at 8:27 a.m., an observation of resident of #53's fingernails revealed they were long and in need of trimming. Resident #53 reported his toe nails were longer than his fingernails.</p> <p>On 02/18/2025 at 2:02 p.m., an observation was conducted with S3Assistant Director of Nurses (ADON) in resident #53's room. S3ADON removed resident#53's left sock and confirmed his toe nails and finger nails needed to be trimmed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Delta Grande Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 South Grande Street Monroe, LA 71202	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>19098</p> <p>Based on observation, record review and interview the facility failed to ensure the nurse monitored the resident's oxygen saturation as ordered for 1 (#7) of 1 resident's reviewed with an order to monitor the oxygen saturation every shift.</p> <p>Resident #7</p> <p>Review of the record for resident #7 revealed diagnoses in part of non-traumatic acute subdural hemorrhage, chronic pain, acute upper respiratory infection, chronic respiratory failure, tracheostomy status, muscle spasm, conversion disorder with seizures or convulsions, flaccid hemiplegia, hemiplegia affecting the left dominant side, and aphasia.</p> <p>Review of the physician orders revealed an order date 08/13/2024 to monitor for signs and symptoms of respiratory distress every shift; if signs and symptoms are positive then notify respiratory therapist and Physician. Oxygen at 2 liters per minute per trach mask, monitor oxygen saturation every shift; if oxygen saturation is less than 92% notify the Physician and respiratory therapist.</p> <p>Review of the quarterly MDS (minimum data set) dated 12/16/2024 revealed resident#7 had a</p> <p>BIMS (Brief Interview Mental Status) which was unable to be assessed.</p> <p>Functional Abilities revealed resident#7 was dependent on staff for all activities of daily living care, incontinent of bowel and bladder, had tracheostomy and peg tube.</p> <p>Review of the current plan of care revealed an order to monitor oxygen saturation and respirations every shift.</p> <p>Review of the January and February 2025 medication administration record revealed no documentation of the nurse checking the oxygen saturation every shift as ordered.</p> <p>On 02/19/2025 at 2:20 p.m. and interview with S3Assistant Director of Nurses confirmed the nurses had not been monitoring the resident's oxygen saturation every shift as ordered.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Delta Grande Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 South Grande Street Monroe, LA 71202	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43405</p> <p>Based on record review and interviews, the facility failed to ensure that nursing staff were able to demonstrate competencies and skills necessary to care for residents needs for 2 (#2 and #41) of 2 sampled residents. The facility failed to have documentation of peg site care and foley catheter care for resident #2, and failed to have documentation of edema monitoring for resident #41.</p> <p>Findings:</p> <p>Resident #2</p> <p>Review of the record revealed an admitted [DATE] with diagnoses including Parkinson's disease with dyskinesia, vascular dementia, urinary retention, chronic kidney disease, unspecified protein-calorie malnutrition, schizophrenia, profound intellectual disabilities, urinary tract infection, and acute cystitis without hematuria.</p> <p>Review of resident #2's Annual Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 1 indicating severe cognitive impairment. Further review of the MDS revealed resident requires partial/moderate assistance with activities of daily living.</p> <p>Review of resident #2's February 2025 Physician's Orders revealed an order dated 08/13/2024 for Foley catheter care every shift and record output every shift. Further review of physician's orders revealed there was no order for peg site care on resident #2.</p> <p>Review of resident #2's January 2025 Medication Administration Record (MAR) revealed no documented evidence of Foley catheter care 10 times, and no documented evidence of peg site care 87 times.</p> <p>Review of resident #2's February 2025 MAR revealed no documented evidence of Foley catheter care 4 times and no documented evidence of peg site care 55 times.</p> <p>Observations of resident #2 on 02/17/2025 at 9:00 a.m. and 02/18/2025 at 10:00 a.m. revealed resident had an indwelling urinary catheter and a peg tube in place.</p> <p>Review of the record revealed resident #2's peg tube was placed on 01/02/2025 and tube feedings were started on 01/03/2025.</p> <p>An interview on 02/19/2025 at 2:20 p.m. with S4Licensed Practical Nurse (LPN) revealed that resident #2 had a Foley catheter and a peg tube. S4LPN confirmed that resident #2 does not have an order for peg site care, and no documentation of peg site care provided.</p> <p>An interview on 02/19/2025 at 2:35 p.m. with S3Assistant Director of Nursing (ADON) revealed peg site care and catheter care should be performed every shift on resident #2. S3ADON further confirmed that resident #2's peg site care was not documented 87 times in January 2025, and 55 times in February 2025. S3ADON further confirmed that Foley catheter care was not documented 10 times in January 2025, and 4 times in February 2025.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Delta Grande Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 South Grande Street Monroe, LA 71202	

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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>40238</p> <p>Resident #41</p> <p>Record review revealed resident # 41 was admitted to the facility on [DATE] with diagnoses that included hemiplegia following cerebral infarct, hypertensive heart disease with heart failure, diabetes mellitus, and chronic kidney disease.</p> <p>Review of resident #41's active physician orders for February 2025 revealed an order to monitor for edema every shift.</p> <p>Review of the resident #41's medication administration record for February 2025 revealed edema monitoring had not been recorded 14 times.</p> <p>On 02/17/2025 at 10:18 a.m., an observation/interview was conducted with resident # 41 in his room. Resident #41 pointed to his right lower leg when asked if he had any problems, and an observation revealed he had 2 plus edema to his right lower leg.</p> <p>On 02/18/2025 at 7:30 a.m., observation revealed resident #41 had 2 plus edema to his right lower leg.</p> <p>On 02/19/25 at 12:10 p.m., an interview with S3ADON confirmed edema monitoring for resident #41 had not been recorded 14 times during February 2025. S3ADON confirmed edema should have been monitored every shift as ordered by the physician for resident #41.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Delta Grande Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 South Grande Street Monroe, LA 71202	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19098</p> <p>Based on record reviews and interviews, the Pharmacist failed to identify and report irregularities to the attending Physician, the facility's Medical Director and Director of Nursing (DON) for 1 (#40) of 5 (#15, #20, #40, #38 and #43) residents reviewed for unnecessary medications.</p> <p>Findings:</p> <p>Resident #40</p> <p>Review of the record for resident #40 revealed an admitted [DATE] with diagnoses including acute respiratory failure, diverticulitis, dorsalgia, anxiety disorder, idiopathic peripheral autonomic neuropathy, depression, chronic viral hepatitis C, chronic combined systolic and diastolic congestive heart failure, emphysema and spinal stenosis.</p> <p>Review of resident #40's February 2025 Physician orders revealed an order dated 08/03/2024 for Cymbalta 60 milligrams (mg) - Give 60 mg orally one time a day related to Depression, give with 30 mg dose Cymbalta to equal 90 mg.</p> <p>Review of resident #40's Consultant Pharmacist Communication to Physician dated 10/23/2024 revealed a request for a dosage reduction of Cymbalta 90 mg every day. Further review of the Consultant Pharmacist Communication to Physician letter revealed it was not addressed by the Nurse Practitioner until 12/26/2024. The Nurse Practitioner documented Cymbalta has been reduced to 30 mg.</p> <p>Review of the Physician orders for December 2024, January 2024, and February 2024 revealed the order for Cymbalta remained as Cymbalta give 60 mg orally one time a day related to Depression, give with 30 mg dose Cymbalta to equal 90 mg and was never decreased to 30 mg.</p> <p>Review of the monthly drug regimen review revealed the pharmacist did not address the Consultant Pharmacist Communication to Physician letter for a dosage reduction had not been addressed when the pharmacist conducted a review on November 29, 2024 and review of the December 31, 2024 Pharmacist drug regimen review revealed the Pharmacist still did not address that the Cymbalta order was not decreased to 30 mg as per the Nurse Practitioner documentation on 12/26/2024 and documented in the pharmacist monthly drug regimen review that the Cymbalta was still ordered for 90mg every day.</p> <p>On 02/19/2025 at 1:45 p.m., a review of the drug regimen review with S3Assistant Director of Nursing (ADON) revealed she agreed the Consultant Pharmacist Communication to Physician letter dated 10/23/2024 requesting a dosage reduction for Cymbalta 90 mg every day was not addressed until the nurse practitioner signed the form on 12/26/2024 and documented Cymbalta has been reduced to 30 mg. S3ADON further agreed the consultant Pharmacist requested a dosage reduction on 10/23/2024 for a dosage reduction of Cymbalta 90 mg every day, and the Pharmacist failed to address the letter to Physician had not been addressed in November 2024 and in December 2024 after the Nurse Practitioner documented the Cymbalta had been decreased to 30 mg the Pharmacist did not address that the dosage for Cymbalta remained at 90 mg.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Delta Grande Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 South Grande Street Monroe, LA 71202	

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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>19098</p> <p>Based on record review and interview the facility failed to ensure a dosage reduction was carried out for 1 (#40) of 5 (#15, #20, #40, #38, #43) residents review for unnecessary medication review.</p> <p>Resident #40</p> <p>Review of the record for resident#40 revealed diagnoses in part of acute respiratory failure, diverticulitis, dorsalgia, anxiety disorder, idiopathic peripheral autonomic neuropathy, depression, chronic viral hepatitis C, chronic combined systolic and diastolic congestive heart failure, emphysema and spinal stenosis.</p> <p>Review of the February 2025 Physician orders in part revealed an order dated 08/03/2024 for Cymbalta 60 milligrams (mg) - Give 60 mg orally one time a day related to depression, give with 30 mg dose Cymbalta to equal 90 mg.</p> <p>Observation: antidepressant medication- Observe for behavior, observe for side effects: gastrointestinal upset, insomnia, fatigue, dizziness, dry mouth, headache. Document Y if resident is free of side effects. Document N if the resident is not free from side effects. If N document side effects in the progress notes.</p> <p>Review of Consultant Pharmacist Communication to Physician dated 10/23/2024 revealed a request for dosage reduction of Cymbalta 90 mg every day.</p> <p>Review of the Consultant Pharmacist Communication to Physician letter revealed it was not addressed by the Nurse Practitioner until 12/26/2024. The Nurse Practitioner documented Cymbalta had been reduced to 30 mg.</p> <p>Review of the physician orders for December 2024, January 2024 and February 2024 revealed the order for Cymbalta remained as Cymbalta give 60 mg orally one time a day related to Depression, give with 30 mg dose Cymbalta to equal 90 mg and was never decreased to 30 mg.</p> <p>On 02/19/2025 at 1:45 p.m. review of the drug regimen review and Physician orders with S2Assistant Director of Nurses (ADON) revealed she agreed the Consultant Pharmacist Communication to Physician letter dated 10/23/2024 requested a dosage reduction for Cymbalta 90 mg every day. S2ADON further confirmed the Nurse Practitioner signed the form on 12/26/2024 and documented the Cymbalta has been reduced to 30 mg. S2ADON further confirmed the Cymbalta remained at 90 mg a day and was never decreased to 30 mg a day.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Delta Grande Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 South Grande Street Monroe, LA 71202	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43405</p> <p>19098</p> <p>Based on record reviews, observations, policy review, and interviews, the facility failed to implement policies and procedures for enhanced barrier precautions (EBP) for 6 (#7, #19, #21, #25, #42, and #60) of 6 residents reviewed for enhanced barrier precautions.</p> <p>Findings:</p> <p>Review of the facility's Enhanced Barrier Precautions policy and procedure dated 04/01/2024 revealed the following, in part:</p> <p>Enhanced Barrier Precautions:</p> <p>Enhanced Barrier Precautions EBP refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employ targeted gown and glove use during high contact resident care activities.</p> <p>EBP are used in conjunction with standard precautions and expand the use of personal protective equipment (PPE) to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfers of multidrug-resistant organism (MDRO) to staff hands and clothing. A single set of PPE cannot be used for more than 1 patient.</p> <p>EBP are indicated for residents with any of the following:</p> <ul style="list-style-type: none"> -Colonization with a Center for Disease Control targeted MDRO when Contact Precautions do not otherwise apply, and -Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. <p>Indwelling medical devices examples include central lines, urinary catheters, feeding tubes, and tracheostomies.</p> <p>Donning PPE for Resident on EBP Based on Activity Provided/Assistance while in Resident Room: device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator- use alcohol based hand rub before and after and don gloves and gown.</p> <p>Communication to Staff:</p> <p>The facility will utilize postings outside the room and employee shift change report (word of mouth) to communicate to staff if a resident requires Enhanced Barrier Precautions (EBP).</p> <p>Resident #7</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Delta Grande Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 South Grande Street Monroe, LA 71202	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the record for resident #7 revealed diagnoses in part of non-traumatic acute subdural hemorrhage, chronic pain, acute upper respiratory infection, chronic respiratory failure, tracheostomy status, muscle spasm, conversion disorder with seizures or convulsions, flaccid hemiplegia, hemiplegia affecting the left dominant side, and aphasia.</p> <p>Review of the Physician orders revealed in part EBP during high contact resident care activities every shift, change suction canister every Thursday 11-7 shift and as needed, change aerosol tracheostomy mask every Thursday 11-7 shift, change oxygen tubing every week on Thursdays 11-7 shift and as needed, change tracheostomy collar every other day and as needed on night shift, change disposable inner tracheostomy cannula, apply gauze every day on night shift, tracheal suction as needed and document the number of times per shift, clean peg site with soap and water every night may apply dry dressing if needed.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated 12/16/2024 revealed resident #7 had a Brief Interview Mental Status (BIMS) which was unable to be assessed.</p> <p>Functional Abilities revealed resident #7 was dependent on staff for all activities of daily living care, incontinent of bowel and bladder, had tracheostomy and peg tube.</p> <p>Review of the plan of care revealed airway clearance, impaired related to tracheostomy-excessive salivation-tracheal suction as needed, document the number of times every shift, oxygen as ordered, monitor oxygen saturations and respirations as ordered, potential for infection related to peg tube placement chronic drainage and history of infected peg sit.</p> <p>On 02/18/2025 at 1:38 p.m. observation of S4LPN and S6CNA revealed they changed the resident's dressing to the peg tube. Further observation revealed both S4LPN and S6CNA only wore gloves during the procedure and did not don a gown as per the EBP policy and procedure.</p> <p>On 02/18/2025 at 1:55 p.m., observation again of S4LPN and S6CNA while changing resident #7 brief revealed S4LPN and S6CNA only wore gloves and no other PPE.</p> <p>On 02/18/2025 at 2:15 p.m. observation of resident #7 door revealed the resident was supposed to be on EBP.</p> <p>On 02/18/2025 at 4:10 p.m., observation of S4LPN and S6CNA were again in the room and preparing to suction the resident. Observation of S4LPN and S6CNA again revealed the only PPE used were gloves. At that time S4LPN confirmed they only used gloves when they cleaned and changed the resident's peg tube and when they changed the resident's brief earlier today.</p> <p>On 02/18/2025 at 4:26 p.m., an interview with S4LPN revealed if a resident is on EBP there would be an order and a sign on the door. The PPE supplies were on another hall and also confirmed there is a cart in the room that is supposed to be for PPE and confirmed there was no PPE in the cart in resident #7 room.</p> <p>Resident # 19</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Delta Grande Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 South Grande Street Monroe, LA 71202	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review revealed resident #19 was admitted to the facility on [DATE] with diagnoses that included acute kidney failure, hypertension and unspecified symptoms and signs of the genitourinary system.</p> <p>Active February 2025 physician orders included the following:</p> <p>Monitor Foley catheter urine for color and clarity q shift; chart Color: (A) clear (B) cloudy; Color chart (1) yellow (normal) (2) white or milky (3) amber (4) pink or red (5) orange or brown (6) blue or green every shift.</p> <p>On 02/17/25 at 8:15 a.m., an observation revealed no signage outside of room to acknowledge the need for EBP related to resident #19 having a Foley catheter.</p> <p>On 02/18/25 at 7:26 a.m., an observation revealed no signage outside of room to acknowledge the need for enhanced barrier precautions related to resident #19 having a foley catheter.</p> <p>Resident #21</p> <p>Record review revealed resident #21 was admitted to the facility on [DATE] with diagnoses that included [NAME]-Danlos syndrome (connective tissue disorder), colostomy status, type 2 diabetes, and psychotic disorder.</p> <p>Review of the active February 2025 orders for resident #21 revealed the following:</p> <p>Change colostomy bag every 5 days</p> <p>Monitor Foley catheter urine for color and clarity</p> <p>Enteral feed- every 6 hours, flush percutaneous endoscopic gastrostomy (PEG) tube with 200 milliliters of water every 6 hours</p> <p>On 02/17/25 at 8:15 a.m., an observation revealed no signage outside of resident #21's room to acknowledge the need for enhanced barrier precautions (EBP) related to her having a colostomy, Foley catheter and PEG tube.</p> <p>On 02/18/25 at 7:26 a.m., an observation revealed no signage outside of room to acknowledging the need for enhanced barrier precautions (EBP) related to resident # 21 having a colostomy, Foley catheter and PEG tube.</p> <p>On 02/18/25 at 04:20 p.m., an observation/interview with S2 Director of Nurses (DON) confirmed resident #21, #19, #25, #60, and #42 should have had signage outside their room indicating enhanced barrier precautions signage should have been outside their rooms.</p> <p>Resident #25</p> <p>Review of the record revealed an admitted [DATE] with diagnoses including end stage renal disease, chronic kidney disease, type 2 diabetes mellitus, and congestive heart failure.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Delta Grande Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 South Grande Street Monroe, LA 71202	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the quarterly MDSassessment dated [DATE] revealed a BIMS score of 5 indicating severe cognitive impairment.</p> <p>Review of the February 2025 Physician's Orders revealed the following:</p> <p>02/19/2025- hemodialysis 2 times per week on Monday and Friday (Wednesdays as needed per nephrologist)</p> <p>09/17/2024- Enhanced barrier precautions during high-contact resident care activities every shift, and</p> <p>08/15/2024- Monitor right chest was tессio catheter for signs and symptoms of infection every shift.</p> <p>Observations on 02/17/2025 at 9:15 a.m., 02/17/2025 at 1:15 p.m., and 02/18/2025 at 11:20 a.m. revealed resident #25 had a tессio catheter to her right chest wall, and no signage on her door for EBP.</p> <p>Resident 42</p> <p>Review of the record for resident 42 revealed admitted d of 11/27/2024 with diagnoses in part of cerebral infarction, unspecified dementia with behavioral disturbance, type 2 diabetes, and arterial ulcer to right lower leg.</p> <p>Review of the Medicare 5 day MDS dated [DATE] revealed a BIMS of 2 indicating severe cognitive impairment. functional abilities, eating- supervision, oral hygiene- partial/moderate assist, toileting- substantial/maximum assist, shower/bath- substantial/maximum assist, upper body dressing- partial/moderate assist</p> <p>lower body dressing- substantial/maximum assist, sit to stand- partial/moderate assist, chair/bed to chair- partial/moderate assist, Walk 10, 50, 150 feet- partial/moderate assist, uses a manual wheelchair independently.</p> <p>Skin condition- 1 venous and arterial ulcers.</p> <p>Review of current plan of care- at risk for frequent infections, pressure/venous/stasis ulcers, vision impairment, hyper/hypoglycemia, renal failure, cognitive/ physical impairment/ skin desensitized to pain or pressure, slow healing process related to diagnoses of diabetes.</p> <p>Review of the February 2025 Physician orders:</p> <p>Mupirocin External Ointment 2 % (Mupirocin) Apply to right 4th digit topically three times a day related to disorder of the skin and subcutaneous tissue until healed.</p> <p>Mupirocin External Ointment 2 % (Mupirocin) Apply to left thumb topically three times a day related to disorder of the skin and subcutaneous tissue untiled healed.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Delta Grande Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 South Grande Street Monroe, LA 71202	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the wound treatment order dated 01/28/2025- Santyl External Ointment 250 unit/gram (Collagenase) - Apply to right lower leg topically one time a day related to non-pressure chronic ulcer of other part of right lower leg with fat layer exposed: cleanse with wound cleanser, pat dry, apply santyl, cover with blue foam dressing, ABD, wrap in rolling gauze, and secure with tape. Change daily and prn soilage/dislodgement.</p> <p>On 02/17/25 at 10:33 a.m., observation of resident 42 right lower leg and foot revealed there was a dressing in place. Resident 42 stated he had a wound on his foot that went to the bone. Observation of resident 42 door revealed no indication resident was on EBP due to the wound.</p> <p>On 02/18/2025 at 8:34 a.m., observation of the door to resident 42 room revealed no EBP sign or PPE available in the room or near the vicinity of the room.</p> <p>On 02/18/25 at 4:06 p.m., an interview with S7LPN revealed if a resident is on EBP a sign would be on the door and it would be in the computer as an order and would show up on the MAR. S7LPN said there should be a cart in the room with the PPE supplies.</p> <p>Review of the orders and MAR for resident 42 revealed the resident was not on EBP. S7LPN confirmed resident 42 has a wound to his right lower leg and should have been on EBP.</p> <p>Resident # 60</p> <p>Review of the record revealed an admitted [DATE] with diagnoses including convulsions, dementia, depressive disorder, schizophrenia, major depressive disorder, impulse disorder, muscle weakness, osteoporosis, non- traumatic brain dysfunction, and aphasia.</p> <p>Review of the Quarterly MDS dated [DATE] revealed the resident had a BIMS score of 00 indicating severe cognitive impairment. Further review revealed the resident is dependent on staff for all activities of daily living, and had an indwelling urinary catheter and peg tube.</p> <p>Review of resident # 60's February 2025 Physician's Orders revealed orders for monitoring the foley catheter urine for color and clarity every shift and cleanse peg tube with dermal wound cleanser, pat dry, cover with gauze, secure with tape on night shift and as needed.</p> <p>Observations on 02/17/2025 9:15 a.m., 02/17/2025 at 1:15 p.m., and 02/18/2025 at 11:20 a.m. revealed resident #60 had an indwelling urinary catheter and a peg tube and did not have an EBP sign posted on her door.</p> <p>40238</p>		