

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195532	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Town and Country Health & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 614 Weston Street Minden, LA 71055	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36921</p> <p>Based on record reviews and interview the facility failed to ensure a baseline care plan had been developed for 1 (#201) out of 5 (#30, #43, #51, #85, #201) residents reviewed for unnecessary medications. The facility failed to ensure a person centered baseline care plan had been developed for Resident #201.</p> <p>Findings:</p> <p>Review of Resident #201's face sheet revealed an admitted [DATE] with the following diagnoses but not limited to fracture upper/lower end right fibula, subsequent for closed fracture with routine healing, displaced fracture of medial malleolus of right tibia, chronic kidney disease, and dementia.</p> <p>Review of Resident #201's April 2024 Physician Orders revealed:</p> <p>03/30/2024: Seroquel 25 mg (milligrams) tablet; Give one by mouth once daily at bedtime</p> <p>03/20/2024: Galantamine ER (extended release) 8 mg capsule; Give one by mouth once daily</p> <p>03/30/2024: Duloxetine Hydrochloride DR (delayed release) 20mg capsule; Give one by mouth twice daily</p> <p>03/30/2024: Lovenox 40 mg/0.4 ml (milliliters) syringe; Give one subcutaneous once daily at bedtime</p> <p>Review of Resident #201's EHR (Electronic Health Record) and medical record chart failed to reveal a baseline care plan.</p> <p>During an interview on 04/02/2024 at 4:00 p.m., S3 RN (Registered Nurse) / MDS (Minimum Data Set) reviewed Resident #201's EHR and confirmed a baseline care plan had not been developed for Resident #201.</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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>30115</p> <p>Based on record reviews and interview the facility failed to ensure 3 of 3 glucometers used in the facility were maintained in safe operating condition for residents residing on Halls A, B and C with orders for blood glucose monitoring. S1Administrator provided a list of 18 residents who resided on Halls A, B and C who received regularly ordered blood glucose monitoring with the facility's glucometers.</p> <p>Findings:</p> <p>Review of the facility's daily Blood Glucose Quality Control Log book from January 2024 through March 2024 revealed glucometer controls were not performed on the following days:</p> <p>Hall A: 02/02/2024, 02/03/2024, 02/04/2024, 02/09/2024, 02/10/2024, 02/11/2024, 02/24/2024, 02/25/2024, 03/02/2024, 03/03/2024, 03/23/2024, and 03/24/2024.</p> <p>Hall B: 01/01/2024, 01/02/2024, 01/03/2024, 01/05/2024, 01/06/2024, 01/07/2024, 01/12/2024, 01/13/2024, 01/14/2024, 01/26/2024, 01/27/2024 and 01/28/2024.</p> <p>Hall C: 02/23/2024, 02/24/2024, 02/25/2024, 03/02/2024, 03/03/2024, 03/04/2024, 03/08/2024, 03/09/2024, 03/10/2024, 03/12/2024, 03/13/2024, 03/15/2024, 03/16/2024, 03/17/2024, 03/22/2024, 03/23/2024 and 03/24/2024.</p> <p>During an interview on 04/03/2024 at 3:11 p.m., S2DON (Director of Nursing) confirmed glucometer control checks were not done daily and should have been performed by the night shift nurse every day.</p>