

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Village Health Care at the Glen		STREET ADDRESS, CITY, STATE, ZIP CODE 403 E. Flournoy Lucas Shreveport, LA 71115	

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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>30669</p> <p>Based on record review and interviews the facility failed to ensure pain management is provided to residents who may require such services consistent with professional standards of practice for 1 (#1) of 3 (#1, #2, and #3) sample residents reviewed for pain management after a fall/injury. The facility failed to ensure an initial assessment for pain was completed for resident #1 after a fall/injury.</p> <p>Findings:</p> <p>Review of the facility's Fall - Clinical Protocol (Revised March, 2018) presented by S3 Director of Quality and Compliance RN (Registered Nurse) revealed in part the following:</p> <p>Assessment and Recognition</p> <p>2. In addition, the nurse shall assess and document/report the following:</p> <p>f. Pain;</p> <p>Review of resident #1's ID (Interdisciplinary) Notes dated 04/15/2024 S5 LPN (Licensed Practical Nurse) documented at 5:20 a.m. writer on hall during morning med pass hear resident calling out for help. Writer entered room resident noted awake and alert lying on back on floor next to bathroom. Left side quarter size knot to back of head. Right hand thumb cut, left knee side cut, left skin tear to front to leg. Slightly red area to upper back. Assisted up X2 to wheelchair. Vital signs 108/62, 69, 18, 95%. Wound to thumb and knee clean and dressed. Neuro checks started. Resident sitting at breakfast table with wheels locked. NP (Nurse Practitioner) notified. No new orders noted. Responsible party notified.</p> <p>Review of the initial ID Notes dated 04/15/2024 failed to reveal an assessment of pain was done.</p> <p>Review of the facility's Incident Report for fall/injury dated 04/15/2024 failed to reveal any documentation that assessment of resident #1's pain had been done.</p> <p>Review of the Neurological Evaluation Flow Sheet beginning date 04/15/2024 beginning at 05:20 a.m. and documented checks every 15 minutes times one hour, then every 30 minutes times 2 hours, this form failed to reveal a pain assessment.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of NP's Progress Notes dated 04/16/2024 revealed resident #1's diagnosis of displaced fracture of left femoral neck. Plan: Displaced left femoral neck fracture with intertrochanteric extension: Acute unwitnessed, fall at 05:20 a.m. on 04/15/2024. Resident grimaces in pain with manipulation of left lower extremity. Reviewed left tibia-fibula x-ray, left ankle x-ray, and left foot x-ray (unremarkable with the exception of arthrosis and osteopenia). Left hip and pelvis x-ray, findings concerning for minimally displaced left femoral neck fraction with intertrochanteric extension. Non contrast CT (computer tomography) scan of the left hip recommended for further evaluation, per radiology report. Ordered send to emergency department to rule out emergent conditions, possible need for surgery, and pain control.</p> <p>During an interview on 05/07/2024 at 12:22 p.m. S2 DON (Director of Nursing) acknowledged there should be some type of pain assessment completed for resident #1. She reported there should be a Pain Assessment form in the Matrix (their computer system). S2 DON reported she could not locate in the Matrix that a Pain Assessment form was completed for the fall/injury resident #1 had on 04/15/2024. S2 DON reviewed the Incident Report dated 04/15/2024 for resident #1's fall/injury and acknowledged there was no pain assessment completed.</p> <p>During an interview on 05/08/2024 at 12:10 p.m. S4 LPN reported when a resident has a fall/injury the nurses document in the ID Notes a head to toe assessment and if they have any pain. S4 LPN reported we ask the residents that are able to respond what is their level of pain 1-10. S4 LPN reported we touch or palpate the affected areas if they are not able to respond due to poor cognition and observe their response if they grimace, how they are moving are they guarding the area.</p> <p>Review the ID notes of the fall/injury dated 04/15/2024 at 5:30 a.m. with S4 LPN. S4 LPN agreed there was no documentation of resident #1's assessment of pain.</p> <p>During an interview on 05/08/2024 at 1:00 p.m. S3 Director of Quality and Compliance RN acknowledged the nurse that discovered resident #1 after her fall should have completed an initial assessment including if she had any pain and nurse did not.</p>		