

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  06/24/2024
NAME OF PROVIDER OR SUPPLIER  Village Health Care at the Glen		STREET ADDRESS, CITY, STATE, ZIP CODE  403 E. Flourney 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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40193</b></p> <p>Based on record reviews, observations, and interviews, the facility failed to ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. The facility failed to ensure Resident #1 had a written consent for a self-releasing seatbelt and was able to intentionally remove the self-releasing seatbelt in the same manner as it was applied by the staff.</p> <p>Findings:</p> <p>Review of Facility's Chemical &amp; Physical Restraints Policy and Procedure (Reviewed/revised April 2017) revealed:</p> <ul style="list-style-type: none"> <li>- Policy and purpose: It is the policy of the ___ Retirement System to maintain a restraint free environment .</li> <li>- Procedure: 1. Physical restraints are defines as any manual method or physical or mechanical device 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. 2. The definition of a restraint is based on the functional status of the resident and not the device. If the resident cannot remove the device in the same manner in which staff applied it given the resident's physical condition, and this restricts his/her typical ability to change position or place, the device may be a restraint. 10. Consent of the resident and/or responsible party is required. 14. Physical restraint use is to be reassessed when the emergent situation has been addressed, at least quarterly, and more frequently if condition changes.</li> </ul> <p>Review of Resident #1's Medical Records revealed an admitted [DATE] with the following diagnoses, in part: unspecified dementia/severe with mood disturbance, unspecified dementia/severe with other behavioral disturbance and muscle weakness.</p> <p>Review of Resident #1's Restraint Determination form dated 06/05/2024 revealed:</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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Physical Restraints: Self-Release alarm seat belt. Intent - To assist the assessor to evaluate whether or not a device meets the definition of a physical restraint, and then code only those items in section P4 that has the effect of restraining the resident. -- Definition - C. Trunk restraint - includes any device or equipment or material that the resident cannot easily remove {e.g. vest or waist restraint, belts used in w/c (wheelchair)}. Process - The assessor should not focus on the intent or the reason behind the use of the device, but on the effect the device has on the resident.</p> <p>- Assessment: 1) Does the resident utilize any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body? YES - self-release alarm seat belt. 2) Can the individual easily remove the device? Consider can the device be removed by the resident in the same fashion it was applied by the staff. YES - Resident #1 cannot release the device on command due to cognition. Assessor: S1 Administrator.</p> <p>Review of Resident #1's Physician's Orders revealed an order dated 06/17/2024 for fall intervention: self-release belt on while in chair every shift.</p> <p>Review of Resident #1's MDS (Minimum Data Set) assessment dated [DATE] revealed BIMS (Brief Interview of Mental Status) 99 - resident was unable to complete the interview. Cognitive skills for daily decision making are moderately impaired.</p> <p>Observation on 06/18/2024 at 3:00 p.m. revealed Resident #1 sitting up in high back wheelchair in living area with self-releasing seatbelt in place.</p> <p>Observation on 06/24/2024 at 7:55 a.m. revealed Resident #1 sitting up in high back wheelchair with self-releasing seatbelt in place.</p> <p>During an interview on 06/24/2024 at 8:00 a.m. S3 LPN (Licensed Practical Nurse) reported she doesn't know if Resident #1 can remove her self-releasing seatbelt. S3 LPN asked Resident #1 to take her seat belt off several times, but resident did not attempt and did not appear to understand what the nurse was asking her to do.</p> <p>During an interview on 06/24/2024 at 11:05 a.m. S2 DON (Director of Nursing) acknowledged she has no written consent or documentation for Resident #1's self-releasing seatbelt restraint use as required by the facility's restraint policy. S2 DON the nurse's should communicate when resident is no longer able to release self-releasing seatbelt restraint.</p> <p>During an interview on 06/24/2024 at 12:55 p.m. S1 Administrator reported they did obtain a consent for the restraint because they did not see it as a restraint. S1 Administrator further reported they were trying to address the resident getting up unassisted.</p>		