

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 08/06/2024
NAME OF PROVIDER OR SUPPLIER Village Health Care at the Glen		STREET ADDRESS, CITY, STATE, ZIP CODE 403 E. Flornoy 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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40193</p> <p>Based on record reviews, observations, and interview, the facility failed to ensure correct use and maintenance of bed rails by ensuring residents were assessed for the risk of entrapment from bed rails, obtaining a written order from the physician for bed rails and an informed consent from resident or resident representative prior to installation for 2 (#1, #2) out of 3 (#1, #2, #3) residents reviewed for falls.</p> <p>Findings:</p> <p>Resident #1</p> <p>Review of Resident #1's medical record revealed an admitted [DATE] with the following diagnoses, including but not limited to: Parkinson's disease without dyskinesia/without mention of fluctuations, dementia in other disease classified elsewhere/unspecified severity without behavior/psychosis/mood/anxiety, schizoaffective disorder, weakness, unspecified lack of coordination, muscle weakness (generalized), and cognitive communication deficit.</p> <p>Review of Resident #1's MDS (Minimum Data Set) assessment dated [DATE] revealed a BIMS (Brief Interview of Mental Status) score of 06 indicating severely impaired cognition and functional status requiring extensive assistance with one person for bed mobility and transfer.</p> <p>Review of Resident #1's Physician's Orders failed to reveal an order for bed rails.</p> <p>Review of Resident #1's medical records failed to reveal a risk assessment for entrapment from bed rails and a signed consent for bed rails prior to installation.</p> <p>Observation on 08/06/2024 at 8:05 a.m. revealed Resident #1 asleep in bed with two upper bed rails in the raised position.</p> <p>Observation on 08/06/2024 at 2:55 p.m. revealed Resident #1 lying in bed with two upper bed rails in the raised position.</p> <p>Observation on 08/07/2024 at 7:45 a.m. revealed Resident #1 asleep in bed with two upper bed rails in the raised position.</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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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 08/06/2024
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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #2</p> <p>Review of Resident #2's medical record revealed an admitted [DATE] with the following diagnoses, including , m but not limited to: spondylosis/unspecified, dementia in other disease classified elsewhere/moderate without behavior/psychosis/mood/anxiety, unspecified osteoarthritis/unspecified site, muscle weakness (generalized), and unsteadiness on feet.</p> <p>Review of Resident #2's MDS assessment dated [DATE] revealed a BIMS of 07 indicating severely impaired cognition. Further review revealed functional status requiring extensive assistance with one person for bed mobility and extensive assistance with two person for transfers.</p> <p>Review of Resident #2's Physician's Orders failed to reveal an order for bed rails.</p> <p>Review of Resident #2's medical records failed to reveal a risk assessment for entrapment from bed rails and a signed consent for bed rails prior to installation.</p> <p>Observation on 08/06/2024 at 9:00 a.m. revealed Resident #2 lying in bed with both upper bed rails in the raised position.</p> <p>Observation on 08/06/2024 at 3:50 p.m. revealed Resident #2 lying in bed with both upper bed rails in the raised position.</p> <p>Observation on 08/07/2024 at 7:50 a.m. revealed Resident #2 lying in bed with both upper bed rails in the raised position.</p> <p>During an interview on 08/07/2024 at 9:15 a.m. S1 Administrator reported Resident #1 and Resident #2 have assist rails for positioning.</p> <p>During an interview on 08/07/2024 at 12:15 p.m. S1 Administrator acknowledged Resident #1 and Resident #2 did not have an assessment for entrapment of bed rails, a physician order for bed rails or a signed consent from resident or resident representative for placement of bed rails and should.</p>		