

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 09/04/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>40193</p> <p>Based on record reviews, observations and interview the facility failed to ensure each resident received the care and treatment in accordance with professional standards of practice for 2 (#1, #3) of 3 sampled residents. The facility failed to ensure medications were administered for Resident's #1 and #3 in accordance with the physician's orders and /or within their liberalized medication time blocks.</p> <p>Findings:</p> <p>Review of the facility's Medication Administration Schedule Healthcare Policy and Procedures revealed in part, the following. Effective Date: 03/01/2012. Reviewed /Revised: 06/12/2023.</p> <p>Policy and Purpose: To administer medications and treatments in a liberalized manner in accordance with resident preferences. To facilitate medications compliance, schedule medical care around natural life patterns, and promote continued quality of life through honoring principals of natural awakenings and resident choice.</p> <p>Procedures: 1. Liberalized medication time blocks have been established. Liberalized Time Code Blocks: AM medications administered (7AM - 10:30AM)</p> <p>7. Medications/treatments should be administered in accordance with physician's order and manufacturer specifications. Medications may be scheduled without regard to manufacturer recommendations based on resident preferences with MD (medical doctor) approval. Rationale must be documented in resident's clinical record.</p> <p>8. Medication Administration is documented on the Medication Administration record. Each dose is documented as administered.</p> <p>9. A physician's order for specified times supersedes any liberalized schedule. 14. If the liberalized medication pass time blocks do not address medications with multiple dosing schedules, these medications will continue to be scheduled at specific times based on MD order and /or resident preference.</p> <p>Review of Resident #3's September 2024 MAR (Medication Administration Record) on 09/04/2024 at 9:30 a. m. failed to reveal morning medications had been initialed as being administered.</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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #1</p> <p>Review of Resident #1's Physician's orders revealed the following medication orders were not administered between the liberalized hours of 7:00 a.m. and 10:30 a.m.:</p> <p>08/28/2024 - Folic acid 1mg (milligram) tablet 1 tab by mouth once daily (given at 10:51 a.m.)</p> <p>08/22/2024 - Vitamin C 500mg tablet by mouth once daily for wound healing (given at 10:55 am.)</p> <p>08/22/2024 - Ferrous Sulfate 325mg tablet 1 tab by mouth once daily for iron deficiency (given at 10:54 a.m.)</p> <p>08/14/2024 - Colace 100mg capsule 1 capsule by mouth twice daily (given at 10:54 a.m.)</p> <p>08/14/2024 - Ventolin HFA (hydrofluoroalkane) 90 mcg (microgram)/actuation aerosol inhaler 2 puffs inhalation once daily (given at 10:51 a.m.)</p> <p>08/14/2024 - Pantoprazole 40mg tablet delayed release 1 tab by mouth once daily (given at 10:51 a.m.)</p> <p>08/14/2024 - Miralax 17 gram/dose oral powder 1 capful by mouth 3 times a week (given at 10:51 a.m.)</p> <p>08/14/2024 - Asmanex HFA 100 mcg/actuation aerosol inhaler 1 inhalation once daily (given at 10:45 a.m.)</p> <p>08/13/2024 -Memantine 10 mg tablet 1 tab by mouth twice daily (given at 10:51 a.m.)</p> <p>08/13/2024 - Eliquis 2.5mg tablet 1 tab by mouth twice daily (given at 10:45 a.m.)</p> <p>08/13/2024 - Dorzolamide 2% eye drops 1 drop right eye twice daily (given at 10:53 a.m.)</p> <p>08/13/2024 - Cetirizine 10mg tablet 1 tab by mouth once daily (given at 10:51 a.m.)</p> <p>08/13/2024 - Brimonidine 0.1% eye drops 1 drop right eye twice daily (given at 10:53 a.m.)</p> <p>Review of Resident #1's September 04, 2024 MAR revealed all morning medications with times to be administered at 07:00 a.m. were initialed being administered between 10:45 a.m. and 10:55 a.m.</p> <p>Resident #3</p> <p>Review of Resident #3's September 2024 MAR on 09/04/2024 at 10:40 a.m. with S1 LPN (Licensed Practical Nurse) failed to reveal she had initialed Resident #1's morning medications had been administered.</p> <p>Review of Resident #3's September 2024 Physician's orders revealed the following orders:</p> <p>08/28/2024 Lexapro 10 mg by mouth once daily. Times 7:00.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>08/27/2024 Bupropion HCL XL 150 MG 24 hour tablet, extended release by mouth once a day. Times: 07:00.</p> <p>08/23/2024 Hydralazine 50 mg tablet 1 tablet by mouth 3 times a day. Times 0700, 13:00, 19:00.</p> <p>08/14/2024 Cranberry Concentrate 500 mg capsules by mouth once daily. Times 07:00.</p> <p>06/19/2024 Prevacid Solutab 30 mg delayed release, disintegrating tablet by mouth once daily. Times 07:00.</p> <p>06/29/2024 Losartan 100 mg tablet 1 tablet by mouth daily. Times 0700.</p> <p>04/25/2024 Potassium chloride extended release 10 meq (milliequivalent) tablet extended release -1 tab by mouth once daily. Times 07:00.</p> <p>04/26/2024 Furosemide 20 mg 1 tab by mouth once daily. Times 07:00.</p> <p>Review of Resident #3's September 04, 2024 MAR revealed all morning medications with times to be administered at 07:00 a.m. were initialed as not being administered until 11:17 a.m. Medications were not administered according to the physician's orders or within the facility's liberalized medication time blocks.</p> <p>During an interview on 9/04/2024 at 10:45 a.m. S1 LPN reported there was no set time to administer medications. S1 LPN acknowledged she had not administered Resident #3's morning medications and reported the facility had liberalized times to administer medications at any time.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40193</p> <p>Based on observations, interview and record review the facility failed to ensure 1 (#3) of 3 sampled resident's environment remains as free of accident hazards as possible. The facility failed to have Resident #3's fall mats in place as ordered to prevent injuries.</p> <p>Findings:</p> <p>Observation on 09/04/2024 at 9:00 a.m. revealed 1 fall mat positioned along the floor on the right side of Resident #3's bed.</p> <p>Observation on 09/04/2024 at 10:30 a.m. revealed 1 fall mat positioned along the floor on the right side of Resident #3's bed.</p> <p>During an interview on 09/04/2024 at 10:30 a.m. S2 CNA (Certified Nurse Assistant) reported there should have been 2 fall mats on the floor along each side of Resident #3's bed.</p> <p>Review of Resident #3's Physician's Orders revealed an order dated 08/31/2024 for a low bed with fall mats times 2 to be applied when in bed.</p> <p>Review of Resident #3's Medical Records revealed an admitted [DATE]. Diagnoses include Alzheimer's disease, impaired balance, impaired mobility, muscle weakness, essential hypertension, extrapyramidal and movement disorder unspecified.</p> <p>Review of Resident #3's Fall Risk assessment dated [DATE] revealed level of consciousness is disoriented times three at all times and a history of 3 or more falls. Further review revealed a total score of 18 which indicates resident is a high risk for falls.</p> <p>Review of Resident #3's MDS (Minimum Data Set) assessment dated [DATE] revealed a BIMS (Brief Interview of Mental Status) of 3 which indicates severe cognitive impairment. Further review revealed resident requires one person physical assist with bed mobility, transfers, eating, and toilet use.</p> <p>Review of Resident #3's Care Plan revealed risk factors that require monitoring and interventions to reduce potential for self-injury for falls. Further review revealed approaches are resident will follow safety suggestions and limitations with supervision and verbal reminders for better control of risk factors through next review decreasing fall or fall risk to resident.</p>		