STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195535	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Deridder Retirement & Rehabilitation Center	1420 Blankenship Dr Deridder, LA 70634

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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20604 Based on observation, interview, and record review, the facility failed to ensure Residents who are unable to carry out ADLS (Activities of Daily Living) received the necessary services to maintain good grooming and personal hygiene for 3 (#17, #32 and #52) of 3 (#17, #32 and #52) Residents reviewed for ADL's. The facility failed to ensure a Resident's (#17, #32 and #52) received nail care. Findings: Review of the facility's undated policy titled Nail Care revealed the following: The purpose of this policy is to provide guidelines for provision of care to a resident's nails for good grooming and health . 1. Routine cleaning and inspection of nails will be provided during ADL care on an ongoing basis . Resident #32 Record review revealed Resident #32 was admitted to the facility on [DATE] with the following diagnosis that included Chronic Obstructive Pulmonary Disease, Hypertensive Heart Disease with Heart Failure, Chronic Pain due to Trauma and Muscle Weakness. Review of the Admission MDS with ARD of 07/31/2024 revealed Resident #32 had modified independence for cognitive skills for daily decision making, required substantial/maximum assistance for personal hygiene and dependent on staff for bathing. Observations on 08/19/24 at 10:27 a.m. revealed Resident #32 lying in bed partially covered. His fingernails was approximately 1/8th of an inch past his fingertips with a dark substance under the nail bed. During an interview with Resident #32 at that time revealed he wanted his nails cleaned and cut. He stated that he could not cut or clean his own nails. Observations on 08/20/24 at 8:45 a.m. revealed Resident #32 is lying in bed. His fingernails were still uncut with a dark substance under the nail bed. At that time, Resident #32 reported that he does not know how his fingernails gets dirty underneath, he said they are crusty. Observations on 08/20/24 at 9:48 a.m. was made with the DON of Resident #32's nails. The DON indicated that Resident #32's finger nails were dirty and needed to be cut and cleaned. The DON indicated that Resident #32 requires staff assistance for nail care, and his nails should have been cleaned and cut when he was showered. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195535	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Deridder Retirement & Rehabilitation Center	1420 Blankenship Dr Deridder, LA 70634

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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #52 Record review revealed Resident #52 was admitted to the facility on [DATE] with the following diagnosis that included Encounter For Orthopedic Aftercare Following Surgical Amputation, Acquired Absence of Left Leg Below Knee, Peripheral Vascular Disease, Acquired Absence of Right Leg Above Knee and Muscle Weakness. Review of the Admission MDS with ARD of 05/24/2024 revealed Resident #52 had a BIMS of 14 (cognitively intact) and is dependent on staff for bathing. Record review of Resident #52's care plan with a start date of 05/21/2024 read in part: Requires assistance with ADL's .assist as needed . Observations on 08/19/24 at 9:35 a.m. revealed Resident #52 siting in bed. His fingernails were observed to be about 1/4 inch past his fingertips. During an interview with Resident #52 at that time he reported that he would like his nails cut. Observations on 08/20/24 at 8:35 a.m. revealed Resident #52 siting in his wheelchair. His fingernails were observed to about 1/4 inch past his fingertips. Observations on 08/20/24 at 9:45 a.m. was made with the DON of Resident #32's nails. The DON indicated that Resident #52's finger nails needed to be cut. The DON indicated that Resident #52 requires staff assistance for nail care, and his nails should have been cut when he was showered. 46773 Resident #17 Review of Resident #17's medical record revealed an admitted [DATE] with diagnoses that included Anxiety Disorder, Epilepsy, Hypertensive Heart Disease, Cerebral infarction and Dysphagia. Review of Resident #17's Quarterly MDS with an ARD of 06/05/2024 revealed a BIMS score of 11, which indicated moderate cognition impairment. The MDS revealed Resident #17 required substantial/maximum assistance with personal hygiene. Review of Resident #17's care plan with a review date of 09/04/2024 read in part . Assist with activities of daily living as needed. Observation on 08/19/2024 at 9:48 a.m. revealed Resident #17's fingernails were 1/2 inch long with brown substance observed under nails. Resident #17 revealed that staff clean and cut his nails for him and that he would like for them to be cleaned and cut but had not been recently. Observation on 08/20/2024 at 9:58 a.m. revealed Resident #17's fingernails were 1/2 inch long with brown substance under the nails. Interview on 08/20/2024 at 10:00 a.m. with S3 LPN revealed Resident #17's nails were long and had brown substance under them and should have been trimmed and cleaned but had not been.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195535	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Deridder Retirement & Rehabilitation Center	1420 Blankenship Dr Deridder, LA 70634

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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844 Based on observation, interviews and record reviews, the facility failed to ensure each resident received adequate assistance to prevent accidents for 1 Resident (Resident #43) of 2 (Resident #12 and Resident #43) sampled residents, a total sample of 21. This deficient practice resulted in an actual harm for Resident #43 on 04/28/2024 at 9:15 p.m., when S5 CNA failed to use 2 person assistance, when she transferred Resident #43 from the wheelchair to the bed. S5 CNA dropped Resident #43 onto the floor during transfer. On 04/29/2024 at 8:00 a.m., Resident #43 complained of pain to the left elbow. On 04/29/2024, X-rays were obtained, and Resident #43 was diagnosed with an Impacted Humeral Head Fracture, Acute with Osteopenia. Findings: Review of the facility's policy and procedure dated, and titled Safe Resident Handling/Transfers read in part . Policy: It is the policy of this facility to ensure that residents are handled and transferred safely to prevent or minimize risks for injury, and provide and promote a safe, secure and comfortable experience for the resident, while keeping the employees safe in accordance with current standards and guidelines. Policy Explanation: All residents require safe handling when transferred to prevent or minimize the risk for injury to themselves, and the employees that assist them. Compliance Guidelines: Resident lift and transferring will be performed according to the resident's individual plan of care. Review of Resident #43's medical record revealed an admitted [DATE], with diagnoses that included in part . Cardiomegaly, Chronic Obstruction Pulmonary Disease, Hemiplegia following Cerebra Infarction, Type 2 Diabetes Mellitus, Non-Displaced Fracture of Greater Tuberosity of Left Humerus, and Major Depressive Disorder. Review of Resident #43's Quarterly MDS with an ARD of 04/19/2024, revealed a BIMS score of 15, indicating intact cognition. The MDS revealed Resident #43 required 2 person extensive assistance with bed mobility and transfers. Resident #43 had ROM impairment on one side to upper and lower extremities, and used a wheelchair for mobility. Review of Resident #43's care plan, with a Target date of 11/01/2024, revealed in part . 1. Physical mobility impaired related to left side Hemiplegia after CVA; Requires extensive assist with bed mobility and transfers (X2), does not ambulate; with approaches that included: Assistance as needed with all transfers. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195535	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Deridder Retirement & Rehabilitation Center	1420 Blankenship Dr Deridder, LA 70634

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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	2. At Risk for falls related to weakness, needs assist with ADL's, and requires 2 person assist with transfers. Approaches included: Monitor for signs/symptoms of increased weakness and tolerance. Interview on 08/19/2024 at 9:57 a.m. with Resident #43 revealed that S5 CNA had transferred her with no assistance on 04/28/2024 and had dropped her onto the floor. Resident #43 revealed she had informed S5 CNA she required a two person assist with transfers. Resident #43 revealed she had a fractured left shoulder due to the fall. Review of an incident report prepared by S6 LPN, and dated 04/28/2024 at 9:15 p.m., read in part .S5 CNA was transferring Resident #43 to a bed from a wheelchair. S5 CNA and Resident #43 slipped and fell to the floor. Resident #43 landed on her left arm and hip. Resident #43 sustained a left elbow hematoma. Review of a progress note dated 04/29/2024 at 8:08 a.m., and documented by S1 DON, revealed in part . Spoke with Resident #43 concerning fall. Resident #43 reported continued pain to her left arm, and stated that she had refused to go to the emergency room after the fall the night before. The progress note revealed Resident #43 did not want to go to the emergency room this morning, but did agree to have x-rays completed at the facility. Review of a progress note dated 04/29/2024 at 1:17 p.m. revealed in part .Resident #43 had a follow-up appointment on 05/01/2024 with Orthopedic Doctor for Left Humerous Fracture. Reviw of a progress noted dated 05/01/2024 read in part .Resident #43 reported moderate pain and received Tylenol 650 MG. Review of an X-ray report dated 04/29/2024, read in part . Procedure: Examination of the Left Shoulder. Indication: Pain Impressions: Impacted Humeral Head Fracture, Acute with Osteopenia. Interview on 08/20/2024 at 10:15 a.m., with S1 DON, revealed on 04/28/2024 at approximately 9:00 p.m., S5 CNA transferred Resident #43 from a wheelchair to a bed by herself, and S5 CNA and Resident #43 slipped to the floor. S1 DON revealed Resident #43 complained of pain to her left side, but refused to go to the emergency room for evaluation. S1 DON revealed Resident #43 continued to complain of pain to her left elbow, and agreed to have X-rays done at the facility on 04/29/2024. S1 DON revealed the X-rays showed Resident #43 had a fracture to her Left Humerous. S1 DON confirmed S5 CNA should not have attempted to transfer Resident #43 by herself. Telephone interview on 08/21/2024 at 10:00 a.m., S5 CNA, revealed on 04/28/2024 at approximately 9:00 p. m., she transferred Resident #43 from a wheelchair to a bed. S5 CNA revealed during the transfer, both she and Resident #43 slipped and fell on to the floor. S5 CNA revealed Resident #43's left elbow had started to swell. S5 CNA confirmed she transferred Resident #43 without a 2 person assistance, and shouldn't have.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195535	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Deridder Retirement & Rehabilitation Center	1420 Blankenship Dr Deridder, LA 70634

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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844 Based on observation, interview and record review the facility failed to provide respiratory care consistent with professional standards for 1 (Resident #22) of 2 (Resident #4 and Resident #22) sampled residents reviewed for respiratory care. The facility failed to ensure respiratory equipment was properly stored and labeled. Findings: Review of Resident #22's Clinical Record revealed an admitted [DATE] with diagnoses which included: Acute and Chronic Respiratory Failure, Pneumonia, and Chronic Obstructive Pulmonary Disease. Review of Resident #22's care plan with a review date of 07/19/2024 revealed in part .Potential for Ineffective Breathing Pattern related to Chronic Obstructive Pulmonary Disease, Pulmonary Edema with Shortness of Breath upon exertion and while lying flat, which interventions that included administer oxygen therapy as ordered and change tubing per protocol. Observation on 08/19/2024 at 9:30 a.m. revealed Resident #22 was in his room with a family friend at bedside. Oxygen tubing connected to oxygen concentrator with a date of 07/07/2024. Oxygen tubing connected to oxygen tank on Resident #22's wheelchair was not covered or dated. Resident #22 and family friend confirmed he used the oxygen. Observation on 08/19/2024 at 2:25 p.m. revealed Resident #22 lying in bed, sitter at bedside. Sitter for Resident #22 revealed Resident #22 wore oxygen at times. Sitter revealed she had recently seen Resident #22 with oxygen on. Resident #22's oxygen tubing connected to oxygen concentrator with a date of 07/07/2024. Oxygen tubing connected to oxygen tank on Resident #22's wheelchair was not covered or dated. Observation on 08/20/2024 at 9:16 a.m. revealed Resident #22 lying in bed talking to a friend. Oxygen tubing connected to oxygen concentrator with a date of 07/07/2024. Oxygen tubing connected to oxygen tank on Resident #22's wheelchair was not covered or dated. Resident #22's friend revealed Resident #22 had used his oxygen three days ago and used the oxygen tank on his wheelchair, when he went to doctor's appointments. Observation and Interview on 08/20/2024 at 9:25 a.m. with S7 LPN confirmed Resident #22 had an order for oxygen to be used PRN. S7 LPN revealed the night nurse on the weekend was responsible for storing/changing and labeling oxygen tubing weekly. Interview on 08/20/2024 at 9:36 a.m. with S8 ADON revealed oxygen equipment should be stored in a bag and labeled. S8 ADON revealed the weekend night nurse was responsible for changing oxygen tubing weekly on Saturday or Sunday. Observation with S8 ADON confirmed Resident #22's oxygen tubing connected to concentrator had a date of 07/07/2024 and should have been changed out. S8 ADON confirmed Resident #22's oxygen tubing to his tank should have been covered and dated and it had not been. Interview on 08/20/2024 at 11:00 a.m. with S1 DON confirmed that all oxygen equipment should have been changed and dated every weekend by the night nurse.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195535	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Deridder Retirement & Rehabilitation Center	1420 Blankenship Dr Deridder, LA 70634

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)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46773 Based on interview and record review, the facility failed to ensure that pain management was provided to residents who require such services, consistent with professional standards of practice and the comprehensive person-centered care plan for 1 (Resident #59) of 1 (Resident #59) resident sampled for pain. The facility failed to ensure Resident #59 who displayed verbal and/or nonverbal indicators of pain received the ordered interventions to alleviate pain. Findings: Review of the facility policy titled, Pain Management revealed in part . Optimum and effective pain management is only successful through a systematic and total team effort. Continual monitoring, assessment and evaluation, resident education and utilization of scheduled medications and modalities is crucial to the success of each resident's pain management plan. Review of Resident #59's clinical record revealed an admitted [DATE] with diagnoses that included Type 2 Diabetes Mellitus, Pain, Secondary Osteroarthritis, Complete Rotator Ruff Tear/Rupture of Left Shoulder. Review of Resident #59's 08/2024 Physician orders read in part . 08/08/2024 -Belbuca 300 mcg film Give 1 patch buccally to inside of cheek Q12 hours related to pain. 08/08/2024-Tramadol 50 mg give 1 tab po Q6h prn pain Review of Resident #59's Care plan with review date of 9/01/2024 revealed in part . Potential for alteration in comfort: Interventions: Monitor for worsening of pain symptoms and notify Physician of any changes Assess Pain Q shift using 1-10 scale Administer Pain medication as needed and monitor effectiveness Assess and document pain characteristics: Location, Duration. Frequency, aggravation and alleviating factors, intensity. 08/08/2024 -Returned from Orthopedic appointment with new orders as followed: Rest arm x2 days then resume, Belbuca 300mcg 1 film buccally Q12hrs, Tramadol 50mg po Q 6h PRN pain. Diagnosis: Left shoulder cuff tear. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195535	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Deridder Retirement & Rehabilitation Center	1420 Blankenship Dr Deridder, LA 70634

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)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #59's Electronic Medication Administration Record for 07/2024 and 08/2024 revealed Resident #59 received prn Tramadol 1-2 times daily with pain levels ranging from 5-8 on pain number scale. Interview on 08/20/2024 at 8:30 a.m. with S4 LPN revealed Resident #59 has Belbuca 300mcg 1 film buccally Q12hrs ordered for left should pain. S4 LPN revealed the prescription was sent over to the pharmacy but she was unsure why the medication had not come in yet. Interview on 08/20/2024 at 08:35 a.m. with Resident #59 revealed she went to the Orthopedic specialist about 3 weeks or so ago and the Doctor suggested the medication Belbuca to help manage the left should pain because the Tramadol was not enough to manage the pain. Resident #59 stated after she received Tramadol her pain level goes down to a scale of 5. Resident #59 stated she thought the facility cancelled the prescription for the Bulbuca because she had not heard anything about it. Interview on 08/20/2024 at 10:30 a.m. with S2 DON revealed the pharmacy had sent over an authorization form via fax on 08/08/2024 to the facility prior to filling the medication. S2 DON stated the pharmacy had the wrong number so the facility did not receive the letter. S2 DON confirmed the medication was missed and should have been followed up on but had not been.