

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Alpine Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 North Service Road Ruston, LA 71270	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40238</p> <p>Based on observation, interviews, and record review the facility failed to ensure an accurate assessment was completed to reflect a resident's condition. The failed practice was evidenced by 1 (#316) of 5 (#50, #62, #80, #102, and #316) residents reviewed for pressure ulcers not having an accurate wound assessment completed by a Registered Nurse (RN) upon discovery of skin breakdown.</p> <p>Findings:</p> <p>Resident #316</p> <p>On 12/02/2024 at 4:06 p.m., observation revealed resident #316 was alert and oriented while sitting in a chair at his bedside. He reported he had a wound to his sacrum area.</p> <p>Record review revealed resident #316 was admitted to the facility on [DATE] with diagnoses that included idiopathic pulmonary fibrosis, chronic cough, hypotension, hypokalemia and mild protein malnutrition.</p> <p>Review of the most recent Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 13 which indicated no cognitive impairment.</p> <p>Review of active physician orders for December 2024 revealed the following:</p> <p>Sacrum: Clean stage 3 wound with wound cleanser, pat dry, paint wound bed with betadine, cover with Calcium Alginate and foam dressing every other day and as needed for dislodgement until resolved.</p> <p>Record review of a body assessment completed on 11/19/2024 revealed no record of skin issues related to resident #316.</p> <p>Review of a nurse's note dated 11/23/2024 at 10:11 a.m., revealed the following:</p> <p>LATE ENTRY: On 11/22/2024, it was reported to S3 Licensed Practical Nurse (LPN)/ Wound Care Nurse (WCN) that resident #316 had skin breakdown noted. S3 LPN/WCN assessed resident #316 and found skin to sacrum to be moist, soft, and boggy. No broken skin was noted. New physician orders were obtained for the sacrum to be cleaned with wound cleanser, pat dry, apply foam dressing every 3 days for preventative measures.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 195538	If continuation sheet Page 1 of 11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Alpine Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 North Service Road Ruston, LA 71270	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the wound assessments revealed the following:</p> <p>On 11/27/2024 a wound assessment was completed for resident #316 and signed by S2Director of Nurses (DON). The assessment revealed the wound was first assessed by a RN on 11/27/2024.</p> <p>Further review of the wound assessments revealed no record of a wound assessment being completed by a registered nurse when the skin breakdown was discovered on 11/22/2024.</p> <p>On 12/04/2024 at 9:15 a.m. an interview with S2DON confirmed the first wound assessment was completed by a registered nurse for resident #316` s pressure ulcer to the sacrum on 11/27/2024. S2DON further confirmed an initial wound assessment was not completed by a registered nurse on 11/22/2024 when the skin breakdown was first identified.</p> <p>On 12/04/2024 at 10:55 a.m. an interview with S2LPN/WCN confirmed the skin breakdown to resident #316` s sacrum was identified on 11/22/2024. S2LPN/wound care nurse confirmed she assessed the wound, notified the physician, obtained and implemented physician orders, she further confirmed an initial wound care assessment was not completed and signed by a RN on 11/22/2024.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Alpine Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 North Service Road Ruston, LA 71270	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18118</p> <p>Based on observations, record reviews, and interviews, the facility failed to ensure that a resident who needs respiratory care was provided such care, consistent with professional standards of practice by not having signage on the outside of the residents' room door to indicate oxygen was in use for 3 (#29, #104, #316) of 5 (#17, #29, #67, #104, #316) residents reviewed for oxygen.</p> <p>Findings:</p> <p>Review of the facility's Oxygen Administration policy and procedure, revised October 2010, revealed the following, in part:</p> <p>Purpose</p> <p>The purpose of this procedure is to provide guidelines for safe oxygen administration.</p> <p>Steps in the Procedure</p> <p>2. Place an Oxygen in Use sign in a designated place outside resident room.</p> <p>Resident #29</p> <p>Review of the medical record for sampled resident #29 revealed an admitted [DATE] with diagnoses of idiopathic peripheral autonomic neuropathy, pulmonary edema, diabetes mellitus, dysarthria, depression, dysphagia, cardiomyopathy, heart failure, and dementia.</p> <p>Review of the physician's orders dated 11/20/2024 revealed administer continuous oxygen at 2 liters per nasal cannula.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed resident #29 had a Brief Interview for Mental Status (BIMS) scored of 3 which indicated the resident had severe cognitive impairment for daily decision making.</p> <p>Review of the current care plan for resident #29 revealed the resident had oxygen therapy related to ineffective gas exchange, respiratory illness, give medications as ordered by the physician, and observe for signs and symptoms of respiratory distress.</p> <p>On 12/02/2024 at 9:45 a.m., and 12/03/2024 at 12:31 p.m., observations of resident #29 revealed she was in the bed and received oxygen at 2 liters per nasal cannula. Observations of the outside of the resident's door revealed there was no sign to indicate the resident received oxygen therapy.</p> <p>On 12/04/2024 at 2:15 p.m. observation of the outside of resident #29's door with S2Director of Nursing (DON) revealed there was no signage to indicate the resident was on oxygen. S2DON confirmed the signage for oxygen use was not on the outside of the door.</p> <p>40238</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Alpine Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 North Service Road Ruston, LA 71270	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #316</p> <p>Record review revealed resident #316 was admitted to the facility on [DATE] with diagnoses that included idiopathic pulmonary fibrosis, chronic cough, hypotension, hypokalemia and mild protein malnutrition. Review of the most recent MDS assessment dated [DATE] revealed a BIMS score of 13 which indicated no cognitive impairment.</p> <p>Review of the plan of care revealed resident #316 was to receive Oxygen at 2 liters per minute via nasal cannula.</p> <p>On 12/02/2024 at 4:06 p.m., observation revealed resident #316 was alert and oriented while sitting in a chair at his bedside. He was observed wearing a nasal cannula that was providing Oxygen at 2 liters per minute via an Oxygen concentrator located in the corner of the room. There was no signage observed at the entrance of the room that indicated oxygen was in use.</p> <p>43405</p> <p>Resident #104</p> <p>Review of resident #104's record revealed an admitted [DATE] with diagnoses including hypertension, atrial fibrillation, shortness of breath, and gastroesophageal reflux disease.</p> <p>Review of resident #104's December 2024 Physician's Orders revealed an order dated 08/02/2024 for continuous Oxygen at 2 liters per nasal cannula.</p> <p>Observations on 12/02/2024 at 2:25 p.m., 12/03/2024 at 4:15 p.m., and 12/04/2024 at 9:05 a.m. of resident #104 revealed resident had Oxygen in use, but there was no Oxygen in use sign posted on the outside of the resident's door.</p> <p>An interview on 12/04/2024 at 2:25 p.m. with S2DON confirmed resident #104 had Oxygen in use without an Oxygen in use sign posted on the outside of the resident's door.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Alpine Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 North Service Road Ruston, LA 71270	
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 - Some</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** 18118</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure residents were assessed for the risk of entrapment from side rails prior to the installation of side rails for 5 (#22, #40, #50, #55, #104) of 5 (#22, #40, #50, #55, #104) residents reviewed for side rails. The facility failed to complete the Side Rail Utilization Assessment and consent for side rails prior to implementation for resident #22.</p> <p>Findings:</p> <p>Review of the facility's Proper Use of Side Rails policy and procedure, revised August 2024, revealed the following, in part:</p> <p>General Guidelines</p> <p>3. Upon admission, readmission, with routine quarterly or significant change MDS and prn, therapy/designee will complete the Side Rail Utilization Assessment, or equivalent form to determine the resident's symptoms, risk of entrapment and rationales for using side rails prior to implementation. When use for mobility or transfer, the assessment will include a review of the resident's:</p> <p>c. risk for entrapment from the use of side rails</p> <p>4. Consent for use of side rail will be obtained from the resident or legal representative, after presenting potential benefits and risks</p> <p>5. The resident's care plan will reflect the use of side rails and updated as necessary;</p> <p>9. The resident will be checked at least every shift for safety and proper functioning of the side rail use;</p> <p>Resident #40</p> <p>Review of the medical record for resident #40 revealed an admitted [DATE] with diagnoses including muscle wasting and atrophy, diabetes mellitus, chronic obstructive pulmonary disease, convulsions, Alzheimer's disease and dementia.</p> <p>Review of the quarterly Minimum Data Set assessment (MDS) dated [DATE] revealed the resident's Brief Interview for Mental Status (BIMS) score was a 4 which indicated severe cognitive impairment for daily decision making. Resident #40 required extensive assistance with bed mobility, toileting and transfers.</p> <p>Review of resident #40's December 2024 Physician's Orders revealed no order for side rails.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Alpine Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 North Service Road Ruston, LA 71270	
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 - Some</p>	<p>On 12/02/2024 at 4:12 p.m. and 12/03/2024 at 2:10 p.m., observations of resident #40 revealed he was in the bed, quarter side rails were in the raised position on both sides of the bed.</p> <p>Review of the Side Rail Utilization assessment dated [DATE] for resident #40 revealed no documentation that risks of entrapment were assessed prior to the implementation of the side rail.</p> <p>On 12/04/2024 at 2:00 p.m. interview with S2Director of Nursing (DON) confirmed the side rail assessment for resident #40 did not address the assessment for risk of entrapment prior to installation.</p> <p>Resident #55</p> <p>Review of the medical record for resident #55 revealed an admitted [DATE] with diagnoses of muscle wasting and atrophy, muscle spasm, heart failure, anxiety, and diabetes mellitus.</p> <p>Review of the quarterly MDS dated [DATE] revealed resident #55 had a BIMS score of 15 which indicated no cognitive impairment and she required assistance with bed mobility and transfers.</p> <p>Review of resident #55's December 2024 Physician's Orders revealed no order for side rails.</p> <p>On 12/02/2024 at 2:00 p.m., and 12/04/2024 at 7:45 a.m. observations of resident #55's bed revealed quarter side rails were in the raised position on both sides of the bed.</p> <p>Review of the Side Rail Utilization assessment dated [DATE] for resident #55 revealed no documentation that risks of entrapment were assessed prior to the implementation of the side rail.</p> <p>On 12/04/2024 at 2:00 p.m. interview with S2DON confirmed the side rail assessment for resident #55 did not address the assessment for risk of entrapment prior to installation.</p> <p>41829</p> <p>Resident #50</p> <p>Record review revealed resident #50 was admitted to the facility on [DATE] with diagnoses that included hemiplegia and hemiparesis following cerebral infarction, dysphagia, aphasia, essential hypertension, chronic pain, diabetes mellitus, generalized muscle weakness, muscle wasting and atrophy multiple sites, encounter for attention gastrostomy, acquired absence of right leg and left leg above the knee, and major depressive disorder.</p> <p>Review of quarterly MDS assessment dated [DATE] revealed BIMS score of 99 which indicated resident #50 was unable to complete due to severe cognitive impairment. Further review revealed resident #50 was dependent on staff assistance with all activities of daily living.</p> <p>On 12/02/2024 at 9:30 a.m., an observation of resident #50 revealed she was lying in bed with head of bed elevated up 30 degrees. The quarter side rails on each side of the bed were in the upright position.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Alpine Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 North Service Road Ruston, LA 71270	

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 - Some</p>	<p>On 12/03/2024 at 9:50 a.m., an observation of resident #50 revealed she was lying in bed with head of bed elevated up 30 degrees. The quarter side rails on each side of the bed were in the upright position.</p> <p>Review of active care plans revealed resident #50 had an activities of daily living self-care performance deficit. An intervention listed included resident #50 used side rails to maximize independence with turning and repositioning.</p> <p>On 12/04/2024 at 2:28 p.m., S2DON provided surveyor with resident #50's side rail utilization assessment that had an effective date of 09/30/2024 included a consent for bilateral side rails. Further review of the side rail utilization assessment form revealed resident #50 was not assessed for entrapment. S2DON confirmed there was no documentation of resident #50 being assessed for entrapment prior to the use of side rails.</p> <p>43405</p> <p>Resident #22</p> <p>Review of resident #22's record revealed and admitted [DATE] with diagnoses including fibromyalgia, chronic kidney disease stage 3, type 2 diabetes mellitus with diabetic neuropathy, spinal stenosis, other sequelae of cerebral infarction, adjustment disorder with depressed mood, vascular dementia unspecified severity without behavioral disturbance, psychotic disturbance mood disturbance and anxiety, and major depressive disorder.</p> <p>Review of resident #22's December 2024 Physician's Orders revealed no orders for side rails.</p> <p>Review of resident #22's Quarterly MDS assessment dated [DATE] revealed a BIMS score of 6 indicating severe cognitive impairment.</p> <p>Observations on 12/02/2024 at 3:30 p.m., 12/03/2024 at 4:00 p.m., and 12/04/2024 at 9:15 a.m. of resident #22 revealed resident had half side rail to one side of the bed in the up position.</p> <p>Review of resident #22's Side Rail Utilization Assessment revealed an effective date 10/01/2024 with the assessment and consent signed and dated on 12/04/2024. Further review of the assessment revealed no documentation that risks of entrapment were assessed prior to the implementation of the side rail.</p> <p>An interview on 12/04/2024 at 2:10 p.m. with S2DON confirmed the facility did not complete the Side Rail Utilization Assessment or consent prior to the implementation of the side rails. S2DON further confirmed there was no documentation of risks of entrapment assessed prior to the installation of side rails.</p> <p>Resident #104</p> <p>Review of resident #104's record revealed an admission record of 08/02/2024 with diagnoses including hypertension, atrial fibrillation, and shortness of breath.</p> <p>Review of resident #104's December 2024 Physician's Orders revealed no order for use of side rails.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Alpine Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 North Service Road Ruston, LA 71270	
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 - Some</p>	<p>Review of resident #104's Quarterly MDS assessment dated [DATE] revealed a BIMS score of 4 indicating severe cognitive impairment.</p> <p>Observations of resident #104 on 12/02/2024 at 2:25 p.m., 12/03/2024 at 4:15 p.m., and 12/04/2024 at 9:05 a.m. revealed resident had bilateral half side rails in place in the up position.</p> <p>Review of resident #104's Side Rail Utilization assessment dated [DATE] revealed no documentation of identifying risks of entrapment prior to the installation of side rails.</p> <p>An interview on 12/04/2024 at 2:35 p.m. with S2DON confirmed there was no documentation of assessing risks of entrapment prior to the installation of side rails on resident #104.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Alpine Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 North Service Road Ruston, LA 71270	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43405</p> <p>Based on record review and interview, the pharmacist failed to identify and report irregularities to the attending physician and the facility's medical director and director of nursing for 1 (#22) of 5 (#4, #17, #22, #55, and #78) residents reviewed for unnecessary medications.</p> <p>Findings:</p> <p>Review of the facility's Pharmacy Services- Role of the Consultant Pharmacist policy and procedure, revised April 2007, revealed the following in part:</p> <p>4. The Consultant Pharmacist will provide specific activities related to medication regimen review including:</p> <p>b. Appropriate communication of information to prescribers and facility leadership about potential or actual problems related to any aspect of medications and pharmacy services, including medication irregularities, and pertinent resident-specific documentation in the medical record, as indicated.</p> <p>Review of resident #22's record revealed and admitted [DATE] with diagnoses including</p> <p>type 2 diabetes mellitus with diabetic neuropathy, spinal stenosis, other sequelae of cerebral infarction, adjustment disorder with depressed mood, vascular dementia unspecified severity without behavioral disturbance, psychotic disturbance mood disturbance and anxiety, and major depressive disorder.</p> <p>Review of resident #22's current Electronic Health Records (EHR) revealed an order dated 11/12/2024 for Quetiapine Fumarate oral tablet give 50 milligrams (mg) by mouth (po) 2 times a day for mood related to adjustment disorder with depressed mood.</p> <p>Review of the monthly drug regimen review revealed the pharmacist reviewed resident #22 on 11/22/2024, but no documented evidence that the pharmacist identified an irregularity on regarding the use of Quetiapine Fumarate without an appropriate diagnosis.</p> <p>An interview on 12/04/2024 at 2:00 p.m. with S2Director of Nursing (DON) confirmed the pharmacist did not notify the facility, DON, or physician regarding resident #22 not having an appropriate diagnosis for the use of Quetiapine Fumarate (antipsychotic medications).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Alpine Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 North Service Road Ruston, LA 71270	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43405</p> <p>Based on record review and interview, the facility failed to ensure resident's drug regimens were free from unnecessary psychotropic medications for 1 (#22) of 5 (#4, #17, #22, #55, and #78) residents reviewed for unnecessary medications. The facility failed to ensure a psychotropic medication was used only when there was an acceptable diagnosis documented in the medical record for resident #22.</p> <p>Findings:</p> <p>Review of resident #22's record revealed an admitted [DATE] with diagnoses including</p> <p>type 2 diabetes mellitus with diabetic neuropathy, other sequelae of cerebral infarction, adjustment disorder with depressed mood, vascular dementia unspecified severity without behavioral disturbance, psychotic disturbance mood disturbance and anxiety, and major depressive disorder.</p> <p>Review of resident #22's current Electronic Health Records (EHR) revealed an order dated 11/12/2024 for Quetiapine Fumarate oral tablet give 50 milligrams (mg) by mouth (po) 2 times a day for mood related to adjustment disorder with depressed mood.</p> <p>An interview on 12/04/2024 at 2:00 p.m. with S2Director of Nursing (DON) confirmed resident #22 has an order for Quetiapine Fumarate with the a diagnosis of adjustment disorder with depressed mood. S2DON confirmed resident #22 does not have an appropriate diagnosis for the use of Quetiapine Fumarate (antipsychotic medication).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Alpine Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 North Service Road Ruston, LA 71270	
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 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>40238</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on record review and interview, the facility failed to conduct Quality Assessment and Assurance meetings at least quarterly.</p> <p>Findings:</p> <p>Record review revealed the Quality Assessment and Assurance meetings revealed the past four meetings were held on 10/18/2023, 04/09/2024, 07/10/2024, and 10/30/2024. There was no record of a meeting between the dates of 10/18/2023 and 04/09/2024.</p> <p>On 12/04/2024 at 5:36 p.m., an interview with S1Administrator confirmed there was no record of a quarterly meeting in January 2024.</p>		