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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195539 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/14/2024 |
| NAME OF PROVIDER OR SUPPLIER Mansfield Nursing Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1725 McArthur Drive Mansfield, LA 71052 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| <p>F 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>36665</p> <p>Based on observations and interview the facility failed to ensure the most recent survey results were posted in a place readily accessible to the residents, family members or anyone to review.</p> <p>Findings:</p> <p>Observation on 08/12/2024 at 10:00 a.m. failed to reveal the most recent survey results were posted in a place that was readily accessible for review.</p> <p>Observation on 08/12/2024 at 10:00 a.m. with S1 Administrator revealed the most recent survey results were not posted in a place that was readily available for review.</p> <p>During an interview on 08/12/2024 at 11:45 a.m. S1 Administrator confirmed the most recent survey results should have been posted for residents, family and anyone to review.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <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** 40193</p> <p>45317</p> <p>Based on record reviews, observations, and interviews, the facility failed to ensure the correct use and the 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 4 (#8, #10, #13, #37) out of 7 (#5, #8, #10, #13, #34, #37, #39) residents reviewed for accidents.</p> <p>Findings:</p> <p>Resident #8</p> <p>Review of Resident #8's medical record revealed an admitted [DATE] with the following diagnoses, including but not limited to functional quadriplegia and history of falling.</p> <p>Review of Resident #8's Quarterly MDS (Minimum Data Set) assessment dated [DATE] revealed a BIMS (Brief Interview of Mental Status) score of 9 indicating moderately impaired cognition and a functional status requiring total dependence with two person for bed mobility and transfer.</p> <p>Review of Resident #8's medical record on 08/13/2024 at 11:00 a.m. failed to reveal a physician's order for bed rails, a risk assessment for entrapment from bed rails, and a signed consent for bed rails.</p> <p>An observation on 08/12/2024 at 9:15 a.m. revealed Resident #8 lying in bed with eyes closed. Resident #8's bed had bed rails in place bilaterally at the HOB (head of bed) in a raised position.</p> <p>An observation on 08/13/2024 at 10:54 a.m. revealed Resident #8 lying in bed with HOB elevated. Resident #8's bed had bed rails in place bilaterally at the HOB in a raised position.</p> <p>An observation on 08/14/2024 at 7:33 a.m. revealed Resident #8 sitting up in bed with HOB elevated eating breakfast. Resident #8's bed had bed rails in place bilaterally at the HOB in a raised position.</p> <p>During an interview on 08/14/2024 at 7:35 a.m. S3 LPN (Licensed Practical Nurse) confirmed Resident #8 did have bed rails in use.</p> <p>During an interview on 08/14/2024 at 11:05 a.m. S4 CNA (Certified Nursing Assistant) confirmed Resident #8 did have bed rails in use.</p> <p>During an interview on 08/14/2024 at 12:15 p.m. S2 DON (Director of Nursing) confirmed Resident #8 did not have an assessment for entrapment of bed rails, a physician's order for bed rails or a signed consent from resident or resident representative prior to installation of bed rails.</p> <p>(continued on next page)</p> | | |

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| <p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Resident #10</p> <p>Review of Resident #10's medical record revealed an admitted [DATE] with the following diagnoses, including but not limited to muscle wasting and atrophy not elsewhere classified right upper arm, generalized muscle weakness, malignant neoplasm of unspecified kidney except renal pelvis.</p> <p>Review of Resident #10's Annual MDS assessment dated [DATE] revealed a BIMS score of 5 indicating severely impaired cognition and functional status requiring total dependence with two person for transfers and one person for bed mobility.</p> <p>Review of Resident #10's medical record on 08/13/2024 at 11:30 a.m. failed to reveal a physician's order for bed rails, a risk assessment for entrapment from bed rails, and a signed consent for bed rails.</p> <p>An observation on 08/12/2024 at 8:50 a.m. revealed Resident #10 lying in bed. Resident #10's bed had bed rails in place bilaterally at the HOB (head of bed) in a raised position.</p> <p>An observation on 08/14/2024 at 7:30 a.m. revealed Resident #10 sitting up in bed eating breakfast. Resident #10's bed had bed rails in place bilaterally at the HOB (head of bed) in a raised position.</p> <p>During an interview on 08/14/2024 at 7:35 a.m. S3 LPN confirmed Resident #10 did have bed rails in use.</p> <p>During an interview on 08/14/2024 at 10:50 a.m. S4 CNA confirmed Resident #10 did have bed rails in use.</p> <p>During an interview on 08/14/2024 at 12:15 p.m. S2 DON confirmed Resident #10 did not have an assessment for entrapment of bed rails, a physician's order for bed rails or a signed consent from resident or resident representative prior to installation of bed rails.</p> <p>Resident #13</p> <p>Review of Resident #13's medical record revealed an admitted [DATE] with the following diagnoses including, but not limited to unspecified lack of coordination, muscle and wasting atrophy/not elsewhere classified/left upper arm, muscle and wasting atrophy/not elsewhere classified/right upper arm, unspecified abnormalities of gait and mobility, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, cognitive communication deficit, morbid (severe) obesity due to excess calories, heart failure/unspecified, and muscle weakness (generalized).</p> <p>Review of Resident #13's MDS assessment dated [DATE] revealed a functional status requiring total dependence with two person for bed mobility, transfer and toilet use.</p> <p>Review of Resident #13's medical record failed to reveal a physician's order for bed rails and a signed consent for bed rails prior to installation.</p> <p>Observation on 08/12/2024 at 9:00 a.m. revealed Resident #13 sitting up in bed with padded bed rails raised.</p> <p>(continued on next page)</p> | | |

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| <p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During an interview on 08/12/2024 at 9:00 a.m. Resident #13 reported she has to be put on a lift to get out of bed because she is unable to get out of bed by herself.</p> <p>Observation on 08/13/2024 at 10:00 a.m. revealed Resident #13 lying in bed with padded bed rails raised.</p> <p>Observation on 08/14/2024 at 9:50 a.m. revealed Resident #13 sitting up in bed with padded bed rails raised.</p> <p>During an interview on 08/14/2024 at 3:15 p.m. S2 DON acknowledged Resident #13 did not have a consent or physician's order for bed rails.</p> <p>Resident #37</p> <p>Review of Resident #37's medical record revealed an admitted [DATE] with the following diagnoses, including but not limited to unspecified lack of coordination, muscle weakness (generalized), abnormal posture, cognitive communication deficit, need for assistance with personal care, functional quadriplegia, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side and history of falling.</p> <p>Review of Resident #37's medical record failed to reveal a physician's order for bed rails and a signed consent for bed rails prior to installation.</p> <p>Observation on 08/12/24 at 12:44 p.m. revealed Resident #37 lying in bed with bed rails raised.</p> <p>Observation on 08/12/2024 at 2:15 p.m. revealed Resident #37 lying in bed asleep with bed rails raised.</p> <p>Observation on 08/13/2024 at 9:00 a.m. revealed Resident #37 lying in bed with bed rails raised.</p> <p>Observation on 08/14/2024 at 10:30 a.m. revealed Resident #37 lying in bed asleep with bed rails raised.</p> <p>During an interview on 08/14/2024 at 12:55 p.m. Resident #37 reported he cannot turn side to side or use bed rails and that the staff use the Hoyer lift to get him out of bed.</p> <p>During an interview on 08/14/2024 at 3:15 p.m. S2 DON acknowledged Resident #37 did not have a consent or physician's order for bed rails.</p> | | |

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| <p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40193</p> <p>Based on record review and interview, the facility failed to ensure each resident's drug regimen was free of unnecessary medications for 1 (#39) out of 5 (#13, #14, #37, #39, #60) residents reviewed for unnecessary medications. The facility failed to monitor Resident #39 for edema while receiving a diuretic.</p> <p>Findings:</p> <p>Review of Resident #39's medical record revealed admitted [DATE] with the following diagnoses including, but not limited to heart failure/unspecified and type 2 diabetes mellitus with diabetic neuropathy/unspecified.</p> <p>Review of Resident #39's physician's orders revealed an order dated 09/09/2021 for Chlorthalidone tab 25 mg (milligram) give 1 tablet orally one time a day related to heart failure.</p> <p>Review of Resident #39's August 2024 Medication Administration Record failed to reveal monitoring for edema.</p> <p>During an interview on 08/14/2024 at 4:00 p.m. S2 Director of Nursing acknowledged Resident #39 was not monitored for edema and should have been.</p> |

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| <p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 40193</p> <p>Based on record reviews and interview, the facility failed to ensure each resident's drug regimen was free of unnecessary medications for 2 (#13, #39) out of 5 (#13, #14, #37, #39, #60) residents reviewed for unnecessary medications. The facility failed to monitor Resident #13 for side effects while receiving an antidepressant and Resident #39 for side effects while receiving antidepressant and antianxiety medications.</p> <p>Findings:</p> <p>Resident #13</p> <p>Review of Resident #13's medical records revealed an admitted [DATE] with the following diagnoses, including but not limited to unspecified lack of coordination, abnormalities of gait and mobility, cognitive communication deficit, other specified depressive episodes and muscle weakness (generalized).</p> <p>Review of Resident #13's comprehensive care plan revealed at risk for adverse reactions and or side effects related to daily use of antidepressant medication - assess for adverse side effects/document and report, and monitor for extrapyramidal symptoms and document.</p> <p>Review of Resident #13's physician's orders revealed an order dated 07/24/2024 for Escitalopram Oxalate tab 10 mg (milligram) give 1 tablet orally one time a day related to other specified depressive episodes.</p> <p>Review of Resident #13's August 2024 Medication Administration Record failed to reveal side effects were monitored while receiving antidepressant.</p> <p>Resident #39</p> <p>Review of Resident #39's medical records revealed an admitted [DATE] with the following diagnoses, including but not limited to cognitive communication deficit, muscle weakness (generalized), unspecified lack of coordination, primary insomnia, generalized anxiety disorder, other specified depressive episodes, and major depressive disorder/recurrent/moderate.</p> <p>Review of Resident #39's physician's orders revealed orders dated:</p> <p>10/11/2021 for Lorazepam tab 1 mg give 1 tablet orally two times a day related to anxiety disorder</p> <p>03/11/2021 for Duloxetine HCl (hydrochloride) enteric coated pellets capsule 60 mg give 1 capsule orally two times a day related to major depressive disorder/recurrent/moderate</p> <p>12/04/2023 for Buspirone HCl tab 10 mg give 1 tablet orally two times a day related to major depressive disorder/recurrent/moderate</p> <p>(continued on next page)</p> | | |

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| <p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>03/17/2022 for Divalproex Sodium capsule delayed release sprinkle 125 mg give 2 capsules orally three times a day related to major depressive disorder/recurrent/moderate.</p> <p>Review of Resident #39's August 2024 Medication Administration Record failed to reveal monitoring for side effects from anti-depressant and anti-anxiety medications.</p> <p>During an interview on 08/14/2024 at 4:00 p.m. S2 Director Of Nursing acknowledged Resident #13 and Resident #39 were not monitored for side effects and should have been.</p> |