

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Ponchatoula Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1560 Highway 51 Ponchatoula, LA 70454	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48912</p> <p>Based on observations, interviews, and record review, the facility failed to ensure injuries of unknown source without serious bodily injury were reported within 24 hours to the State Survey Agency for 1 (#3) of 6 (#1, #2, #3, #R1, #R2 and #R3) residents reviewed for abuse.</p> <p>Findings:</p> <p>Review of the facility's policy titled Abuse Components Plan dated 10/24/2022, revealed the following, in part:</p> <p>Policy</p> <p>The facility administrator and their designee shall be responsible for the implementing of this policy.</p> <p>Definitions</p> <p>Injuries of unknown source - An injury should be classified as an injury of unknown source when all of the following criteria are met:</p> <ol style="list-style-type: none"> <li>1) The source of the injury was not observed by any person; and</li> <li>2) Or the source of the injury could not be explained by the resident; and</li> <li>3) The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.</li> </ol> <p>Reporting</p> <p>1. All alleged violations involving injuries of unknown source will be reported by the Administrator or designee, to the following persons or agencies as required to provide notification:</p> <ol style="list-style-type: none"> <li>a. State Agency online tracking incident system(required);</li> </ol> <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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>2. An alleged violation involving injuries of unknown will be reported immediately, but no later than:</p> <p>b. Twenty-four (24) hours if the alleged violation does not involve abuse, AND has not resulted in serious bodily injury.</p> <p>Review of Resident #3's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses which included Dementia and Long Term Use of Anticoagulants.</p> <p>Review of the Quarterly MDS with ARD of 05/25/2024 revealed Resident #3 had a BIMS of 5, which indicated the resident was severely cognitively impaired.</p> <p>Review of the facility's Incident log dated March 2024 through current revealed Resident #3 had an incident on 05/27/2024 related to bruising.</p> <p>Review of the facility's Incident report dated 05/27/2024, revealed in part:</p> <p>Incident Description: Bruising found on Resident #3 by S2DON</p> <p>Bruises Measured:</p> <p>Left Upper Outer Arm Lateral 8 cm x 4.4 cm</p> <p>Left Outer Forearm 6 cm x 9 cm</p> <p>Left Inner Forearm 10.1 cm x 6 cm</p> <p>Right Upper Outer Arm Lateral 3.5 cm x 2.8 cm</p> <p>Right Upper Outer Arm Medial 2.8 cm x 3.4 cm</p> <p>Right Elbow 4.7cm x 7 cm</p> <p>Right Outer Forearm 3 cm x 3.9 cm</p> <p>Right Outer Forearm Inferior 9 cm x 10.2 cm</p> <p>Right Outer Wrist 8.5 cm x 5.1 cm</p> <p>Review of the facility's state agency reported incidents for the past six months revealed no reports of the above incident.</p> <p>On 06/13/2024 at 9:25 a.m., an observation was made of Resident #3. An interview attempt was made with Resident #3, but due to cognitive impairment she was unable to answer questions regarding how she got the bruises. Resident #3 was noted to have one bruise to her left outer forearm and side of forearm. Resident #3's left upper arm was noted to have two sets of bruises. Resident #3's right arm was noted to have a small bruise to the outer wrist area, outer and side of forearm, and upper arm near outer arm crease, and one bruises to right elbow.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 06/13/2024 at 10:58 a.m., a telephone interview was conducted with S4LPN. She confirmed she was the oncoming nurse for the 6:00 a.m. to 6:00 p.m. shift on 05/27/2024 for Resident #3. She stated S5CNA reported to her on the morning of 05/27/2024 Resident #3 had bruises on both of her forearms. She stated she then reported the findings to S3ADON.</p> <p>On 06/13/2024 at 12:01 p.m., a telephone interview was conducted with S3ADON. She stated on the morning of 05/27/2024, S4LPN informed her of the bruises to Resident #3's bilateral upper extremities. She stated she assessed Resident #3 immediately and noted bruises to bilateral upper extremities and right elbow. She stated she immediately reported her assessment of Resident #3's bilateral upper arm bruising to S2DON and S1NFA.</p> <p>On 06/12/2024 at 3:11p.m., an interview was conducted with S2DON. She stated was responsible for completing the 05/27/2024 incident report for Resident #3. She stated after S3ADON notified her of the incident with Resident #3, she went directly to S1NFA. S2DON stated after bringing it to the S1NFA's attention, she started her investigation. She stated Resident #3 could not tell her how she received the bruises due to Dementia. She stated the bruises to Resident #3's bilateral upper extremities were consistent with hand placement during moving Resident #3. She stated they determined the bruising was not abuse related, and did not report it.</p> <p>On 06/12/2024 at 4:00 p.m., an interview was conducted with S1NFA. He stated he was responsible for reporting or injuries of unknown origin to the required agencies. He stated he could not recall the exact time on 05/27/2024 in which the bruises to Resident #3's bilateral upper extremities were brought to his attention. He stated as soon as he was informed by S2DON of Resident #3's bruising, he went to Resident #3's room to investigate. He stated he was made aware by S2DON of Resident #3 being on a blood thinner and antiplatelet medication. He stated there was no clear occurrence to have caused the bruises, and Resident #3 has a BIMS of 5 which makes her severely cognitively impaired. S1NFA stated based on the placement of the bruises, he determined it was caused by resident care. He confirmed after observing the bruising he did not report it to the state agency.</p>		