

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195553	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Eastridge Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2305 Richard St. Abbeville, LA 70510	

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 - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46149</b></p> <p>Based on record reviews and interviews, the facility failed to ensure the MDS (Minimum Data Set) assessment accurately affected the resident's status for 2 (#1, #2) residents out of 3 (#1, #2, #3) sampled residents.</p> <p>Findings:</p> <p>Review of Resident #1's EHR (Electronic Health Record ) revealed she was admitted to the facility on [DATE] with diagnoses including, but not limited to, Cerebral Infarction due to Embolism of Left Middle Cerebral Artery, Unspecified Atrial Fibrillation, and Dysphagia.</p> <p>Review of Resident #1's June 2024 physician's orders revealed an order dated 11/03/2023 that read in part: admitted with Hospice with diagnosis of end stage CVA (Cerebrovascular Accident).</p> <p>Review of section O of Resident #1's quarterly MDS assessment dated [DATE] revealed the resident was not coded for hospice care.</p> <p>Review of Resident #2's EHR revealed he was admitted to the facility on [DATE] with diagnoses including, but not limited to, Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectoris , Alzheimer's Disease, and Dysphagia.</p> <p>Review of Resident #2's June 2024 physician's orders revealed an order dated 01/03/2023 that read in part: Admit to . hospice for terminal diagnosis of end stage CAD (Coronary Artery Disease).</p> <p>Review of section O of Resident #2's quarterly MDS assessment dated [DATE] revealed the resident was not coded for hospice care.</p> <p>On 06/17/2024 at 1:51 p.m., an interview and record review was conducted with S2MDS. She stated that if a resident received hospice services, it was documented in section O of the MDS assessment. A review of section O of Resident #1 and Resident #2's quarterly MDS assessments dated 03/21/2024 and 04/04/2024 was conducted with S2MDS. She confirmed that the residents' MDS assessments were not coded for receiving hospice services and they should have been.</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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195553	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Eastridge Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2305 Richard St. Abbeville, LA 70510	

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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46149</p> <p>Based on interview and record review, the facility failed to collaborate with a hospice agency to ensure a resident had a current hospice plan of care for 1 (#3 ) out of 3 (#1, #2, #3) residents investigated for hospice services.</p> <p>Findings:</p> <p>Review of Resident #3's EHR (Electronic Health Record) revealed he was admitted to the facility on [DATE] with diagnoses including, but not limited to, Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris, Anxiety disorder, and Chronic Kidney Disease Stage 3.</p> <p>Review of Resident #3's June 2024 physician's orders revealed an order dated 06/06/2024 that read in part : Admit to . hospice dx (diagnosis) : terminal CAD (Coronary Artery Disease) .</p> <p>Further review of Resident #3's EHR and hard chart failed to reveal a hospice plan of care for the resident.</p> <p>On 06/17/2024 at 2:38 p.m., an interview and record review was conducted with S1DON (Director of Nursing). She stated that the hospice communications and documents were emailed to her by the hospice agency, and these communications and documents were scanned into each hospice resident's EHR. She also stated ADON (Assistant Director of Nursing), QA (Quality Assurance) nurse, and herself checked the hospice residents' charts weekly to ensure they were up to date with care plans. A review of Resident #3's EHR was then conducted with S1DON. S1DON confirmed that the resident's hospice plan of care was not in the resident's record.</p>