

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  07/09/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47540</b></p> <p>Based on interviews and record review, the facility failed to maintain accurately documented medical record in accordance with accepted professional standards and practices. The facility failed to document a fall in the resident centered plan of care for 1 (#1) out 3 (#1, #2, and #3) residents investigated for falls.</p> <p>Findings:</p> <p>On 07/09/2024, a review of the facility's policy titled Care Plan Policy and Procedure with a last reviewed date of 01/25/2024 read in part .Policy: Each resident's care plan will remain current and inform staff of resident's needs, strengths, goals, and approaches . a. It is the policy of this facility to utilize an advanced care planning approach to review and determine patient centered care plans based on the follow areas; . x. Fall .</p> <p>Review of Resident #1's record revealed she was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, Other Muscle Spasm, Pain, Ataxia and Cognitive Communication Deficit.</p> <p>Review of Resident #1's Quarterly MDS (Minimum Data Set) dated 05/15/2024 revealed the Brief Interview for Mental Status (BIMS) of 9, indicating her cognition was moderately impaired.</p> <p>Review of Resident #1's Incident Report dated 06/11/2024, revealed in part . S3LPN (Licensed Practical Nurse) was at nurse's station and heard yelling coming from down the hall. Upon entering the room where yelling was coming from resident in B bed was found face down near locked bed . Hematoma and swelling to upper left side of face redness present . sent to hospital for evaluation .</p> <p>Review of Resident #1's resident centered care plan revealed no documentation of focus areas related to the fall that occurred on 06/11/2024.</p> <p>On 07/09/2024 at 3:42 p.m., an interview was conducted with S2MDS/LPN (Minimum Data Set/ Licensed Practical Nurse) who confirmed Resident #1 had a fall on 06/11/2024. She stated that all falls should be documented in the Resident's plan of care. Review of Resident #1's plan of care was conducted with S2MDS/LPN, she confirmed the plan of care failed to reveal any documentation related to Resident #1's fall on 06/11/2024.</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
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NAME OF PROVIDER OR SUPPLIER  Eastridge Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2305 Richard St. Abbeville, LA 70510	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0842  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 07/09/2024 at 11:04 a.m., an interview was conducted with S1DON (Director of Nursing). S1DON confirmed Resident #1 had a fall on 06/11/2024 and all falls are to be documented in the comprehensive plan of care.		