

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  03/26/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>47354</p> <p>Based on policy review, record review, and interviews, the facility failed to ensure allegations of neglect was reported to the State Survey Agency within 2 hours upon learning of the allegation for 1 (#1) of 6 (#1, #2, #3, #4, #5, #6) sampled residents.</p> <p>Findings:</p> <p>On 03/25/2025 at 9:30 a.m., a review of the facility's policy titled, Abuse and Neglect Policy and Procedure with a reviewed date of 12/31/2024 read in part .7. Reporting/Response - the facility employee or agent, who becomes aware of abuse of neglect, including injuries of unknown source or alleged misappropriation of resident property, shall immediately report the matter to the facility administrator or Director of Nurses. The facility administrator or designee shall complete a report to be made to the mandated state agency according to state guidelines upon notification of an alleged abuse. Immediately means as soon as possible, in the absence of a shorter State time frame requirement, but not later than 2 hours after the allegation is made.</p> <p>Review of the facility's investigative report revealed the following, in part: on 03/10/2025, Resident with incident in van resulting in a witnessed fall during transport. S4TA notified the facility that Resident #1 fell back in the facility van. Root cause identified as Q'straint (wheelchair securement system used in vehicles) not applied correctly.</p> <p>Review of SIMS (Statewide Incident Management System) report provided by the facility revealed the event occurred on 03/10/2025 at 11:50 a.m., was discovered on 03/10/2025 at 11:50 a.m., and was entered into SIMS on 03/18/2025 at 11:45 a.m. Resident #1 was the victim of alleged neglect and identified the perpetrator as S4TA.</p> <p>On 03/25/2025 at 2:15 p.m., a phone interview was conducted with S4TA. She confirmed she had transported Resident #1 to a doctor's appointment during which the resident sustained a fall. She stated that when securing the resident with the Q'straint (wheelchair securement system used in vehicles) system, she hooked the 2 back straps to the wheelchair frame. After that she hooked 1 front strap the resident's front right wheel and failed to use the second front strap. She confirmed she was aware she was not supposed to secure wheelchairs for transportation in this manner. She stated that during transport, she accelerated the van after coming to a stop, and when doing so, the resident and the wheelchair flipped backwards landing on her back on the floor of the bus. S4TA confirmed she received training on the correct use of the Q'straint system but did not follow it on this day.</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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/26/2025 11:30 a.m., an interview was conducted with S1ADM (Administrator). S1ADM confirmed the incident of Resident #1 falling while being transported in a facility bus. He stated that upon their investigation, they determined the fall was a result of S4TA's willful and neglectful improper use of the Q'straint system that resulted in an avoidable fall. S1ADM stated he was unaware of the need for reporting incidents that occurred in a facility's transportation vehicle until later despite having making the determination that the root cause of the fall was neglectful use of the Q'straint system.</p>		