

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195554	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Legrand Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 650 Holt Street Bastrop, LA 71220	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19098</p> <p>Based on record review and interview the facility failed to notify the resident's representative after an accident for 2 (#1, #2) of 2 (#1, #2) residents reviewed for falls.</p> <p>Findings:</p> <p>Resident #1</p> <p>Review of the record for resident #1 revealed an admitted [DATE] with diagnoses in part of alcohol dependence with withdrawal, other seizures, pain, anxiety disorder, shortness of breath, malignant neoplasm of palate, pulmonary embolism without acute cor pulmonale, malignant neoplasm of overlapping sites of oropharynx, cerebral ischemia, dysphagia, and severe protein calorie malnutrition.</p> <p>Review of the Admission Minimum Data Set (MDS) assessment dated [DATE] revealed resident #1 had a Brief Interview for Mental Status (BIMS) score of 5 indicating severe cognitive impairment.</p> <p>Review of the current plan of care for resident #1 revealed at risk for falls related to impaired balance, and unsteady gait.</p> <p>Review of the Incident and Accident report dated 12/10/2024 at 2:20 a.m. revealed resident #1 was found by S3Licensed Practical Nurse (LPN) sitting on the floor with no injuries noted. Further review of the medical record revealed no documented evidence that S3LPN notified resident #1's responsible party of the fall.</p> <p>On 01/07/2025 at 3:00 p.m., an interview with S2Director of Nurses (DON) confirmed S3LPN should have notified resident #1's responsible party after a fall on 12/10/2024.</p> <p>Resident #2</p> <p>Review of the record for resident #2 revealed an admitted [DATE] with diagnoses in part of epilepsy, profound intellectual disabilities, congenital malformation syndromes predominately affecting facial appearance, autistic disorder, dysphagia, scoliosis, microcephaly, and Hallermann-[NAME] Syndrome.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Quarterly MDS assessment dated [DATE] revealed unable to assess resident #2's BIMS score and was dependent on staff for all activities of daily living.</p> <p>Review of the current plan of care for resident #2 revealed at risk for falls, history of falls, multiple risk factors related to impaired balance, poor coordination and unsteady gait.</p> <p>Review of the Incident and Accident report dated 12/10/2024 at 5:30 p.m. completed by S3LPN revealed resident #2 was kicked in the side by another resident resulting in a fall with an injury to his face. Further review of the medical record revealed no documented evidence that S3LPN notified resident #2's responsible party of the fall.</p> <p>On 01/07/2025 at 3:00 p.m., an interview with S2DON confirmed S3LPN should have notified resident #2's responsible party after a fall on 12/10/2024.</p>		