

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/09/2024
NAME OF PROVIDER OR SUPPLIER  Sabine Retirement and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  965 Fisher Road Many, LA 71449	

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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51082</p> <p>Based on record review and interview, the facility failed to ensure the Nurse Practitioner documented a clinical rationale for a denial of a dose reduction for 1 (#56) of 5 (#2, #23, #28, #56, #57) residents reviewed for unnecessary medications. The facility failed to ensure the Nurse Practitioner documented a clinical rationale for not reducing psychoactive medications recommended for gradual dose reduction.</p> <p>Findings:</p> <p>Review of Resident #56's clinical record revealed an admitted [DATE] with a Re-entry date of 05/25/2023 with diagnosis that included Alzheimer's Disease, Paranoid Schizophrenia, Generalized Anxiety Disorder, Unspecified Dementia Unspecified Severity with Other Behavioral Disturbance, Insomnia, Major Depressive Disorder, Extrapyramidal and Movement Disorder, Schizoaffective Disorder Bipolar Type</p> <p>Review of Resident #56's Quarterly MDS with an ARD of 12/11/2024 revealed a BIMS score of 99, severe cognitive impairment.</p> <p>Review of Resident #56's Physician's Orders for October 2024 revealed the following:</p> <p>Trazodone 75mg at Bedtime</p> <p>Seroquel 100mg every morning</p> <p>Seroquel 200mg at Bedtime</p> <p>Risperdal 3mg Twice a Day</p> <p>Buspar 5mg Three times a day</p> <p>Review of the Pharmaceutical Consultant Reports, dated 07/03/2024, revealed the following: Trazodone 75mg at Bedtime, Seroquel 100mg every morning, Seroquel 200mg at Bedtime, Risperdal 3mg Twice a Day, Buspar 5mg Three times a day. The pharmacy consultant requested a dose reduction of the five medications. The nurse practitioner denied a dose reduction but failed to provide a clinical rationale explaining why a dose reduction would be clinically contraindicated.</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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with S9 DON (Director of Nursing) on 10/09/2024 at 10:45 a.m. S9 DON reviewed Resident #56's Pharmaceutical Consultant Report, dated 07/03/2024, and confirmed a clinical rationale was not provided. S9 DON confirmed the Nurse Practitioner should have written in a clinical rationale as to why a dose reduction was contraindicated and did not.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>20604</p> <p>Based on observation and interview, the facility failed to store food in accordance with professional standards for food service safety by failing to ensure food items were stored in the refrigerator after opening.</p> <p>Findings:</p> <p>Review of the non-dated facility policy titled Storage: Refrigerator read in part . Keep all perishable foods below 41 degrees F (7 degrees C).</p> <p>Observation of the dry storage area in the kitchen on 10/07/2024 at 8:40 a.m. accompanied by S2 Dietary Manager revealed an open bottle of lemon juice with a hand written date of 09/15/2024, and a non-dated open bottle of teriyaki sauce. Review of the manufacture labels on the lemon juice and teriyaki sauce indicated to Refrigerate after opening.</p> <p>Interview on 10/07/2024 at the time of the observations with S2 Dietary Manager, confirmed that the lemon juice and teriyaki sauce should have been refrigerated after it was opened.</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>20604</p> <p>Based on observation and interview the facility failed to ensure garbage was disposed properly.</p> <p>Findings:</p> <p>Review of the non-dated facility policy titled Trash read in part .All waste must be placed in sealed containers .All garbage and trash will be placed in a dumpster in a convenient area near the facility .</p> <p>Observation on 10/07/2024 at 8:54 a.m. accompanied by S2 Dietary Manager revealed 5 large trash bags on the ground next to the facility dumpsters.</p> <p>Interview on 10/07/2024 at the time of the observations with S2 Dietary Manager, confirmed that the trash bags should have been placed in the dumpsters and not left on the ground.</p>