STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195562	A. Building B. Wing	07/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Green Meadow Haven	1110 Ringgold Avenue Coushatta, LA 71019

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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30669 Based on record reviews and interview, the facility failed to ensure residents' drug regimens were free of unnecessary medications for 5 (#17, #34, #41, #44, #382) out of 26 total sampled residents. The facility failed to adequately monitor Residents #17, #34, #41, #44, and #382 for edema while receiving a diuretic. The facility failed to adequately monitor Resident #17 for bleeding while receiving an anticoagulant. Findings: Resident #17 Review of Resident #17's medical record revealed an admitted [DATE] with a re-admitted [DATE]. Further review of Resident #17's medical record revealed the following diagnoses, in part: congestive heart failure, coronary artery disease, and chronic atrial fibrillation. Review of Resident #17's physician's orders revealed an order dated 06/07/24 for Furosemide 20 mg (milligram) give 1 tablet by mouth one time a day. Further review of Resident #17's physician's orders revealed an order dated 06/24/2024 for Xarelto 20 mg give 1 tablet by mouth at bedtime. Review of Resident #17's July 2024 Medication Administration Record (MAR) failed to reveal documentation of monitoring for edema while receiving a diuretic. Further review of Resident #17's July 2024 MAR failed to reveal documentation of monitoring for bleeding while receiving an anticoagulant. Resident #34 Review of Resident #34's medical record revealed an admitted [DATE] with a re-admitted on 12/14/2022. Further review of Resident #34's medical record revealed the following diagnoses in part: heart failure-unspecified and chronic obstructive pulmonary disease. Review of Resident #34's physician's orders revealed an order dated 05/15/2023 for Acetazolamide 250 mg give 1 tablet by mouth three times a day. Review of Resident #34's MAR failed to reveal documentation of monitoring for edema while receiving a diuretic. Resident #41 (continued on next page)

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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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #41's medical records revealed an admitted [DATE] with the following diagnoses, in part: cerebral infarction/unspecified, unspecified systolic (congestive) heart failure, and essential hypertension. Review of Resident #41's comprehensive care plan revealed - I have CHF (congestive heart failure)- evaluate me for excessive fluid retention. Review of Resident #41's physician's orders revealed an order dated 11/23/2020 - Furosemide tab 20 mg, give 20 mg via percutaneous endoscopic gastrostomy tube one time a day related to systolic congestive heart failure. Review of Resident #41's July MAR failed to reveal documentation of monitoring for edema while receiving a diuretic. Resident #44 Review of Resident #44's medical records revealed an admitted [DATE]. Diagnoses include but not limited to chronic pain syndrome, type 2 diabetes, major depressive disorder, and heart failure. Review of Resident #44's July 2024 physician orders revealed an order dated 07/01/2024 for Furosemide Tab 20 mg. Give 1 tablet orally one time a day related to heart failure, unspecified. Review of Resident #44's July 2024 MAR failed to reveal documentation of monitoring for edema while receiving a diuretic. Resident #382 Review of Resident #382's medical records revealed an admitted [DATE] with the following diagnoses, in part: heart failure/unspecified, type 2 diabetes mellitus with diabetic neuropathy/unspecified, and Chronic Obstructive Pulmonary Disease/unspecified. Review of Resident #382's comprehensive care plan revealed - potential for experiencing acute flare up of - evaluate me for excessive fluid retention. Review of Resident #382's physician's orders revealed an order dated 07/19/2024 for Bumetanide tablet 1mg give 1 tablet by mouth one time a day for fluid retention related to heart failure unspecified. Review of Resident #382's July MAR failed to reveal documentation of monitoring for edema while receiving a diuretic. During an interview on 07/23/2024 at 4:00 p.m. S2 DON (Director of Nursing) acknowledged she is unable to produce documentation that Residents #17, #34, #41, #44 and #382 were monitored for edema and Resident #17 was monitored for bleeding for the month of July 2024. S2 DON further acknowledged if there is no documentation in the MAR it probably wasn't monitored and should have been. 34708 (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	40193

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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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 34708 Based on record review and interviews the facility failed to accurately submit mandatory direct care staffing information to Centers for Medicare & Medicaid Services (CMS) for Fiscal Year (FY) Quarter 2 2024 (January 1 - March 31). Findings: Review of the facility Payroll Based Journal (PBJ) Staffing Data Report for FY Quarter 2 2024 (January 1 - March 31) revealed triggers for the following: One Star Staffing Rating, Excessively Low Weekend Staffing, and No RN (Registered Nurse) Hours. Further review of the facility PBJ Staffing Data Report for FY Quarter 2 2024 revealed No RN Hours for the dates of 01/01/2024, 01/27/2024, 03/10/2024, 03/23/2024, 03/24/2024, 03/30/2024, and 03/31/2024. Review of the facility's weekend staffing patterns for FY Quarter 2 2024 revealed hours of direct care provided exceeded the hours of care required. Further review of the facility's weekend staffing patterns for FY Quarter 2 2024 and staffing pattern for 01/01/2024 revealed RN hours for the dates of 01/01/2024, 01/27/2024, 03/10/2024, 03/23/2024, 03/24/2024, 03/30/2024, and 03/31/2024. During an interview on 07/22/2024 at 3:25 p.m. S4 Bookkeeper reported this was her second week at the facility and she had not had to submit any information to CMS since she had been at the facility. During an interview on 07/24/2024 at 10:55 a.m. S4 Bookkeeper and S3 Human Resources indicated the previous bookkeeper submitted the information for the PBJ Staffing Data Report for FY Quarter 2 2024 to CMS and they were not sure where the information submitted came from. During an interview on 07/24/2024 at 1:40 p.m. S1 Administrator confirmed the previous bookkeeper submitted the information for the PBJ Staffing Data Report for FY Quarter 2 2024 to CMS and acknowledged the information was not accurate.