

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195563	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Southwind Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 804 Crowley-Rayne Hwy Crowley, LA 70526	

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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50950</p> <p>Based on record reviews and interviews, the facility failed to ensure a resident taking an anticoagulant medication was monitored for bruising and/or bleeding for 1 (#1) out of 3 (#1, #2 and #3) residents reviewed for unnecessary medications.</p> <p>Findings:</p> <p>On 02/18/2025, a review of the facility's undated policy entitled, Anticoagulant Therapy Bruising Bleeding Policy and Procedure revealed, in part, Purpose: 1. To monitor for possible bruising and/or bleeding due to anticoagulant medication therapy. Policy: It is the policy of this facility to have a special requirement or monitoring tool in place to monitor for possible side effects of anticoagulant therapy such as bruising and/or bleeding. Procedure: 1. Implement supplementary documentation or monitoring tool upon implementation of anticoagulant therapy. 2. The nurse is to assess the resident for any possible side effects such as bruising and/or bleeding daily or as needed.</p> <p>Review of Resident #1's Admission Record revealed the resident was admitted to the facility on [DATE] and had diagnoses that included, but were not limited to, atrial fibrillation and heart failure.</p> <p>Review of Resident #1's admission MDS (Minimum Data Set) assessment dated [DATE] revealed in part, Section N - Medications: the resident was taking an anticoagulant.</p> <p>Review of Resident #1's Order Recap Report, revealed a physician's order with a start date of 02/13/2025 Dabigatran Etxilate Mesylate Oral Capsule 150 mg (milligram); give 1 capsule by mouth one time a day.</p> <p>Review of Resident #1's MAR (Medication Administration Record), from February 2025 revealed the resident was administered Dabigatran Etxilate Mesylate Oral Capsule 150 mg on 02/13/2025, 02/14/2025, 02/15/2025, 02/16/2025, 02/17/2025, and 02/18/2025. Further review of the February 2025 MAR revealed the resident was not monitored for bruising and/or bleeding from 02/13/2025 to 02/18/2025.</p> <p>Review of Resident #1's physician orders and comprehensive plan of care failed to reveal an order for monitoring for bruising and/or bleeding of Dabigatran Etxilate Mesylate. Further review revealed no other evidence in Resident #1's record of adequate monitoring for the administration of Dabigatran Etxilate Mesylate from 02/13/2025 to 02/18/2025.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195563	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Southwind Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 804 Crowley-Rayne Hwy Crowley, LA 70526	

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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/18/2025 at 10:49 AM, an interview and record review was conducted with S2LPN (Licensed Practical Nurse). She confirmed that Resident #1 was receiving Dabigatran Etexilate Mesylate and residents who receive anticoagulants should be monitored for bleeding and/or bruising and a yes or no should be documented in the MAR. She reviewed Resident #1's February 2025 MAR and confirmed the resident was not monitored for signs and symptoms of bruising and/or bleeding from 02/13/2025 to 02/18/2025, and should have been.</p> <p>On 02/18/2025 at 12:52 PM, an interview and record review was conducted with S1DON (Director of Nursing) who confirmed that Resident #1 was taking Dabigatran Etexilate Mesylate and it is an anticoagulant. She stated that the nurses should monitor the resident for bruising and/or bleeding and document the findings on the MAR. S1DON reviewed Resident #1's MAR from February 2025 and confirmed the nurses did not monitor Resident #1 for signs and symptoms bruising and/or bleeding from 02/13/2025 to 02/18/2025, and should have been.</p>