

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195564	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2024
NAME OF PROVIDER OR SUPPLIER Acadia St Landry Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 830 S. Broadway Church Point, LA 70525	

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>47123</p> <p>Based on interviews and record review, the facility failed to notify the resident's Responsible Party (RP) of a change in skin condition for 1 (Resident #3) of 6 (Resident #1,#2, #3, #R1, #R2, and #R3) sampled residents.</p> <p>Findings:</p> <p>A review of the facility's policy Diabetic Skin and Foot Care, with a last review date of 12/05/2024, revealed in part . 2. Notify MD (Medical Doctor) and responsible party on any changes in skin integrity.</p> <p>Review of nurse's progress note dated 11/19/2024 at 12:34 p.m. written by S2LPN/TN (Licensed Practical Nurse/Treatment Nurse) read in part . Resident has current skin issues. Skin note: left & right 2nd & 5th toes are black not sure why will have NP (Nurse Practitioner) look at them.</p> <p>Further review of Resident #3's nurse's progress notes failed to show evidence the RP was notified of the skin changes to the residents left and right toes.</p> <p>Review of the facility's grievances dated 11/25/2024, revealed in part: Resident #3's RP stated he was upset for not being called in a timely manner about a wound on Resident #3's toe, and discoloration to the resident's toes that was identified on 11/19/2024 by S2LPN/TN.</p> <p>On 12/04/2024 at 10:41 a.m., an interview was conducted with Resident #3's RP. He stated that the staff did not notify him that Resident #3 had discoloration, and changes in skin integrity to both of her feet that was initially identified by S2LPN/TN on 11/19/2024.</p> <p>On 12/04/2024 at 11:52 a.m., an interview was conducted with S2LPN/TN. She confirmed she initially identified the changes to Resident #3's feet on 11/19/2024 but did not inform the Resident's RP. S2LPN/TN stated she was later informed by S1DON, that she should have called Resident #3's RP with change in skin condition.</p> <p>On 12/05/2024 at 1:52 p.m., an interview was conducted with S1DON (Director of Nursing). She confirmed that Resident #3's RP was not notified of the findings and acknowledged that notification to the Resident's RP regarding a change in skin condition was warranted.</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 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47123</p> <p>Based on record review and interviews, the facility failed to develop a comprehensive person-centered care plan for foot care and treatment for a diabetic resident for 1 (Resident #3) of 6 (Resident #1, #2, #3, #R1, #R2, and #R3) sampled residents reviewed.</p> <p>This deficient practice resulted in an actual harm for Resident #3, a cognitively impaired diabetic with neuropathy to the lower extremities. Resident #3 was admitted on [DATE] without preventative foot care ordered. On 11/19/2024 the resident's skin evaluation assessment by S2LPN/TN (Licensed Practical Nurse/Treatment Nurse) revealed left & right 2nd (second) & 5th (fifth) toes are black . Resident #3 was assessed by S3NP (Nurse Practitioner) on 11/22/2024, who evaluated the second digit of the right foot and noted Resident #3 had a fungus skin/nail over the nail bed. S3NP removed the fungus skin/nail and observed a foul smell from the second digit of the right foot, and bone of the second digit knuckle; dry hard skin to the right lateral heel SDTI (Suspected Deep Tissue Injury); and hard dry skin to left heel SDTI. S3NP transferred Resident #3 to Center A on 11/22/2024 due to the condition of her feet. Center A's notes revealed in part, the resident was prescribed antibiotics and consults were made to Center A's wound care center for prompt follow up regarding the toe infection. Resident #3 returned to the nursing home on 11/22/2024. On 11/27/2024 Resident #3 was evaluated by Center B's physician whose note read in part, that the resident would need an amputation on the right toe.</p> <p>Findings:</p> <p>Cross Reference: F-658 and F-687.</p> <p>Review of Resident #3's medical record revealed an admitted [DATE] and diagnoses including Type 2 Diabetes Mellitus, Neuralgia and Neuritis, and Idiopathic Neuropathy.</p> <p>Review of Resident #3's Quarterly MDS (Minimum Data Set) dated 10/09/2024 indicated Resident #3 had a BIMS (Brief Interview Mental Status) score of 07, which indicated severe cognitive impairment.</p> <p>Review of Resident #3's physician orders failed to reveal orders to consult a podiatrist, orders to provide nail care, nor orders for proper shoe fitting and assessment.</p> <p>Review of Resident #3's nurse's progress notes failed to show evidence of routine nail care, proper shoe fitting assessment, or routine preventive foot care treatment and/or assessments.</p> <p>Review of Resident #3's care plan failed to reveal evidence a care plan had been developed for treatment and prevention of complications from conditions such as diabetes, and or providing foot care. There were no interventions for assisting the resident in making necessary appointments with qualified healthcare providers such as podiatrists and arranging for transportation to and from such appointments if applicable.</p> <p>(continued on next page)</p>		

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F 0656 Level of Harm - Actual harm Residents Affected - Few	On 12/09/2024 at 11:26 a.m., an interview was conducted with S1DON (Director of Nursing). She confirmed Resident #3's was diabetic and her medical records failed to include evidence that proper measures were taken to provide Resident #3 with the necessary foot care and treatment needed for a diabetic resident.

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<p>F 0658</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47123</p> <p>Based on interviews, record review, and observation the facility failed to ensure services provided met professional standards of quality by failing to ensure nursing staff identified skin changes timely for 1 (Resident #3) of 6 (Residents #1, #2, #3, #R1, #R2, and #R3) sampled residents.</p> <p>This deficient practice resulted in an actual harm for Resident #3, a diabetic with neuropathy to the lower extremities. Review of the resident's weekly skin evaluations 9/1/2024 through 11/18/2024 revealed the resident did not have any skin issues. On 11/19/2024 the resident's skin evaluation assessment by S2LPN/TN (Licensed Practical Nurse/Treatment Nurse) revealed left & right 2nd (second) & 5th (fifth) toes are black. Resident #3 was assessed by S3NP (Nurse Practitioner) on 11/22/2024, who evaluated the second digit of the right foot and noted Resident #3 had a fungus skin/nail over the nail bed. S3NP removed the fungus skin/nail and observed a foul smell from the second digit of the right foot, and bone of the second digit knuckle; dry hard skin to the right lateral heel SDTI (Suspected Deep Tissue Injury); and hard dry skin to left heel SDTI. S3NP transferred Resident #3 to Center A on 11/22/2024 due to her condition. Center A's notes revealed in part, the resident was prescribed antibiotics and consults were made to Center A's wound care center for prompt follow up regarding the toe infection. Resident #3 returned to the nursing home on 11/22/2024. On 11/27/2024 Resident #3 was evaluated by Center B's physician whose note read in part, that the resident would need an amputation on the right toe.</p> <p>Findings:</p> <p>Review of Resident #3's medical record revealed an admitted [DATE] and diagnoses including Type 2 Diabetes Mellitus, Neuralgia and Neuritis, and Idiopathic Neuropathy.</p> <p>Review of Resident #3's Quarterly MDS (Minimum Data Set) dated 10/09/2024 indicated Resident #3 had a BIMS (Brief Interview Mental Status) score of 07, which indicated severe cognitive impairment.</p> <p>Review of Resident #3's care plan revealed in part .Problem: risk for skin breakdown r/t (related to) diabetes mellitus, intervention weekly body audits to address any skin problems, notify MD of abnormal findings as needed.</p> <p>Review of Resident #3's weekly skin evaluations for September 2024 - October 2024 revealed the resident did not have any skin issues.</p> <p>Further review of Resident #3's weekly skin evaluations conducted by S2LPN/TN revealed in part:</p> <p>11/04/2024: Skin warm & dry, skin color WNL (within normal limits), mucous membranes moist, turgor normal. No current skin issues noted at this time. Skin note: No skin issues.</p> <p>11/11/2024: Skin warm & dry, skin color WNL, mucous membranes moist, turgor normal. No current skin issues noted at this time. Skin note: No current skin issues.</p> <p>11/18/2024: Skin warm & dry, skin color WNL, mucous membranes moist, turgor normal. No current skin issues noted at this time. Skin note: no skin issues.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>11/19/2024: Skin warm & dry, skin color WNL, mucous membranes moist, turgor normal. Resident has current skin issues. Skin Issue: Discoloration. Skin issue location: right 2nd & 5th toe. Skin Issue: Discoloration. Skin issue location: left 2nd & 5th toe Skin note: left & right 2 & 5th toes are black not sure why will have S3NP look at them.</p> <p>On 12/04/2024 at 11:52 a.m., an interview was conducted with S2LPN/TN. S2LPN/TN confirmed she conducted Resident #3's assessments every Monday of every week. She then proceeded to say she had conducted a skin evaluation for Resident #3 on 11/18/2024, and she stated the residents bilateral feet, toes, and heel did not have a skin color changes. S2LPN/TN stated on 11/19/2024 she had been informed by the shower aide to examine Resident #3's right foot. She reported upon evaluation, she observed the skin on the right second toe was black, which was not observed the previous day on 11/18/2024 when she performed the resident's skin evaluation. She further stated she notified S3NP to evaluate the change in skin condition. She stated when S3NP evaluated the Resident #3's feet on 11/22/2024, S3NP had removed the skin/nail from the resident's second toe on the right foot. S2LPN/TN noted there was foul smell and you could see the bone on the second toe was visible.</p> <p>Review of Resident #3's Wound Assessment Details Report, dated 11/22/2024 read in part .</p> <p>date identified: 11/19/2024, wound: right 2nd toe, classification: infectious, and source: facility-acquired. Photo for Resident #3's right 2nd toe was attached to the report.</p> <p>Review of Resident #3's Wound Assessment Details Report, dated 11/28/2024 read in part .</p> <p>date identified: 11/22/2024, wound: right lateral heel, classification: callous, source: facility-acquired, and size cm (centimeters): 1.50 x 1.60 x 0.00 (L (length)x W (width)x D (depth)). Photo for Resident #3's right lateral heel was attached to the report.</p> <p>Review of Resident #3's Wound Assessment Details Report, dated 11/28/2024 read in part .</p> <p>date identified: 11/22/2024, wound: left heel, classification: Callous, source: facility-acquired, and size cm 2.50 x 7.00 x 0.00 (L x W x D). Photo for Resident #3's left heel was attached to the report.</p> <p>Review of S3NP progress note dated 11/22/2024 at 12:00 p.m., read in part . notified per nursing staff that resident had nail avulsion to right foot second digit and toe was dark in color, resident seen and examined, she had thick, long, fungused nails. When S3NP trimmed 2nd digit right foot nail to be avulsed and toe with necrosis and foul smelling. Right heel with dry skin to lateral heel and feels boggy. Left heel with dry, hard skin is dark in color and boggy.</p> <p>Review of nursing progress notes dated 11/22/2024 at 11:30 a.m. read in part . VORB (Verbal Order Read Back) S3NP Rounding on resident looking at residents discolored feet send to hospital (Center A) for eval (evaluation) & treat of necrotic 2nd digit of right foot (not sure how long toe has been necrosis. Will need Osteo (osteomyelitis) workup & arterial U/S's (ultrasounds) of BLE's (bilateral lower extremities) has dry hard skin to left heel SDTI & hard dry skin to R (right) lateral heel SDTI.</p> <p>Review of Resident #3's Center A Medical Records with a date of 11/22/2024 revealed the following in part:</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Physician Assistants Note: Patient presented with right toe pain. The onset unknown . The character of symptoms is discoloration, macerated, exudate . brought to the ED (Emergency Department) by RP (responsible party) for evaluation of a black toe/toe wound to the right second toe. XR (X-Ray) Right foot: impression nonvisualization of second toe distal phalangeal region as described above. Clinical correlation and for concerns regarding osteomyelitis.</p> <p>Further review revealed the ED prescribed the resident antibiotics and required prompt follow-up with wound care prior to discharge. The resident returned to the nursing home the same day of the ED visit on 11/22/2024.</p> <p>On 12/04/2024 at 12:48 p.m., an interview was conducted with S3NP. S3NP stated prior to 11/19/2024 she was not notified of the Resident having any type of wounds, or discoloration to feet. S3NP stated she had received a communication sheet on 11/19/2024 that noted Resident #3 had a toe that was discolored on the right and left foot, but she stated there was no mention of the severity. During her rounds on 11/22/2024, she evaluated Resident #3 and observed discoloration on the second digit of the right foot, which she initially suspected was onychomycosis. She noted that the skin/nail on the second digit of the right foot overlapped the toe, so she removed the skin and toe nail. Upon removal, she observed a foul odor from the right toe wound where nail/skin was removed, and an open wound exposing the bone in the second digit. She also stated the second digit on the right toe was red, warm, and edematous (indicating an active infection). Due to these findings, she transferred Resident #3 to Center A on 11/22/2024 for evaluation of both of feet and a work up for osteomyelitis. S3NP expressed that she believed she should have been notified of the resident's foot condition before 11/19/2024. She stated that, in her professional opinion, the appearance of the feet and osteomyelitis would have taken weeks or months to develop.</p> <p>Review of Resident #3's Center B Medical Records with a date of 11/27/2024 revealed the following in part:</p> <p>Doctors Note: it appeared the tuft of the second right toe is completely dissolved by osteomyelitis. Arterial ultrasounds show poor visualization of the right anterior tibial artery. Assessment: 1. Type 2 diabetes mellitus with foot ulcer, 2. Non-pressure chronic ulcer of other part of unspecified foot with unspecified severity. Plan consult cardiologist as soon as possible, the patient will need an amputation.</p> <p>Review of Resident #3's Center C Medical Records with a date of 12/03/2024 revealed the following in part:</p> <p>Cardiologist Note: may proceed with amputation if warranted. 2. Osteomyelitis- plan for possible right toe amputation.</p> <p>On 12/04/2024 at 3:21 p.m., S3NP stated that per the cardiologist's recommendation, she reassessed the resident's feet. Her findings included dry skin on the left heel, and the left toes had a dark cuticle bed. She also noted the right heel had a DTI (deep tissue injury), and the right lateral foot had dried dark callus.</p> <p>On 12/04/2024 at 3:35 p.m., Resident #3 was observed in her room. When attempting to speak to her she made eye contact briefly, but did not respond.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/05/2024 at 12:00 p.m., Resident #3 was observed in her room. When attempting to interview the resident, she made eye contact briefly, but did not respond verbally.</p> <p>On 12/09/2024 at 9:13 a.m., phone interview was conducted with S6MD (Medical Doctor), he stated he was very familiar with Resident #3. S6MD confirmed he saw the Resident in his clinic twice in the past two weeks. He stated the second toe on the right foot its distal phalange lacked blood flow. S6MD stated he referred Resident #3 to a cardiologist to assess blood flow to the right foot to determine the extent of the amputation required. He identified diabetes mellitus as the resident's primary contributing factor. When asked if the facility should have identified the condition sooner, he stated, it was picked up when it was picked up, and declined to provide a definitive answer.</p> <p>On 12/09/2024 at 1:09 p.m., an interview was conducted with S1DON. She stated that S3NP had informed her on 11/22/2024 about the condition of Resident #3's feet. She stated there was a discrepancy, as S2LPN/TN had reported no issues during the 11/18/2024 skin evaluation but had identified significant issues on 11/19/2024.</p>		

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<p>F 0687</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47123</p> <p>Based on interviews and record reviews, the facility failed to ensure that residents received preventative foot care to avoid complications from the resident's medical condition such as diabetes and circulatory disorders. The facility failed to provide appropriate preventative foot care for 1 (Resident #3) of 6 (#Resident #1, #2, #3, #R1, #R2, and #R3) sampled residents.</p> <p>This deficient practice resulted in an actual harm for Resident #3, a cognitively impaired diabetic with neuropathy to the lower extremities. Resident #3 was admitted on [DATE] without preventative food care ordered. On 11/19/2024 the resident's skin evaluation assessment by S2LPN/TN (Licensed Practical Nurse/Treatment Nurse) revealed left & right 2nd (second) & 5th (fifth) toes are black . Resident #3 was assessed by S3NP (Nurse Practitioner) on 11/22/2024, who evaluated the second digit of the right foot and noted Resident #3 had a fungus skin/nail over the nail bed. S3NP removed the fungus skin/nail and observed a foul smell from the second digit of the right foot, and bone of the second digit knuckle; dry hard skin to the right lateral heel SDTI (Suspected Deep Tissue Injury); and hard dry skin to left heel SDTI. S3NP transferred Resident #3 to Center A on 11/22/2024 due to the condition of her feet. Center A's notes revealed in part, the resident was prescribed antibiotics and consults were made to Center A's wound care center for prompt follow up regarding the toe infection. Resident #3 returned to the nursing home on 11/22/2024. On 11/27/2024 Resident #3 was evaluated by Center B's physician whose note read in part, that the resident would need an amputation on the right toe.</p> <p>Findings:</p> <p>A review of the facility's policy Diabetic Skin and Foot Care, with a last review date of 12/05/2024, revealed in part .Skin and Foot Care 5. Encourage the use of non-constricting well-fitting shoes, slippers and hose. 7. Toenails should only be trimmed by personnel qualified to do so (this can be regular associates, and does not have to be by a podiatrist).</p> <p>Review of Resident #3's medical record revealed an admitted [DATE] and diagnoses including Type 2 Diabetes Mellitus, Neuralgia and Neuritis, and Idiopathic Neuropathy.</p> <p>Review of Resident #3's Quarterly MDS (Minimum Data Set) dated 10/09/2024 indicated Resident #3 had a BIMS (Brief Interview Mental Status) score of 07, which indicated severe cognitive impairment.</p> <p>Review of Resident #3's physician orders failed to reveal orders to consult a podiatrist, orders to provide nail care, nor orders for proper shoe fitting and assessment.</p> <p>Review of Resident #3's care plan failed to reveal evidence a care plan had been developed for treatment and prevention of complications from conditions such as diabetes, and or providing foot care.</p> <p>Review of Resident #3's nurse's progress notes and assessments from 06/07/2023 to November 2024 failed to show evidence of a shoe fitting assessment, routine toe nail care, or routine preventive foot care treatment and/or assessments.</p> <p>(continued on next page)</p>		

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<p>F 0687</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #3's TAR (treatment administration records) failed to show evidence of routine nail care, proper shoe fitting assessment, or routine preventive foot care treatment and/or assessments.</p> <p>Review of Resident #3's Wound Assessment Details Report, dated 11/22/2024 read in part .</p> <p>date identified: 11/19/2024, wound: right 2nd toe, classification: infectious, and source: facility-acquired. Photo for Resident #3's right 2nd toe was attached to the report.</p> <p>Review of Resident #3's Wound Assessment Details Report, dated 11/28/2024 read in part .</p> <p>date identified: 11/22/2024, wound: right lateral heel, classification: callous, source: facility-acquired, and size cm (centimeters): 1.50 x 1.60 x 0.00 (L (length)x W (width)x D (depth)). Photo for Resident #3's right lateral heel was attached to the report.</p> <p>Review of Resident #3's Wound Assessment Details Report, dated 11/28/2024 read in part .</p> <p>date identified: 11/22/2024, wound: left heel, classification: Callous, source: facility-acquired, and size cm 2.50 x 7.00 x 0.00 (L x W x D). Photo for Resident #3's left heel was attached to the report.</p> <p>Review of nursing progress notes dated 11/22/2024 at 11:30 a.m. read in part . VORB (Verbal Order Read Back) S3NP Rounding on resident looking at residents discolored feet send to hospital for eval (evaluation) & treat of necrotic 2nd digit of right foot (not sure how long toe has been necrosis. Will need Osteo (osteomyelitis) workup & arterial U/S's (ultrasounds) of BLE's (bilateral lower extremities) has dry hard skin to left heel SDTI & hard dry skin to R (right) lateral heel SDTI.</p> <p>On 12/04/2024 at 11:52 a.m., an interview was conducted with S2LPN/TN (Licensed Practical Nurse/Treatment Nurse). She stated on 11/19/2024 she had been informed by the shower aide to examine Resident #3's right foot. She reported upon evaluation, she observed the skin on the right second toe was black. She stated when S3NP (Nurse Practitioner) evaluated the Resident #3's feet on 11/22/2024, S3NP had removed the skin/nail from the resident's second toe on the right foot. S2LPN/TN noted there was foul smell and you could see the bone on the second toe was visible.</p> <p>On 12/04/2024 at 12:48 p.m., an interview was conducted with S3NP. S3NP stated she had received a communication sheet on 11/19/2024 that said Resident #3 had a toe that was discolored on the right and left foot, but she stated there was no mention of the severity of it. During her rounds on 11/22/2024, she evaluated Resident #3 and observed discoloration on the second digit of the right foot, which she initially suspected was onychomycosis. She noted that the skin/nail on the second digit of the right foot overlapped the toe, so she removed the skin and toe nail. Upon removal, she observed a foul odor from the right toe wound where nail/skin was removed, and an open wound exposing the bone in the second digit. She also stated the second digit on the right toe was red, warm, and edematous (indicating an active infection). S3NP stated that she believed she should have been notified of the resident's foot condition before 11/19/2024. She stated that, in her professional opinion, the osteomyelitis would have taken weeks or months to develop. S3NP stated she was unsure if the resident was receiving routine foot care/assessments/ or nail trimmings, she recalled trimming Resident #3's toenails over 3 months ago, but she stated she hadn't documented it.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195564	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2024
NAME OF PROVIDER OR SUPPLIER Acadia St Landry Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 830 S. Broadway Church Point, LA 70525	
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 0687</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/05/2024 at 12:00 p.m., an interview was conducted with Resident #3's RP (Responsible Party) in the resident's room. He stated he is unsure when the issues with the resident's feet had started. Resident #3's RP stated the resident would wear socks and tennis shoes almost every time he would come see her, though he did not believe the shoes were properly fitted. He also stated he was unaware of the last time her toenails had been trimmed.</p> <p>On 12/05/2024 at 2:02 p.m., an interview was conducted with S5RN (Registered Nurse) and S1DON (Director of Nursing). S5RN stated she was responsible for performing toe nail trimmings for diabetic residents in the facility. S5RN state she had never trimmed Resident #3's toe nails. S1DON was then asked if she knew when the last time the residents toe nails had been trimmed and she stated she was unsure. S1DON stated the resident frequently wore shoes, even while napping or in bed. When questioned about whether the resident had received proper shoe fitting, S1DON stated she was unsure.</p> <p>On 12/09/2024 at 9:13 a.m., phone interview was conducted with S6MD (Medical Doctor), he stated he was very familiar with Resident #3. S6MD confirmed he saw the Resident in his clinic twice in the past two weeks. He stated the second toe on the right foot its distal phalange lacked blood flow. S6MD stated he referred Resident #3 to a cardiologist to assess blood flow to the right foot to determine the extent of the amputation required. He identified diabetes mellitus as the resident's primary contributing factor. When asked if the facility should have identified the condition sooner, he stated, it was picked up when it was picked up, and declined to provide a definitive answer.</p> <p>On 12/09/2024 at 11:26 a.m., an interview was conducted with S1DON. She confirmed there was no proper shoe fitting assessment for Resident #3, and that Resident #3 had not been seen by a podiatrist, and that the date of the resident's last toenail trimming was unknown. She confirmed Resident #3's was diabetic and her medical records failed to include evidence that proper measures were taken to provide Resident #3 with the necessary foot care and treatment needed for a diabetic resident.</p>		