

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195565	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Cornerstone at the Ranch		STREET ADDRESS, CITY, STATE, ZIP CODE  103 West Martial Ave Lafayette, LA 70506	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41419</b></p> <p>Based on record reviews and interviews, the facility failed to maintain accurate records in accordance with accepted professional standard and practices for 2 (#2, #3) of 3 (#1-#3) sampled residents by failing to ensure:</p> <ol style="list-style-type: none"> <li>1. An accurate assessment of edema, and mood/behaviors was documented for Resident #2; and</li> <li>2. An accurate assessment of edema was documented for Resident #3.</li> </ol> <p>Findings:</p> <ol style="list-style-type: none"> <li>1.</li> </ol> <p>Review of the Resident #2's Electronic Medical Record revealed she was admitted to the facility on [DATE] and had diagnoses including Diabetes Mellitus Type II, Cellulitis Right Lower Extremity, Schizoaffective Disorder, Bipolar Disorder, Anxiety Disorder and Congestive Heart Failure.</p> <p>Review of Resident #2's September 2024 physician orders revealed an order to monitor edema every shift, and monitor mood and behaviors every shift starting on 07/22/2024.</p> <p>Review of a facility document titled, ____ Med Progress Note, dated 08/13/2024 read in part peripheral 2 plus edema to lower extremity. Resident had increased bilateral edema and felt tight. Further review revealed a note dated 08/21/2024 which read in part .peripheral edema 2 plus to lower extremity, and chronic bilateral edema.</p> <p>Review of Resident #2's August 2024 Medication Administration Record (MAR) revealed S5LPN documented on 08/12/2024 and 08/21/2024 Resident #2 did not have edema. Further review revealed S4LPN documented on 08/21/2024 Resident #2 did not have edema.</p> <p>Review of the resident's Electronic Medical Record revealed Nursing Progress Notes dated 09/01/2024 at 1:49 p.m., and documented by S3LPN (Licensed Practical Nurse) read in part Resident #2 yelling in hallway refusing to let aid assist her to her room to receive incontinence care. Further review of S3LPN documentation revealed at 1:53 p.m., Resident #2 was yelling and cursing in dining area for breakfast because no one bought her a (soda). Resident #2 tried to throw her clothing protector at another resident.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of Resident #2's MAR revealed on 09/01/2024, S3LPN documented no behaviors were observed.</p> <p>S4LPN and S5LPN were not available for interview.</p> <p>On 09/24/2024 at 3:15 p.m., an interview, and observation was conducted with S3LPN who confirmed that Resident #2 had an order to monitor the edema to her lower extremities. She stated the times she had cared for Resident #2, her bilateral lower extremities were always edematous. She stated the resident always had edema to her lower extremities. S3LPN also confirmed that the documentation on 09/01/2024 regarding the resident's mood/behavior was not accurate. She stated the resident was experiencing behaviors of profanity and attempting to throw her clothing protector at another resident. She added that due to the resident's behaviors, the resident had to be sent out for a psychological evaluation that day.</p> <p>44269</p> <p>2.</p> <p>Review of Resident #3's Electronic Medical Record revealed the resident was admitted to the facility on [DATE] with the following pertinent diagnoses: Chronic Diastolic (Congestive) Heart Failure, Chronic Kidney Disease and Type 2 Diabetes Mellitus.</p> <p>Review of Resident #3's September 2024 physician orders revealed an order with a start date of 07/17/2024 for Furosemide (diuretic) 20 mg (milligram) tablet one po (by mouth) QD (every day)-monitor edema prior to administering the diuretic.</p> <p>Review of Resident #3's September 2024 MAR revealed the resident was administered Furesomide 20 mg tablet, a diuretic, (fluid medication) every day and nursing was to monitor the resident's edema prior to administering the diuretic. The resident's edema was documented as present per S3LPN on 09/04, 09/13, 09/18, 09/19, 09/23 and 09/24.</p> <p>Review of Resident #3's Daily Skilled Nursing Assessments for September 2024 revealed the resident was assessed as having no edema present on 09/04, 09/13, 09/18, 09/19, 09/23 and 09/24.</p> <p>On 09/24/2024 at 12:10 p.m., an interview was conducted with S3LPN. S3LPN confirmed the resident received a diuretic daily and that the day shift nurse was to monitor and document whether or not edema was present before giving the diuretic. She confirmed the resident was skilled and that the day shift documented a skilled nursing assessment daily which included assessing the presence of edema on the resident. S3LPN confirmed the resident's September 2024 MAR and daily skilled nursing assessments for the dates of 09/04, 09/13, 09/18, 09/19, 09/23 and 09/24 were not accurately documented to reflect the resident had edema present.</p> <p>On 09/24/2024 at 1:15 p.m., an observation was made of Resident #3 sitting in her wheelchair with +2 edema noted.</p> <p>On 09/24/2024 at 4:00 p.m., an interview was conducted with S2DON. S2DON confirmed the resident was skilled and required daily nursing assessments. S2DON verified that the monitoring of edema on the resident's MAR and daily nursing assessments should match and had not.</p>		