

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195567	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2024
NAME OF PROVIDER OR SUPPLIER  Maison Du Monde Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4000 Rodeo Road Abbeville, LA 70510	

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 - Some</p> <p>Note: The nursing home is disputing this citation.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47123</p> <p>Based on record review and interviews, the facility failed to notify the resident's responsible party (RP), the nurse practitioner, and physician of a deteriorating right foot wound for 1 (#2) out of 3 (#1, #2, #3) sampled residents by failing to contact the responsible party (RP), nurse practitioner, and physician in a timely manner.</p> <p>Findings:</p> <p>On 05/07/2024, a review of the facility's policy titled, Wound Prevention with a last revised date of 06/14/2023 revealed in part the following: Policy: The purpose of this policy is to provide information regarding identification of wound/pressure ulcer/injury risk factors and interventions for specific risk factors for prevention of pressure ulcers/wounds. Monitoring: 1. Evaluate, report and document potential changes in the skin including new wounds/pressure ulcers. No mention of which professional discipline could perform the assessments or to who to report changes noted in the policy.</p> <p>Review of Resident #2's medical record revealed he was admitted to the facility on [DATE] with diagnoses that included in part, Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Right Dominant Side, Schizoaffective Disorder, Atherosclerosis of Native Arteries of Right Leg with Ulceration of Heel and Midfoot, Peripheral Vascular Disease, Contracture Right Elbow, Hypertension, Edema, Dysphagia, Aphasia Following Cerebral Infarction, Type 2 Diabetes Mellitus with other Circulatory Complications, and Chronic Ischemic Heart Disease.</p> <p>Review of Resident #2's wound evaluations revealed in part:</p> <p>Initial Wound Evaluation dated 03/19/2024 body location: right dorsum foot, dimensions- area: 35.9 centimeters (cm), length: 9.09cm, width: 6.58cm.</p> <p>Wound Evaluation dated 03/26/2024: right dorsum foot, dimensions- area: 0.87cm (-98%), length: 1.85cm (-80%), width: 0.63cm (-90%).</p> <p>Wound Evaluation dated 04/02/2024: right dorsum foot, dimensions- area: 28.69cm (+3184%), length: 7.1cm (+283%), width: 6.51cm (+926%). Positive percentage indicated the wound increased in size. There was no documentation of notification to Resident #2's responsible party or nurse practitioner or physician.</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:  195567	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2024
NAME OF PROVIDER OR SUPPLIER  Maison Du Monde Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4000 Rodeo Road Abbeville, LA 70510	

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 - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Wound Evaluation dated 04/17/2024: right dorsum foot, there was no documentation of the dimensions of the right dorsum foot.</p> <p>Wound Evaluation dated 04/24/2024 dorsum foot, dimensions- area: 37.85cm (+183%), length: 9.09cm (+36%), width: 6.58cm (+135%). There was no documentation of notification to Resident #2's responsible party or nurse practitioner or physician.</p> <p>On 05/06/2024 at 9:00 a.m., a phone interview was conducted with Resident #2's RP. She stated she was never notified by the facility that the resident's right foot wound was getting worse.</p> <p>On 05/06/2024 at 3:32 p.m., an interview was conducted with S3WCN (Wound Care Nurse). S3WCN was asked to compare the wound evaluation from 03/19/2024 to 04/24/2024. She stated the right foot wound did not look bad in March, however every week the right foot wound looked more macerated with increase drainage noted to the wound. S3WCN stated no notification was made to the residents RP.</p> <p>On 05/07/2024 at 10:41 a.m., a phone interview was conducted with S5NP (Nurse Practitioner). S5NP stated she was aware of Resident #2's right foot wound, but was not notified of the wounds worsening condition.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195567	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2024
NAME OF PROVIDER OR SUPPLIER  Maison Du Monde Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4000 Rodeo Road Abbeville, LA 70510	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47123</b></p> <p>Based on interviews and record reviews, the facility failed to ensure that residents received treatment and care in accordance with professional standards of practice and the comprehensive person-centered care plan by failing to ensure a registered nurse monitored weekly body/skin assessments and wound care evaluations performed only by Licensed Practical Nurses (LPNs) for 10 (#1-#3, #R4-#R10) sampled residents with wounds. This deficient practice had a likelihood to cause severe harm, injury, or death to 117 residents who received weekly unmonitored body/skin assessments and wound care.</p> <p>This failed practice resulted in an Immediate Jeopardy (IJ) situation on 04/02/2024 when the facility failed to notify the physician of a deteriorating right foot wound and failed to identify and report a new wound to the residents left foot resulting in an infestation of maggots to both feet for Resident #2.</p> <p>The provider was notified of the Immediate Jeopardy situation on 05/08/2024 at 2:04 p.m.</p> <p>The Immediate Jeopardy was removed on 05/09/2024 at 12:51 p.m. when the provider implemented an acceptable Plan of Removal (POR) as confirmed by onsite verification through observations, interviews, and record reviews.</p> <p>Findings:</p> <p>On 05/07/2024, a review of the facility's policy titled, Wound Prevention with a last revised date of 06/14/2023 revealed in part the following: Policy: The purpose of this policy is to provide information regarding identification of wound/pressure ulcer/injury risk factors and interventions for specific risk factors for prevention of pressure ulcers/wounds. Assessment: 3. Inspect the skin on a daily basis when performing or assisting with personal care of ADLs (Activities of Daily Living). Conduct body audit skin assessments routinely, on a weekly basis a. identify any signs of developing wounds/pressure injuries (i.e. nonblanchable erythema). For darkly pigmented skin, inspect for changes in skin tone, temperature, and consistency). Monitoring: 1. Evaluate, report and document potential changes in the skin including new wounds/pressure ulcers.</p> <p>No mention of which professional discipline could perform the assessments or who to report changes noted in the policy.</p> <p>Wound evaluations for the 10 sampled residents revealed wound evaluations were being monitored by a wound care nurse practitioner, and Resident #2's wound evaluation was not.</p> <p>Review of Resident #2's medical record revealed he was admitted to the facility on [DATE] with diagnoses that included in part, Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Right Dominant Side, Schizoaffective Disorder, Atherosclerosis of Native Arteries of Right Leg with Ulceration of Heel and Midfoot, Peripheral Vascular Disease, Contracture Right Elbow, Hypertension, Edema, Dysphagia, Aphasia Following Cerebral Infarction, Type 2 Diabetes Mellitus with other Circulatory Complications, and Chronic Ischemic Heart Disease.</p> <p>Review of Resident #2's comprehensive care plan revealed in part:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195567	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2024
NAME OF PROVIDER OR SUPPLIER  Maison Du Monde Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4000 Rodeo Road Abbeville, LA 70510	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-Potential for skin breakdown r/t decreased mobility, incontinent, contractures to right wrist/fingers, interventions: observe for skin issues: redness, discoloration, open/breaks in skin.</p> <p>Review of Resident #2's physician order dated 03/21/2024 revealed right foot (arterial ulcer) cleanse with dakins (wound cleanser), pat dry, apply calcium alginate, wrap with kerlix and secure with coban QD (every day) until resolved.</p> <p>Initial Wound Evaluation dated 03/19/2024 body location: right dorsum foot, dimensions- area: 35.9 centimeters (cm), length: 9.09 cm, width: 6.58 cm.</p> <p>Wound Evaluation dated 03/26/2024: right dorsum foot, dimensions- area: 0.87 cm (-98%), length: 1.85cm (-80%), width: 0.63 cm (-90%).</p> <p>Review of Resident #2's wound evaluations revealed in part: From 04/02/2024 to 04/24/2024, Resident #2's right foot wound care weekly evaluations showed deteriorating wound conditions as listed below:</p> <p>Wound Evaluation dated 04/02/2024: right dorsum foot, dimensions- area: 28.69 cm (+3184%), length: 7.1 cm (+283%), width: 6.51 cm (+926%). Positive percentage indicated the wound increased in size. There was no documentation of notification to the physician or nurse practitioner or registered nurse.</p> <p>Wound Evaluation dated 04/17/2024: right dorsum foot; no documentation of the dimensions.</p> <p>Wound Evaluation dated 04/24/2024 dorsum foot, dimensions- area: 37.85 cm (+183%), length: 9.09 cm (+36%), width: 6.58 cm (+135%). There was no documentation of notification to Resident #2's physician, or nurse practitioner or registered nurse.</p> <p>Further review of the resident's records revealed inaccurate body audit skin assessments completed by licensed practical nurses failing to identify a left foot wound as listed below:</p> <p>Body audit/Skin assessment dated [DATE] revealed no new skin irregularities.</p> <p>A Body audit/Skin assessment was not completed the week of 4/8/2024.</p> <p>Body audit/Skin assessment 04/15/2024 revealed no new skin irregularities.</p> <p>A Body audit/Skin assessment was not completed the week of 4/22/2024.</p> <p>Body audit/Skin assessment dated [DATE] revealed no new skin issues noted.</p> <p>On 04/30/2024, Resident #2 was transported to Center A from the provider for a stent placement used for revascularization to the legs. During prep for the procedure, surgical staff discovered the resident's right foot was infested with maggots. The surgical staff also identified a wound to the left ankle and copious amounts of maggots actively crawling out of the left foot.</p> <p>Review of Resident #2- Center A Medical Records with an admitted [DATE] revealed the following in part:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195567	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2024
NAME OF PROVIDER OR SUPPLIER  Maison Du Monde Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4000 Rodeo Road Abbeville, LA 70510	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Surgical nurse's note: Resident #2 arrived to this facility on 04/30/2024 with nursing home transportation. His left sock was removed with difficulty (it appeared to be the same sock this facility placed on the resident on 04/16/2024 when Resident #2 was admitted to this facility on 04/16/2024 for a bilateral right and left lower extremity venogram). His skin sloughed off after removing the left sock with maggots noted crawling out of the top of his foot. The doctor reassessed the dressing to the right foot, and it was removed. The right foot had a large area of pus with a great number of maggots on the dorsum and heel of right foot. The doctor ordered to transfer the resident to another hospital emergency room .</p> <p>Review of Resident #2- Hospital B Medical Records upon admitted [DATE] revealed the following in part:</p> <p>Doctor consult note: Multiple small and larger maggots were identified within the folds of the skin of Resident #2's bilateral lower extremity. The principal problem: Infestation by maggots. The resident was then taken to the operating room on 05/01/2024 for surgical debridement of the bilateral lower extremities and the removal of larvae.</p> <p>On 05/06/2024 at 11:48 a.m., a phone interview was conducted with Center A S4SN (Surgical Nurse). S4SN was the nurse who assessed and provided care to Resident #2 during his appointments on 04/16/2024 and 04/30/2024. He stated surgical staff noticed his left foot was swollen and had the exact same sock from two weeks ago (04/16/2024) that he placed on the resident. S4SN stated they knew it was the same sock from 04/16/2024 because they cut slit in the top of the sock to prevent constriction of Resident #2's ankle. The sock on the left foot was stuck to the resident's skin and the surgical staff had to use normal saline to get it to loosen and to then peel the sock off. S4SN stated when they peeled the sock off they noticed the left foot had a wound and copious amounts of maggots were coming out of the wound. He stated the wounds on his left foot and left ankle were not present two weeks ago (04/16/2024). S4SN stated there was a dressing on his right foot that was old, and had no date, time, or initials on it. S4SN stated he removed the right foot dressing and hundreds of maggots came out of the right dorsum and heel. The doctor that was present evaluated the wound and stated the resident needed to be transferred to another hospital for further care.</p> <p>On 05/06/2024 at 3:32 p.m., an interview was conducted with S3WCN. S3WCN stated she provided Resident #2's wound care as ordered and conducted wound care evaluations weekly. S3WCN was asked to compare the wound evaluations from 03/19/2024 to 04/24/2024. She stated the right foot wound did not look bad in March, but throughout the month of April the right foot wound looked more macerated with increased drainage noted to the wound. S3WCN stated no notification was made to the nurse practitioner or physician because the resident had vascular issues and that a deterioration of the wound was expected. She stated the licensed practical nurses on the floor and the CNAs (certified nursing assistants) were responsible for completing the body audits/skin assessments weekly and report any changes or new wounds to her. She stated she was never notified of any left foot or left lower extremity wounds or skin changes. S3WCN mentioned she was to only assess active wounds, which is why she never assessed the left foot or left lower extremity.</p> <p>On 05/07/2024 at 10:41 a.m., a phone interview was conducted with S5NP (Nurse Practitioner). S5NP stated she was aware of Resident #2's right foot wound but was not notified for any other wounds or worsening conditions of the right foot. She was not made aware of a left foot wound or any changes to the left lower extremity by the LPNs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195567	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2024
NAME OF PROVIDER OR SUPPLIER  Maison Du Monde Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4000 Rodeo Road Abbeville, LA 70510	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 05/07/2023 at 1:11 p.m., an interview was conducted with S2DON (Director of Nursing). She stated the LPNs are to complete body audit/skin assessments on Mondays. In reference to the body audit/skin assessment records, a positive (+) sign meant there was a new skin irregularity; and a minus (-) sign meant there were no new skin irregularities identified. When asked who and how the body audits were completed, she stated the resident's licensed practical nurse should assess the resident's body head to toe by removing all clothing items.</p> <p>On 05/07/2024 at 1:27 p.m., a joint interview was conducted with S2DON and S1ADM (Administrator). S1ADM provided colored pictures of Resident #2's feet that the facility received from S4SN on 04/30/2024. S2DON stated the picture of the resident's right foot had open wounds had little worms in it. When the resident's wound was cleaned by the surgical staff, worms were discovered under the skin. S2DON verbalized the picture of the left foot revealed the foot was swollen. S2DON also stated the left foot and leg looked like dry calloused skin. A review of the facility's policy for wound prevention was conducted with S2DON. She stated they failed to identify left lower extremity changes based on the pictures sent to her by S4SN on 04/30/2024.</p> <p>On 05/07/2024 at 2:03 p.m., a phone interview was conducted with S6LPN (Licensed Practical Nurse). She stated she remembered doing a body audit/skin assessment on Resident #2 the night of 04/29/2024. S6LPN stated she was not able to complete the assessment on Resident #2 because he would not allow her to touch him or look at either one of his feet.</p> <p>On 05/07/2024 at 2:52 p.m., an interview was conducted with S2DON. She confirmed they did not have any documentation of any changes or anything to identify when the left lower extremity was last assessed. S2DON stated the body audit/skin assessments were not conducted properly since they failed to identify skin changes to the left lower extremity. The nurses failed to report changes in wounds/deteriorating wounds to the nurse practitioner and physician. She stated licensed practical nurses were responsible for all residents' body audit/skin assessments, and the wound care nurse, who was a licensed practical nurse, was responsible for all of the active wound evaluations. When asked if a registered nurse reviewed and monitored residents' body audit/skin assessments and wound care evaluations performed by the LPNs, she replied neither one of the two registered nurses in the facility (S2DON nor Assistant Director of Nursing) reviewed the body audit/skin assessments or wound evaluations. She stated the data entry clerk, who was a licensed practical nurse, ensured the body audit skin assessments and wound evaluations were documented in the residents chart.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195567	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2024
NAME OF PROVIDER OR SUPPLIER  Maison Du Monde Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4000 Rodeo Road Abbeville, LA 70510	
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 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>47123</p> <p>Based on interviews and record review, the facility failed to be administered in a manner that enabled it to use its resources effectively and efficiently to ensure the well-being of residents by failing to provide an effective wound prevention program with appropriate professional oversight by failing to ensure a registered nurse (RN) monitored weekly body/skin assessments and wound evaluations performed by Licensed Practical Nurses (LPNs) for 10 (#1-#3, #R4-#R10) sampled residents. This deficient practice had a likelihood to cause severe harm, injury, or death to 117 residents who received weekly unmonitored body/skin assessments and wound care.</p> <p>This failed practice resulted in an Immediate Jeopardy (IJ) situation on 04/02/2024 when the facility failed to notify the physician of a deteriorating right foot wound and failed to identify and report a new wound to the residents left foot resulting in an infestation of maggots to both feet for Resident #2.</p> <p>The provider was notified of the Immediate Jeopardy situation on 05/08/2024 at 2:04 p.m.</p> <p>The Immediate Jeopardy was removed on 05/09/2024 at 12:51p.m. when the provider implemented an acceptable Plan of Removal (POR) as confirmed by onsite verification through observations, interviews, and record reviews.</p> <p>Findings:</p> <p>Cross Reference F684</p> <p>Record review conducted for Residents #1, #3, #R4-#R10 revealed weekly body audit/skin assessments were performed by the licensed practical nurses and there was no evidence of oversight by registered nurses.</p> <p>Review of Louisiana State Board of Practical Examiners Scope of practice read in part: A licensed practical nurse may perform a head to toe physical assessment when the licensed practical nurses practices under the direction of a registered nurse.</p> <p>On 05/07/2024 at 12:44 p.m., a joint interview was conducted with S1ADM (Administrator) and S2DON (Director of Nursing). S1ADM was asked if the facility's LPNs could perform body audits/skin assessments and wound evaluations without RN oversight. S1ADM replied, Oh I don't know the answer to that question.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195567	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2024
NAME OF PROVIDER OR SUPPLIER  Maison Du Monde Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4000 Rodeo Road Abbeville, LA 70510	
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 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 05/07/2024 at 2:52 p.m., an interview was conducted with S2DON. She stated licensed practical nurses were responsible for performing all residents' body audit/skin assessments weekly. The wound care nurse, who was a licensed practical nurse, was responsible for all of the active wound treatments and wound evaluations. S2DON was asked if a registered nurse reviewed and monitored residents' body audit/skin assessment and wound evaluations performed by the LPNs. She replied neither one of the two registered nurses in the facility (S2DON nor the Assistant Director of Nursing) reviewed the body audits/skin assessments or wound evaluations. She stated the data entry clerk, who was a licensed practical nurse, ensured all body/audit skin assessments and wound evaluations were documented in the residents chart.</p> <p>On 05/09/2024 at 12:09 p.m., an interview was conducted with S7CN (Corporate Nurse). She confirmed she was aware weekly skin and wound evaluations on all of the facility's residents were conducted by licensed practical nurses, but the assessments were not monitored by the facility's RNs.</p>		