| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195574 | A. Building<br>B. Wing | 10/15/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Maison Teche Nursing Center | 7307 Old Spanish Trail<br>Jeanerette, LA 70544 |

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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39826<br><br>Based on record review and interview, the facility failed to implement the comprehensive person-centered care plan for 1 (#1) of 3 ( #1, #2, #3) sampled residents as evidenced by staff failing to ensure a third person was available to observe a resident that was transferred back to the bed using a mechanical lift. The facility has a census of 92 residents.<br><br>Findings:<br><br>Resident #1: A review of Resident #1's record revealed an admitted [DATE] with diagnoses including but not limited to Metabolic encephalopathy, Muscle wasting, Peripheral vascular disease, Cognitive communication deficit, Dysphagia, Alzheimer's disease. and Aphasia. A review of her care plan revealed a problem: Self-care deficit, needs assistance with ADLs (Activities of Daily Living) r/t (related to), decreased mobility, lack of coordination, and muscle weakness. An intervention dated 09/3/2023 read .Transfer assistance: Resident is a 3 person assist using mechanical lift, (Third Person for Observation).<br><br>A review of a facility incident report dated 10/10/2024 revealed Resident #3 was observed to have a bruise under her left eye which was discovered at 2:18 p.m.<br><br>Review of the investigation data collected and the video surveillance captured during the time the mechanical lift was used to transfer the resident back into her bed on 10/10/2024 at 12:43 p.m., revealed several staff were in the line of site at the door but denied witnessing the transfer. The CNAs (Certified Nursing Assistants) that performed the transfer denied noticing any hazard that may have caused the bruise.<br><br>On 10/15/24 at 2:30 p.m., during an interview, S3CNA stated she was asked to assist in the transfer of resident #1, but the third CNA stepped out to get supplies and denied she witnessed or observed the transfer of Resident #1.<br><br>On 10/15/24 at 3:55 p.m., during an interview S1 Administrator (Adm) and S2 Director of Nursing (DON) both confirmed that according to the interviews collected during the investigation the intervention for a third person assist for observation in the transfer of Resident #1 was not implemented. |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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