

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195585	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Cypress at Lake Providence		STREET ADDRESS, CITY, STATE, ZIP CODE 5976 US-65 North Lake Providence, LA 71254	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40238</p> <p>Based on interviews and record reviews, the facility failed to ensure all alleged violations involving abuse were reported immediately, but not later than 2 hours after the allegation is made to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. This deficient practice was identified for 1 (#7) of 9 (#1, #2, #3, #4, #5, #6, #7, #8, #9) residents reviewed for allegations of abuse.</p> <p>Findings:</p> <p>Review of the facility's abuse policy with a revision date of 05/15/2023 revealed in part:</p> <p>Responsibilities of Facilities and covered individuals</p> <p>2. Reporting responsibilities for reasonable suspicion of a crime in accordance with state law:</p> <p>d. assault and battery</p> <p>Response to Allegations and Suspicions</p> <p>2. Report any reasonable suspicion of a crime to a resident that involves serious bodily injury immediately, but not later than (2) hours after forming the suspicion.</p> <p>Record review revealed resident #6 was admitted to the facility on [DATE] with diagnoses that included central cord syndrome at C5, diabetes and psychoactive substance dependence. Review of the most recent minimum data set (MDS) assessment dated [DATE] revealed resident #6 had a brief interview of mental status (BIMS) score of 15 which indicated he was cognitively intact.</p> <p>On 09/25/2024 at 8:31 a.m., an interview with resident #6 revealed he and resident #7 had been having words all day on 08/31/2024. He confirmed they were having a disagreement. He reported resident #7 attempted to push him out of his wheelchair and when he could not do that, resident #7 picked up his walker and hit him in the back of the head. Resident #6 reported he refused to go to the ER for evaluation because he wasn't hurt and was not hit that hard. Resident #6 reported resident #7 hit him one time and they were immediately separated by the staff present with them.</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: 195585	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Cypress at Lake Providence		STREET ADDRESS, CITY, STATE, ZIP CODE 5976 US-65 North Lake Providence, LA 71254	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review revealed resident #7 was admitted to the facility on [DATE] with diagnoses that included muscle weakness, unsteadiness on feet, syphilis, schizophrenia, alcohol dependence, and lack of coordination. Review of the most recent minimum data set (MDS) assessment dated [DATE] revealed resident #7 had a brief interview of mental status (BIMS) score of 9 which indicated he had moderate cognitive impairment.</p> <p>On 09/26/2024 at 08:45a.m, an interview with resident #7 revealed the resident was alert, oriented and calm. Resident #7 confirmed he hit resident #6 in the head with his walker. Resident #7 reported he and resident #6 had been arguing all day and resident #6 would not shut up. Resident #7 reported he got angry and hit resident #6 in the head with his walker. Resident #7 reported that this was the only negative incident he had at the facility and he regretted it.</p> <p>Review of the nurse`s notes dated 08/31/2024 revealed resident #7 hit resident #6 in the head with his walker while outside at the gazebo during their smoke break. The note also revealed S3Licensed Practical Nurse (LPN) assessed both residents and found no injuries. S3LPN recorded there was no redness or swelling to the back of resident #6`s head where he was struck by resident #7 with his walker.</p> <p>On 09/25/2024 at 9:45 a.m., an interview with S3LPN confirmed she assessed resident #6 and resident#7 after the incident on 08/31/2024 and found no injuries to either person. S3LPN reported the responsible parties of both residents were notified as well as the Director of Nursing (DON) and the medical director.</p> <p>Review of the Accident/Incident Reports from 07/01/2024 - 09/23/2024 revealed resident #7 hit resident #6 in the head with his walker on 08/31/2024 at approximately 7:35 p.m. Further review of the incident report revealed S2DON was informed of the incident on the evening of 08/31/2024 (no exact time of the notification).</p> <p>Review of the facility`s state reported incidents revealed the incident, involving resident #6 and resident #7, was reported to the state survey agency on 09/01/2024 at 09:06 a.m.</p> <p>On 09/25/2024 at 1:15 p.m., an interview with S1Administrator confirmed the incident between resident #6 and resident #7 that occurred on 08/31/2024 was not reported to the state agency within 2 hours of the occurrence.</p>		