

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195590	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER St Clare Manor Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7435 Bishop Ott Drive Baton Rouge, LA 70806	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42681</p> <p>Based on interviews and record review, the facility failed to maintain accurate medical records for 1 (#1) of 5 (#1, #2, #3, #4 and #5) residents reviewed. S9LPN inaccurately transcribed the diagnosis for a new medication in Resident #1's clinical record.</p> <p>Findings:</p> <p>Review of Resident #1's Clinical Record revealed resident was admitted to the facility on [DATE] with diagnoses, which included Dementia with Behavioral Disturbance, Psychotic Disturbance, and Anxiety.</p> <p>Review of Resident #1's telephone order sheet dated 05/23/2024 revealed:</p> <p>Start Ativan 0.5 mg tablet; take one by mouth twice a day with diagnosis Dementia with Behavioral Disturbance.</p> <p>Review of Resident #1's Progress Note dated 05/23/2024 created by S6PNP revealed, in part:</p> <p>Resident #1 seen today for anxiety, pain, and follow up.</p> <p>Plan/orders-Anxiety Ativan sent to pharmacy.</p> <p>Review of Resident #1's May and June 2024 Medication Administration Record revealed Ativan 0.5 mg tablet one tablet by mouth twice a day was administered for Dementia with Behavioral Disturbance.</p> <p>On 07/03/2024 at 3:44 p.m., a telephone interview was conducted with S6PNP. S6PNP stated Ativan was started for Resident #1 to treat the diagnosis of Anxiety not Dementia.</p> <p>On 07/10/2024 at 10:12 a.m., a telephone interview was conducted with S7PSY. S7PSY stated Dementia was not an appropriate diagnosis for Ativan.</p> <p>On 07/11/2024 at 10:59 a.m., an interview was conducted with S2DON. S2DON verbalized it was expected that all physician telephone orders were accurately transcribed in the resident's Clinical Record.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48872</p> <p>Based on record review, observation, and interviews, the facility failed to maintain an infection control program designed to provide a safe and sanitary environment to help prevent the development and transmission of communicable diseases and infection. The facility failed to ensure staff changed a resident's PICC (Peripherally Inserted Central Catheter) line dressing consistent with accepted standards of practice for 1 of 1 (#4) sampled resident reviewed with a PICC line.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Peripheral and Midline IV (Intravenous) Dressing Changes , dated 2001, revealed the following, in part:</p> <p>Purpose:</p> <p>The purpose of this procedure is to prevent complications associated with intravenous therapy, including catheter-related infections associated with contaminated, loosened or soiled catheter-site dressings.</p> <p>General Guidelines:</p> <p>4. Change the dressing if it becomes damp, loosened or visibly soiled and:</p> <p>a. at least every 7 days for transparent semi-permeable membrane dressing.</p> <p>Review of Resident #4's Clinical Record revealed a readmitted [DATE] with diagnosis which included Sepsis, Unspecified Organism.</p> <p>Review of Resident #4's current Physician Orders revealed the following, in part:</p> <p>-Order date: 06/30/2024. Start date: 07/03/2024. Change PICC line dressing to left upper arm weekly and PRN (As needed). One time a day every Wednesday and every 12 hours as needed.</p> <p>Review of Resident #4's TAR (Treatment Administration Record) dated 06/30/2024 to 07/09/2024 revealed no documented evidence Resident #4's PICC line dressing was changed.</p> <p>Review of Resident #4's nurse's notes dated May 2024 through July2024 revealed the following, in part: 06/30/2024 PICC line, double lumen to left upper extremity placed on June 28, 2024. Further review revealed no documentation Resident #4's PICC line dressing was changed.</p> <p>An observation was made on 07/09/2024 at 12:10 p.m. of Resident #4, which revealed a PICC line located in her left upper extremity covered with a transparent dressing dated 06/28/2024. S2DON confirmed the aforementioned observation.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on 07/10/2024 at 10:38 a.m. with S10RN. S10RN confirmed RNs were responsible for changing PICC line dressings. S10RN stated she did not change Resident #4's PICC line dressing on 06/30/2024 and 07/03/2024. She stated a PICC line dressing dated 06/28 should be changed every seven days, which would have been due on 07/05/2024. S10RN confirmed no documented evidence of Resident #4's PICC line dressing change from 06/30/2024 to 07/09/2024 on the TAR meant the dressing change was not done.</p> <p>An interview was conducted on 07/10/2024 at 1:46 p.m., with S11RN. S11RN confirmed RNs were responsible for changing PICC line dressings. S11RN stated she did not change Resident #4's PICC line dressing on 07/04/2024. S11RN stated a PICC line dressing dated 06/28/2024 should be changed every seven days, which would have been due on 07/05/2024.</p> <p>An interview was conducted on 07/09/2024 at 4:37 p.m. with S2DON. S2DON stated Resident #4 returned from the hospital on 06/30/2024, and she expected the RNs to follow physician orders and facility policy to change the PICC line dressing every seven days and PRN for soiled dressing. S2DON stated she did not change Resident #4's PICC line dressing on 07/01/2024, 07/02/2024, 07/03/2024 or 07/05/2024. S2DON confirmed the aforementioned observation of Resident #4's PICC line dressing dated 06/28/2024. S2DON further confirmed there was no documented evidence of Resident #4's PICC line dressing change from 06/30/2024 to 07/09/2024 on the TAR, which meant the dressing change was not done.</p>		