

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195594	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2024
NAME OF PROVIDER OR SUPPLIER Pilgrim Manor Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1524 Doctors Drive Bossier City, LA 71111	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40015</p> <p>Based on record review and interviews the facility failed to ensure grievances/complaints had been documented and investigated. The facility failed to follow their policy for reporting and investigating grievances for 1 (#1) of 4 (#1, #2, #3, #4) sampled residents.</p> <p>Findings:</p> <p>Review of policy titled Resident Grievances/Complaints, Filing with revision date of 11/01/2023 revealed:</p> <p>Policy Statement</p> <p>The facility shall establish a grievance policy in order to ensure prompt resolution of all grievances regarding the residents' rights. All residents, family and resident representatives are to be encouraged and assisted (if necessary) in filing grievances, in the event they have a need to make a concern known.</p> <p>Policy Interpretation and Implementation</p> <p>1. Any resident, family member, or appointed resident representative may file a grievance or complaint concerning care, treatment, behavior of other residents, staff members, theft of property, or any other concerns regarding his or her stay at the facility. Grievances also may be voiced or filed regarding care that has not been furnished.</p> <p>4. Grievances and/or complaints may be submitted orally or in writing, and may be filed anonymously.</p> <p>7.</p> <p>Upon receipt of a grievance/complaint the staff receiving the complaint will initiate the RESIDENT GRIEVANCE/COMPLAINT FORM. An investigation lead by the Grievance Officer or designee based on the allegations will be set forth.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Upon receipt of a grievance and/or complaint, the Grievance Officer and/or designee will review and investigate the allegations and discuss findings and recommendations with the Administrator. Findings will be discussed with the complainant within five (5) working days of receiving the grievance and/or complaint.</p> <p>9. The resident, or person filing the grievance and/or complaint on behalf of the resident, will be informed of the findings of the investigation and the actions that will be taken to correct any identified problems.</p> <p>Review of Resident #1's medical record revealed an initial admitted [DATE] with diagnoses that included, in part, hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side, aphasia following cerebral infarction, muscle wasting and atrophy not elsewhere classified multiple sites, chronic combined systolic (congestive) and diastolic (congestive) heart failure, contracture right elbow, primary osteoarthritis right shoulder, primary osteoarthritis right shoulder, gastrostomy status, essential (primary) hypertension, vascular dementia, and type 2 diabetes mellitus.</p> <p>Review of Resident #1's quarterly MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 04/02/2024 revealed Resident #1 had a BIMS (Brief Interview Mental Status) score of 99, indicating Resident #1 was unable to complete the interview. The MDS further revealed Resident #1 had no memory/recall ability and cognitive skills for daily decision making were severely impaired.</p> <p>Review of 2024 Complaint/Grievance Log failed to reveal any grievance in regard to Resident #1.</p> <p>During an interview on 04/22/2024 at 11:20 a.m. S1 Administrator reported any resident/family issues that could be resolved quickly for residents were not included in the grievance log.</p> <p>During an interview on 04/23/2024 at 10:15 a.m. Resident #1's family member reported informing S1 Administrator that Resident #1 was repeatedly found in a soiled brief when visiting.</p> <p>During an interview on 04/24/2024 at 8:20 a.m. S1 Administrator reported about 4 weeks ago Resident #1's family member had complained that upon arriving for visits, Resident #1's brief was always soiled. S1 Administrator further confirmed he had not initiated a resident grievance/complaint form and did not have a documented investigation for the family member's voiced concern.</p>		