

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER Matthews Memorial Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 Jackson Street Ext. Alexandria, LA 71303	

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 - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38894</p> <p>Based on record review and interview the facility failed to immediately inform the resident, consult the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention for 1 (Resident #2) of 3 (Resident #1, Resident #2, and Resident #3) resident records reviewed for falls.</p> <p>Findings:</p> <p>Review of a facility policy with a revision date of 09/2017 and titled Change in Resident Medical Status revealed the following in part . A change in medical status is defined as any physical, psychological and/or medical deviation as compared to the resident's status as noted in the initial assessment. These changes may include: a fall and/or injury . A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s), when there is - 1. An accident involving the resident which results in injury and has the potential for requiring physician intervention.</p> <p>Review of Resident #2's Electronic Health Record revealed an admitted [DATE]. Resident #2 had the following diagnoses including: Unspecified Severe Protein-Calorie Malnutrition, Functional Quadriplegia; and Pain, Unspecified.</p> <p>Review of Resident #2's 11/2024 Physician Orders revealed the following including:</p> <p>11/08/2024 - DNR</p> <p>11/08/2024 - Admit to [NAME] Memorial for long term care</p> <p>11/15/2024 - Lorazepam 2 mg/ml give 0.25 ml SL q 4 hours prn agitation r/t pain</p> <p>11/15/2024 - MS 20 mg/ml give 0.25 ml po q 4 hours prn pain or SOB</p> <p>11/15/2024 - Admit to Guardian Hospice with terminal diagnosis Severe Protein Caloric Malnutrition.</p> <p>Review of Resident #2's 11/2024 Nurse Notes revealed the following including:</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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NAME OF PROVIDER OR SUPPLIER Matthews Memorial Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 Jackson Street Ext. Alexandria, LA 71303	
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(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 - Few</p>	<p>11/10/2024 at 2:15 a.m. - Upon making rounds, noticed resident not in his bed, found on floor lying on his back on left side of bed. Resident reported he wanted to try to get up, and stated, I didn't realize how weak I am. Denied hitting his head and denies any pain at this time. Performed full ROM, moving all extremities x 4 without any difficulties or complaints of pain. Obtained VS - BP-147/82, P-77, R-20, T-97.4, SaO2-97% on room air. Initiated neuro checks and all WNL, bilateral weakness to extremities noted. Resident had a BM noted, and staff cleaned and changed resident prior to assisting him back to bed. Notified MD via fax at this time. Side rails up x 2, bed in lowest position, and call light within reach. Implemented resident safety education on importance of using call light for assistance before attempting to get out of bed/transfer, resident verbalized understanding at this time. Will continue to monitor.</p> <p>11/10/2024 at 10:55 a.m. - 97.2 temporal,67-22-112/72-O2 sat 98% room air - Resident's family member to nurse's station - states resident said he fell in the middle of the night-requesting x-ray to be done due to Left and Right pelvis fractures prior to admit- resident denies pain or discomfort at this time- Physician notified with new order for stat x-ray of pelvic area; imaging company informed of x-ray order -family members in room-informed of new order.</p> <p>11/10/2024 at 12:15 p.m. - stat x-ray of pelvic done at this time per imaging company</p> <p>11/10/2024 at 1:10 p.m. - received stat x-ray result: acute right pubic fractures - On call Physician notified - states ok-inform Primary Physician on Monday-results faxed to Primary Physician office at this time-RP informed of results and md notification - states ok- I'm glad he's okay.</p> <p>Telephone interview was conducted on 11/19/2024 at 8:58 a.m. with Resident #2's RP who reported the facility did not notify her of the resident's fall on 11/10/2024. Resident #2's RP stated during a visit to Resident #2 on 11/10/2024, he told her he fell . She stated she asked the nurse and was told he did have a fall. Resident #2's RP stated that an x-ray was not done after the fall and she ask for one to be done. Resident #2's RP stated she was unsure of the x-ray results, but stated that he received the hip fractures he was admitted with about 3 weeks ago from a fall at his apartment in Texas.</p> <p>Interview on 11/19/2024 at 10:30 a.m. with S1 DON and S2 Corporate Nurse revealed that Resident #2's family/RP should have been notified of the fall at the time of the incident and should not have been told by the resident during a visit later that day.</p> <p>Interview on 11/19/2024 at 12:05 p.m. with S1 DON revealed S3 LPN had been suspended following the event. Review of S3 LPN's Employee Warning Report dated 11/12/2024 revealed the type of violation as failure to notify RP of fall with an action of immediate suspension noted.</p>		