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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>195603 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>05/08/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Bayou Vista Nursing and Rehab Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>323 Evergreen Hwy<br>Bunkie, LA 71322 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41124</b></p> <p>Based on observations, interviews, and record reviews the facility failed to ensure residents fed by enteral means received the appropriate treatment and services to prevent complications of enteral feedings as evidenced by failing to ensure enteral feeding tubing/supplies were changed at least every 24 hours in accordance with manufacturer guidelines for 1 (Resident #34) of 1 resident reviewed for tube feeding in a total sample size of 29 residents.</p> <p>Findings:</p> <p>Review of the facility policy titled: Enteral Tube Feeding via Continuous Pump, revealed in part .General Guidelines 4. Hang times: Follow manufacturer guidelines for closed systems, other systems change every 24 hours.</p> <p>Review of Resident #34's clinical record revealed an initial admitted [DATE] with diagnoses that included Hemiplegia and Hemiparesis following other Non-traumatic Intracranial Hemorrhage, Dementia, Dysphagia following Cerebral Infarction, and Chronic Obstructive Pulmonary Disease.</p> <p>Observation on 05/07/2024 at 07:45 a.m. revealed Resident #34 reclined in a Geri chair at his bedside watching television. Resident #34 was noted wearing supplemental oxygen via nasal cannula at 2L and receiving a tube feeding of Jevity 1.5 at 40ml per hour per pump. Tube feeding bag and flush bag labeled 05/06/2024 at 4:00 a.m.</p> <p>Observation on 05/07/2024 at 9:35 a.m. revealed S2 DON and S3 MDS Nurse performing wound care to Resident #34's left great toe. Observation revealed Resident #34's tube feeding bag labeled Jevity 1.5 at 40ml per hour, 05/06/2024 at 4:00 a.m. Approximately 700ml noted in feeding bag and 200ml noted in water flush bag. Interview at the time of observation with S3 MDS nurse revealed tube feeding syringes were changed out nightly and feeding setups were good for so many hours and then changed out. S3 MDS Nurse confirmed Resident #34's tube feeding setup had been hanging longer than 24 hours and should have been changed out, but had not been.</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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>41124</p> <p>Based on record review and interviews the facility failed to electronically submit payroll information for direct care staffing as required. Findings:</p> <p>Review of the facility's PBJ (Payroll Based Journal) staffing Data Report for FY (Fiscal Year) Quarter 1 2024 (October 1-December 31) revealed triggers for the following: One star staffing rating, Low weekend staffing, No RN coverage for 8 consecutive hours per day and No Licensed Nursing Coverage 24 Hours/Day.</p> <p>Review of the facility's CMS Payroll Based Journal submission report dated 02/13/2024 revealed the facility's submission had been received and would be checked for errors within 24 hours. Review also revealed the submission report stated in part . this is a reminder to check CASPER for a system generated PBJ Final File Validation Report (FFVR) within 24 hours. If no FFVR appears, run a PBJ Submitter Final File Validation Report. Run the PBJ 1702D (by Employee) or 1703D (by Job Type) reports to verify the quarterly PBJ data reflects your records.</p> <p>Review of the facility's CMS Submission Report PBJ Submitter Final File Validation Report generated by S3 MDS Nurse on 05/07/2024 at 11:29 a.m. and provided to the Surveyor by S1 Administrator revealed on 02/13/2024 the number of files processed was 4, number of files accepted as 0, and number of files rejected as 4. Report message stated invalid file: Files must end in .xml to be accepted. Cause: A file was submitted that did not end in .xml. Action: Correct file extension and resubmit.</p> <p>Interview on 05/07/2024 at 11:30 a.m. with S1 Administrator revealed he and S3 MDS Nurse were responsible for submitting PBJ information. S1 Administrator confirmed that after uploading the FY Quarter 1 2024 (October 1-December 31) PBJ information he nor S3 MDS nurse went back to check the final file validation report after 24 hours to ensure the facility staffing information had been submitted and accepted as required and should have.</p> |