

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195615	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2024
NAME OF PROVIDER OR SUPPLIER  Booker T.Washington Skilled Nursing and Rehabilita		STREET ADDRESS, CITY, STATE, ZIP CODE  7605 Line Avenue Shreveport, LA 71106	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>30669</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure assessments were accurate for 1 (#2) of 3 (#1, #2 and #3) sample residents. The facility failed to ensure resident #2's annual MDS (minimum data set) with ARD (assessment reference date) 04/30/2024 accurately reflected resident #2's self-care abilities.</p> <p>Findings:</p> <p>Review of resident #2's clinical records revealed diagnoses of other sequelae of cerebral infarction, gross hematuria, type 2 diabetes mellitus, and dysphagia following cerebral infarction, unspecified dementia, and moderate with behavioral disturbance, hematuria, acute kidney failure, unspecified, chronic kidney disease, and stage 3 chronic kidney disease</p> <p>Review of resident #2's annual MDS with ARD 04/30/2024 revealed Section GG - Functional Abilities Self-Care assessment indicating Resident #2 is independent in his ability to eat, perform oral hygiene, toileting hygiene, self-showering /bathing and dressing upper and lower body.</p> <p>Review of Occupational Therapy Evaluation &amp; Plan of Treatment with Certification Period: 05/10/2024 - 06/08/2024 revealed resident #2 is a fall risk, unsteady when standing and walking. Functional skills assessment - ADL (Activities of Daily Living) &amp; Instrumental ADLs indicates resident #2 requires partial/moderate assistance with eating. Requires substantial/maximal assistance with oral care, transfers, personal hygiene, and bathing/showering, dressing upper and lower body. Further review revealed resident #2's self-care functional score equals 3 (score 0-12; 12 being the highest function).</p> <p>During an interview 05/13/2024 at 09:15 a.m. S3 CNA (Certified Nursing Assistant) reported he does everything for resident #2. S3 CNA reported resident #2 is able to feed himself, he requires assistance with all of his ADL's. S3 CNA reported he dresses resident #2, baths him, and performs his oral care.</p> <p>During an interview on 05/14/2024 at 10:30 a.m. S2 LPN (Licensed Practical Nurse) reported resident #2 can walk with assistance. S2 LPN reported resident #2 has gotten weaker since his admission and it may be due to him being confused and having dementia. S2 LPN reported resident #2 is unable to perform any ADL care on his own he requires total assistance with all of his ADLs.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 05/15/2024 at 11:00 a.m. S1 DON (Director of Nursing) reviewed resident #2's annual MDS and acknowledged the assessment was not accurate. S1 DON reported resident #2 was not independent for any of his self-care during the annual MDS assessment. S1 DON reported resident #2 requires assistance with all of his ADLs and this assessment does not give a true picture of his abilities.</p>		