

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195618	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Consolata Rehab and Wellness Center on the Teche		STREET ADDRESS, CITY, STATE, ZIP CODE 2319 East Main Street New Iberia, LA 70560	

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** 47965</p> <p>Based on record review and interview, the facility failed to ensure that a resident's physician was consulted when there was a change in the plan of care for 1(#1) of 3 (#1, #2, and #3) sampled residents. The facility failed to notify Resident #1's physician that his smoking privileges were revoked, and that staff were administering a nicotine replacement that had not been ordered by a physician. This deficient practice had the potential to affect the 9 residents who smoked.</p> <p>Findings:</p> <p>Resident #1 was admitted to the facility on [DATE], with diagnoses which included, but were not limited to Anxiety disorder, Major depressive disorder, Quadriplegia and Mood disorder.</p> <p>A review of the Resident's MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 04/29/2024 revealed in section C that he had a BIMS (Brief Interview for Mental Status) score of 14, indicating his cognition was intact. Section GG revealed the resident was impaired on both sides and was dependent on staff for eating, care, and transfer.</p> <p>A review of the resident's safe smoking evaluation dated 04/19/2024, revealed that he used cigarettes, lighter, and vape pen.</p> <p>Review of the resident's care plan revealed that on 04/19/2024, the resident's smoking privileges were discontinued d/t (due to) noncompliance of facility smoking policies. There was no mention of nicotine mints being used by the resident.</p> <p>Further review of the resident's electronic medical record revealed no documented evidence that the resident's physician was notified of this change in the resident's plan of care.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/06/2024 at 10:52 a.m., an interview was conducted with S2SSD (Social Service Director). She stated Resident #1's grandmother reported she had bought the resident nicotine mints and she had reimbursed her for the purchase. They were in a bottle in his room and he was asking the CNAs to give to him. She stated that when she discovered that the resident was getting nicotine mints, she told him he could not have it without a doctor's order. She stated that a nurse was supposed to inform the doctor and get a doctor's order for the nicotine mints. S2SSD was asked to provide the reimbursement receipt to verify the date this was done and she stated that she did not have it and the business manager was not in the facility today. The reimbursement receipt was not provided before the survey team exited the facility.</p> <p>On 06/06/2024 at 11:20 a.m., an interview was conducted with S4NP (Nurse Practitioner). She stated that she had been caring for the resident since he was admitted to the facility. S4NP stated she was not notified of the resident losing his smoking privilege until this week. She further stated that she was not made aware by the nursing staff that Resident #1 needed an order for nicotine replacement mints that he was taking. She confirmed that she did not write any orders for a nicotine replacement or mints.</p> <p>On 06/06/2024 at 11:50 a.m., an interview was conducted with S1ADM (Administrator). He stated that he became aware in a morning meeting that it was discovered by S2SSD that the resident had nicotine mints in his room and that staff was giving them to him. S1ADM stated he expected the Director of Nursing (DON) and/or the Assistant Director of Nursing (ADON) to follow up with Resident #1's physician/NP of any changes in the resident's plan of care and if an order was needed for the resident to continue taking the Nicotine mints. He confirmed that this had not been done.</p> <p>On 06/06/2024 at 12:52 p.m., an interview was conducted with S3ADON. She stated that she was in the IDT (Interdisciplinary Team) meeting when they discussed Resident #1 being banned from smoking and having nicotine mints in his room. S3ADON stated that either she or the interim DON should have notified the physician of the changes in the resident's plan of care and the need for an order for the Nicotine mints, but neither of them did.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47965</p> <p>Based on record reviews and interview, the facility failed to ensure that a resident with a qualifying mental disorder, was not admitted to the facility before a preadmission screening by the State Office of Behavioral Health (OBH) was completed or obtained for 1 (#1) of 3 (#1, #2, and #3) sampled residents investigated for a complaint.</p> <p>Findings:</p> <p>On 06/06/2024, a review of the facility's policy titled PASRR (Pre-Admission Screening and Resident Review) with a revision date of 12/10/2020, read in part, Purpose: The purpose of this policy is to ensure facility is following state guidelines regarding PASRR.</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses which included, but were not limited to Anxiety Disorder, Unspecified Mood Disorder, and Major Depressive Disorder.</p> <p>A review of the resident's clinical records revealed a level 1 PASRR dated 08/17/2023. In Section 111: Mental illness, an answer of no was selected for suspected or diagnosed mental illness. Further review revealed no level 2 PASRR.</p> <p>On 06/05/2024 at 9:40 a.m., an interview and review of the resident's level 1 PASRR was conducted with S2SSD (Social Services Director). She confirmed that the resident was admitted with the diagnosis of Major Depressive Disorder from another facility. She also confirmed that the level 1 screening did not include his diagnosis of Major Depressive Disorder and stated that it should have been included.</p>