

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 07/09/2024
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47123</p> <p>Based on interviews and observations, the facility failed to ensure the residents call system was functioning for 1 (#1) out of 3 (#1, #2, #3) sampled residents.</p> <p>Findings:</p> <p>On 07/09/2024, a review of the facility's policy titled, Answering the Call Light, with review date of 01/01/2024, revealed in part: Purpose: the purpose of this procedure is to ensure timely responses to the resident's requests and needs. General Guidelines .4. Be sure that the call light is plugged in and functioning at all times .6. Report all defective call lights to the nurse supervisor promptly.</p> <p>Review of Resident #1's record revealed he was admitted to the facility on [DATE] with diagnoses that included, but were not limited to, Chronic Systolic Heart Failure, Chronic Venous Insufficiency, Chronic Kidney Disease Stage 3, and Type 2 Diabetes Mellitus.</p> <p>A review of Resident #1's MDS (Minimum Data Set) assessment with an ARD (Assessment Reference Date) of 06/15/2024, revealed Resident #1 had a BIMS (Brief Interview of Mental Status) score of 11, indicating his cognition was moderately impaired.</p> <p>On 07/08/2024 at 2:25 p.m., an interview was conducted with Resident #1 and his RP (Resident Representative). Resident # 1 stated on Sunday (07/07/2024) he was in the bathroom trying to call for staff for help because he had an accident on himself. Resident #1 stated he tried to press the emergency call light in his bathroom, but it did not work. His RP stated Resident #1 had then called her from his cellphone to report he needed help. The RP stated she had to call the facility's main line to get someone in the bathroom to help him.</p> <p>On 07/08/2024 at 2:30 p.m., surveyor pressed the call light in Resident #1's bathroom. Observations of the call light indicator outside of the room revealed it did not blink on, nor did the call light trigger the front desk to call for help.</p> <p>On 07/08/2024 at 4:12 p.m., an interview was conducted with Resident #1 in his room along with S1ADM (Administrator). Resident #1 stated his call light button in his bathroom had not worked for quite some time now. Resident #1 stated he informed a nurse his bathroom call light was not working on 07/07/2024. S1ADM pressed the call light in Resident #1's bathroom and confirmed it did not work.</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
---	-------	-----------

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 07/09/2024
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/08/2024 at 4:14p.m., an interview and observation was conducted with S3MS (Maintenance Supervisor). He entered Resident #1's bathroom, pressed the call light button, and confirmed it did not work. He stated he was unaware that the call bell did not work.</p> <p>On 07/09/2024 at 11:23 a.m., an interview was conducted with S2DON (Director of Nursing). She stated she was not made aware of Resident #1's call light in his bathroom was not functioning properly. S2DON stated she should have been notified so other accommodations could have been implemented until the resident's call light was repaired.</p>