

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195619	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2024
NAME OF PROVIDER OR SUPPLIER Savoy Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 906 Cherry Street Mamou, LA 70554	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20604</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident received services in the facility with reasonable accommodation of needs for 1 (#3) of 2 (#2 and #3) sampled residents reviewed for call bell placement. The facility failed to ensure Resident #3 had a call bell in reach in order to call for assistance.</p> <p>Findings:</p> <p>A review of Facility's undated policy on 06/11/2024 titled Call Bell/Light Policy, read in part . 2. The call bell must be within reach of the resident. If the resident constantly moves the call bell out of reach, it will be care planned.</p> <p>Review of Resident #3's medical record revealed an admitted [DATE], with diagnoses that included Cerebral Infarction due to thrombosis of right vertebral artery, CVA, Seizure Disorder, and HTN.</p> <p>Review of Resident #3's Minimum Data Set (MDS) with an ARD of 05/08/2024, revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score of 8, indicating cognitive impairment. The MDS revealed Resident #3 was dependent on staff for oral hygiene, showering, bathing, and dressing.</p> <p>Review of Resident #3's Care Plan with review date of 08/07/2024, revealed assistance is required for all ADL's.</p> <p>Observation on 06/10/2024 at 9:05 a.m., revealed Resident #3 lying in bed with the call bell draped over a plug-in receptacle box on the wall behind Resident #3.</p> <p>Interview on 06/10/2024 at 9:10 a.m. with S2 LPN revealed Resident #3 is able to use the call bell to make her needs known.</p> <p>Observation on 06/10/2024 at 11:23 a.m. revealed Resident #3 lying in bed with the call bell draped over a plug-in receptacle box on the wall behind Resident #3.</p> <p>Observation on 06/10/2024 at 1:09 p.m. revealed Resident #3 lying in bed with the call bell draped over a plug-in receptacle box on the wall behind Resident #3. Interview with S2 LPN at that time confirmed the call bell was out of reach, and then placed the call bell next to Resident #3. Resident #3 then activated the call bell per S2 LPN's request.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 06/11/2024 at 10:20 a.m. with S1 DON, revealed Resident #3 is able to use a call bell if she needs assistance. S1 DON stated that call bells should be in reach for any resident that is able to use a call bell.</p>		