

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195636	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER The Gardens and Guardian		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 Country Club Road Lake Charles, LA 70605	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46169</p> <p>Based on record review and interview, the facility failed to follow its policy regarding advance directives evidenced by failing to accurately document the resident's choice of code status in the medical record for 1 (#19) out of 2 (#19 and #26) residents reviewed for advance directive. The deficient practice had the potential to affect a total census of 41 residents.</p> <p>Findings:</p> <p>On [DATE], a review of the facility's policy titled, Residents' Rights Regarding Treatment and Advance Directives with no date of implementation or revision, read in part: It is the policy of this facility to support and facilitate a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate an advance directive. The policy explanation and compliance guidelines included in part: 7) Decisions regarding advance directives and treatment will be periodically reviewed as part of the comprehensive care planning process, the existing care instructions and whether the resident wishes to change or continue these instructions. 8) Any decision making regarding the resident's choices will be documented in the resident's medical record .</p> <p>Review of Resident #19's record revealed he was admitted to the facility on [DATE] with diagnoses that included in part, Metabolic Encephalopathy, Type 2 Diabetes Mellitus, Heart Failure, and Chronic Kidney Disease.</p> <p>A review of Resident #19's Electronic Health Record (EHR) revealed a physician's order dated [DATE] that read DNR (Do Not Resuscitate).</p> <p>A further review of the resident's medical record revealed the form titled, Louisiana Physician Orders for Scope of Treatment (LaPOST) signed by the physician and dated [DATE]. Section A. Cardiopulmonary Resuscitation (CPR) had a check mark next to DNR/Do Not Attempt Resuscitation (Allow Natural Death). Further review of Section B. Medical Interventions had a check mark next to comfort measures only.</p> <p>A review of Resident # 19's care plan revealed a focus initiated and revision date of [DATE]. The focus read in part, the resident was a full code. Interventions included in part, review the resident's code status with he/she and family quarterly and as needed.</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: 195636	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER The Gardens and Guardian		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 Country Club Road Lake Charles, LA 70605	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 11:39 a.m., a record review and interview was conducted with S2ADON (Assistant Director of Nursing). S2ADON confirmed the care plan read the resident was a full code. S2ADON confirmed the physician's order written on [DATE] read DNR (Do not resuscitate). S2ADON also confirmed Resident #19's record revealed the LaPost form that indicated the resident had a DNR status with comfort measures only and was signed on [DATE]. She confirmed the resident's code status was not accurately documented in the resident's care plan.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195636	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER The Gardens and Guardian		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 Country Club Road Lake Charles, LA 70605	
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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41868</p> <p>Based on record review and interview, the facility failed to complete a discharge MDS (Minimum Data Set) assessment for 1 (#13) out of 1 (#13) residents sampled for resident assessment. This deficient practice had the potential to affect the census of 41 residents.</p> <p>Findings:</p> <p>Review of Resident #13's electronic health record revealed she was admitted to the facility on [DATE] with diagnoses which included, but were not limited to Displaced Trimalleolar (ankle) Fracture of the Right Lower Leg.</p> <p>Review of Resident #13's progress note dated 03/15/2024 revealed she was discharged from the facility back to her assisted living center home.</p> <p>Further review of her electronic health record revealed no discharge MDS assessment completed for 03/15/2024.</p> <p>On 07/10/2024 at 11:38 a.m., an interview and record review was conducted with S1DON (Director of Nursing). She confirmed that Resident #13 was admitted to the facility on [DATE] and was discharged to an assisted living center on 03/15/2024. She reviewed Resident #13's MDS assessments and confirmed a discharge assessment should have been completed, but was not.</p>		