

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Regency House of Alexandria		STREET ADDRESS, CITY, STATE, ZIP CODE  5131 Masonic Drive Alexandria, LA 71301	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</b></p> <p>Based on interview and record review the facility failed to ensure that a resident's person-centered plan of care was implemented for monitoring side effects and effectiveness of an anticoagulant medication, for 1 (Resident #3) of 3 sampled residents. (Resident #1, Resident #2, and Resident #3).</p> <p>Findings:</p> <p>Review of Resident #3's medical record revealed an admitted [DATE], with diagnoses that included in part . Gastrointestinal Hemorrhage Unspecified, Anal Fissure Unspecified, Chronic Atrial Fibrillation Unspecified, End Stage Renal Disease, and Dependence on Renal Dialysis.</p> <p>Review of Resident #3's Significant Change MDS with an ARD of 03/30/2024, revealed a BIMS score of 15, which indicated intact cognition. The MDS revealed Resident #3 was dependent for toileting hygiene, lower body dressing and putting on/taking off footwear, and required supervision or touching assistance with oral and personal hygiene.</p> <p>Review of physician's orders for Resident #3 revealed the following order: 03/19/2024 - Warfarin Sodium (Coumadin) oral tablet 5 Milligrams, give 1 tablet by mouth in the evening every Monday, Wednesday, Friday and Sunday for Atrial Fibrillation; Warfarin (Coumadin) Sodium oral tablet 7.5 Milligrams, give 1 tablet by mouth in the evening every Tuesday, Thursday, and Saturday related to Chronic Atrial Fibrillation.</p> <p>Review of Resident #3's care plan with a target date of 06/28/2024, revealed the following problem in part . Resident at risk for complications related to taking anticoagulant medication. Interventions included: administer anticoagulant medications as ordered by physician, and monitor for side effects and effectiveness every shift.</p> <p>Review of Resident #3's medical record revealed no monitoring for side effects and effectiveness were in place for his anticoagulant therapy, as indicated by his person-centered plan of care.</p> <p>Interview on 04/09/2024 at 11:57 a.m., with S2 RN confirmed Resident #3 had no monitors implemented to assess for possible side effects and effectiveness of Resident #3's anticoagulant therapy.</p> <p>Interview on 04/09/2024 at 12:19 .m. with S1 DON, confirmed Resident #3 had no monitors implemented to assess for possible side effects and effectiveness of his anticoagulant therapy.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</b></p> <p>Based on record review and interview, the facility failed to ensure services were provided to meet professional standards of practice for 1 (#3) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents.</p> <p>The facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure Physician's orders for obtaining labs for a medication that required a drug level were followed for Resident #3; and</li> <li>2. Ensure Resident #3's physician was notified of and immediately responded to abnormal lab test results for an anticoagulant.</li> </ol> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review on 04/11/2024 of the facility's policy titled Lab and Diagnostic Test Results-Clinical (with a revision date of 11/2018), read in part . Review by Nursing Staff</li> <li>4. A nurse will try to determine whether the test was done:</li> </ol> <p>C. To monitor a drug level.</p> <ol style="list-style-type: none"> <li>1. The reason for getting a test often affects the urgency of acting upon the result.</li> </ol> <p>Physician Responses</p> <ol style="list-style-type: none"> <li>1. Time frames. A physician will respond within an appropriate time frame, based on the request from Nursing staff, and the clinical significance of the information.</li> </ol> <p>D. A physician should respond within one hour regarding a lab test requiring immediate notification, and by the end of the next office day to a non-emergency message regarding notification, and by the end of the next office day to a non-emergency message regarding non-immediate lab test notification with a request for response.</p> <p>E. If the Attending or Covering Physician does not respond to immediate notification within an hour, the nursing staff should contact the Medical Director for assistance.</p> <p>Review of the medical record for Resident #3 revealed an admitted [DATE], with diagnoses that included in part .Gastrointestinal Hemorrhage Unspecified, Anal Fissure Unspecified, Chronic Atrial Fibrillation Unspecified, End Stage Renal Disease, and Dependence on Renal Dialysis.</p> <p>Review of Resident #3's Significant Change MDS with an ARD of 03/30/2024, revealed a BIMS score of 15, which indicated intact cognition. The MDS revealed Resident #3 was dependent for toileting hygiene, lower body dressing and putting on/taking off footwear, and required supervision or touching assistance with oral and personal hygiene. Setup or clean-up assistance with eating.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #3's care plan with a target date of 06/28/2024, revealed the following problems in part .</p> <p>Resident at risk for alteration in hematological status related to history of Gastrointestinal Hemorrhage and Anemia. Interventions included obtain and monitor lab/diagnostic work as ordered, and report results to MD and follow up as indicated.</p> <p>Review of physician's orders for Resident #3 revealed the following orders:</p> <p>01/04/2024 - PT/INR (a blood test that measures the time it takes for the liquid portion (plasma) of your blood to clot) weekly per MD, due to Coumadin (medication used to treat and prevent blood clots), secondary to Atrial Fibrillation.</p> <p>Review of Resident #3's medical record revealed a PT/INR was drawn on 12/06/2024 with results as follows: PT =15.6/INR=1.3 (Normal range PT=11.7/INR=0.9-1.1). Written on the lab sheet was MD notified on 12/06/2024 at 2:00 p.m. Review of the fax sheet revealed the results were faxed to the physician on 12/06/2024 at 2:00 p.m.; however, review of Resident #3's progress notes revealed there was documentation that the Medical Director was notified when the attending physician did not immediately respond to the abnormal PT/INR.</p> <p>2. Review of Resident 3's medical record revealed in part . a physician's order dated 01/04/2024 to obtain a PT/INR weekly. Review of Resident #3's lab results revealed a PT/INR was not drawn from 02/01/2024 until 02/20/2024.</p> <p>Interview on 04/09/2024 at 11:11 a.m. with S2 RN and S3 LPN/ADON, confirmed Resident #3 had orders to obtain a weekly PT/INR. S2 RN stated she was responsible for monitoring labs and following-up on labs with the physician as needed. S2 RN and S3 LPN/ADON confirmed Resident #3 did not have a weekly PT/INR drawn from 02/01/2024 until 02/20/2024.</p> <p>Interview on 04/09/2024 at 12:19 a.m. S1 DON confirmed the following: Resident #3 had orders for a weekly PT/INR that was not obtained weekly and it should have been, and Resident #3 had an abnormal PT/INR test result which was out of range with no follow-up with the MD, and there should have been.</p>		