STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195643	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pathway Rehabilitation Hospital of Bossier	4900 Medical Drive Bossier City, LA 71112

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)
F 0729 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining. 40193 Based on record review and interview the facility failed to ensure Certified Nurse Aide (CNA) registry verification was completed prior to hire for 3 (S4, S5, S6) of 5 CNA (S4, S5, S6, S7, S8) personnel files reviewed. Review of S4 CNA's (Certified Nursing Assistant) personnel record revealed a hire date of 09/09/2024. Further review failed to reveal a CNA registry check had been obtained prior to hire. Review of S5 CNA's personnel record revealed a hire date of 05/01/2024. Further review failed to reveal a CNA registry check had been obtained prior to hire. Review of S6 CNA's personnel record revealed a hire date of 09/09/2024. Further review failed to reveal a CNA registry check had been obtained prior to hire. During an interview on 11/04/2024 at 4:15 p.m. S1 Administrator reviewed personnel records and verified the registry check had not been completed on hire for S4 CNA, S5 CNA, and S6 CNA and should have been.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40193 Based on record review, observations, and interviews, the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of infection. The facility failed to ensure: 1. Signage was present at Resident #112's door entrance regarding type of precautions required for Resident #112, who had wounds. 2. PPE (personal protective equipment) was available at the entrance to Resident #112's room. 3. Wound care staff wore proper PPE while conducting wound care for Resident #112. Findings: Review of Resident #112's medical record revealed an admitted [DATE] with diagnoses that included, in part, hypertensive heart disease with heart failure, peripheral vascular disease, stage 1 left heel pressure injury, right heel and right achilles DTPI (deep tissue pressure injury), and stage 1 sacrum pressure injury. Review of Resident #112's physician orders revealed an order dated 11/03/2024 for right heel and right Achilles (DTPI): cleanse with wound cleanser and pat dry with gauze. Cover with 4X4 foam border dressing every 5 days and PRN (as needed) - every 5 days. Review of Resident #112's Wound Initial/Discharge Skin Impairment with an admitted [DATE] revealed: 11/03/2024 at 10:00 a.m. - admission assessment complete . DTPI to right heel, PTW (partial thickness wound) to 50% of wound bed, while other 50% is intact with maroon discoloration. Area is without drainage. Covered with foam border. DTPI with dark purple coloration to right Achilles, also covered with foam border. Observation on 11/06/2024 at 8:20 a.m. failed to reveal enhanced barrier precaution signage at the entrance to Resident #112's room and failed to reveal PPE cart was immediately available at the entrance to Resident #112's room. Observation on 11/06/2024 at 8:55 a.m. revealed S11 Wound Care Nurse, with assistance of S12 OTR-L (Occupational Therapist, Registered, Licensed), conduct wound care to Resident #112's right heel without wearing a gown. During an interview on 11/06/2024 at 12:50 p.m. S9 RN (Registered Nurse) reported she was aware of enhanced barrier precautions for residents with lines or a Foley but she was not aware a gown was required when working with Resident #112, who had pressure wounds. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 11/06/2024 at 12:55 p.m. S10 DON (Director of Nursing) reported he was aware of enhanced barrier precautions and that Resident #112 had wounds S10 DON acknowledged PPE should be available at Resideent #112's room entrance, signage should be posted indicating Resident #112 was on enhanced barrier precautions and staff should have worn a gown during Resident #112's wound care. During an interview on 11/06/2024 at 1:16 p.m. S11 Wound Care Nurse acknowledged she did not wear a gown during Resident #112's wound care and should have.