

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/03/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/29/2021
NAME OF PROVIDER OR SUPPLIER SOUTH LAFOURCHE NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 146 E. 28TH STREET CUT OFF, LA 70345		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS Complaint #LA00057400. No deficiencies were cited as a result of this complaint.	F 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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.

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NAME OF PROVIDER OR SUPPLIER SOUTH LAFOURCHE NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 146 E. 28TH STREET CUT OFF, LA 70345		
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K 000	<p>INITIAL COMMENTS</p> <p>South Lafourche Nursing & Rehab is in compliance with the requirements of Title 42 Code of Federal Regulations, Part 483.70(a) (Life Safety Code).</p> <p>The facility is sprinklered, licensed for 102 beds and a census of 80 at time of survey.</p>	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/19/2021

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NAME OF PROVIDER OR SUPPLIER SOUTH LAFOURCHE NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 146 E. 28TH STREET CUT OFF, LA 70345	
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F 000	INITIAL COMMENTS	F 000		
F 690 SS=E	<p>Recertification Survey</p> <p>Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)</p> <p>§483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as</p>	F 690		8/19/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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07/23/2021

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F 690	<p>Continued From page 1 possible. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to follow a physician order for flushing a resident's suprapubic catheter. This deficient practice was identified for 1(Resident #29) of 3 residents sampled for urinary catheter or urinary tract infection out of 41 residents reviewed in the investigation stage. There were a total of 85 residents listed on the Resident Census and Conditions of Residents Form. Findings:</p> <p>Review of Resident #29's Minimum Data Set quarterly assessment dated 06/09/2021 revealed Resident #29 was assessed as having a Brief Interview for Mental Status score of 15, cognitively intact.</p> <p>In an interview on 07/06/2021 at 3:06pm, Resident #29 stated he saw the urologist in May 2021 because he had bloody urine in the urinary bag and urine was leaking from the insertion site of his suprapubic catheter. Resident #29 stated he returned from the urologist with orders to flush his catheter every other day, but staff had not flushed his catheter since May 2021. Resident #29 further stated when he asked the treatment nurse to flush his catheter, the treatment nurse told him she needed an order to flush the catheter.</p> <p>Review of Resident #29's Physician Telephone Order dated 05/13/2021 revealed an order to flush Resident #29's suprapubic catheter every other day with 60milliliters (ml) of normal saline.</p> <p>Review of Resident #29's Medication</p>	F 690	<ol style="list-style-type: none"> 1. Corrective action was accomplished for Resident #29 found to be affected by the alleged deficient practice by: <ol style="list-style-type: none"> a. A clarification order was obtained from the physician to discontinue the suprapubic catheter flushes. 2. Other residents that have the potential to be affected by the alleged deficient practice were identified by conducting an audit of residents charts who have Foley catheters to ensure physician orders were being followed. Any identified issues were corrected at time of identification. 3. The measures that were put in place to ensure the deficient practice does not recur: <ol style="list-style-type: none"> a. An in-service was conducted with the nurses on order transcription and implementation. b. An in-service was conducted with the DON/ADON on reviewing orders to ensure proper transcription and implementation. 4. The facility plans to monitor its performance to make sure the solutions are sustained by: <ol style="list-style-type: none"> a. The DON/Designee will monitor physician orders to ensure that orders are transcribed and implemented correctly on the MAR/TAR. b. Monitoring will occur 5 times weekly for 6 weeks and then as deemed necessary by the QAPI committee. 		

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F 690	<p>Continued From page 2</p> <p>Administration Record (MAR) and Treatment Administration Record (TAR) from 05/13/2021 through 07/09/2021 revealed, in part, there was no documented evidence and the facility did not present any documented evidence of Resident #29's suprapubic catheter being flushed with saline as ordered.</p> <p>In an interview on 07/09/2021 at 12:05pm, S2Licensed Practical Nurse (LPN) stated she did not flush the suprapubic catheter in June 2021 or so far in July 2021 because there were no orders on the TAR.</p> <p>In an interview on 07/09/2021 at 3:00pm, S1Director of Nurses stated there was no documentation of flushes to Resident #29's suprapubic catheter from 06/01/2021 to present and there was no order to discontinue irrigation to Resident #29's catheter. She additionally stated staff should have flushed Resident #29's suprapubic catheter.</p>	F 690	<p>c. Results of monitoring will be reviewed weekly on QA meeting.</p> <p>d. Any identified problems will be addressed with re-education, progressive discipline, and/or plan revision.</p>		