

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>195327</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GONZALES HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>905 WEST CORNERVIEW ROAD GONZALES, LA 70737</b>	
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 0759  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure medication error rates are not 5 percent or greater.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and interviews the facility failed to ensure it did not have a medication error rate at 5% or greater by having a medication error rate of 6.89 percent. This deficient practice was identified for 1 of 3 nurses (S3Licensed Practical Nurse) observed during the medication task and identified as having one medication omission and one medication error for 29 opportunities for error. Findings: Review of the facility's Medication Pass Times revealed, in part, the morning AM time was from 6:00am to 11:00am to honor cultural changes and resident individual preference. Observation during the medication pass on 05/08/2020 at 8:15am revealed S3Licensed Practical Nurse (LPN) was putting Resident #1's medications into a medication cup. In an interview on 05/08/2020 at 8:16am, S3LPN stated the resident's medication [MEDICATION NAME] has been used as a [MEDICATION NAME], to prevent diarrhea, and to relieve symptoms of irritable bowel syndrome, was not available to be administered this morning. Review of Resident #1's Physician order [REDACTED]. Observation on 05/08/2020 at 8:17am revealed S3LPN gave Resident #1 the [MEDICATION NAME] 0.05%, a medication used to treat nasal congestion, sneezing, runny nose, and itchy or watery eyes, to nasally spray into her nostrils. Further observation revealed Resident #1 sprayed 2 sprays in each nostril, and Resident #1 was never redirected and/or educated to spray one spray in each nostril. Review of Resident #1's Physicians Orders as of 05/08/2020 revealed [MEDICATION NAME] 1 spray in each nostrils one time a day for sinus drip/nasal irritation. In an interview on 05/08/2020 at 8:18am, S3LPN stated that Resident #1 did two sprays in each nostril and it was supposed to be one spray in each nostril. In an interview on 05/08/2020 at 10:35am, Resident #1 stated that she has been doing 2 sprays in her nostril with the staff watching her and this morning the medication [MEDICATION NAME] went into her nostrils with no problems. In an interview on 05/08/2020 at 2:30pm, S3LPN stated that she did not notify Resident #1's physician about the medication [MEDICATION NAME] that was not available during the medication pass this morning but she was about to. She stated with cultural medication pass the medication would have to be administered from 6:00am to 11:00am as it was ordered to be given twice a day. In an interview on 05/08/2020 at 2:58pm, S2Director of Nursing (DON) stated that the morning medication pass was to be given from 6:00am to 11:00am. S2DON stated that S3LPN should have given the medication if it was available or called the resident's physician to see if something else could be given. She further stated the nurse should have educated the resident to give only one spray to each nostril.</p>		
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.