STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195380	A. BUILDING _____ B. WING _____	**06/24/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GUEST HOUSE SKILLED NURSING REHABILITATION (THE)	**9225 NORMANDIE DRIVE SHREVEPORT, LA 71118**

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 0610 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Respond appropriately to all alleged violations.** Based on record reviews, and interviews the facility failed to have evidence that an allegation of abuse was thoroughly investigated for 2 (#2, #3) of 5 (#1, #2, #3, #4, and #5) residents. The facility had a total census of 154 as reported by S2 DON (Director of Nursing). Findings: Resident #2 During an interview 6/19/2020 at 1:38 pm, the complainant confirmed resident #2's daughter had phoned her again and resident #2 confirmed it was S3 LPN (Licensed Practical Nurse) who had scolded her about getting the ice. The complainant confirmed S1 Administrator stated he had changed S3 LPN from working with resident #2. During an interview on 6/22/2020 at 2:20 pm S2 DON confirmed S3 LPN had been counseled regarding her behavior with resident #2. During an interview on 6/22/2020 at 4:00 pm resident #2 confirmed S3 LPN talked down to her. Resident #2 confirmed S3 LPN was the nurse that scolded her about going to getting the ice. Resident #2 confirmed S3 LPN talks to her like she's a child. Resident #2 confirmed S3 LPN walked into her room and said it looks like a pig sty in here clean this up. Resident #2 confirmed S1 Administrator told her S3 LPN will no longer be her nurse. Resident #2 stated S3 LPN still comes to her room to take care of her roommate, but she does not do anything for her. Review of the facility's Grievance Log/SIMS (Statewide incident Management Systems) failed to reveal grievance related to resident #2. Resident #3 Review of the facility's Grievance/SIMS Log revealed documentation dated 6/3/2020 S4 CNA (Certified Nursing Assistant) being rude. During an interview 6/22/2020 at 3:45 pm resident #3 confirmed a S4 CNA had handled her rough when putting her back in the bed. Resident #3 confirmed S4 CNA had thrown her in the bed and hit her leg on the bed rails. Resident #3 confirmed it really hurt. Resident #3 stated the Administrator said he would stop her from working with her. Resident #3 confirmed S4 CNA was still working with her. Resident #3 confirmed nothing had changed- S4 CNA still handled her rough and was still acting mean and ugly toward her. Resident #3 confirmed S4 CNA would come into the room and pull the divider curtain so that she could not feel the air conditioning. Resident #3 confirmed she had told her daughter what happened. During an interview 6/22/2020 at 5:00 pm resident #3's RP (responsible party) confirmed she had reported S4 CNA to the S1 Administrator before this latest incident when S4 CNA told her mother come on let me put you in the bed. Resident #3's RP confirmed her mother was a smoker and was not ready to go to bed at that time. Resident #3 RP confirmed S4 CNA told her mother well you can go to bed now or you can just stay pissy the rest of the night. Resident #3's RP confirmed her mother phoned her complaining about being left wet. Resident #3's RP confirmed she had reported S4 CNA again to S1 Administrator about 2 or 3 weeks ago when S4 CNA removed her mother from the wheel chair and handled her rough and hurt her leg hitting it on the bed rail. Resident #3's RP confirmed S1 Administrator told her he was going to have S4 CNA stop working with her mother. Resident #3's RP confirmed her mother had told her S4 CNA was still working with her and her behavior had not changed. During an interview on 6/24/2020 at 2:50 pm S7 Social Service Director confirmed S1 Administrator was so hands on he handled the grievances himself. She confirmed most of the time she was not even aware of the grievances. During an interview on 6/24/2020 at 3:30 pm S5 Administrator Assistant confirmed she did all of the CNA schedules. She confirmed she was not aware of the complaint, and was not aware S4 CNA was not to be working with resident #3. During an interview on 6/24/2020 at 3:40 pm S6 Unit Manager confirmed she did not know anything about the incident concerning resident #3 and S4 CNA. S6 Unit Manager confirmed S1 Administrator handled it and he would usually tell the CNA and the nurse. Review of the facility grievance (Complaint) Policy revealed the following: Policy: Each resident has the right to voice grievance with respect to treatment or care that is, or fails to be furnished, without discrimination or reprisal for voicing the grievances. Each resident complaint will be followed by prompt efforts to resolve grievances the resident or resident's responsible party may have, including those with respect to the behavior of other residents. Purpose: To ensure that all complaints are investigated thoroughly and that appropriate corrective action taken. 8. The Administrator is responsible to ensure that investigations commence on a 24 hour a day, seven days a day a week basis. 9. The Administrator will make provisions, where applicable, for protection of residents while such investigations are underway. 10. The Administrator is responsible to ensure corrective action. Any disciplinary action involving staff will adhere to facility policies, state and Federal law. 11. The facility will report to the state licensing agency, the complete investigative findings regarding any allegation in which specific facility staff is accused of resident abuse, neglect, or misappropriation of resident's property. During a telephone interview on 6/24/2020 at 5:00 pm S1 Administrator confirmed he had no evidence that any investigations or SIMS report had been done for resident #2 or resident #3.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE