

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195612	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP 605 HILLTOP AVENUE FRANKLINTON, LA 70438	
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 0726 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record reviews, observation, and interviews, the facility failed to ensure licensed nursing staff had the knowledge, competencies, and skill sets to provide nursing services to ensure residents attained and/or maintained the highest practicable physical, mental, and psychosocial well-being. The nursing staff failed to ensure: A.) A physician's orders [REDACTED].#39) of 9 (#25, #30, #39, #55, #56, #207, #208, #210, #211) residents reviewed who were transferred out of the facility in January 2020; and B.) A PEG tube feeding was administered per the physician's orders [REDACTED].#41) of 2 (#41, #356) residents reviewed who received intermittent tube feedings. Findings: A.) Resident #39 A review of Resident #39's clinical record revealed she was admitted to the facility on [DATE]. Her [DIAGNOSES REDACTED]. A review of the Quarterly MDS with an ARD of 01/27/2020 revealed Resident #39 had a BIMS of 12 indicating she had moderately impaired cognition. She had the ability to understand others and make herself understood with clear speech. She was a two person assist for transfers. A review of the physician's orders [REDACTED].M. revealed an order to consult ENT per Primary Physician. A review of the Discharge Summary from Hospital dated 01/21/2020 revealed an order to follow up with specialist within 10-12 days. Comment: ENT physician for dizziness. A review of the Patient Care Requisition from Hospital dated 01/21/2020 revealed Order: Discharge Patient. Special instruction: Needs ENT follow up appointment. On 03/04/2020 at 01:05 P.M., an interview was conducted with S2LPN. She said Resident #39 did not follow up with ENT per physician's orders [REDACTED]. On 03/04/2020 at 03:06 P.M., an interview was conducted with S1DON. She said the consult written by Resident #39's physician had slipped through the crack. She said the ENT appointment for Resident #39 was not made per her physician's orders [REDACTED]. B.) Resident #41 A review of Resident #41's clinical record revealed he was admitted to the facility on [DATE]. His [DIAGNOSES REDACTED]. A review of the Significant Change MDS with an ARD of 01/28/2020, revealed Resident #41 had a BIMS of 00 indicating he had severely impaired cognition. He was indicated to sometimes understand others and he had no speech. He was a two person assist for transfers. A review of the physician's orders [REDACTED].M. to 6:00 A.M. A review of the MAR indicated [REDACTED].M. to 6:00 A.M. A review of the Dietician Consult note dated 02/29/2020 revealed, in part: tube feeding order: Glucerna 1.5 at 60 cc per hour X12, with weight decline recommend to increase feeding to 65 cc per hour Glucerna 1.5. A review of the Dietician Consult note dated 01/17/2020 revealed, in part: recommend to begin Glucerna 1.5 at 15 cc per hour increasing until maximum of 60 cc per hour is provided over 12 hours. On 03/05/2020 at 08:40 A.M., an observation was made of Resident #41 asleep in his bed with tube feeding infusing at 65cc/hour via feeding pump. On 03/05/2020 at 08:45 A.M., an interview was conducted with S2LPN. She said Resident #41's tube feeding was supposed to infuse from 6:00 P.M.-6:00 A.M. daily. She said she did not go into Resident #41's room this morning so she did not see the tube feeding was still infusing. S2LPN verified Resident #41's tube feeding should not be infusing at 08:45 A.M.</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.