| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195439 | A. BUILDING _____ B. WING _____ | 06/18/2020 |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| FARMERVILLE NURSING AND REHABILITATION CENTER, LLC | 813 N MAIN ST FARMERVILLE, LA 71241 |

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 0622<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on medical record reviews and staff interviews, the facility failed to ensure that each resident remains in the facility, and not transfer or discharge the resident from the facility unless the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility for 1 (#1) of 5 residents reviewed for hospitalization . The facility failed to have documented evidence to justify the need for resident #1 to be sent out the hospital on the date on [DATE]. Findings: Review of the medical record revealed resident #1 was originally admitted to the facility on [DATE], re-admitted on [DATE]. The resident was discharged to the hospital on [DATE] where she expired on [DATE]. The resident's [DIAGNOSES REDACTED]. Review of the medical record revealed a physician order [REDACTED].#1 to the (___) hospital emergency room for evaluation and possible admit. Review of the nurses' notes for [DATE] revealed no documented evidence of a nurses' entry after the date of [DATE]. On [DATE] at 7:30AM, a telephone call with S4Unit Manager was conducted. She revealed that she did recall working with resident #1 on the day she was sent out to the hospital on [DATE]. She revealed that was her second day working the floor and she worked from 6:00AM-6:00PM that day. She revealed that she recalled the resident not eating or drinking much that day. She further revealed that the resident did take her morning medications without difficulty, but did not want to eat her lunch. S4Unit Manager revealed that she recalled the resident being sleepy that day, but not lethargic and she was sent out to the hospital. She revealed that she could not recall the time, but it was after lunch and before her evening medication pass, between 2:00PM and 3:00PM. She revealed that the computer system was down that day and she remembered charting on paper for her nurses' notes. S4Unit Manager reviewed that resident's chart and confirmed that she could not find the nurses' note for the date of [DATE]. S1Clinical Operations Nurse was present in the facility and a telephone interview was conducted with her after the interview was completed with S3Unit Manager. During the telephone interview, she revealed that she did not see any nurses' notes, transfer notes (ambulance) and no physician or nurse practitioner progress notes for the date of [DATE]. She revealed that she was present during the time on [DATE] when resident #1 had gone out to the hospital and she knew that paperwork had been completed for the transfer and nurses' notes, but she could not find them. |
| F 0726<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Some | **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.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on medical record review and staff interviews, the facility failed to ensure that nursing staff with appropriate competencies and skill sets completed documentation of medication administration, meal and fluid intake for 1 (#1) of 5 sampled residents reviewed as evidence by, 1. The facility failed to ensure that each of resident #1's medications were documented as being administered on the [DATE] MAR (medication administration record) and 2. The facility failed to ensure that resident #1's meal and fluid intake was documented daily. Findings: Review of the medical record revealed resident #1 was originally admitted to the facility on [DATE], re-admitted on [DATE]. The resident was discharged to the hospital on [DATE] where she expired on [DATE]. The resident's [DIAGNOSES REDACTED]. Review of medical record revealed that resident #1 was care planned for the potential for weight loss related to [MEDICAL CONDITIONS] reflux disease, and required meals cut into bite size pieces to help with mastication. Further review revealed that resident #1 had the potential for fluid volume deficit related to routine use of diuretics. Review of the [DATE] physician orders [REDACTED].#1 had orders for the following medications: [REDACTED]. [MEDICATION NAME] 5 mg tablet 1 tabs (tablets) po q day at 8:00AM for a [DIAGNOSES REDACTED]. [MEDICATION NAME] 15 mg (milligrams) tablet give 2 tablets po to =30 mg q day at 8:00AM for a [DIAGNOSES REDACTED]. Potassium [MEDICATION NAME] ER 10 meq (milliequivalent) tablet one po q day at 8:00AM; 5. [MEDICATION NAME] 324 mg tablet 1 po at q hs (hours of sleep) at 8:00PM for a [DIAGNOSES REDACTED]. [MEDICATION NAME] Powder one Tablespoon mixed in 4 ounces of water po at hs at 8:00PM; 7. [MEDICATION NAME] 20 mg tablet one po q bid (twice a day) at 8:00AM and 8:00PM for [DIAGNOSES REDACTED]. [MEDICATION NAME] 4 mg capsule pot tid (three times a day), may reduce to BID (twice as day) if it causes drowsiness at 6:00AM, 2:00PM, 10:00PM for [DIAGNOSES REDACTED]. [MEDICATION NAME] DR 40 mg capsule one po q day at 6:00AM for [DIAGNOSES REDACTED]. [MEDICATION NAME] 50 mcg (microgram) tablet one po q day at 6:00AM for [DIAGNOSES REDACTED]. [MEDICATION NAME] 25 mg tablet one po q day (FYI do not increase/decrease/stop unless from Dr. ___) at 8:00AM for [DIAGNOSES REDACTED]. [MEDICATION NAME] 300 mg capsule one po bid at 8:00AM for [DIAGNOSES REDACTED]. Entresto ,[DATE] mg tablet one po bid. (FYI do not increase/decrease/stop unless from Dr. ___) at 8:00AM and 8:00PM for [DIAGNOSES REDACTED]. [MEDICATION NAME] 25 mg tablet one po bid (FYI do not increase/decrease/stop unless from Dr. ___) at 8:00AM and 8:00PM for [DIAGNOSES REDACTED]. Eliquis 2.5 mg tablet one po bid (FYI do not increase/decrease/stop unless from Dr. ___) at 8:00AM and 8:00PM for [DIAGNOSES REDACTED]. Z-Pak 500 mg day 1, then 250 mg on days ,[DATE]. Review of the [DATE] MAR revealed that there was no documented evidence of resident #1 being administered her medications as ordered by the physician for the following dates and times: 1. [DATE] at 8:00PM-[MEDICATION NAME] 25 one po, Entresto 49 mg-51 mg one po, Eliquis 2.5 mg one po; 2. [DATE] at 8:00AM- [MEDICATION NAME] 20 mg one po, [MEDICATION NAME] 25 mg one po, [MEDICATION NAME] 300 mg on po, Entresto 49 mg-51 mg one po, [MEDICATION NAME] 25 one po, Eliquis 2.5 mg one po. 3. [DATE] at 6:00AM and 10:00PM-[MEDICATION NAME] 4 mg po; 4. [DATE] at 6:00AM-Omperazole DR 40 mg one po, Levothhyroxine 50 mcg (microgram) one po 5. [DATE] at 8:00PM-[MEDICATION NAME] 324 mg one po, Folic Acid 1 mg one po, [MEDICATION NAME] Powder 1 tablespoon mixed in 4 ounces of water po, [MEDICATION NAME] 20 mg one po, [MEDICATION NAME] 300 mg on po, Entresto 49 mg-51 mg one po, [MEDICATION NAME] 25 one po, Eliquis 2.5 mg one po. 6. [DATE] at 8:00PM- [MEDICATION NAME] 300 mg one po, [MEDICATION NAME] 25 one po, Z-Pak 250 mg on po. Review of the nurses' notes revealed that there was no documented nurses' entry for the date of [DATE], [DATE], and [DATE] to indicate why the medications were not documented as being administered to resident #1. On [DATE] at 12:50PM, an interview with S3DON (director of nursing) was conducted. She was questioned regarding the date of [DATE] on the MAR. She revealed that the facility's computer system had been down during that time and the staff had to use paper charting. She further revealed that the date of [DATE] should have [DATE] and confirmed that the MAR was for the month of [DATE]. A request was made for any additional information regarding the MAR. Review of the meal report revealed no documented entries of resident #1's meal and fluid intake for the dates of [DATE], [DATE], [DATE], [DATE], and [DATE]. Review of the Detail Admission/Discharge Report revealed that resident #1 was discharged to the hospital on [DATE]. On [DATE] at 12:50PM, an interview with S3DON was conducted and she was questioned regarding the date on the [DATE] on the |

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

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| F 0726<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Some | (continued... from page 1)<br>MAR. She revealed that the facility's computer system had been down during that time and the staff had to use paper charting. A request was made for any additional information regarding the MAR. Further interview with S2DON was conducted and she was questioned regarding [DATE] MAR and meal intake report for resident #1. She revealed that she could not find any additional information regarding the documents. She confirmed that the documents were incomplete. . On [DATE] at 2:10PM, an interview with S1Clinical Corporate Nurse and S2Executive Director was conducted. They were notified of the findings regarding the incomplete documentation on the [DATE] MAR and meal report for resident #1. S1Clinical Corporate Nurse confirmed that the intakes should have been documented and that the facility does not have a system in place to ensure that the intakes are recorded when the facility's computer system is not in service. She confirmed that she could not find any additional documentation regarding the May MAR and the meal/fluid intakes for resident #1. |