STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195513	A. BUILDING _____ B. WING _____	**07/31/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BRADFORD SKILLED NURSING AND REHABILITATION (THE)	**3050 BAIRD ROAD 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 0550 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and interview, the facility failed to ensure each resident was treated with respect, dignity, and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life. The facility failed to protect and promote the rights of the resident as evidenced by sending a resident to [MEDICAL TREATMENT] in pajamas and dirty diaper for 1 (#2) of 5 (#1, #2, #3, #4, #5) sampled residents reviewed. Findings: Review of resident #2's medical record revealed a readmission date of [DATE] with [DIAGNOSES REDACTED]. Review of resident #2's comprehensive care plan revealed problems related to [MEDICAL CONDITION], [MEDICAL TREATMENT], risk for impaired skin integrity and activities of daily living self-performance deficit with approaches that included [MEDICAL TREATMENT] at 10 AM, keep skin clean and dry, assist with incontinent care as needed, requires assistance of 1 staff for transfers, bathing and dressing. Review of resident #2's current MDS (minimum data set) dated 3/20/2020 revealed a BIMS (Brief Interview for Mental Status) of 15 indicating resident is cognitively intact and functional status requiring limited, 1-person assistance for dressing, and extensive 1-person assistance with bathing. Review of Resident #2's bowel and bladder incontinence CNA (certified nursing assistant) worksheet from 7/24/2020 through 7/31/2020 revealed resident was incontinent of bowel and bladder. Observation on 7/28/2020 at 8:35 AM revealed Resident #2 lying in bed yelling for help. S6 Administrator inquired what help Resident #2 needed. Resident #2 stated, I need help getting dressed, they are coming for me and I need to get dressed. Resident #2's call light had already been activated. Observation on 7/28/2020 at 9:30 AM revealed Resident #2 yelling for help. When the surveyors opened Resident #2's door, a strong odor of bowel movement was noted from the doorway. During an interview on 7/28/2020 at 9:30 AM Resident #2 stated, I need help to get dressed and a diaper change. Observation on 7/28/2020 at 9:35 AM revealed an overhead page calling for assistance to room [ROOM NUMBER] (Resident #2's room). Observation on 7/28/2020 at 9:40 AM revealed Resident #2's calls for help could be heard from the hallway and the call light had been deactivated. Observation on 7/28/2020 at 10:00 AM revealed two ambulance workers transferred Resident #2 to a stretcher dressed in a gown and diaper. The ambulance workers reported they were taking Resident #2 to [MEDICAL TREATMENT]. No staff members were present during the transfer process. During an interview on 7/28/2020 at 10:05 AM Resident #2 stated, I need to be dressed and changed. I always get dressed to go to [MEDICAL TREATMENT]. I don't like this. During an interview on 7/28/2020 at 2:20 PM S7 LPN (licensed practical nurse), 200 hall, reported the CNAs provide morning care including bathing and dressing prior to residents going to [MEDICAL TREATMENT]. During an interview on 7/29/2020 at 2:30 PM Resident #2 stated, They usually dress me but not yesterday. I don't know why. They usually make sure I'm ready to go and I didn't like it. I wanted to be dressed. During an interview on 7/29/2020 at 2:40 PM S8 CNA reported, yesterday on 7/28/2020 the facility was short staffed. S8 CNA further reported she was unaware that Resident #2 was not dressed prior to going to [MEDICAL TREATMENT] and she should have been.
F 0584 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.** Based on observation and interview, the facility failed to provide a clean and sanitary environment as evidenced by a large amount of dried stains and wet liquid on the floor under the bed and nightstand of 1 (#1) out of a total of 5 (#1, #2, #3, #4, #5) sampled residents. Findings: Observation on 7/28/2020 at 2:30 PM of Resident #1's room revealed a large amount of brown liquid resembling tube feeding liquid on the floor underneath the night stand and wet and dry brown and yellow stains noted under the bed. Further observation revealed IV (intravenous) pole with tube feeding infusing via pump, bottle and tubing with same color brown liquid in the bottle. During an interview on 7/28/2020 at 2:35 PM S1 DON (Director of Nursing) and S2 Corporate Nurse acknowledged the large amount of brown liquid and wet and dry brown and yellow stains on Resident #1's floor and confirmed it should not be there.
F 0636 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, record review and interviews the facility failed to conduct a comprehensive and accurate assessment for 1 (#5) out of a total of 5 (#1, #2, #3, #4, #5) sampled residents reviewed for assessments. The facility failed to accurately re-assess Resident #5's skin condition upon readmission to the facility. Findings: Resident #5 was admitted to the facility on [DATE]; discharged to local hospital #1 on 4/27/2020; readmitted to the facility on [DATE]; discharged on [DATE] to local hospital #2. Review of facility Prevention of Pressure Ulcers/Injuries policy revealed in part: Purpose - The purpose of this procedure is to provide information regarding identification of pressure ulcer/injury risk factors and interventions for specific risk factors. Risk Assessment - 1. Assess the resident on admission/readmission for existing pressure ulcer/injury risk factors. 2. Conducting a comprehensive skin assessment upon admission/readmission, including: a. Skin integrity - any evidence of existing or developing pressure ulcer or injuries; b. Areas of impaired circulation due to pressure from positioning or medical devices. Review of Resident #5's wound assessments revealed: - Facility assessment on 4/20/2020 revealed Pressure ulcer to right hip - Stage 4. - Assessment from local hospital #1 admission on 4/27/2020 revealed Pressure ulcer to right hip - Stage 4, Deep tissue injury to left lateral foot, and Pressure ulcer to left hip - Stage 3. - Resident #5 returned to the facility on [DATE]. - Facility assessment on 5/4/2020 revealed Pressure ulcer to right hip - Stage 4. - Assessment from local hospital #2 admission on 5/14/2020 revealed Pressure ulcer to right hip - Stage 4, Pressure ulcer left lateral foot - Stage 2, and Pressure ulcer to left hip - Stage 3. Review of Resident #5's medical record failed to reveal a skin assessment was completed on readmission to the facility on [DATE]. During an interview on 7/31/2020 at 10:08am S2 Corporate Nurse and S1 DON (Director of Nursing) after review of Resident #5's medical record, confirmed a readmission skin assessment was not completed on 4/30/2020 upon Resident #5's return to the facility and should have been.
F 0641 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure each resident receives an accurate assessment.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure an assessment was accurate for 1 (#3) out of a total of 5 (#1, #2, #3, #4, #5) sampled residents reviewed for assessments. The facility failed to ensure the presence of pressure

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195513	A. BUILDING _____ B. WING _____	07/31/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BRADFORD SKILLED NURSING AND REHABILITATION (THE)	3050 BAIRD ROAD 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 0641 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	(continued... from page 1) ulcers was assessed for Resident #3. Findings: Resident #3 was readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #3's July 2020 physician's orders [REDACTED]. 7/17/2020 Right lateral dorsal surface of foot - cleanse with NS, pat dry, swab peri wound, apply xeroform gauze to wound bed, cover with abd pad, wrap with kerlix then secure with tape every day and prn until resolved. 7/27/2020 Right lateral plantar surface foot - cleanse with NS, pat dry, swab peri wound with skin prep, apply Santyl then xeroform to wound bed, cover with abd pad, wrap with kerlix then secure with tape every day and prn until resolved. Review of Resident #3's comprehensive care plan revealed a problem of pressure ulcer to right foot with approaches including reposition frequently, wound care as ordered, weekly evaluation of wound healing, monitor for changes in skin status that may indicate worsening and notify the MD (physician). Review of Resident #3's wound assessments revealed: 7/14/2020, PU (pressure ulcer) right lateral mid foot, date wound identified 7/14/2020, resident out of the facility from 5/14/2020; Unstageable due to slough/eschar; L (length) 2.0cm (centimeters), W (width) 1.5cm, D (depth) 0.1cm. 7/14/2020, PU right lateral distal foot, date wound identified 7/14/2020, resident out of the facility from 5/14/2020; Unstageable due to slough/eschar; L 3.5cm, W 3.0cm, D 0.2cm. 7/21/2020, PU right lateral mid foot, Unstageable due to slough/eschar; L 1.2cm, W 1.7cm, D 0.2cm. 7/21/2020, PU right lateral distal foot, Unstageable due to slough/eschar; L 3.0cm, W 3.0cm, D 0.2cm. Review of Resident #3's MDS (minimum data set) dated 7/21/2020 revealed BIMS (Brief Interview Mental Status) 00, extensive assistance with two plus person physical assist for bed mobility, at risk of development of skin ulcers/injuries, and no unhealed PU/injuries. During an interview on 7/31/2020 at 1:02pm S3 MDS Nurse after review of Resident #3's MDS dated [DATE] and wound assessments dated 7/14/2020 and 7/21/2020, confirmed the MDS assessment failed to include 2 pressure ulcers and it should have.
F 0684 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide appropriate treatment and care according to orders, resident's preferences and goals.** Based on observations, interviews and record review the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice and the comprehensive person-centered care plan by not turning a dependent resident according to the resident's care plan for 1 (#1) of 5 sampled residents reviewed for quality of care, positioning and mobility. Findings: Review of resident #1's current care plan revealed resident at risk for impaired skin integrity related to incontinence and immobility; current pressure wounds. Resident #1 is totally incontinent of bowel and bladder: keep skin clean and dry. Resident #1 has decubitus and receives wound care and medication to promote wound healing, assist with repositioning every 2 hours and prn (as needed). Review of resident #1's quarterly MDS (minimum data set) dated 7/16/2020 revealed extensive assistance with 2 person assist for bed mobility. Observations revealed: 7/28/2020 at 8:35 AM revealed resident #1 lying on her right side. 7/28/2020 at 9:35 AM revealed resident #1 lying on her right side. 7/28/2020 at 10:10 AM revealed resident #1 lying on her right side. 7/28/2020 at 11:50 AM revealed resident #1 lying on her right side. 7/28/2020 at 12:50 PM revealed resident #1 lying on her right side. 7/28/2020 at 2:00 PM revealed resident #1 lying on her right side. During an interview on 7/29/2020 at 2:40 PM S8 CNA (certified nursing assistant) stated Yesterday we were completely short staffed and acknowledged Resident #1 should have been turned and she wasn't.
F 0725 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview the facility failed to have sufficient nursing staff to provide services to attain and maintain the highest practicable physical, mental, and psychosocial well-being of each resident for 2 (#1, #2) out of a total of 5 (#1, #2, #3, #4, #5) sampled residents. The facility failed to ensure: - Adequate staffing on 7/28/2020 on the 200 hall to reposition Resident #1 every 2 hours; - Adequate staffing on 7/28/2020 on the 200 hall to bathe and dress Resident #2 prior to transport to [MEDICAL TREATMENT]. Findings: Review of the facility's Nursing/Ancillary Personnel Staffing Pattern Reporting Form for 7/28/2020 revealed: Number of CNAs (certified nursing assistant) = 6 (with 2 designated to Memory Care unit; 1 designated to COVID-19 unit); Census = 93. During an interview on 7/28/2020 at 8:45am S1 DON (Director of Nursing) reported the facility has been short-handed in staffing. During an interview on 7/28/2020 at 2:20pm S7 LPN (licensed practical nurse), 200 hall, reported the facility never has enough CNAs. During an interview on 7/31/2020 at 3:10pm S9 LPN reported for a census of 93 on 7/28/2020, the facility would strive to have a total of 10 CNAs working the day shift with 2 CNAs designated to the Memory Care unit and 8 CNAs distributed throughout the remainder of the facility. S9 LPN reported on 7/28/2020 there was a total of 6 CNAs on the day shift with 2 designated to the Memory Care unit, 1 designated to the COVID-19 unit, leaving 3 CNAs distributed throughout the remainder of the facility. Resident #1: Observations on 7/28/2020 at 8:35am, 9:35am, 10:10am, 11:50am, 12:50am, and 2:00pm revealed Resident #1 lying on her right side. Review of resident #1's quarterly MDS (minimum data set) dated 7/16/2020 revealed extensive assistance with 2 person assist for bed mobility. During an interview on 7/29/2020 at 2:40 PM S8 CNA reported she worked the 200 hall on 7/28/2020 and stated If we need help we have to ask someone from another hall. We have to help each other. I'm running all day. S8 CNA further acknowledged Resident #1 should have been turned and she wasn't. Resident #2: Review of resident #2's medical record revealed a readmission date of [DATE] with [DIAGNOSES REDACTED]. Review of resident #2's current MDS dated [DATE] revealed a BIMS (Brief interview for mental status) of 15, indicating resident is cognitively intact and functional status requiring limited assistance with one person assist with dressing and extensive assistance with one person assist with bathing. Review of Resident #2's bowel and bladder incontinence CNA worksheet from 7/24/2020 through 7/31/2020 revealed resident was incontinent of bowel and bladder. Observation on 7/28/2020 at 8:35am and 9:30am revealed Resident #2 requesting to be dressed and changed prior to going to [MEDICAL TREATMENT]. Observation on 7/28/2020 at 10:00 AM revealed 2 ambulance workers transferring Resident #2 to the stretcher dressed in a gown and diaper. When questioned about the transfer, the ambulance workers reported they were there to take Resident #2 to [MEDICAL TREATMENT]. No staff members were observed in the room during the transfer process. During an interview on 7/28/2020 at 10:05 AM Resident #2 stated, I need to be dressed and changed. I always get dressed to go to [MEDICAL TREATMENT]. I don't like this. During an interview on 7/28/2020 at 2:20 PM S7 LPN, 200 hall, reported the CNAs provide morning care including bathing and dressing prior to residents going to [MEDICAL TREATMENT]. S7 LPN further indicated she checked Resident #2's vital signs, got Resident #2's [MEDICAL TREATMENT] paperwork in order and as far as she knew Resident #2 should have been ready to go. During an interview on 7/29/2020 at 2:30 PM Resident #2 stated, They usually dress me but not yesterday. I don't know why. They usually make sure I'm ready to go and I didn't like it. I wanted to be dressed. During an interview on 7/29/2020 at 2:40 PM S8 CNA, who worked the 200 hall on 7/28/2020, reported the facility was short staffed. S8 CNA further reported she was unaware that Resident #2 was not dressed prior to going to [MEDICAL TREATMENT] and she should have been. S8 CNA stated If we need help we have to ask someone from another hall. We have to help each other.
F 0761 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.** Based on observation, interview, and policy review, the facility failed to ensure that drugs were stored properly in accordance with current accepted professional principles by having an unsecured, unlocked medication cart left on the unlocked, uninhabited COVID-19 (coronavirus disease 2019) hallway with no staff monitoring. There were a total of 93 Residents residing in the facility according to the Resident Census and Condition of Residents form dated 7/28/2020. Findings: Review of the facility policy for Securing of Medication Cart revealed in part: -The medication carts must be securely locked at all times when out of the nurse's view. -When the medication cart is not being used, it must be locked and parked at the nurses' station or inside the medication room. During an interview on 7/29/2020 at 11:45 AM S2 Corporate Nurse reported the hall used as the COVID-19 hall was currently empty with the last positive resident recently discharged . S2 Corporate Nurse further reported the hall had not been terminally cleaned yet and would remain designated as a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195513	A. BUILDING _____ B. WING _____	**07/31/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BRADFORD SKILLED NURSING AND REHABILITATION (THE)	**3050 BAIRD ROAD 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 0761 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 2) COVID-19 hall in the event of any positive residents . Observations during this survey revealed many residents unattended in hallways, common areas and patio areas all around the facility. Observation on 7/30/2020 at 11:50 AM, with surveyor donned in full PPE's (personal protective equipment) during a walk-through of the uninhabited and unlocked COVID-19 hall, revealed an unlocked medication cart with open drawers and general supplies on the top shelf and cabinet top. Further observation revealed the cart drawer contained OTC (over the counter) medications. S1 DON (Director of Nursing) and S2 Corporate nurse were immediately notified. During an interview on 7/30/2020 at 12:00 PM S1 DON and S2 Corporate Nurse acknowledged the cart drawer was opened and contained OTC meds, diabetic finger stick supplies and machine, resident supplements and general cart supplies. S2 Corporate Nurse further reported the cart drawer was hard to close and felt that was why it was left open and unlocked but that the nurse responsible should have secured the medication cart and did not.
F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide and implement an infection prevention and control program.** Based on observation and interviews the facility failed to ensure staff practices were consistent with current infection control principles and practices to prevent the spread of infection. The facility failed to ensure proper infection control techniques were practiced during enhanced COVID-19 (Coronavirus disease 2019) precautions by the use of facility non-approved spray disinfectant to clean resident rooms and facility common areas. Findings: Observation on 7/28/2020 at 9:55am revealed the housekeeping cart on the 100 hall contained Microban spray disinfectant. During an interview on 7/28/2020 at 9:55am S4 Housekeeping on 100 hall took Microban spray disinfectant from the housekeeping cart and reported she used Microban for surface cleaning in resident rooms and the hallway. When asked by the surveyor if the facility supplied the Microban, S4 Housekeeping indicated the facility had not. S4 Housekeeping further indicated she brought the Microban from her home after she bought it at Wal-Mart. During an interview on 7/28/2020 at 2:30pm S5 Housekeeping Supervisor reported Microban was not on the approved facility list of disinfectants and should not have been used in the facility.