

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195500	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER TIOGA COMMUNITY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 5201 SHREVEPORT HWY PINEVILLE, LA 71360	
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 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure services were provided according to the resident's plan of care for 1 (#5) of 5 (#1, #2, #3, #4, and #5) sampled residents. The facility failed to follow physician's orders [REDACTED]. Findings: Review of the face sheet revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Review of a MDS Significant Change assessment dated [DATE] revealed that the resident had a BIMS of 14, indicating cognitively intact, and required the assistance of 1 person for bed mobility, dressing, eating, hygiene, and bathing. Further review revealed that the resident had upper and lower extremity impairment on one side and utilized a wheelchair for mobility. Review of the residents care plan with a target date of 04/12/2020 revealed in part: I have Diabetes Mellitus. Administer my diabetes medications as ordered by doctor. Monitor/document for side effects and effectiveness. Review of the resident's February 2020 physician's orders [REDACTED]. Review of the resident's February MAR indicated [REDACTED]. Review of the resident's February and March nurses' notes revealed that there was no documentation that 2 hour follow up blood sugar checks had been performed on the resident on the above dates. Interview on 03/04/2020 at 9:00 a.m. with S3 LPN revealed that she was the day shift nurse assigned to the resident. She stated she had not performed the 2 hour blood sugar rechecks on the resident when his readings were greater than 401 on 02/04/2020, 02/05/2020, 02/14/2020, 02/24/2020, 02/26/2020, 02/27/2020, 02/28/2020, 03/02/2020, and 03/03/2020. She further stated that she should have. Interview on 03/04/2020 at 2:30 p.m. with S4 LPN revealed that she was the evening shift nurse assigned to the resident. She stated she had not performed the 2 hour blood sugar rechecks on the resident when his readings were greater than 401 on 02/03/2020, 02/04/2020, 02/05/2020, 02/10/2020, 02/11/2020, 02/12/2020, 02/13/2020, 2/25/2020, and 03/02/2020. Interview on 03/04/2020 at 11:25 a.m. with S2 ADON confirmed that there was no documentation that the 2 hour blood sugar rechecks had been performed on the resident for blood sugar readings greater than 401 and that there should have been. She further stated that these rechecks were important because of the resident's history of unstable blood sugars.		
F 0726 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure that nursing staff were able to demonstrate competency in the skills and techniques necessary to provide care for one resident (#5) in a sample of 5 (#1, #2, #3, #4 and #5) who required treatment for [REDACTED]. #5 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Review of a MDS Significant Change assessment dated [DATE] revealed that the resident had a BIMS of 14, indicating cognitively intact, and required the assistance of 1 person for bed mobility, dressing, eating, hygiene, and bathing. Further review revealed that the resident had upper and lower extremity impairment on one side, and utilized a wheelchair for mobility. Review of the residents care plan with a target date of 04/12/2020 revealed in part: I have Diabetes Mellitus. Administer my diabetes medications as ordered by doctor. Monitor/document for side effects and effectiveness. Review of Health Status documented by S3 LPN revealed that on 11/29/2019 at 7:00 a.m. the resident had a blood glucose finger stick result of 448 and insulin was administered as ordered. Further review revealed that at 9:00 a.m. the resident had a blood glucose finger stick result of 588, and a bolus feeding was administered at that time. Review of a Health Status note documented by S3 LPN revealed that at 10:15 a.m. on 11/29/2019 the resident's blood glucose finger stick was resulting as HI. The PCP was notified and an order was obtained to administer additional insulin. Further review revealed that the resident's blood glucose finger stick was repeated at 1:15 p.m. and continued to result as HI. The resident's PCP was notified and an order was obtained to transfer the resident to the ED for evaluation and treatment. Interview on 03/04/2020 at 1:09 p.m. with S3 LPN revealed that she notified the PCP of the residents blood glucose fingers stick result of 588 on 11/29/2019. She further stated that she did not ask the PCP if she should hold the resident's bolus tube feeding prior to administering the feeding despite his elevated blood glucose results. Further interview revealed that a glucose reading of HI meant that the resident's blood sugar was greater than 600. Interview on 03/04/2020 at 1:35 p.m. with S1 DON revealed that the resident's bolus feeding should have been held due to his elevated blood sugar. She further stated that the resident should have been monitored for effectiveness of the insulin administration before administering a bolus feeding. Further interview revealed that the resident's bolus feedings had been held due to a 546 blood sugar reading on 11/29/2019 at 12:38 a.m. by the night nurse.		

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