

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195344	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER SPRING LAKE SKILLED NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 8622 LINE AVENUE SHREVEPORT, LA 71106	
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 0698 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Past noncompliance - remedy proposed **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to ensure that 2 (#1, #2) out of 5 sampled residents who required [MEDICAL TREATMENT] received such services, consistent with professional standards of practice as evidenced by failing to ensure there was ongoing communication, coordination and collaboration between the nursing home and the [MEDICAL TREATMENT] staff. Findings: Resident #1: Closed Record review revealed Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. #1's Closed Record physician's orders [REDACTED]. S2 Director said the Nephrologist was concerned with blood pressure and kidney medications and would communicate new orders or changes in these medications by fax to the facility and also on the communication form. During a telephone interview on 3/5/2020 at 1:45pm S2 Director of [MEDICAL TREATMENT] Center confirmed resident #1's [MEDICAL TREATMENT] treatments on 1/22, 1/24, 1/27, 1/29, 1/31, 2/1/2020 and on 2/3/2020 resident was sent from the [MEDICAL TREATMENT] center to the hospital before [MEDICAL TREATMENT] treatment initiated due to resident's low blood pressure. S2 Director confirmed the nursing home failed to send a communication sheet that morning that indicated the resident did not have her [MEDICATION NAME] and refused to have her blood pressure taken. Review of Closed Record for resident #1 revealed [MEDICAL TREATMENT] Communication Form was not completed for 1/22, 1/24, 1/27, and 1/29. Further review revealed statement on communication form to accompany resident/patient to and from appointment. During an interview on 3/5/2020 S1 DON confirmed resident #1 did not have a [MEDICAL TREATMENT] Communication Form for 1/22, 1/24, 1/27, and 1/29 and should have. Resident #2: Review of Resident #2's March 2020 physician's orders [REDACTED]. Review of Facility's [MEDICAL TREATMENT] Communication Binder failed to reveal [MEDICAL TREATMENT] Communication Forms completed for Resident #2 for [MEDICAL TREATMENT] days 2/27 and 2/29. Further review revealed statement on communication form 'to accompany resident/patient to and from appointment'. During an interview on 3/05/2020 at 3:10 PM S1 DON (Director of Nursing) reported she was unable to produce Resident #2's [MEDICAL TREATMENT] Communication Forms dated 2/27 and 2/29 and agreed the forms should have been completed and were not. '		
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. Based on record reviews and interviews the facility failed to ensure nursing staff demonstrated appropriate competencies and skill sets to provide wound care and treatment for 2 (S3, S4) out of 3 personnel files reviewed. Findings: During an interview on 3/04/2020 at 3:05 PM S5 LPN (licensed practical nurse) Treatment Nurse indicated she started as the treatment nurse in January 2020. S5 LPN indicated she had some experience with wounds but never as a treatment nurse. S5 LPN reported she received orientation but this did not include slides/printed material or testing. S5 LPN indicated she did not receive training alongside the previous treatment nurse and that S1 DON (director of nursing) would accompany her on some of the wound care residents. During an interview on 3/5/2020 at 3:30pm S1 DON reported she had problems with the facility's previous full time treatment nurse who was no longer with the facility, and did not want her to train new hire S5 LPN. DON reported she hired two part time weekend treatment nurse's around the same time, S3 RN (registerd nurse) and S4 LPN who alternated weekends, both who were trained by the treatment nurse no longer employed. S1 DON verified she could not provide documented training or competency check list for S3 RN or S4 LPN to provide wound care. Review of employee personnel files for S3 RN and S4 LPN failed to reveal competency skill set and/or documentation of training to provide residents in the facility wound care and treatments. During an interview on 3/5/2020 at 3:35pm S1 DON agreed that training should be provided and proof of competency documented during the orientation period of all nurses hired to provide wound care and it was not.		

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.