

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195396	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2020
NAME OF PROVIDER OF SUPPLIER BERNICE NURSING AND REHABILITATION CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 101 REEVES STREET BERNICE, LA 71222	
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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to ensure the resident's physician and responsible party were informed of a significant change in the residents weight for 1 (#1) of 6 sampled residents reviewed for weight loss. Findings: Review of the electronic and paper clinical record for sample resident #1 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. The resident was unavailable for observations due to being admitted to the hospital on [DATE] with [DIAGNOSES REDACTED]. The resident's responsible party is listed as the resident's daughter. Review of the quarterly minimum (MDS) data set [DATE] revealed sample resident #1 is severely cognitively impaired and needs extensive assistance with all activities of daily living. The resident is able to turn and reposition himself while in bed, ambulates using a wheelchair, is incontinent of bowel and bladder, and requires total assistance times two for bed mobility, transfers, dressing, bathing and hygiene tasks. Review of the admission evaluation dated 04/24/2020 revealed the residents admit weight was 120 pounds, he was alert and confused, and ordered to have nothing by mouth. The physician's orders [REDACTED]. Further review revealed the August 2020 orders were the same since admission regarding the tube feeding. Review of the weight history form revealed the following weights: 04/29/2020-120 pounds 05/05/2020-120 pounds 07/10/2020-103 pounds Interview on 08/10/2020 at 2:00 PM, with S3 Minimum Data Set License Practical Nurse, stated she is over the staff responsible for getting weights and according to her records sample resident #1 was not weighted upon admit, the weight listed on his admission assessment was the weight from the hospital records and that same weight was used for the May 5, 2020 weight. When asked if the physician and responsible party was notified of the weight loss from the July 10, 2020 weight of 103 pounds she stated she was not sure and did not have any documentation stating the physician or responsible parties were notified. Review of the medical record revealed no documentation the physician or responsible party were notified that the resident had lost 17 pounds from the admission weight of 120 pounds to the July weight of 103 pounds. Interview on 08/11/2020 at 02:30 PM with S2 Director of Nursing, stated she found no documentation in the residents medical record that the physician or responsible party were notified of the weight loss in July.		
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.