

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195513	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER BRADFORD SKILLED NURSING AND REHABILITATION (THE)		STREET ADDRESS, CITY, STATE, ZIP 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 0686 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure that a resident with pressure ulcers received necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for 2 (#3, #6) of 4 (#1, #2, #3, #6) residents reviewed for pressure ulcers by failing to act on the recommendations of the Registered Dietitian in a timely manner. According to the Resident Census and Conditions of Residents form provided by the facility, there were a total of 9 residents in the facility with pressure ulcers. Findings: A review of the medical record revealed Resident #3's [DIAGNOSES REDACTED]. A review of the wound care notes dated 08/10/2020 revealed Resident #3 had a Stage 4 pressure ulcer to her sacrum measuring 6 cm (centimeters) x 8 cm x 0.8cm and a Stage 4 pressure ulcer to the right heel measuring 0.2 cm x 0.2 cm x 0.1 cm. A review of the nurses' notes for Resident #3 revealed the following entries: 06/26/2020 at 8:45PM entry-weight 120# remains on NAS (No Added Salt) diet with fair to good intake. 10# weight loss noted since 05/14/2020. Has skin breakdown and gets liquid protein for extra nourishment. Recommend: House supplement 2 ounces three times per day, zinc 220mg (milligrams) every day and Vitamin C 500mg three times per day. By S5 RD (Registered Dietitian). 07/24/2020 entry-[AGE] year old female 63 121# Body Mass Index 21.5 (normal); Down 16# in 3 months (-8.33%) Pressure Ulcers times 2. No recent labs. History, diagnoses, and medications reviewed. NAS Diet. 75% intake. Liquid protein 60 ml (milliliters) once daily. Add double portions to trays due to recent weight loss. Add [MEDICATION NAME] 1 packet BID (twice daily) and Zinc Sulfate 220mg once daily to promote wound healing. By S6 RD. A review of Resident #3's current physician orders [REDACTED]. The current diet ordered was NAS, regular consistency, regular texture, thin liquids. A review of the August 2020 Medication Administration Record [REDACTED]. In an interview with S3 Unit Manager on 08/11/2020 at 12:15PM, she stated she didn't know why the recommendations were not in place. She said she gives the recommendations for this resident to S4 NP (Nurse Practitioner). She was unable to verify if or when she gave the recommendations to S4 NP. In an interview on 08/11/2020 at 12:22PM, S4 NP stated she is unsure if she received the Dietitian's recommendations for Resident #3. She explained the facility gives the recommendations to her on a list and it may have 20 residents listed on it. She further explained that she always goes with the RD's recommendations 100% of the time. She confirmed she would have no reason to withhold the Zinc, [MEDICATION NAME], house supplements, or double portions from Resident #3. In an interview on 08/11/2020 at 1:40PM, S2 DON (Director of Nurses) acknowledged the recommendations made by the RD on 06/26/2020 and 07/24/2020 had not been addressed or implemented. Resident #6: Review of Resident #6's medical records revealed an admitted [DATE] with the following [DIAGNOSES REDACTED]. Review of Resident #6's current physician orders [REDACTED]. gauze cover with dressing every day and prn (as needed) until resolved 07/21/2020 - Left lower hip: cleanse with normal saline pat dry swab per-wound with skin prep apply Santyl to wound bed then cover with dressing daily and prn until resolved 07/10/2020 - [MEDICATION NAME] 1.5 continuous PPT (per peg tube) @ 60ml/hr (milliliters per hour) with 200ml water flushes every 6 hours Review of Resident #6's nurses' notes revealed the following entry: 07/09 /2020- New order: S4 NP made rounds today. Order made for resident to increase Tube Feeding rate to 60ml/hr . 07/03/2020 - Dietician recommendation given to NP. 06/19/2020 - .84#. Body Mass Index 15.4 (underweight). Weight Loss 6.67% in 1 month (6#) Pressure Ulcers x3 .Recommend increase Tube Feeding rate to 60ml/hr by S6 RD During an interview on 08/11/2020 at 1:50 PM S3 Unit Manager reported that once the Registered Dietitian puts her recommendations in the nurses notes she makes a list and highlights the recommendations. S3 Unit Manager acknowledged there was a gap of 14 days between the RD's recommendations and the recommendations given to S4 NP and does not know why. During a telephone interview on 08/12/2020 at 11:30 AM S4 NP agreed the gap between the RD recommendations on 06/19/2020 and the date the increase in Tube Feedings was ordered on [DATE] was too long of a gap and should not have happened.		
F 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observations and interviews, the facility failed to ensure residents were free from accidents and hazards. The facility failed to: 1. Ensure 2 shower doors on the 100 Hall have locking mechanisms where 1 ambulatory resident with a BIMS (Brief Interview for Mental Status) 14-15 and 3 wheelchair bound residents with a BIMS 5-15 reside, and 2. Lock the whirlpool door on the 200 Hall where 7 ambulatory residents with a BIMS 0-15 and 28 wheelchair bound residents with a BIMS of 0-15 reside. Findings: Observation on 8.12.2020 at 8:55 AM revealed whirlpool door unlocked on the 200 Hall. During an interview on 8.12.2020 at 8:55 AM S7 CNA (Certified Nursing Assistant) reported residents go to the whirlpool on the 200 Hall and those residents either walk or use wheelchairs. S7 CNA confirmed the whirlpool door should be locked after each use and she doesn't know why it's unlocked. During an interview on 8.12.2020 at 9:10 AM S2 DON (Director of Nursing) acknowledged the whirlpool door was unlocked on 200 Hall and it should be locked. Observation on 8.12.2020 at 9:20 AM revealed two shower doors on the 100 Hall with no locking mechanism on the inside or outside of the doors. During an interview on 8.12.2020 at 9:20 AM S8 CNA on the 100 Hall reported that residents on the hall do go to the shower. During an interview on 8.12.2020 at 9:55 AM S2 DON reported that the whirlpool door on the 200 Hall was unlocked because the lock has a malfunction with the locking mechanism and will not lock properly. S2 DON further acknowledged that the whirlpool door should have been locked at all times. During an interview on 8.12.2020 at 10:00 AM S1 Administrator reported the showers on the 200 Hall are located in an alcove off the hallway and they don't have locks because that's the way the building was made. S1 Administrator reported he did not see this as an issue.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews and interviews the facility failed to provide infection control to prevent the development and transmission of infection 2 (#6, #7) of 8 (#1, 2, 3, 4, 5, 6, 7) sampled residents out of a total of 92 total residents residing in the facility. The facility failed to: 1. Ensure Resident #7 had proper transmission based precaution signage posted on his door and PPE (personal protective equipment) equipment readily available for 10 days according to facility's COVID-19 Admissions and Readmissions policy and procedure, and 2. Monitor Resident #6's temperature and check O2 (oxygen) saturation every shift. Findings: Review of Facility's COVID-19 Admissions and Readmissions Policy Statement revealed: *Non-COVID Resident or COVID status not determined: 1. The facility is able to provide and have accessibility to: * Proper PPE (personal protective equipment) to continue transmission based precautions 3. If a resident is being admitted or readmitted to the facility based upon acceptance the following criteria apply: * Transmission based precautions will be required (droplet precautions) * Once the 10 day quarantine is ended, the facility will determine if the resident has met the criteria for discontinuation of Transmission-Based Isolation based on time or symptomatic strategies. Review of Facility's Droplet Precautions revealed: * Gloves, gown, and goggles should be worn if there is risk		

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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>of spraying respiratory secretions 1. Review of facility's new admissions within the last 30 days revealed the following: Resident #7 (310 Hall) admitted 8.4.2020 (COVID 19 negative) Observations during survey 8.10 - 8.13.2020 failed to reveal the following for Resident #7: * Transmission based precautions signs posted on resident #7's room door * PPE equipment (gowns, goggles, face shields) readily available for resident #7's room. However, the facility had a adequate PPE supply. Observation on 8.12.2020 at 3:15 PM revealed Resident #7's room with no transmission based precautions signage or PPE readily available. During an interview on 8.10.2020 at 10:45 AM S2 DON (Director of Nursing) acknowledged Resident #7, a newly admitted resident did not have transmission based precaution signage posted or PPE readily available outside the resident's room. During an interview on 8.12.2020 at 3:25 PM S9 RN (Registered Nurse) confirmed that Resident #7 did not have PPE readily available outside his room. During an interview on 8.12.2020 at 3:30 PM S10 Unit Manager reported that new admissions/readmissions are supposed to be isolated and have a PPE readily available outside the door. During an interview on 8.13.2020 at 12:00 PM S1 Administrator and S2 DON both verified new admit Resident #7 did not have transmission based precautions signage or PPE readily available. 2. Review of Resident #6's August physician's orders [REDACTED]. Review of Resident #6's June-August 2020 Medication Administration Record [REDACTED]#5 as ordered for June - August and should have been.</p>		