

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>195572</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LESLIE LAKES RETIREMENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1355 SIXTH STREET ARCADIA, LA 71001</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, observation and interviews the facility failed to ensure the written plan of care was followed for 1 (#14) out of 29 total sampled residents reviewed. The facility failed to administer [MEDICATION NAME] Patch for Resident #14 every 72 hours as ordered by the physician. Findings: Review of Resident #26's Medical Records revealed a [DIAGNOSES REDACTED]. Review of Resident #26's March 2020 physician's orders [REDACTED]. Review of Resident #26's Comprehensive Care Plan revealed a potential for alteration in comfort with an approach to provide pain medication as ordered by MD (Medical Director). Review of Resident #26's March 2020 Medication Administration Record [REDACTED]. Further review of MAR indicated [REDACTED]. Observation on 3/11/2020 at 10:15 AM accompanied by S3 LPN (Licensed Practical Nurse) revealed [MEDICATION NAME] Patch to right anterior chest wall dated 3/06/2020. During an interview on 3/11/2020 at 10:15 AM S3 LPN agreed Resident #26 did not receive [MEDICATION NAME] Patch 50mcg on 3/09/2020 as ordered. During an interview on 3/11/2020 at 2:38 PM S2 DON (Director of Nursing) acknowledged Resident #26's [MEDICATION NAME] Patch 50mcg was not administered on 3/09/2020 as ordered and should have been.		
F 0689  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b> Based on observations, record reviews and interviews the facility failed to ensure residents were free from accidents and hazards for 1 (#95) resident out of 29 total sampled residents. The facility failed to repair a loose toilet seat and toilet bowl/base for Resident #95 who was at risk for falls. Findings: Review of Resident #95's Comprehensive Care Plan revealed a problem of risk for falls/unsteady gait. Review of Facility's Incident Log revealed a fall dated 2/17/2020 for Resident #95 resulting in a laceration to right side of forehead. Observation on 3/09/2020 at 10:00 AM revealed Resident #95's toilet seat was loose and toilet bowl/base sliding side to side on floor. During an interview on 3/09/2020 at 10:00 AM Resident #95 indicated his toilet seat and bowl was loose and he wanted it fixed. Observation on [DATE]20 at 9:45 AM revealed Resident #95's toilet seat loose and toilet bowl/base was sliding side to side on floor. Observation on [DATE] at 11:20 AM Resident #95's toilet seat loose and toilet bowl/base was sliding side to side on floor. During an interview on [DATE] at 11:20 AM Resident #95 demonstrated how the toilet and the seat moved side to side when he sat on it. Resident #95 confirmed he fell when he tried to get up from the toilet and fell forward hitting his forehead. During an interview on [DATE] at 11:35 AM S4 Maintenance acknowledged the toilet seat and toilet bowl/base were loose and needed to be repaired. During an interview on [DATE] at 11:40 AM S1 Administrator acknowledged the toilet seat and toilet bowl/base were an accident hazard and should have been repaired.		

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.