

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2020
NAME OF PROVIDER OF SUPPLIER PATTERSON HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 910 LIA ST PATTERSON, LA 70392	
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 - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview the facility failed to immediately notify Resident #1's responsible party of significant changes in condition and when Resident #1 was sent to the emergency room for 1 of 5 residents reviewed for quality of care (Resident #1). This failed practice had the potential to affect any of the 87 residents residing in the facility as documented on the facility's Resident Census. Findings: Review of Resident #1's Nurses Notes dated 06/05/2020 revealed the resident's capillary blood glucose (blood sugar) registered as high (greater than 600 per glucometer). Review revealed the resident's capillary blood glucose was checked with another capillary blood glucose meter which again registered high. Further review revealed Resident #1's physician was contacted and orders received to cover the resident's elevated capillary blood glucose levels every 6 hours with Humalog per sliding scale. The facility had no documented evidence of Resident #1's responsible party having been notified of the incident. Review of Resident #1's Nurses Notes dated 07/16/2020 revealed Resident #1 was making weird noises after lunch when CNA (certified nursing assistant) went to provide ADLs (activities daily living). Review revealed capillary blood glucose was 47mg/dl (milligrams/deciliters) and several attempts were made per protocol to increase the resident's capillary blood glucose. Resident #1 was sent to the emergency room for further treatment. Further review revealed no documented evidence of Resident #1's responsible party having been notified of the incident. In an interview on 07/30/2020 at 1:34pm, S4LPN (Licensed Practical Nurse) stated the night of 07/16/2020 was hectic and she did not realize until the next morning that she had not contacted the resident's responsible party. Review of Resident #1's Nurses Notes dated 07/21/2020 at 11:26pm revealed Resident #1 had a respiratory change where the resident's nailbeds were cyanotic (appeared blue or purple in color), and was using abdominal muscles to breathe. The resident's physician was notified and orders received for [MEDICATION NAME] breathing treatment every 6 hours. Further review revealed no documented evidence of Resident #1's responsible party was immediately notified of Resident #1's change in condition. In an interview on 07/30/2020 at 3:45pm, S2DON (Director of Nursing) stated the facility had no further evidence to present regarding notification of change for the dates listed above. S2DON confirmed the deficient practice.</p>		
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.