

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195275	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER AUDUBON HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 2110 AUDUBON AVENUE THIBODAUX, LA 70301	
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 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review the facility failed to shave and provide nail care for 1 (Resident #109) of 3 residents reviewed for Activity of Daily Living (ADL) Assistance in a total sample of 26 residents reviewed in the investigation stage. This deficient practice had the potential to affect any of the 132 residents who resided in the facility as per the facility's Resident Census and Conditions of Residents Form (CMS- Form 672). Findings: Resident #109 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #109's Minimum Data Set (MDS) with</p> <p>Assessment Reference Date (ARD) of 02/06/2020 revealed, in part, cognitive skills for daily decision making were severely impaired and the client never and/or rarely made decisions. Further review of Resident #109's MDS revealed, in part, Resident #109 was totally dependent on one staff member for personal hygiene. Review of Resident #109's Care Plan revealed, in part, he was dependent with ADLs. Observation of Resident #109 on 03/02/2020 at 11:40am revealed he was lying in bed with facial hair and nails on both hands that were extended beyond the fingertips with an unidentified brown colored substance under the nails. Observation of Resident #109 on 03/05/2020 at 9:00am revealed he was lying in bed with facial hair and nails on both hands that were extended beyond the fingertips with an unidentified brown colored substance under the nails. In an interview on 03/05/2020 at 9:00am, S2Certified Nursing Assistant (CNA) observed Resident #109 with the surveyor and stated Resident #109 had not been shaved and confirmed his nails were extended beyond the fingertips and confirmed the presence of an unidentified brown colored substance under the nails. S2CNA stated the shower aides were responsible for shaving residents and the activity staff was responsible for nail care for all non-diabetic residents. S2CNA stated Resident #109 typically had a shaved face and did not typically wear a facial beard. In an interview on 03/05/2020 at 9:05am, S1Director Of Nursing (DON) confirmed Resident #109's nails were extended beyond the fingertips and confirmed the presence of an unknown brown substance under the nails. S1DON confirmed Resident #109 was not a diabetic and stated the activity staff was responsible for the completion of nail care and the shower aides were responsible for shaving residents on shower days. S1DON confirmed Resident #109 had a facial beard. In an interview on 03/05/2020 at 9:07am, S3 Shower Aide stated she was responsible to shower and shave Resident #109. S3ShowerAide stated she had not shaved Resident #109 because she just did not get to it. S3ShowerAide confirmed Resident #109 should be shaved and not have a facial beard. In an interview on 03/05/2020 at 9:13am, S4 Registered Nurse (RN)/Assessment Nurse stated it was the responsibility of the shower aide to shave Resident #109 and it was the activity staff responsibility to perform nail care for any non-diabetic residents. S4 RN /AssessmentNurse further stated that if a resident had a preference to have a beard rather than be shaved then it would be addressed in the residents care plan. S4RN /Assessment Nurse reviewed Resident #109's care plan and confirmed there was not a documented preference for a beard. In an interview on 03/05/2020 at 9:51am, S5 Activity Director stated the activity staff completed nail care for non-diabetic residents and they documented the task in the computer. S5 Activity Director stated she reviewed Resident #109's activity documentation from 12/21/19 to 03/05/2020 and there was no documented evidence nail care had been provided.</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.