

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195356	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN REHABILITATION AND NURSING CTR		STREET ADDRESS, CITY, STATE, ZIP 4021 CADILLAC STREET NEW ORLEANS, LA 70122	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observations, interviews, and record reviews, the facility failed to ensure a cognitively impaired resident received adequate supervision to prevent him from eloping from the facility. This deficient practice was identified for 1 (#1) of 5 sampled residents (#1, #2, #3, #4, and #5). The total facility census was 91 residents. Findings: Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/02/2020 revealed Resident #1 did not have a completed Brief Interview for Mental Status (BIMS) because of memory problems, inattention, and disorganized thinking. Record review of the facility's Statewide Incident Management System (SIMS) report dated 06/07/2020 at 6:54am revealed, in part, Resident #1 eloped from the facility through a window on 06/06/2020. Record review of Resident #1's Care Plan revealed in part, interventions for observations every 30 minutes. Record review of Resident #1's Medication Administration Record [REDACTED]. In a telephone interview on 06/16/2020 at 2:05pm, S3CNA confirmed that on 06/06/2020, Resident #1 was not in his room, was observed outside of the facility, unsupervised by facility staff, and was found across the street on the neutral ground, with 2 bystanders. In a telephone interview on 06/17/2020 at 7:33pm, S4RN stated she found Resident #1's window opened and the screen torn, and Resident #1 escaped through the unsecured window. In an interview on 06/17/2020 at 10:10am, S2Director of Nursing (DON) confirmed Resident #1 was confused, combative, and hard to redirect. S2DON further confirmed Resident #1 exited the facility on 06/06/2020 through an unsecured window which was not monitored for security. S2DON confirmed Resident #1 was found across the street, unsupervised by facility staff. In an interview on 06/17/2020 at 12:00pm, S5Maintenance Director confirmed he had no documented evidence of monitoring to ensure facility windows were secured to prevent residents from eloping through unsecured windows. In an interview on 06/17/2020 at 12:35pm, S1Administrator (ADM) confirmed the facility had no monitoring plan developed to ensure the windows were secured to prevent the residents from eloping. S1ADM further confirmed Resident #1 exited the facility through an unsecured window, and was found across the street, unsupervised by facility staff.		
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.