

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195532	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2020
NAME OF PROVIDER OF SUPPLIER TOWN AND COUNTRY HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP 614 WESTON STREET MINDEN, LA 71055	
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 - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, and interviews, the facility failed to ensure the residents' environment was free of accident hazards for 1(#1) of 1 resident that was transported in facility van while sitting in geriatric chair. The facility failed to adhere to the manufacture's recommendations that geriatric chair (Model D574) should not be used for van transports. Findings: During an observation on 3/16/2020 at 11:40am of S2 Facility Van Driver demonstrated, with S1 Administrator sitting in geriatric chair, the process of loading and securing a resident in the transport van. S2 Facility Van Driver loaded the geriatric chair on to facility van and applied seatbelt. Surveyor noted the seatbelt was not secured properly. Further observation revealed shoulder strap was approximately 1-2 feet away from the chest of S1 Administrator and the lap part of seatbelt was over S1 Administrator's knee areas. Surveyor also noted that the geriatric chair was a Drive D574 according to the product code on the chair. During a telephone interview on 3/16/2020 at 11:50am S3 Technical Product Solutions Specialist for _____ Model D574 geriatric chair manufacturer confirmed that the Drive D574 is not recommended to use for transports in the van due to this chair never has been crash tested. S3 Technical Product Solutions Specialist for _____ Model D574 geriatric chair manufacturer provided an email statement verifying Drive D574 is not recommended for van transport because it has not been crash tested. During an interview on 3/16/2020 at 2:50pm S1 Administrator confirmed that Resident #1 had been transported on the geriatric chair many times before this last appointment. S1 Administrator indicated that she did not know that the geriatric chair could not be used for transporting residents via van. During an interview on 3/16/2020 at 3:00pm S2 Facility Van Driver indicated that Resident #1 was transported in van between 6 to 8 times on the geriatric chair.		
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.