

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195530	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Delta Grande Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  3001 South Grande Street Monroe, LA 71202	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19121</p> <p>Based on record review and interview the facility failed to ensure nursing staff communicated a change in status to the responsible party for 1 (#1) of 5 (#1,#2,#3,#4,#5) residents reviewed for notification of change.</p> <p>Findings:</p> <p>Sample Resident #1 was admitted to the facility on [DATE] with diagnosis that include type 2 diabetes mellitus with foot ulcer, Chronic Obstructive Pulmonary disease, history of urinary tract infection, Heart disease, Cerebral Infarction, disorder of the urinary system, Peripheral Autonomic neuropathy, muscle wasting, over active bladder, Anemia, Dysphagia and pressure ulcer of the sacral region.</p> <p>Review of the significant change in status Minimum Data Set Assessment (MDS) dated [DATE] revealed the resident had a Brief Interview for Mental Status (BIMS) score of 02, which indicates the resident is severely cognitively impaired. Review of the functional abilities revealed the resident needed assistance with all activities of daily living.</p> <p>Review of the wound care documentation for resident #1 dated:</p> <p>11/28/2024 wound care orders changed by the physician and no documentation that the responsible party was notified of the changes.</p> <p>11/26/2024 wound deteriorated and new orders for wound care and no documentation that the responsible party was notified of the changes or new orders.</p> <p>11/19/2024 wound deteriorated and no documentation that the responsible party was notified of the changes to the wound.</p> <p>11/15/2024 resident refused wound care treatment and no documentation that the responsible party was notified.</p> <p>11/13/2024 resident refused wound care treatment and no documentation that the responsible party was notified.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete		
Event ID:		
Facility ID: 195530		
If continuation sheet Page 1 of 3		

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F 0580  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Interview on 01/09/2025 at 11:10 a.m., with S4Wound Care Nurse confirmed the responsible party for resident 1 was not notified of the changes to the wound or the resident's refusal to have wound care completed if it was not documented.</p> <p>Interview on 01/28/2025 at 2:45 p.m., with S2DON confirmed the responsible party should have been notified of the changes in the wound and the resident's refusal to have wound care completed.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19121</p> <p>Based on observation, record review and interview the facility failed to develop and implement a comprehensive-centered plan of care for 2 (#1, #4) of 2 (#1, #4) residents with indwelling urinary catheters.</p> <p>Findings:</p> <p>Sample Resident #1 was admitted to the facility on [DATE] with diagnosis that include type 2 diabetes mellitus with foot ulcer, Chronic Obstructive Pulmonary disease, history of urinary tract infection, Heart disease, Cerebral Infarction, disorder of the urinary system, Peripheral Autonomic neuropathy, muscle wasting, over active bladder, Anemia, Dysphagia and pressure ulcer of the sacral region.</p> <p>Review of the significant change in status Minimum Data Set Assessment (MDS) dated [DATE] revealed the resident had a Brief Interview for Mental Status (BIMS) score of 02, which indicates the resident is severely cognitively impaired. Review of the functional abilities revealed the resident needed assistance with all activities of daily living. Review of the Bladder and Bowel section revealed the resident has an indwelling catheter for urine output.</p> <p>Review of the medical record revealed there was not a comprehensive centered care plan for the indwelling urinary catheter.</p> <p>Interview on 01/28/2025 at 10:50 a.m., S3Assistant Director of Nurses confirmed resident #1 did not have a comprehensive centered care plan for the indwelling urinary catheter.</p> <p>Sample Resident #4 was admitted to the facility on [DATE] with diagnosis of convulsions, dementia, depressive disorder, schizophrenia, major depressive disorder, impulse disorder, muscle weakness, osteoporosis, Non traumatic brain dysfunction and aphasia.</p> <p>Review of the Minimum Data Set assessment dated [DATE] revealed the resident had a Brief Interview for Mental Status score of 00 which indicates severe cognitive impairment. Further review revealed the resident is dependent on staff for all activities of daily living. Review of the Bladder and Bowel section revealed the resident has an indwelling catheter for urine output.</p> <p>Review of the medical record revealed there was not a comprehensive centered care plan for the indwelling urinary catheter.</p> <p>Interview on 01/28/2025 at 10:50 a.m., S3Assistant Director of Nurses confirmed resident #4 did not have a comprehensive centered care plan for the indwelling urinary catheter.</p>		