

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	
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 0600 Level of Harm - Actual harm Residents Affected - Few	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46645</p> <p>Based on observations, interviews and record review, the facility failed to protect the residents' right to be free from physical abuse by staff for 1 (#7) of 5 (#1, #2, #4, #6, and #7) sampled residents.</p> <p>This deficient practice resulted in an actual harm for Resident #7, who was dependent on staff for ADL care, on 03/21/2023 when S20CNA threw a bed remote at the resident's face resulting in a Non-displaced Nasal Bone Fracture. Resident #7 was sent to the emergency room with a laceration. The injury caused Resident #7 severe pain and required an irrigation and debridement of the nasal cavity and wound care.</p> <p>Findings:</p> <p>Review of facility's policy titled Abuse, Neglect, Exploitation and Misappropriation revealed, in part, the following:</p> <p>It is inherent in the nature and dignity of each resident at the center that he/she be afforded basic human rights, including the right to be free from abuse, neglect, mistreatment, exploitation and/or misappropriation of property.</p> <p>Physical abuse includes but is not limited to:</p> <p>Hitting with an object.</p> <p>Review of Resident #7's clinical record revealed he was admitted to the facility on [DATE] with diagnoses which included, Unspecified Sequelae of Cerebral Infarction, Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Rhabdomyolysis, Other Lack of Coordination, and Muscle Weakness.</p> <p>Review of the MDS with an ARD of 01/03/2023, revealed the Resident #7 was assessed by the facility to have a BIMS of 12, which indicated he was moderately cognitively intact. Further review revealed the resident required 2 person assistance with transfers, dressing, toileting, bed mobility and sit to lying position changes. Resident #7 was unable to walk with or without assistance.</p> <p>Review of Resident #7's current Care Plan revealed the following, in part:</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: 195324
		If continuation sheet Page 1 of 23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	

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)
<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Onset date: 01/03/2023</p> <p>Problem: Resident had an ADL self-care performance deficit.</p> <p>Approaches: Resident required 2 person assistance with transfers. Resident required 2 person assistance with dressing. Resident required 2 person assistance with toileting. Resident required 2 person assistance with chair to bed transfer. Resident is dependent.</p> <p>Review of Resident #7's Progress Notes documented by Direct Care Staff on 03/21/2023, revealed, in part, the following:</p> <p>8:01 a.m., Called to room by S16CNA. Resident states S20CNA hit him in the face with a bed remote. Upon assessing face of resident, small amount of swelling noted to left cheek area, no bruising nor discoloration noted. New order noted, CT of Maxillofacial related to pain/swelling. Signed by S8UM.</p> <p>Review of Physician's Orders dated from admission through 03/20/2023, revealed no active orders to treat pain.</p> <p>Review of the facility's Internal Investigation Report dated 03/21/2023, revealed, in part, the following:</p> <p>Detailed Description of Event/Allegation:</p> <p>Resident #7 alleges S20CNA threw a bed remote and hit him in the face. Resident named employee and stated it happened on night shift.</p> <p>Accused Allegations: Physical Abuse</p> <p>Allegation Findings: Substantiated</p> <p>Review of the local Emergency Department's discharge documentation dated 03/21/2023 at 11:32 a.m., revealed, in part, the following:</p> <p>Resident #7 was brought to the Emergency Department with a chief complaint of nasal drainage and nasal pain.</p> <p>Assessment of head: Left swelling, laceration, left lateral brow area with 0.5cm laceration without bleeding.</p> <p>Assessment of nose: Moderate tenderness, swelling, left side worse than right, serosanguinous drainage from bilateral nares, left greater than right.</p> <p>CT Maxillofacial Findings: There is nasal soft tissue swelling noted. There is a non-displaced nasal bones fracture identified. There is tortuosity of the nasal septum.</p> <p>Review of Resident #7's Facility Physician's Orders placed after ER visit on 03/21/2023, revealed, in part, the following:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	
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 0600 Level of Harm - Actual harm Residents Affected - Few	<p>Referral to ENT. New appointment for ENT on 03/23/2023 related to non-displaced nasal bone fracture and soft tissue swelling and Tramadol HCL Oral Tablet. Give 1 tablet by mouth every 8 hours as needed for pain.</p> <p>Review of Resident #7's Progress Notes documented by Direct Care Staff, on 03/21/2023, revealed, in part, the following:</p> <p>3:30 p.m., CT results received showing non-displaced nasal bone fracture and soft tissue swelling. New order noted referral to ENT. Signed by S8UM.</p> <p>Review of the facility's CNA schedule dated 03/20/2023 revealed S20CNA was assigned to care for Resident #7 from 6:00 p.m. on 03/20/2023 through 6:00 a.m. on 03/21/2023.</p> <p>On 03/22/2023 at 2:35 p.m., an observation was made of Resident #7. Resident #7 was observed on the EMS stretcher being transferred to the local Emergency Department for evaluation. Resident #7's nose was observed to be reddened and swollen. Resident #7's left cheek was swollen.</p> <p>On 03/22/2023 at 2:40 p.m., an interview was conducted with S3RDOCS. She stated Resident #7 was being transferred to the Emergency Department for a third time to be evaluated for nasal drainage after S20CNA allegedly threw a remote, hitting the resident in the face and breaking his nose.</p> <p>On 03/23/2023 at 8:40 a.m., an attempt was made to conduct a telephone interview with S20CNA. No answer or return call received.</p> <p>On 03/23/2023 at 11:15 a.m., an interview was conducted with S8UM. She confirmed caring for Resident #7 and described him as a reliable source that could verbally communicate his wants and needs. She stated due to weakness after having a stroke, Resident #7 would not be able to get himself off the floor and back into bed without staff assistance if he fell . She stated she was notified by S16CNA on 03/21/2023 at 8:50 a. m. that Resident #7 reported S20CNA hit him in the face with a bed remote during the night of 03/20/2023. She stated upon assessment of Resident #7, his nose and left cheek were swollen. She stated Resident #7 told her S20CNA came to assist him with incontinent care, and before leaving his room, S20CNA grabbed the bed remote and threw it at his face. She stated Resident #7 said S20CNA threw the remote at his face on purpose. She confirmed S20CNA provided care for Resident #7 on 03/20/2023 from 6:00 p.m. through 03/21/2023 at 6:00 a.m. She confirmed throwing an object and hitting a resident was physically abusive. She stated Resident #7 was sent to the Emergency Department on 03/21/2023 and then again twice on 03/22/2023 related to the nasal fracture.</p> <p>On 03/23/2023 at 11:23 a.m., an interview was conducted with S11LPN. She stated if Resident #7 fell , he would not be able to get himself back into bed without staff assistance due to weakness after having a stroke. She stated Resident #7 was a reliable source that could verbally communicate his wants and needs. She stated a staff member throwing an object and hitting a resident in the face was physically abusive. She stated Resident #7 returned from the Emergency Department on 03/21/2023 with a diagnosis of a nasal fracture and was then again sent to the Emergency Department twice on 03/22/2023 due to increased nasal drainage and an elevated temperature.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	
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)		
<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/23/2023 at 11:34 a.m., an interview was conducted with S21CNA. She confirmed caring for Resident #7 and described him as a reliable source that could verbally communicate his wants and needs. She stated due to weakness after having a stroke, Resident #7 would not be able to get himself off the floor and back into bed without staff assistance if he fell . She stated on 03/21/2023 at 8:50 a.m., Resident #7 told her and S16CNA that S20CNA threw the bed remote at him and it hit his face. She stated the resident's face was swollen and red on his left cheek. She stated Resident #7 told her it was painful. She stated she and S16CNA notified S8UM immediately.</p> <p>On 03/23/2023 at 12:05 p.m., an interview was conducted with S1ADM. He stated on 03/21/2023 at 08:50 a. m. he was notified Resident #7 alleged S20CNA threw a bed remote at his head and hit him in the face. He stated after investigation into the allegation of abuse, he determined physical abuse occurred after Resident #7's CT scan confirmed a nasal fracture. He described Resident #7 as a reliable source. He stated Resident #7 selected S20CNA in a photo lineup as the perpetrator of abuse during police investigation. He confirmed throwing an object and hitting a resident physical abuse.</p> <p>On 03/23/2023 at 12:27 p.m., an attempt was made to conduct a telephone interview with S20CNA. No answer or return call received.</p> <p>On 03/23/2023 at 1:30 p.m., an observation was made of Resident #7. Resident #7's nose was observed to be swollen and red. Resident #7's left cheek was observed to be swollen with a small laceration.</p> <p>On 03/23/2023 at 1:31 p.m., an interview was conducted with Resident #7. Resident #7 stated S20CNA threw the bed remote at him and it hit him in the face on the night of 03/21/2023. He stated he did not know why the CNA threw it at him. He stated S20CNA threw the remote at him on purpose. He stated S20CNA did not say anything when it happened, and she just left. He stated he told the morning CNAs, S16CNA and S21CNA, what happened when they came on shift. He stated his face and nose were extremely painful, and now he had an abscess in his nose that the ENT had to stick with a needle. He stated if he had fallen out of his bed, he would not be able to get back into bed without staff assistance.</p> <p>On 03/23/2023 at 1:55 p.m., an interview was conducted with S3RDOCS. She stated Resident #7 was able to voice his wants, needs, and was reliable in conversation. She stated she and S1ADM worked together to perform the investigation into Resident #7's allegation of physical abuse from S20CNA. She stated herself and S1ADM called S20CNA on 03/21/2023. S20CNA confirmed she provided care for Resident #7 on 03/20/2023 from 6:00 p.m. through 03/21/2023 at 6:00 a.m. She stated S20CNA would not confirm an incident happened with Resident #7 during her shift.</p> <p>On 03/23/2023 at 2:00 p.m., a telephone interview was conducted with S23LPN. She confirmed caring for Resident #7 and described him as a reliable source that could verbally communicate his wants and needs. She stated due to weakness after having a stroke, Resident #7 would not be able to get himself off the floor and back into bed without staff assistance if he fell . She stated she gave Resident #7 his 10:00 p.m. medications on 03/20/2023 in his room. She stated at that time, Resident #7 had no complaints of pain and had no marks or swelling to his face. She confirmed S20CNA provided care for Resident #7 on 03/20/2023 from 6:00 p.m. through 03/21/2023 at 6:00 a.m.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	
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)		
<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/23/2023 at 3:05 p.m., an interview was conducted with S16CNA. She confirmed caring for Resident #7 and described him as a reliable source that could verbally communicate his wants and needs. She stated due to weakness after having a stroke, Resident #7 would not be able to get himself off the floor and back into bed without staff assistance if he fell . She stated Resident #7 was resting in his bed when she entered his room on 03/21/2023 at 8:50 a.m. She stated she observed Resident #7's face to be swollen and red. She stated Resident #7 told her and S21CNA that S20CNA threw the bed remote and the remote hit him in the face. She stated Resident #7 stated his face was painful. She stated she and S21CNA then notified S8UM immediately.</p> <p>Based on interviews and record reviews, the facility failed to protect the resident's right to be free from neglect for 1 (#2) of 5 (#1, #2, #4, #6, #7) sampled residents when S15CNA and S24CNA neglected to transfer Resident #2 according to his care plan.</p> <p>This deficient practice resulted in an actual harm on the morning of 02/06/2023. Resident #2, a cognitively intact resident diagnosed with paraplegia, was transferred by S15CNA and S24CNA without the use of a mechanical lift. During the transfer, Resident #2 heard a pop in his right knee, and immediately reported this to S15CNA and S24CNA. Resident #2 developed severe pain and was later transferred to the emergency room and diagnosed with a Right Tibia Fracture.</p> <p>Findings:</p> <p>A review of the facility's policy and procedure titled: Abuse, Neglect, Exploitation, and Misappropriation revealed the following, in part:</p> <p>Policy:</p> <p>It is inherent that each resident be afforded the right to be free from neglect. Employees are charged with a continuing obligation to treat residents so they are free from neglect. No employee may at any time commit an act of neglect against any resident.</p> <p>Definitions:</p> <p>Neglect is the failure of the center, its employees or service providers to provide services to a resident that are necessary to avoid physical harm or pain. Examples include:</p> <ol style="list-style-type: none"> 2. Failure to take precautionary measures to protect the health and safety of the resident. 3. Failure to provide services that result in harm to the resident. <p>A review of the facility's policy and procedure titled: Transfer/Mobility Evaluation Low Lift revealed the following, in part:</p> <p>Policy:</p> <p>Center will evaluate the transfer and lifting needs of the resident to safely and comfortably transfer according to their individualized needs.</p> <p>Procedure:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	
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)		
<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>4. Lift status will be indicated on the resident's care plan and Kardex.</p> <p>A review of the facility's policy and procedure titled: Lifting and Moving Residents revealed the following, in part:</p> <p>Use a mechanical lift to transfer a resident who cannot stand from the bed to the wheelchair.</p> <p>Review of the medical records for Resident #2 revealed he was admitted to the facility on [DATE] with diagnoses which included Paraplegia, End Stage Renal Disease (Hemodialysis Dependent), Peripheral Vascular Disease, and Type 2 Diabetes Mellitus. Further review revealed Resident #2 was later diagnosed with a Fracture of the Right Tibia on 02/06/2023.</p> <p>A review of the Significant Change MDS with an ARD of 02/13/2023 revealed Resident #2 had a BIMS of 15, which indicated he was cognitively intact. Further review revealed Resident #2 required two plus person physical assistance with mechanical lifts for transferring and was totally dependent upon staff for all mobility. Resident #2 had impairment to lower extremities on both side and was unable to stand, turn, or ambulate.</p> <p>A review of the current Care Plan revealed the following, in part:</p> <p>Onset: 06/17/2020</p> <p>Resident #2 has an ADL self-care performance deficit related to paraplegia.</p> <p>Transfer: The resident needs full assistance with staff X 2 and mechanical lift for transfers.</p> <p>A review of the facility's incident report revealed</p> <p>02/06/2023 S10LPN reported to S8UM: Resident #2 came to the nurses' station with complaints of right knee pain and unable to move his toes. He stated it happened while CNA's were transporting him from bed to chair this a.m. He heard a pop in his knee. S5MD was notified and instructed resident to go in to the ER when he returns from dialysis.</p> <p>A review of the facility's Incident Investigation revealed the following statements dated 02/06/2023:</p> <p>Resident #2 stated S15CNA and S24CNA came into my room to get me up. They told me they could not get the lift to work and they would have to stand and pivot me into my chair. After I stood up and went to pivot, my right foot stayed in place and didn't turn with my body. I heard a pop.</p> <p>S24CNA stated she assisted another CNA with getting Resident #2 up and into his chair. S24CNA stood on the left side and the other CNA was on the right of him. They slid him in his chair. Resident #2 did state that he felt his leg pop and complained of pain afterwards. We placed his legs on the leg rest. We left his room. We did not use a lift because the battery was dead and because Resident #2 stated that he had to be up at that time to eat breakfast before dialysis.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	
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)		
<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>S15CNA stated she had asked another CNA to help her get Resident #2 up for dialysis. We sat him up on the side of his bed. With the other CNA on one side and S15CNA on the other side, we proceeded to lift him up to put him in the chair. We didn't use the lift because it was being used on somebody else.</p> <p>A review of the Nurse's Notes dated 02/06/2023 revealed the following, in part:</p> <p>06:19 a.m. S10LPN entered: Resident #2 came to the nurse's station with a complaint of right knee pain and reported his toes won't move. Resident #2 stated it happened while CNA's were transporting him from his bed to his wheelchair this a.m. and he heard a pop in his knee. S5MD notified and instructed S10LPN to have Resident #2 go to the ER when he returns from dialysis. Resident #2 verbalized agreement.</p> <p>A review of the medical records from the local dialysis center dated 02/06/2023 revealed the following, in part:</p> <p>6:30 a.m. - Prior to arrival, Resident #2 called and reported that his knee got hurt this morning when he was moved to his wheelchair. He reported the facility didn't use the lift. He said that he was probably going to be taken to the ER.</p> <p>7:09 a.m., Resident #2 in wheelchair, late for treatment. Resident #2 reported that the nursing home didn't use a mechanical lift this morning and hurt his right knee.</p> <p>7:10 a.m., Noted a large knot below the right knee and broken skin with slight bleeding on the right side of the knee.</p> <p>9:18 a.m., Resident #2 requested off dialysis early re: right knee/leg hurting.</p> <p>9:45 a.m., Dialysis Nurse Practitioner rounded. Order noted to send Resident #2 to ER for leg and knee x-rays re: injury this morning. Called for transport.</p> <p>A Review of the Dialysis Nurse Practitioner's note dated 02/06/2023 revealed the following, in part:</p> <p>Seen and examined Resident #2 today. He complained of right knee pain with swelling. He reported that he was being placed in his wheelchair this morning without using a mechanical (Hoyer) lift.</p> <p>9:30 a.m., Send to ED for x-ray right leg/knee.</p> <p>On 03/22/2023 at 2:55 p.m. an interview was conducted with the dialysis RN Clinic Manager. She stated Resident #2 received dialysis treatments 3 times/week at the dialysis facility. She stated Resident #2 as cognitively intact. She stated Resident #2 arrived to dialysis late on 02/06/2023 and was complaining of pain to the right leg. She stated Resident #2 told her his right knee was injured at the nursing home prior to transportation to dialysis. She said Resident #2 described hearing a pop in his knee while being transferred by 2 CNA's without the use of a mechanical lift. She stated Resident #2's right leg had an obvious deformity with a large knot and a small break in the skin with a small amount of bright red blood near the right knee. She stated Resident #2 was always transferred with a mechanical lift at the dialysis facility due to his paraplegia.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	
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)		
<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/22/2023 at 3:04 p.m. an interview was conducted with the dialysis RN. She stated Resident #2 received dialysis treatments 3 times/week. She stated Resident #2 was cognitively intact. She stated Resident #2 arrived to dialysis late on 02/06/2023, and was complaining of pain to right leg. She stated Resident #2 told her his right knee was injured at the nursing home prior to transportation to dialysis. She said Resident #2 described hearing a pop in his knee while being transferred by 2 CNA's. She said she observed a large hematoma and a small break in skin with a small amount of bloody discharge near the right knee. She stated Resident #2 was always transferred with a mechanical lift at the dialysis facility due to his paraplegia. She stated Resident #2 was noted to have facial grimacing during dialysis treatment, and treatment was stopped early due to pain in right leg.</p> <p>On 03/22/2023 at 3:34 p.m. an interview was conducted with a Certified Hemodialysis Specialist. She stated on 02/06/2023 upon arrival to the dialysis facility, Resident #2 told her he was in pain. She stated Resident #2 told her his right knee was injured at the nursing home prior to transport to dialysis. She said Resident #2 described hearing a pop in his knee while being transferred by 2 CNA's without the use of a mechanical lift. She immediately notified the dialysis RN. She stated Resident #2 was always transferred with a mechanical lift at the dialysis facility due to his paraplegia.</p> <p>On 03/22/2023 at 3:57 p.m. an interview was conducted with the dialysis Nurse Practitioner. She stated Resident #2 was cognitively intact and had sensation to his lower extremities. She stated on 02/06/2023, Resident #2 was complaining of moderate to severe pain in the right leg. She stated Resident #2 conveyed to her that 2 staff at the nursing home transferred him without using the mechanical lift this morning and he felt a pop in his right knee. She stated Resident #2 notified her that his provider was already notified and had given an order for Resident #2 to be sent to ER after completing dialysis. She stated she observed a large hematoma just below the right knee and a skin tear with bloody discharge. She stated during Resident #2's dialysis treatment, she became concerned the resident may have suffered from a vascular injury that required life or limb treatment. She stated she then stopped dialysis treatment early to send him back to the facility in order for him to be evaluated.</p> <p>A review of Resident #2's Nurse's Notes dated 02/06/2023 revealed the following, in part:</p> <p>10:20 a.m., Resident #2 arrived back from dialysis. S9LPN called report to the ER regarding the resident's right knee pain. EMS called for transport to ER.</p> <p>A review of the Emergency Department's records dated 02/06/2023 revealed the following, in part:</p> <p>Resident #2 arrived to the Emergency Department at 11:41 a.m. with a chief complaint of right knee pain and swelling. Resident #2 is paraplegic with diminished strength to lower extremities (chronic, unchanged). Reports intact sensation to lower extremities. Resident #2 informed the provider that he felt a pop in his knee earlier that day during a transfer at his nursing home facility. Resident #2 had acute onset of severe pain just distal to the right knee with associated swelling. Resident #2 appeared in mild distress secondary to pain. Resident #2 was in significant pain. Significant swelling and tenderness over the right tibial plateau. X-rays revealed an acute (right) tibial plateau fracture with extension into the tibial tuberosity. Orthopedic surgeon was consulted. Orthopedic surgeon did not recommend surgical repair due to comorbidities and being bed-bound. Resident #2 placed in knee immobilizer, then discharged back to nursing home facility with pain medication (Norco).</p> <p>A review of the facility's Nurse's Notes dated 02/06/2023 revealed the following, in part:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	
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)		
<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>9:00 p.m. S10LPN entered: Resident #2 returned from the ER with a new diagnosis of a closed fracture of the right Tibial Plateau. New orders: Do not put weight on leg; Norco 10/325 (hydrocodone-acetaminophen) every 6 hours prn pain, (7-day supply); Continue previous meds; Refer to orthopedic to be seen within one week.</p> <p>02/07/2023 at 8:55 a.m. S9LPN entered: Resident #2 complaining of right leg pain uncontrolled. Provider notified. Pain medication increased to every four hours as needed for 48 hours then resume to every six hours as needed for pain.</p> <p>On 03/23/2023 at 12:30 p.m. a telephone interview was conducted with Resident #2. He stated he was paraplegic but has sensation to his lower extremities. He stated on the morning of 02/06/2023 he was transferred from his bed to his wheelchair by 2 CNAs, but he was unable to recall their names. He stated he was always transferred with a mechanical lift, but this day he was told the lift was not working. He stated the mechanical lift sling was placed in his wheelchair prior to transfer. Resident #2 stated during the transfer, his right foot did not pivot, and he heard a pop in his right knee. He said he immediately reported the pop to the CNAs that transferred him and then to S10LPN. He stated S10LPN told him S5MD wanted him to go to dialysis before going to the ER. He stated his pain was a 10/10 at that time. He stated once he got to dialysis he immediately reported his injury to the nurses and the NP assessed his right leg. He stated he had to stop dialysis early due to the severe pain in his right leg. He sent to the ER. He stated he had a fracture to the right lower leg. He stated he felt neglected by the CNAs when they made him transfer without a mechanical lift. He stated he still experiences pain in the right leg.</p> <p>On 03/15/2023 at 3:24 p.m. an interview was conducted with S15CNA. She stated she cared for Resident #2 often. She stated Resident #2 required a mechanical lift with 2 person assistance for all transfers. She stated on 02/06/2023 she and S24CNA transferred Resident #2 from his bed to his wheelchair without using the mechanical lift. She stated one mechanical lift was being used by another resident and the other mechanical lift had a dead battery. She confirmed she had been trained on using the mechanical lift by the facility. She stated she did know how to change the battery in the mechanical lift, but did not attempt to before transferring Resident #2 on 02/06/2023. She confirmed knowing transferring Resident #2 without the mechanical lift was unsafe.</p> <p>On 03/20/2023 at 1:18 p.m., an interview was conducted with S10LPN. She stated Resident #2 could communicate his needs and had sensation to his lower extremities. She stated Resident #2 required 2 staff and mechanical lift for transfers. She stated on 02/06/2023 she was responsible to care for Resident #2. She stated on 02/06/2023 prior to dialysis transport, Resident #2 notified her of right knee pain after CNAs transferred him from bed to wheelchair without the mechanical lift. She stated the CNAs should have used the mechanical lift but they had not on 02/06/2023. She stated. She stated it was neglectful to transfer Resident #2 without a mechanical lift.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	
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)		
<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/20/2023 at 12: 55 p.m., an interview was conducted with S9LPN. She stated Resident #2 could communicate his needs and had sensation to his lower extremities. She stated resident #3 required a mechanical lift for all transfers. She stated upon arrival to work on 02/06/2023 just before 7:00 a.m., Resident #2 was notifying S10LPN of right knee pain. She heard Resident #2 state the right knee pain started immediately after being transferred from bed to wheelchair by 2 CNAs and he heard a pop. She stated S10LPN received an MD order to send Resident #2 to ER after dialysis. She stated Resident #2 returned from dialysis early due to increasing right knee pain. She stated she assessed Resident #2's right leg and observed swelling below the knee with a raised area. She stated Resident #2 was sent to the ER via ambulance. She stated on 02/07/2023 she cared for Resident #2, and he complained of significant pain to the right leg. She stated she notified S5MD and received an order to increase the frequency of pain medication for 48 hours. She stated it was neglectful to transfer Resident #2 without a mechanical lift.</p> <p>On 03/20/2023 at 11:37 a.m., an interview was conducted with S5MD. He stated resident #2 was cognitively intact and required transfers with a mechanical lift. He stated on the morning of 02/06/2023, a nurse from the facility notified him Resident #2 was complaining of being inappropriately transferred and right knee pain. He stated he gave orders to send Resident #2 to the ER for evaluation and treatment after dialysis. He stated the local ER doesn't have dialysis capabilities and the resident was due for his dialysis treatment. He recalled Resident #2 returned from dialysis early due to right knee pain and was then sent to ER. He stated Resident #2 sustained a right tibial plateau fracture. He stated Resident #2 was in a lot of pain and was given Norco by the ER MD. He confirmed Resident #2 was transferred unsafely on 02/06/2023 and the resident suffered harm as a result of this neglect.</p> <p>On 03/20/2023 at 10:29 a.m., an interview was conducted with S8UM. She stated Resident #2 could communicate his needs and he had sensation to lower extremities. She stated the incident involving Resident #2 from 02/06/2023 was discussed in the facility's morning meeting on 02/07/2023. She then initiated an incident report. She recalled getting a statement from S10LPN and Resident #2. She stated Resident #2 was in pain after this incident. She confirmed Resident #2's transfer status was a mechanical lift with 2 staff. She confirmed Resident #2 was care planned for mechanical lift with 2 staff. She confirmed on 02/06/2023 the care plan was not followed for transferring Resident #2. She confirmed on 02/06/2023, Resident #2 should have been transferred using a mechanical lift with 2 staff. She stated this was neglect.</p> <p>On 03/20/2023 at 1:38 p.m. an interview was conducted with S6PTA. She stated Resident #2 could make his needs known and had sensation to lower extremities. She stated Resident #2 should always be transferred with a mechanical lift. She stated the mechanical lift was the safest way to transfer Resident #2 because he could not stand and pivot.</p> <p>On 03/20/2023 at 2:16 p.m., an interview was conducted with S7MDS. She stated she was responsible for MDS assessments and care planning. She confirmed Resident #2 required 2 person assistance with mechanical lift for transfers and was care planned for this. She S15CNA and S24CNA should have used the mechanical lift on 02/06/2023 to transfer Resident #2. She confirmed it was neglect to transfer Resident #2 without a mechanical lift.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	
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)		
<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/22/2023 at 11:30 a.m., an interview was conducted with S2DON. He confirmed if a resident requires a mechanical lift and both are in use, staff should not lift the resident until one is available. He stated if a battery is dead, the charging station has charged batteries at all times. He confirmed Resident #2's transfer status as a mechanical lift with 2 staff. He confirmed Resident #2 was care planned for transfers using a mechanical lift with 2 staff. He confirmed the care plan was not followed by S15CNA and S24CNA on 02/06/2023 when they transferred the resident without using the mechanical lift. He stated the transfer was unsafe, neglectful and resulted in harm to Resident #2.</p> <p>On 03/22/2023 at 12:20 p.m. an interview was conducted with S1ADM. He confirmed on 02/06/2023, staff failed to follow the care plan related to transfers for Resident #2. He confirmed S15CNA and S24CNA neglected Resident #2 on 02/06/2023 when they transferred him without the mechanical lift.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46645</p> <p>Based on interviews and record reviews, the facility failed to ensure alleged violations of physical abuse, sexual abuse, and neglect were reported within 2 hours to the state survey agency after allegations were made for 3 (#1, #2, and #4) of 5 (#1, #2, #4, #6, and #7) residents reviewed for abuse and neglect.</p> <p>Findings:</p> <p>A review of the facility's policies and procedures on Abuse, Neglect, Exploitation, & Misappropriation revealed, in part, the following:</p> <p>Definitions:</p> <p>Abuse:</p> <p>Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. It include verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.</p> <p>*Physical Abuse includes but is not limited to hitting, slapping, punching, biting kicking, or corporal punishment.</p> <p>*Sexual Abuse is non-consensual sexual contact of any type with a resident. Sexual abuse includes but is not limited to:</p> <ol style="list-style-type: none"> 1. Unwanted intimate touching of any kind especially of breast or perineal area. <p>Neglect:</p> <p>Neglect is the failure of the center, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress. Examples include but are not limited to:</p> <ol style="list-style-type: none"> 2. Failure to take precautionary measures to protect the health and safety of the resident. <p>Reporting:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Any employee or contracted service provider who witnesses or has knowledge of an act of abuse or an allegation of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, to a resident, is obligated to report such information immediately, but no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the Administrator and to other officials in accordance with State law. In the absence of the Executive Director, the Director of Nursing is the designated abuse coordinator.</p> <p>Resident #1</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses, which included Chronic Obstructive Pulmonary Disease, Dysphagia, Muscle Weakness, and Major Depressive Disorder.</p> <p>Review of the quarterly MDS with an ARD of 02/13/2023 revealed Resident #1 had a BIMS of 15, which indicated she was cognitively intact.</p> <p>A review of the facility's incident report revealed the following, in part:</p> <p>On 02/05/2023 at 6:22 p.m. an incident of alleged sexual abuse was reported to staff by Resident #1. She reported to a nurse (she couldn't recall the name) that Resident #6 touched her breast as he passed by her in the hallway.</p> <p>On 03/14/2023 at 10:42 a.m. an interview was conducted with Resident #1. She recalled an incident from last month where Resident #6 touched her breast, but could not recall the exact date. She stated the incident happened as they passed each other while in their wheelchairs in the hallway. She stated as Resident #6 was passing her, he reached out and touched her left breast. She stated neither herself nor Resident #6 stopped; they both kept going in opposite directions. She stated she reported the incident to S11LPN immediately after the incident.</p> <p>On 03/14/2023 at 2:50 p.m. an interview was conducted with S11LPN. She stated on 02/05/2023, Resident #1 reported to her that Resident #6 touched her breast as they passed each other in the hallway. She verified she reported the incident to S8UM immediately.</p> <p>On 03/16/2023 at 10:43 a.m., an interview was conducted with S8UM. She recalled on 02/05/2023 she was notified of about an incident of alleged sexual abuse of Resident #1 by Resident #6. She said as soon as she was notified, she notified S2DON and the administrator.</p> <p>Review of the facility's investigative report filed with the state revealed the following, in part:</p> <p>Incident entered on 02/06/2023 at 12:48 p.m.</p> <p>Accused Allegations: Sexual Abuse</p> <p>On 03/16/2023 at 10:25 a.m., an interview was conducted with S2DON. He confirmed this incident was not reported within the 2 hour time frame.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/16/2023 at 12:00 p.m., an interview was conducted with S1ADM. He confirmed the state report was not entered for Resident #1 within the 2 hour deadline.</p> <p>Resident #2</p> <p>Resident #2 was admitted to the facility on [DATE] with diagnoses which included Paraplegia, Fracture of Right Tibia, End Stage Renal Disease (Hemodialysis Dependent), Peripheral Vascular Disease, and Type 2 Diabetes Mellitus.</p> <p>A review of the Significant Change MDS with an ARD of 02/13/2023 revealed Resident #2 had a BIMS of 15 which indicated he was cognitively intact. Further review revealed Resident #2 required two person physical assistance with mechanical lift for transferring.</p> <p>A review of the Nurse's Notes dated 02/06/2023 revealed the following, in part:</p> <p>6:19 a.m., Resident #2 came up to the nurse's station with a complaint of right knee pain and reported his toes won't move. Resident #2 stated it happened while CNA's were transporting him from his bed to his wheelchair this a.m. and he heard a pop in his knee. S5MD notified and instructed S10LPN to have Resident #2 go in to the ER when he returned from dialysis. Resident #2 verbalized agreement. Reported to oncoming nurse. -S10LPN</p> <p>10:20 a.m., S9LPN called report to the ER regarding resident's right knee pain. EMS called for transport to ER. -S9LPN</p> <p>3:28 p.m., Report received from ER - right tibia plateau fracture. Resident #2 placed in knee immobilizer and needs to follow up with an orthopedist. -S9LPN</p> <p>9:00 p.m., Resident #2 returned from theER on stretcher with EMS. Resident #2 had a new diagnosis of closed fracture of right Tibial Plateau. -S10LPN</p> <p>A review of Emergency Department Physician's Provider Notes dated 02/06/2023 revealed the following, in part:</p> <p>Resident #2 arrived to the Emergency Department on 02/06/2023 at 11:41 a.m. with a chief complaint of right knee pain and swelling. X-rays revealed an acute right tibial plateau fracture with extension into the tibial tuberosity.</p> <p>Review of the facility's investigative report filed with the state revealed the following, in part:</p> <p>Incident occurred on 02/06/2023 at 6:00 a.m.</p> <p>Incident discovered on 02/06/2023 at 2:15 p.m.</p> <p>Incident entered on 02/07/2023 at 10:22 a.m.</p> <p>Accused Allegations: Neglect</p> <p>A review of the facility's incident report revealed the following, in part:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/06/2023 S10LPN reported to S8UM: Resident #2 came up to the nurses' station with complaints of right knee pain and unable to his toes. He stated it happened while CNA's were transporting him from bed to chair this a.m. He heard a pop in his knee. S5MD was notified and instructed resident to go in to the ER when he returns from dialysis. Resident #2 verbalized agreement. Reported to oncoming nurse.</p> <p>Resident #2 stated: Two CNAs came into my room to get me up. They told me they could not get the lift to work and they would have to stand and pivot me into my chair. After I stood up and went to pivot, my right foot stayed in place and didn't turn with my body. I heard a pop.</p> <p>Resident #2 sent to ER after returned early from dialysis. This incident resulted in Right Lower Leg Fracture.</p> <p>S24CNA stated she assisted another CNA with getting Resident #2 up and into his chair. S24CNA stood on the left side and the other CNA was on the right of him. They slid him in his chair. Resident #2 did state that he felt his leg pop and complained of pain afterwards. We placed his legs on the leg rest. We left his room. We did not use a lift because the battery was dead and because Resident #2 stated that he had to be up at that time to eat breakfast before dialysis.</p> <p>S15CNA stated she had asked another CNA to help her get Resident #2 up for dialysis. We sat him up on the side of his bed. With the other CNA on one side and S15CNA on the other side, we proceeded to lift him up to put him in the chair. We didn't use the lift because it was being used on somebody else.</p> <p>On 03/23/2023 at 12:30 p.m. a phone interview was conducted with Resident #2. He stated he is paraplegic but has sensation to his lower extremities. He stated on 02/06/2023 he was transferred from his bed to his wheelchair by 2 CNAs, but he was unable to recall their names. He stated the CNAs didn't use the mechanical lift for the transfer. Resident #2 stated he heard a pop in his right knee during this transfer. He stated he immediately reported hearing a pop in his right knee told the 2 CNAs that transferred him. He stated they left his room. He stated he then reported the incident to S10LPN.</p> <p>On 03/15/2023 at 3:24 p.m. an interview was conducted with S15CNA. She stated Resident #2 required a mechanical lift with 2 person assistance for all transfers. She stated on 02/06/2023 she and S24CNA transferred Resident #2 from his bed to his wheelchair without using the mechanical lift. She confirmed she should not have transferred Resident #2 without the mechanical lift.</p> <p>On 03/20/2023 at 1:18 p.m., an interview was conducted with S10LPN. She stated on 02/06/2023, Resident #2 notified her of right knee pain after S15CNA and S24CNA transferred Resident #2 from bed to wheelchair. She stated Resident #2 required 2 staff and mechanical lift for transfers. She stated the CNAs should have used the mechanical lift but they had not.</p> <p>On 03/20/2023 at 12:55 p.m., an interview was conducted with S9LPN. She stated upon arrival to work on 02/06/2023 just before 7:00 a.m., Resident #2 was notifying S10LPN of right knee pain. She heard Resident #2 state that the right knee pain started immediately following being transferred from his bed to his wheelchair by 2 CNAs and he heard a pop. She stated S10LPN received an MD order to send Resident #2 to ER after dialysis. She stated Resident #2 was sent to the ER via ambulance, and the resident did not return on her shift.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/20/2023 at 11:37 a.m., an interview was conducted with S5MD. He stated on the morning of 02/06/2023, a nurse from this facility notified him of Resident #2's complaint right knee pain. He stated he gave orders to send Resident #2 to the ER for evaluation and treatment after his dialysis appointment. He stated Resident #2 sustained a right tibial plateau fracture with transfer.</p> <p>On 03/20/2023 at 10:29 a.m., an interview was conducted with S8UM. She stated the incident involving Resident #2 from 02/06/2023 was discussed in the facility's morning meeting on 02/07/2023.</p> <p>On 03/22/2023 at 11:30 a.m., an interview was conducted with S2DON. He confirmed knowledge of the incident involving Resident #2 during a transfer on 02/06/2023. He confirmed this incident was not reported within the 2 hour time frame.</p> <p>On 03/22/2023 at 12:20 p.m. an interview was conducted with S1ADM. He confirmed that the state report was not entered for Resident #1 within the 2 hour deadline.</p> <p>Resident #4</p> <p>Resident #4 was admitted to the facility on [DATE] with diagnoses of Heart Failure, Dysphagia, Contracture of Muscle-Right Hand, Muscle Weakness, and Major Depressive Disorder.</p> <p>Review of the MDS with an ARD of 12/22/2022 revealed the residents BIMS was 8 which indicated Resident #4 was moderately cognitively impaired.</p> <p>Review of the facility's incident report dated 03/01/2023 revealed the following, in part:</p> <p>Resident #4 stated an incident occurred, but was not sure what the person looked like or when the incident occurred. When asked, Resident #4 put her hands up in a boxing pose. S2DON asked Resident #4 if it was a dream she had, and she could not remember, then said later that it was not. S2DON asked Resident #4 to point to where she was hit and she pointed to her face.</p> <p>On 03/14/2023 at 1:00 p.m., an interview was conducted with S2DON. He stated he thought the previous Administrator filed the report and investigated the allegation. He verified if state office didn't have a copy of the report, then it was not put in. He verified a report should have been filed with the State Agency within 2 hours of the allegation of abuse.</p> <p>On 03/15/2023 at 8:40 a.m., an interview was conducted with S4SSD. She said Resident #4's 2 nieces were visiting and Resident #4 told them she was hit in the face. She said the allegation was reported to S2DON. She said their process is to report it to the DON and Administrator and the Administrator was supposed to conduct the investigation and report to the State Agency within 2 hours.</p> <p>On 03/15/2023 at 11:00 a.m., a telephone interview was conducted with Resident #4's niece #1. She said when her and her sister visited, the first thing her aunt told her was she got in a fight with one of the aides and she put her fist up. She said Resident #4 told her she was hit in the head. She said she reported it to S4SSD.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	

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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/15/2023 at 11:25 a.m., a telephone interview was conducted with Resident #4's niece #2. She said on 03/01/2023 when she and her sister walked into the room, the first thing her aunt told her was she got into a fight. They thought it was a verbal disagreement but she kept repeating herself and she said she slapped her and she put her fist up and said, she went at me. She said they reported it to S4SSD.</p> <p>On 03/15/2023 at 1:30 p.m., an interview was conducted with S29LPN. She said Resident #4 told her two nieces she had been in a fight. She said she and S4SSD spoke to Resident #4. She said Resident #4 told them she had been in a fight. She said they didn't question staff about the incident because the resident was confused. She said the allegation of abuse was reported to S2DON.</p> <p>On 03/16/2023 at 12:00 p.m., an interview was conducted with S1ADM. He confirmed a state report was not entered for Resident #1, Resident #2, or Resident #4 within the 2 hour deadline and it should have been.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	
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)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46645</p> <p>Based on interviews and record reviews, the facility failed to have evidence that all alleged violations of abuse or neglect, including injuries of unknown source, were thoroughly investigated for 2 (#1, #4) of 5 (#1, #2, #4, #6, and #7) residents reviewed for abuse.</p> <p>Findings:</p> <p>Review of facility's policy titled Abuse, Neglect, Exploitation and Misappropriation revealed, in part, the following:</p> <p>Definitions:</p> <p>Abuse:</p> <p>Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.</p> <p>*Physical Abuse includes but is not limited to hitting, slapping, punching, biting kicking, or corporal punishment.</p> <p>*Sexual Abuse is non-consensual sexual contact of any type with a resident. Sexual abuse includes but is not limited to:</p> <ol style="list-style-type: none"> 1. Unwanted intimate touching of any kind especially of breast or perineal area. <p>Neglect:</p> <p>Neglect is the failure of the center, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress. Examples include but are not limited to:</p> <ol style="list-style-type: none"> 2. Failure to take precautionary measures to protect the health and safety of the resident. <p>Procedure:</p> <p>5. Investigation- The Abuse Coordinator or his/her designee shall investigate all reports or allegations of abuse, neglect, misappropriation and exploitation. A social service representative may be offered in the role of resident advocate during any questioning of or interviewing of residents. Investigations will be accomplished in the following manner.</p> <p>-Preliminary Investigation:</p> <p>Immediately upon an allegation of abuse or neglect, the suspect shall be segregated from the residents pending the investigation of the resident allegation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	

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)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The nurse or Director of Nursing/designee shall perform and document a thorough nursing evaluation, and notify the attending physician.</p> <p>An incident report shall be filed by the individual in charge who receives the report in conjunction with the person who reported the abuse. This report shall be filed as soon as possible in order to provide the most accurate information in a timely fashion, and submitted to the Abuse Coordinator.</p> <p>-Investigation:</p> <p>The Abuse Coordinator and/or Director of Nursing shall take statements from the victim, the suspect(s) and all possible witnesses including all other employees in the vicinity of the alleged abuse. He/She shall also secure all physical evidence. Upon completion of the investigation, a detailed report shall be prepared.</p> <p>6. Protection</p> <p>*Any suspect(s) who is an employee or contract service provider, once he/she has (have) been identified, will be suspended pending the investigation.</p> <p>*The resident will be evaluated for any signs of injury, including a physical exam and/or psychosocial assessment, as appropriate.</p> <p>*Increased supervision of the alleged victim and residents.</p> <p>*Room or staffing changes, if necessary, to protect the resident(s) from the alleged perpetrator.</p> <p>*Protection from retaliation.</p> <p>*Provide the resident with emotional support and counseling during and after the investigation, if needed.</p> <p>Resident #1</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses, which included Chronic Obstructive Pulmonary Disease, Dysphagia, Muscle Weakness, and Major Depressive Disorder.</p> <p>Review of the quarterly MDS with an ARD of 02/26/2023 revealed Resident #1 had a BIMS of 15, which indicated she was cognitively intact.</p> <p>A review of the facility's Incident Report dated 02/05/2023 at 6:22 p.m. revealed the following, in part:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	
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)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An incident of alleged sexual abuse was reported to staff by Resident #1. She reported to a nurse that Resident #6 touched her breast as he passed by her in the hallway. Resident #1 made an official statement. Resident #1 came to the nurse's station and stated, Resident #6 was being pushed down the hall and he passed me and grabbed my boob. Previous administrator, S2DON, and S5MD were notified. A local mental health facility was contacted to send Resident #6, no bed available. Awaiting further instructions for placement. Resident #1 was AAOx4. Resident #6 was not oriented to situation. No witnesses found.</p> <p>The facility was unable to provide evidence that a thorough investigation was conducted/completed for the incident involving Resident #1 and Resident #6.</p> <p>On 03/14/2023 at 10:42 a.m., an interview was conducted with Resident #1. She recalled an incident from last month where Resident #6 touched her breast. She stated she reported the incident to S11LPN immediately after the incident.</p> <p>On 03/14/2023 at 2:50 p.m. an interview was conducted with S11LPN. She stated on 02/05/2023, Resident #1 reported Resident #6 touched her breast as they passed each other in the hall. She stated she reported it to S8UM.</p> <p>On 03/16/2023 at 9:30 a.m., a telephone interview was conducted with S29LPN. She said Resident #1 came up to the nursing station and told her Resident #6 had grabbed her on her boob. She said she brought Resident #1 to the nurse on the hall and told her what happened. She said she called the supervisor and made them aware.</p> <p>On 03/16/2023 at 10:25 a.m., an interview was conducted with S2DON. He confirmed he was unable to provide evidence that a thorough investigation was conducted/completed when an allegation of sexual abuse was made by Resident #1 on 02/05/2023. He wasn't aware if any staff or residents were interviewed related to this incident.</p> <p>On 03/16/2023 at 12:00 p.m., an interview was conducted with S1ADM. He confirmed the designated Abuse Coordinator was the previous administrator at the time of this incident. He wasn't aware if any staff or other residents were interviewed. He confirmed he was unable to provide evidence that a thorough investigation was conducted/completed when Resident #1 alleged Resident #6 touched her breast on 02/05/2023.</p> <p>Resident #4</p> <p>Resident #4 was admitted to the facility on [DATE] with diagnoses which included Heart Failure, Dysphagia, Contracture of Muscle-Right Hand, Muscle Weakness, and Major Depressive Disorder.</p> <p>Review of the Quarterly MDS with an ARD of 12/22/2022 revealed Resident #4 had a BIMS of 08 which indicated she had moderate cognitive impairment.</p> <p>Review of the facility's Incident Reports dated 03/01/2023 revealed the following, in part:</p> <p>Resident #4 reported an incident. When asked what happened the resident put her hands up in a boxing pose and pointed to where she was hit on her face. Resident #4 could not recall who did it or when it happened.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	

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)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>There were no records revealing an investigation was conducted when Resident #4 reported an allegation of physical abuse on 03/01/2023.</p> <p>On 03/15/2023 at 8:40 a.m., an interview was conducted with S4SSD. She said Resident #4's nieces stated Resident #4 couldn't remember what happened.</p> <p>On 03/15/2023 at 11:00 a.m., a telephone interview was conducted with Resident's #4's niece. She said when she and her sister visited, the first thing Resident #4 told her was she got in a fight with one of the aides and Resident #4 put up her fist. Resident #4's niece stated when she asked Resident #4 if she was hit, Resident #4 pointed to her head. Resident #4's niece said they reported it to the social worker.</p> <p>On 03/16/2023 at 12:00 p.m., an interview was conducted with S1ADM. He confirmed the allegations of physical abuse for Resident #4 was not investigated thoroughly and should have been.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	

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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46645</p> <p>Based on interviews and record review the facility failed to develop and implement a comprehensive person-centered care plan for 1 (#2) of 7 (#1, #2, #3, #4, #5, #6 and #7) sampled residents reviewed for care plans. The facility failed to ensure Resident #2's care plan was updated when he returned from the hospital with a knee immobilizer in place.</p> <p>Findings:</p> <p>Review of the medical records for Resident #2 revealed he was a year [AGE] year old male admitted to the facility on [DATE] with diagnoses which included Paraplegia, Fracture of Right Tibia, End Stage Renal Disease (Hemodialysis Dependent), Peripheral Vascular Disease, and Type 2 Diabetes Mellitus.</p> <p>A review of the Significant Change MDS with an ARD of 02/13/2023 revealed Resident #2 had a BIMS of 15 which indicated he was cognitively intact.</p> <p>A review of the emergency room After Visit Summary dated 02/06/2023 revealed the following, in part:</p> <p>Instructions:</p> <p>You have a tibial plateau fracture. The knee immobilizer has been supplied. You need to wear this at all times, except when bathing. You cannot put weight on the leg.</p> <p>Review of the current Care Plan for Resident #2 revealed no documentation his care plan was updated when he returned from the emergency room with a knee immobilizer in place.</p> <p>On 03/20/2023 at 10:29 a.m., an interview was conducted with S8UM. She stated the floor nurse caring for Resident #2 was responsible for entering/updating physician's orders by using the After Visit Summary instructions. She confirmed there were no orders entered for Resident #2's knee immobilizer. She confirmed Resident #2 wasn't care planned for knee immobilizer.</p> <p>On 03/20/2023 at 12: 55 p.m., an interview was conducted with S9LPN. She stated the floor nurse caring for Resident #2 upon his return from the ER was responsible for entering new/updated orders using the After Visit Summary or calling the provider. She stated she would have expected Resident #2 to have orders related to the knee immobilizer. She stated on 02/07/2023 when she realized there were no orders in place for the knee immobilizer, she should have called the provider to get orders related to the knee immobilizer.</p> <p>On 03/20/2023 at 1:18 p.m., an interview was conducted with S10LPN. She did recall Resident #2 returning from the ER during her night shift on 02/06/2023 diagnosed with a right tibial fracture and wearing a knee brace.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2023
NAME OF PROVIDER OR SUPPLIER Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Main Street Franklinton, LA 70438	
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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/20/2023 at 1:38 p.m. an interview was conducted with S6PTA. She stated therapy taught Resident #2 and nursing staff how to use the knee immobilizer.</p> <p>On 03/20/2023 at 2:16 p.m., an interview was conducted with S7MDS. She stated she was responsible for MDS assessments/updates and care planning. She stated care plans were updated daily after receiving/reviewing newly entered physician's orders and at the time of each MDS assessment. She stated when a resident returned from an emergency room visit, the facility's After Visit Summary or Discharge Summary should be used to update and/or enter new physician's orders. She stated the floor nurse caring for the resident should enter new physician's orders into the electronic medical record. She confirmed ER orders were not entered for this resident; therefore his care plan wasn't updated to include the knee immobilizer.</p> <p>On 03/22/2023 at 11:30 a.m., an interview was conducted with S2DON. He confirmed it was the floor nurse's responsibility to enter updated/new orders from the ER. He would expect the floor nurse to use the After Visit Summary for new/updated orders. He confirmed Resident #2 didn't have orders entered for the knee immobilizer and wasn't care planned for a knee immobilizer.</p> <p>On 03/22/2023 at 12:20 p.m. an interview was conducted with S1ADM. He stated the floor nurse receiving the resident was responsible for entering/updating MD orders when a resident returned from the ER. The floor nurse should use the After Visit Summary for new/updated orders or call the provider for clarification. He, also, confirmed Resident #2 didn't have orders entered for a knee immobilizer and wasn't care planned for a knee immobilizer.</p>		