

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Villa Feliciana Chronic Disease		STREET ADDRESS, CITY, STATE, ZIP CODE 5002 Highway 10 Jackson, LA 70748	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43868</p> <p>Based on interviews, and record review, the facility failed to notify the physician when a residents had a change in condition for 3 (#12, #13, and #14) of 16 residents reviewed for abuse.</p> <p>Findings:</p> <p>Resident #12</p> <p>Review of Resident #12's Clinical Record revealed the resident was admitted to the facility on [DATE] with diagnoses which included Traumatic Brain Injury, Anoxic Brain Damage, and Impulse Disorder.</p> <p>Review of Resident #12's most recent MDS with an ARD of 05/15/2024, revealed that the resident had a BIMS (Brief Interview for Mental Status) of 0 which indicated the resident was severely impaired for cognition. Further review revealed the resident was independent with mobility and walking.</p> <p>Review of the facility's state agency reportable incidents for Resident #12 revealed the following:</p> <p>Abuse type in Review: Abuse</p> <p>Date: 06/25/2024</p> <p>Incident Description: Allegation of nurse drugging resident #12.</p> <p>Review of Resident #12's Nurse's Notes revealed the following, in part:</p> <p>06/25/2024 at 7:12 a.m., Resident #12 came to nurses station and stated his legs hurt, Tylenol given, walked back toward his room with CGT, and fell . S5LPN</p> <p>06/25/2024 at 7:21 a.m., Nurse called down to Resident #12's room. Resident #12 fell again. S5LPN</p> <p>06/25/2024 at 8:45 p.m. Resident #12 lethargic, confused and oriented to person only. Unclear speech and unsteady gait noted. Resident #12 stated, I am very sleepy and required assistance to sit on the side of the bed. Resident #12 unable to keep eyes open during assessment. S18RN</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Villa Feliciana Chronic Disease		STREET ADDRESS, CITY, STATE, ZIP CODE 5002 Highway 10 Jackson, LA 70748	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 07/15/2024 at 10:41 a.m., an interview was conducted with S5LPN. She stated on the morning of 06/25/2024, Resident #12 stumbled, could not hold himself up, walked with his eyes closed and mumbled where she could not understand him. She confirmed these behaviors were not Resident #12's normal behaviors. She further confirmed Resident #12 remained drowsy her entire shift on 06/25/2024 and S12 RN was notified of the abnormal behaviors.</p> <p>Resident #13</p> <p>Review of Resident #13's Clinical Record revealed the resident was admitted to the facility on [DATE] with diagnoses which included Traumatic Brain Injury, Impulse Disorder, and Major Depressive Disorder.</p> <p>Review of Resident #13's most recent MDS with an ARD of 04/26/2024, revealed that the resident had a BIMS (Brief Interview for Mental Status) of 3 which indicated the resident was severely impaired for cognition. Further review revealed the resident was independent with mobility and walking.</p> <p>Review of the facility's state agency reportable incidents for Resident #13 revealed the following:</p> <p>Abuse type in Review: Abuse</p> <p>Date: 06/25/2024</p> <p>Incident Description: Allegation of nurse drugging resident #13.</p> <p>Review of Resident #13's Nurse's Notes revealed the following, in part:</p> <p>06/25/2024 at 9:27 a.m., Resident #13 came up the hallway, gait unsteady, informed resident to go lie down or sit down before he falls. Resident #13 stated, I'm going smoke resident continued and fell backwards. Resident #13 assisted to w/c by staff and was taken to his room. S5LPN</p> <p>06/25/2024 at 12:22 p.m., Resident #13 came from smoking area to eat lunch and fell to his knees. S5LPN</p> <p>06/25/2024 at 3:12 p.m., Resident #13 still lethargic and will not remain in bed or wheelchair. Resident continued to walk unsteady. S5LPN</p> <p>06/25/2024 at 8:01 p.m., Resident #13 lethargic with slurred speech. Resident #13 refused to utilize wheelchair for ambulation. Noted to have excessive secretions. S18RN</p> <p>On 07/15/2024 at 10:41 a.m., an interview was conducted with S5LPN. She stated on the morning of 06/25/2024, Resident #13 was lethargic, fell repeatedly, could not get himself up off the floor, would not stay in the bed, and required constant redirection. She confirmed these behaviors were not Resident #13's normal behaviors. She further confirmed Resident #13 remained drowsy and unsteady her entire shift on 06/25/2024 and S12 RN was notified of the abnormal behaviors.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Villa Feliciana Chronic Disease		STREET ADDRESS, CITY, STATE, ZIP CODE 5002 Highway 10 Jackson, LA 70748	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 07/15/2024 at 12:23 p.m., an interview was conducted with S12 RN. She stated on 06/25/2024 at 7:00 a. m. during her rounds, she was notified Resident #13 fell , was uncoordinated, and lethargic. She confirmed these behaviors were not Resident #13's normal behaviors.</p> <p>Resident #14</p> <p>Review of Resident #14's Clinical Record revealed the resident was admitted to the facility on [DATE] with diagnoses which included Schizoaffective Disorder, and Vascular Dementia.</p> <p>Review of Resident #14's most recent MDS with an ARD of 07/03/2024, revealed that the resident had a BIMS (Brief Interview for Mental Status) of 99 which indicated the resident could not complete the assessment and was severely impaired for cognition. Further review revealed the resident required extensive assistance with all ADL's.</p> <p>Review of the facility's state agency reportable incidents for Resident #14 revealed the following:</p> <p>Abuse type in Review: Abuse</p> <p>Date: 06/25/2024</p> <p>Incident Description: Allegation of nurse drugging resident #14.</p> <p>Review of Resident #14's Nurse's Notes revealed the following:</p> <p>06/25/2024 at 3:53 p.m., Resident #14 in bed with eyes closed, very lethargic and unable to keep his eyes open when aroused by the nurse. Will continue to monitor. S5LPN</p> <p>On 07/15/2024 at 10:41 a.m., an interview was conducted with S5LPN. She stated on the morning of 06/25/2024, Resident #14 was lethargic, and she could not wake him. She stated she called the residents name, tapped his feet, pulled the cover down, and he did not open his eyes. She confirmed these behaviors were not Resident #14's normal behaviors. She further confirmed Resident #14 remained drowsy and asleep her entire shift on 06/25/2024 and S12 RN was notified of the abnormal behaviors.</p> <p>On 07/15/2024 at 12:23 p.m., an interview was conducted with S12 RN. She stated on 06/25/2024 during her rounds, S5LPN reported Resident #12, #13 and #14 had abnormal behaviors and found a box of Dollar General Sleep Aid and a bottle of Melatonin on her medication cart. She confirmed the S2DON was notified of Resident #12, #13 and #14's abnormal behaviors and OTC medications found in the cart.</p> <p>On 07/17/2024 at 11:35 a.m., an interview was conducted with S2DON. She stated on 06/25/2024 during rounds sometime before 2:00 p.m., S12 RN reported Resident #12, #13, and #14's abnormal behaviors and a box of Dollar General Sleep Aid and a bottle of Melatonin was found on the medication cart.</p> <p>On 07/17/2024 at 2:55 p.m., an interview was conducted with S17MD. He stated he managed resident's behaviors and psychiatric medications and the NP managed the resident from a medical standpoint. He confirmed he was not aware of Resident #12, #13, and #14's abnormal behaviors on 06/25/2024. He further confirmed he was not aware of a box of Dollar General Sleep Aid and a bottle of Melatonin found on the medication cart and he absolutely should have been made aware.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Villa Feliciana Chronic Disease		STREET ADDRESS, CITY, STATE, ZIP CODE 5002 Highway 10 Jackson, LA 70748	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<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** 47546</p> <p>47732</p> <p>Based on observations, interviews, and record reviews, the facility failed to protect each residents' right to be free from physical abuse for 3 (#3, #5, and #9) of 16 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, and #16) residents reviewed for abuse. The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Resident #3 and Resident #9 were free from physical abuse by Resident #4; and 2. Resident #5 was free from physical abuse by Resident #6. <p>Findings:</p> <p>Review of the facility's policy titled, Abuse and Neglect Policy, with a revision date of March 2023, revealed the following, in part:</p> <p>Purpose: It is the policy of this facility and the state agency, to prohibit the abuse of patients/residents (henceforth referred to as resident). This facility is committed to preserving the right of each person receiving services to be free from abuse. All forms of abuse of residents by other residents of this facility are prohibited.</p> <p>Definitions:</p> <p>Physical abuse - physical contact such as hitting, slapping, pinching, kicking, choking, and scratching.</p> <p>Review of facility's policy titled, Resident to Resident Abuse Policy, with no noted effective date, revealed the following, in part:</p> <p>Definitions:</p> <ol style="list-style-type: none"> a. Willful - .means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. b. Abuse - . the willful infliction of injury, unreasonable confinement, intimidation, or punishment, with resulting physical harm, pain, or mental anguish. <ol style="list-style-type: none"> 1. <p>Resident #3</p> <p>Review of Resident #3's clinical record revealed he was admitted to the facility on [DATE] with diagnosis which included Cerebrovascular Accident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Villa Feliciana Chronic Disease		STREET ADDRESS, CITY, STATE, ZIP CODE 5002 Highway 10 Jackson, LA 70748	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of Resident #3's quarterly MDS with an ARD of 05/06/2024 revealed the provider assessed the resident as having a BIMS of 15, which indicated the resident was cognitively intact.</p> <p>Resident #4</p> <p>Review of Resident #4's clinical record revealed he was admitted to the facility on [DATE] with diagnoses which included Unspecified Dementia, Unspecified Psychosis and Schizophrenia.</p> <p>Review of Resident #4's quarterly MDS with an ARD of 06/04/2024 revealed the provider assessed the resident as having a BIMS of 3, which indicated the resident was severely cognitively impaired.</p> <p>Review of the facility's state agency reportable incidents for Resident #3 revealed the following:</p> <p>Accused Allegations: Physical Abuse</p> <p>Date: 06/12/2024</p> <p>Incident Description: Resident #3 was shoved in his wheelchair, and struck by another Resident 4.</p> <p>Review of Resident #3's Nurse's Note, entered by S7LPN, and dated 06/12/2024 at 6:05 p.m. revealed the following, in part:</p> <p>Resident #3 reported he was pushed in his chair, and hit in the head by another resident in the dining room.</p> <p>On 07/16/2024 at 3:10 p.m., an interview was conducted with Resident #3. He stated on 06/12/2024, Resident #4 pushed his wheelchair against the dining room table and kept pushing him. Resident #3 stated he told Resident #4 he could not go any further, and he hit me on the head. He stated it made him angry.</p> <p>On 07/18/2024 at 9:30 a.m., an interview was conducted with S7LPN. She confirmed on 06/12/2024, Resident #3 reported to her Resident #4 shoved his wheelchair, and hit him in the head in the dining room.</p> <p>Review of the facility's video footage of the dining room was conducted on 07/17/2024 at 9:30 a.m. with S2DON who confirmed the below observation:</p> <p>Video footage dated 06/12/2024 beginning at 5:20 p.m.:</p> <p>Resident #3 was observed being rolled in his wheelchair into the dining room by Resident #4. Resident #4 was seen forcefully pushing Resident #3's wheelchair against the dining room table and hitting him on the head.</p> <p>Immediately following the observation, an interview was conducted with S2DON. S2DON confirmed Resident #4 pushed Resident #3's wheelchair forcefully against the dining room table and hit him in the head. She confirmed she considered the altercation physical abuse.</p> <p>Resident #9</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Villa Feliciana Chronic Disease		STREET ADDRESS, CITY, STATE, ZIP CODE 5002 Highway 10 Jackson, LA 70748	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of Resident #9's clinical record revealed he was admitted to the facility on [DATE] with diagnoses which included Unspecified Behavioral Syndrome Associated with Physiological Disturbance, Schizoaffective Disorder, and Other Psychoactive Substance Abuse. and COPD.</p> <p>Review of Resident #9's quarterly MDS with an ARD of 05/07/2024 revealed the provider assessed the resident as having a BIMS of 14, which indicated the resident was cognitively intact.</p> <p>Review of the facility's state agency reportable incidents for Resident #9 revealed the following:</p> <p>Accused Allegations: Physical Abuse</p> <p>Date: 06/27/2024</p> <p>Incident Description: Resident #9 was pushed to the floor and struck by another resident.</p> <p>Review of Resident #9's Nurse's Note, entered by S8LPN, and dated on 06/27/2024 at 5:00 p.m. revealed the following, in part:</p> <p>Resident #9 got into a physical altercation with Resident #4 in the dayroom. S8LPN was alerted to the incident when she heard another nurse call out for the two residents to stop. When S8LPN walked out the door she saw Resident #9 on the floor with Resident #4 standing over him punching him. The fight was broken up by security and the two residents were separated.</p> <p>On 07/16/2024 at 3:00 p.m., an interview was conducted with Resident #9. He stated on 06/27/2024, he was sitting in a chair in the dayroom and Resident #4 told him to get up, pushed him to the floor, and slapped him upside the head. He stated it made him angry.</p> <p>Review of the facility's video footage of dayroom was conducted on 07/17/2024 at 9:35 a.m. with S2DON who confirmed the below observation:</p> <p>Video footage dated 06/27/2024 at 5:08 p.m.:</p> <p>Resident #9 was observed seated in a chair to the right side of the doorway. Resident #4 was observed approaching Resident #9. Resident #9 stood up and was pushed to the floor by Resident #4, who then began punching him.</p> <p>Immediately following the observation, and interview was conducted with S2DON. S2DON stated Resident #4 grabbed Resident #9 and pushed him to the floor with force and hit him. She confirmed she considered the altercation physical abuse.</p> <p>2.</p> <p>Resident #5</p> <p>Review of Resident #5's clinical record revealed he was admitted to the facility on [DATE] with diagnoses which included: Depression Unspecified, Unspecified Dementia Unspecified Severity, without behavior/psychosis/mood/anxiety.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Villa Feliciana Chronic Disease		STREET ADDRESS, CITY, STATE, ZIP CODE 5002 Highway 10 Jackson, LA 70748	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of Resident #5's Yearly MDS with an ARD of 04/15/2024 revealed the provider assessed the resident as having a BIMS of 7, which indicated the resident had severe cognitive impairment.</p> <p>Resident #6</p> <p>Review of Resident #6's clinical record revealed he was admitted to the facility on [DATE] with diagnoses which included: Psychosis not due to a substance or known physical condition, Dementia, Unspecified Severity without behavior/psychosis, Disorder of Adult Persona, and other Conduct Disorders.</p> <p>Review of Resident #6's yearly MDS with an ARD of 05/21/2024 revealed the resident had a BIMS of 11, which indicated the resident was moderately cognitively impaired.</p> <p>Review of the facility's state agency reportable incidents for Resident #6 revealed the following:</p> <p>Accused Allegations: Physical Abuse - substantiated after facility investigation.</p> <p>Date: 06/19/2024</p> <p>Incident Description: Resident #6 pushed another resident's wheelchair to remove him from their shared room.</p> <p>Review of Resident #6's Nurse's Note, entered by S8LPN, and dated on 06/19/2024 at 8:28 a.m. revealed the following, in part: Resident #5 and Resident #6 got into an argument in their room. Resident #6 pushed Resident #5 out of the room by his wheelchair and Resident #6 was overheard saying he was going to punch Resident #5 in his face.</p> <p>On 07/16/2024 at 9:00 a.m., an interview was conducted with S10CNA. She stated she saw Resident #6 pushing Resident #5 in his wheelchair into the hallway. Stated Resident #5's wheelchair almost hit the hallway railing.</p> <p>Review of the facility's video footage of hallway outside of resident's room was conducted on 07/16/2024 at 10:00 a.m. with S15IT who confirmed the below observation:</p> <p>Video footage dated 06/19/2024 at 5:56 a.m.:</p> <p>Resident #5 was observed being forcefully pushed across hallway by Resident #6.</p> <p>On 07/16/2024 at 10:43 a.m., an interview was conducted with S10CNA. She stated she was standing in the hallway outside of Resident #5 and Resident #6's room when she observed Resident #5 being shoved out of his room in his wheelchair into the hallway by Resident #6. She stated Resident #5's wheelchair almost hit the hallway railing. She stated she would consider this abuse amongst residents.</p> <p>On 07/16/2024 at 12:25 p.m., an interview was conducted with S4RN. He stated he observed on the facility's video footage Resident #6's hands on Resident #5's wheelchair handles pushing Resident #5 out of their shared room into hallway. He stated it was not a gentle push. He stated he would consider the push to be a form of abuse because Resident #6's intent was malicious.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Villa Feliciana Chronic Disease		STREET ADDRESS, CITY, STATE, ZIP CODE 5002 Highway 10 Jackson, LA 70748	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 07/17/2024 at 12:05 p.m., an interview was conducted with S2DON. She confirmed if a resident forcefully shoved another resident out of their shared room she would consider that a form of abuse.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Villa Felician Chronic Disease		STREET ADDRESS, CITY, STATE, ZIP CODE 5002 Highway 10 Jackson, LA 70748	
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 - Some</p> <p>Note: The nursing home is disputing this citation.</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** 43868</p> <p>45270</p> <p>Based on record review and interviews, the facility failed to ensure allegations of abuse were reported immediately, but not later than 2 hours after the allegation was made to the administrator and to the state survey agency for 2 (#7 and #16) of 16 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, and #16) residents reviewed for abuse.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Abuse and Neglect Policy with a revision date of 03/2023 revealed the following, in part:</p> <p>iv. Procedure to Report Abuse/Neglect-Any employee</p> <p>1. To the Immediate Supervisor: Immediately, if at all possible, but in no case later than one hour after knowledge or suspicion, the written report shall be submitted to the RN supervisor as soon as possible, but no later than two hours after the verbal report.</p> <p>9. Ensure that all reporting requirements are followed.</p> <p>vi. Client Rights Officer-The function of the Client Rights Officer is as follows:</p> <p>2. At the direction of the Administrator, report allegations of abuse and neglect to the APS and assure that information is entered into the state Incident System.</p> <p>Review of the facility's policy titled, Resident to Resident Abuse Policy with no revision date revealed the following, in part:</p> <p>v. Procedure to Report Abuse</p> <p>e. Administrator or designee will enter information into SIMS (Statewide Incident Management System) as required .</p> <p>Resident #7</p> <p>Review of Resident #7's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses which included Other Mental Disorders due to Known Physiological Condition, Major Depressive Disorder, and Alcohol Dependence with Alcohol-induced Persisting Dementia.</p> <p>Review of the facility's Incident Report dated 06/25/2024 revealed the following, in part:</p> <p>Date/Time Incident Occurred: 06/25/2024 at 4:20 p.m.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Villa Feliciana Chronic Disease		STREET ADDRESS, CITY, STATE, ZIP CODE 5002 Highway 10 Jackson, LA 70748	
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 - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Date/Time Incident Discovered: 06/25/2024 at 4:20 p.m.</p> <p>Residents involved: Resident #7 and Resident #8</p> <p>Description of Incident: Resident #8 noted agitated and stated to Resident #7 If I had a blade, I would cut your f***ing nuts off right this second.</p> <p>Witness: S14MD</p> <p>Nurse completing report: S16LPN</p> <p>Review of the Incident Report submitted to the state survey agency for Resident #7 revealed the following:</p> <p>Accused Allegations: Verbal Abuse</p> <p>Incident Occurred: 06/25/2024 at 4:20 p.m.</p> <p>Incident Discovered: 06/25/2024 at 4:20 p.m.</p> <p>Incident Reported/Entered: 06/25/2024 at 8:00 p.m.</p> <p>Incident Description: Resident #8 made a threatening statement towards Resident #7. Resident #8 stated to Resident #7 that, If I had a blade, I would cut your f***ing nuts off right this second.</p> <p>On 07/16/2024 at 8:56 a.m., an interview was conducted with S14MD. She said Resident #7 and Resident #8 were roommates. She said on 06/25/2024 she was in Resident #8's room, as he was psychotic and agitated due to hallucinations. She said Resident #8 said towards Resident #7, If I had a blade I would cut your f***ing nuts off right this second. She said Resident #8 was threatening and verbally abusive towards Resident #7 on 06/25/2024. She said she reported the incident immediately to S16LPN.</p> <p>On 07/15/2024 at 2:10 p.m., an interview was conducted with S16LPN. She said on 06/25/2024, S14MD reported to her at 4:20 p.m., Resident #8 told Resident #7 that he would cut off his f****ing nuts. She said she reported the incident to S12RN within the hour and S12RN was to notify administrative staff. She said a resident threatening another resident was verbal abuse.</p> <p>On 07/15/2024 at 12:15 p.m., an interview was conducted with S12RN. She said on 06/25/2024 around 4:00 p.m., S16LPN reported to her Resident #8 made a threat he was going to cut Resident #7's balls off while in their room together. She confirmed it was an allegation of verbal abuse. She said she could not recall the time she reported the incident to S4RN, but knew it was prior to the two hour required time frame.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Villa Feliciana Chronic Disease		STREET ADDRESS, CITY, STATE, ZIP CODE 5002 Highway 10 Jackson, LA 70748	
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 - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 07/16/2024 at 9:10 a.m., an interview was conducted with S4RN. He said he was responsible for submitting allegations of abuse to the state survey agency. He reviewed the above listed incident report for Resident #7 on 06/25/2024 at 4:20 p.m. He said on 06/25/2024, he did not recall when or by whom he was notified of the incident between Resident #7 and Resident #8. He recalled he was notified S14MD witnessed Resident #8 make the statement he wanted to harm his roommate, Resident #7, and cut his nuts off. He said the incident was threatening and an allegation of verbal abuse. He confirmed the allegation of verbal abuse was not reported to the state agency within the required two hour time frame.</p> <p>On 07/16/2024 at 9:24 a.m., an interview was conducted with S2DON. She reviewed the above listed incident report for Resident #7 and confirmed there was an allegation of verbal abuse. She confirmed the allegation of verbal abuse was not reported to the state survey agency within two hours and should have been.</p> <p>On 07/16/2024 at 11:16 a.m., an interview was conducted with S1ADM. He stated S4RN was responsible for submitting allegations of abuse to the state survey agency. He reviewed the above listed incident report for Resident #7 and confirmed there was an allegation of verbal abuse. He said due to the threatening nature of the allegation it needed to be reported. He stated allegations of resident to resident verbal abuse should be reported to the state survey agency within two hours of being discovered. He confirmed the allegation was not reported to the state survey agency within the two hours as required.</p> <p>Resident #16</p> <p>Review of Resident #16's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses which included Schizoaffective Disorder, Major Depressive Disorder, and Vascular Dementia.</p> <p>Review of the most recent MDS (Minimum Data Set) for Resident #16 with an ARD (Assessment Reference Date) of 06/09/2024 revealed that the resident had a BIMS (Brief Interview for Mental Status) of 3 which indicated the resident was severely impaired for cognition.</p> <p>Review of the facility's Incident Report dated 07/10/2024 revealed the following, in part:</p> <p>Date/Time Incident Discovered: 07/10/2024 @ 5:12 p.m.</p> <p>Residents involved: Resident #16</p> <p>Description of Incident: Resident #16 noted with contusion to the right check.</p> <p>Review of the Incident Report submitted to the state survey agency for Resident #16 revealed the following:</p> <p>Accused Allegations: Physical Abuse</p> <p>Incident Reported/Entered: 07/10/2024 at 5:41 p.m.</p> <p>Victim: Resident #16</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Villa Feliciana Chronic Disease		STREET ADDRESS, CITY, STATE, ZIP CODE 5002 Highway 10 Jackson, LA 70748	

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 - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Incident Description: Resident #16 reported that his assigned CNA beat him up last night.</p> <p>On 07/16/2024 at 2:28 p.m., an interview was conducted with S19SW. She stated on 07/10/2024 at 5:00 p.m. , she made rounds and noticed Resident #16 had a bruise on his face. She stated Resident #16 reported last night the CNA beat him up. She stated she immediately reported the incident to S2DON</p> <p>On 07/17/2024 at 1:17 p.m., an interview was conducted with S9CNA. She stated on the morning of 07/10/2024 she noticed a bruise on Resident #16's face and he reported the night CNA beat him up. She stated she reported the allegation of abuse to S5LPN immediately.</p> <p>On 07/18/2024 at 2:16 p.m., an interview was conducted with S5LPN. She stated on 07/10/2024 she noticed an abrasion on Resident #16's face, but did not know what occurred. She denied Resident #16 or any staff reported any allegations of abuse. She denied reporting the abrasion to her supervisor.</p> <p>On 07/18/2024 at 3:11 p.m. an interview was conducted with S2DON. She stated an allegation of abuse reported to a staff nurse should be reported immediately to administration. She confirmed that Resident #16's allegation of abuse was reported at 5:00 p.m. She further confirmed the allegation should have been reported to the state agency within 2 hours of Resident #16 making the allegation of abuse to S9CNA.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Villa Feliciana Chronic Disease		STREET ADDRESS, CITY, STATE, ZIP CODE 5002 Highway 10 Jackson, LA 70748	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45270</p> <p>Based on record review and interviews, the facility failed to ensure the residents plan of care was revised by failing to update behavior interventions after a verbal altercation for 1 (#1) of 16 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, and #16) residents reviewed for care plans.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Care Plans-Nursing with a revision date of 05/2015 revealed the following, in part:</p> <p>II. Purpose:</p> <p>A. To provide an individualized nursing care plan to guide the resident's care .</p> <p>IV. Policy:</p> <p>B. The care plan for each resident must include:</p> <p>2. Interventions: that describe the services you will employ to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p> <p>M. Document:</p> <p>1. All pertinent .expected outcomes, nursing interventions, and evaluations of expected outcomes.</p> <p>Review of Resident #1's clinical record revealed the resident was admitted to the facility on [DATE] with diagnosis which included Multiple Myeloma Not Having Achieved Remission.</p> <p>Review of the facility's Incident Report dated 06/04/2024 revealed the following, in part:</p> <p>Date/Time Incident Occurred: 06/04/2024 at 7:16 a.m.</p> <p>Date/Time Incident Discovered: 06/04/2024 at 7:16 a.m.</p> <p>Residents involved: Resident #1 and Resident #2</p> <p>Description of Incident: Resident #1 was threatened with physical harm by Resident #2. Resident #2 told Resident #1 I'm going to beat you're a** like I did before.</p> <p>Witness: S6LPN</p> <p>Nurse completing report: S6LPN</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Villa Feliciana Chronic Disease		STREET ADDRESS, CITY, STATE, ZIP CODE 5002 Highway 10 Jackson, LA 70748	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of Resident #1's Nurse's Notes dated 06/04/2024 revealed, in part, the following:</p> <p>At 7:17 a.m. Resident #1 involved in verbal altercation with Resident #2, Resident #1 was threatened by Resident #2 with physical harm. Resident #2 threatened to beat Resident #1's a**, stating I am going to beat you're a** like I did before. Signed by S6LPN</p> <p>At 3:19 p.m. Special staffed for verbal altercation and being threatened harm by Resident #2. Provided counseling and education. Resident #1 was encouraged not to have any interaction with Resident #2, do not engage and notify staff of any issues. Signed by S11MDS</p> <p>Review of Resident #1's care plan revealed it was not revised and did not include interventions to address behaviors after the verbal altercation that occurred on 06/04/2024 with Resident #2.</p> <p>On 07/17/2024 at 9:20 a.m., an interview was conducted with S6LPN. She said Resident #1 and Resident #2 had previous verbal incidents and one physical altercation. She said on 06/04/2024, Resident #1 and Resident #2 had a verbal altercation at the beginning of the shift. She said Resident #2 threatened Resident #1, saying I'm going to beat you're a** like I did the last time, referencing their previous physical altercation. She said Resident #1 cursed back at Resident #2 and rolled their wheelchairs up to each other like they were going to fight. She said S11MDS was responsible for updating the care plans and was aware of the incident. She reviewed Resident #1 care plan and confirmed it was not updated after the incident on 06/04/2024 and should have been.</p> <p>On 07/17/2024 at 10:43 a.m., an interview was conducted with S11MDS. She said she was responsible for updating the residents care plans. She said resident care plans were updated after any resident incidents. She said on 06/04/2024, she was notified there was verbal altercation between Resident #1 and Resident #2. She said Resident #2 threatened to beat Resident #1's butt. She said after the incident, Resident #1 was counseled as an intervention to bring any issues to staff instead of trying to handle them on his own. She confirmed Resident #1's care plan was not updated after the 06/04/2024 incident and should have been.</p> <p>On 07/17/2024 at 12:00 p.m., an interview was conducted with S2DON. She said the facilities protocol after a resident incident was the treatment team met, discussed the incident, and came up with interventions to put in place. She said any interventions would then be updated on the resident's care plan. She said S11MDS was responsible for updating the care plans. She reviewed Resident #1 care plan and nurse's note dated 06/04/2024 at 3:19 p.m. by S11MDS and confirmed the interventions were not added to the care plan after the incident on 06/04/2024 and should have been.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Villa Feliciana Chronic Disease		STREET ADDRESS, CITY, STATE, ZIP CODE 5002 Highway 10 Jackson, LA 70748	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43868</p> <p>45270</p> <p>47732</p> <p>Based on interviews and record reviews, the facility failed to ensure PRN orders for psychotropic medications were limited to 14 days and indicated the duration for 4 (#4, #8, #13 and #14) of 16 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, and #16) residents reviewed for unnecessary medications.</p> <p>Findings:</p> <p>Review of the facility's policy titled Antipsychotic/Psychotropic Medication Policy with no revision date revealed the following, in part:</p> <p>Purpose: Antipsychotic medications will be prescribed at the lowest possible dosage for the shortest period, and are subject to gradual dose reduction, and re-review by Physicians and mid-level providers to ensure appropriate use, evaluation and monitoring.</p> <p>Procedures:</p> <p>1. The need to continue PRN orders for psychotropic medications beyond 14 days requires that the practitioner document the rationale for the extended order. The duration of the PRN order will be indicated in the order.</p> <p>Resident #4</p> <p>Review of Resident #4's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses which included Unspecified Dementia, Unspecified Psychosis, and Schizophrenia.</p> <p>Review of Resident #4's July 2024 Physician's Orders revealed an order written on 06/27/2024 for Haldol 5 mg vial, give intramuscular injection every 8 hours as needed for severe agitation. Further review revealed the PRN medication had no stop date.</p> <p>An interview was conducted on 07/17/2024 at 12:00 p.m. with S2DON. She confirmed Haldol was a psychotropic medication and should have a stop date. She confirmed Resident #4 had an order on 06/27/2024 for PRN Haldol injection with no stop date.</p> <p>Resident #8</p> <p>Review of Resident #8's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses which included Schizophrenia, Panic Disorder Episodic, and Paroxysmal Anxiety.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Villa Felician Chronic Disease		STREET ADDRESS, CITY, STATE, ZIP CODE 5002 Highway 10 Jackson, LA 70748	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of Resident #8's July 2024 Physician's Orders revealed orders written on 01/24/2024 for Hydroxyzine [NAME] 25 mg, take one tablet by mouth every 6 hours as needed for anxiety and on 06/26/2024 for Olanzapine 20 mg, take one half of a tablet by mouth every 8 hours as needed for agitation. Further review revealed the PRN medications had no duration or stop dates.</p> <p>Review of Resident #8's July 2024 Medication Administration Record (MAR) revealed Hydroxyzine [NAME] 25 mg, take one tablet by mouth every 6 hours as needed for anxiety was started on 01/24/2024 and Olanzapine 20 mg, take one half of a tablet by mouth every 8 hours as needed for agitation was started on 06/26/2024. Further review revealed the PRN medications had no duration or stop dates.</p> <p>An interview was conducted on 07/16/2024 at 9:24 a.m. with S2DON. She reviewed Resident #8's current physician orders and verified on 01/24/2024, he was prescribed Hydroxyzine [NAME] 25 mg take one tablet by mouth every 6 hours as needed for anxiety and confirmed there was no duration or stop date. She verified on 06/26/2024, Resident #8 was prescribed Olanzapine 20mg take one half tablet by mouth every 8 hours as needed for agitation and confirmed there was no duration or stop date. She confirmed Hydroxyzine and Olanzapine were psychotropic medications and should have a stop date. She confirmed PRN psychotropic medications should be limited to 14 days.</p> <p>Resident #13</p> <p>Review of Resident #13's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses which included Traumatic Brain Injury, Impulse Disorder, and Major Depressive Disorder.</p> <p>Review of Resident #13's July 2024 Physician's Orders revealed an order written on 04/18/2024 for Haldol 5 mg vial, give intramuscular injection every 6 hours as needed for agitation and Haldol 5 mg tablet, give 1 tablet by mouth every 6 hours as needed for aggression if resident will not allow injection. Further review revealed the PRN medication had no stop date.</p> <p>Review of Resident #13's July 2024 Medication Administration Record (MAR) revealed Haldol 5mg/ml, give 5 mg intramuscular injection every 6 hours as needed for aggression was started on 04/16/2024 and Haldol 5 mg tablet, give 1 tablet by mouth every 6 hours as needed for aggression if resident will not allow injection was started on 04/18/2024. Further review revealed the PRN medications had no duration or stop dates.</p> <p>An interview was conducted on 07/17/2024 at 11:35 a.m. with S2DON. She confirmed Haldol was a psychotropic medication and should have a stop date. She confirmed Resident #13 had an order on 04/18/2024 for PRN Haldol injection and tablet with no stop date.</p> <p>Resident #14</p> <p>Review of Resident #14's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses which included Schizoaffective Disorder and Vascular Dementia.</p> <p>Review of Resident #14's July 2024 Physician's Orders revealed an order written on 06/02/2024 for Zyprexa 10 mg every 8 hours as needed severe agitation. Further review revealed the PRN medication had no stop date.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Villa Feliciana Chronic Disease		STREET ADDRESS, CITY, STATE, ZIP CODE 5002 Highway 10 Jackson, LA 70748	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of Resident #14's July 2024 Medication Administration Record (MAR) revealed Zyprexa 10 mg every 8 hours as needed severe agitation was started on 06/02/2024. Further review revealed the PRN medication had no duration or stop date.</p> <p>An interview was conducted on 07/17/2024 at 11:35 a.m. with S2DON. She confirmed Zyprexa was a psychotropic medication and should have a stop date. She confirmed Resident #14 had an order on 06/02/2024 for PRN Zyprexa with no stop date.</p>		