STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195150	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Feliciana Chronic Disease	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39121 43133 Based on observations, interviews, and record reviews, the facility failed to protect residents' right to be free from physical abuse by another resident for 3 (#3, #7, and #9) of 12(#1, #2, #3, #4, #5, #6, #7, #8, 9, 10, 12, and 13) residents reviewed for abuse. The facility failed to ensure: 1. Resident #3 was free from physical abuse by Resident #4; 2. Resident #7 was free from physical abuse by Resident #8; and 3. Resident #9 was free from physical abuse by Resident #10. Findings: Review of the facility's policy titled, Abuse and Neglect Policy, with a revision date of March 2023, revealed the following, in part: 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. Definitions: Physical abuse - physical contact such as hitting, slapping, pinching, kicking, choking, and scratching. Review of facility's policy titled, Resident to Resident Abuse Policy, with a revision date of 06/04/2024, revealed the following, in part: Purpose: The Provider is committed to preserving the right of each person receiving services to be free from abuse. Definitions: (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195150	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Feliciana Chronic Disease	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 1. Resident #3 Review of Resident #3's clinical record revealed he was admitted to the facility on [DATE]. Review of Resident #3's Quarterly MDS with an ARD of 08/01/2024 revealed the provider assessed the resident as having a BIMS of 15, which indicated intact cognition. Resident #4 Review of Resident #4's clinical record revealed he was admitted to the facility on [DATE]. Review of Resident #4's Quarterly MDS with an ARD of 09/04/2024 revealed the provider assessed the resident as having a BIMS of 6, which indicated severe cognitive impairment. Review of the facility's state agency reportable incidents for Resident #3 revealed the following: Accused Allegations: Physical Abuse Date: 08/27/2024 Incident Description: Resident #4 pushed Resident #3 out of his wheelchair. Allegation Findings: Substantiated Review of Resident #4's Nurse's Note, entered by S7LPN and dated 08/27/2024 at 8:04 a.m. revealed the following, in part: S7LPN was notified at approximately 7:10 a.m. by nurse that Resident #4 dumped Resident #3 out of his wheelchair on the smoking patio. On 09/25/2024 at 10:53 a.m. an interview was conducted with Resident #3. He stated he recalled the incident between himself and Resident #4. He stated he left his drink outside, went back outside to get it and Resident #4 had it. He stated he told Resident #4 to give it back to him and Resident #4 got mad and turned his wheelchair over. On 09/25/2024 at 2:37 p.m. an interview was conducted with Resident #4. He stated he had no issues with other residents and had never had an altercation with another resident. He stated he had not had any incidents or altercations with any of the residents in the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195150	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Feliciana Chronic Disease	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/25/2024 at 1:49 p.m. an interview was conducted with S3CRO. S3CRO stated he was informed of the incident between Resident #3 and Resident #4. S3CRO stated he reviewed the video surveillance and observed Resident #4 push Resident #3 out of his wheelchair. S3CRO confirmed the facility substantiated the allegation of resident to resident abuse. On 09/25/2024 at 3:56 p.m. a review of the facility's video footage of the smoking patio was conducted with S11APD. Video footage dated 08/27/2024 at 7:06 a.m. revealed Residents #3 and #4 were on the smoking patio when Resident #4 pushed Resident #3 out of his wheelchair onto the ground. On 09/26/2024 at 2:09 p.m. an interview was conducted with S2ADN. She stated if a resident pushed another resident out of their wheelchair it would be considered resident to resident abuse. 2. Resident #7 Review of Resident #7's clinical record revealed he was admitted to the facility on [DATE]. Review of Resident #7's quarterly MDS with an ARD of 08/29/2024 revealed the provider assessed the resident as having a BIMS of 01, which indicated severe cognitive impairment. Review of the facility's state agency reportable incidents for Resident #7 revealed the following: Accused Allegations: Physical Abuse Date: 08/18/2024 Incident Description: Resident #8 hit Resident #7 in the top of his head. Resident #8 Review of Resident #8's clinical record revealed she was admitted to the facility on [DATE]. Review of Resident #8's quarterly MDS with an ARD of 06/07/2024 revealed the provider assessed the resident as having a BIMS of 12, which indicated moderate cognitive impairment. On 09/24/2024 at 2:08 p.m., an interview was conducted with S13LPN. S13LPN stated she witnessed the incident between Resident #7 and Resident #8. S13LPN stated Resident #7 was sitting on the sofa in the day room when Resident #8 approached Resident #7 from behind and pushed his head with an open hand. On 09/26/2024 at 9:21 a.m., an interview was conducted with S14SO. S14SO stated on 09/18/2024 at 12:00 p.m. she witnessed Resident #8 walk up behind Resident #7, who was sitting on the couch watching television, and slap him on his head. On 09/26/2024 at 12:20 p.m., an interview was conducted with S3CRO. S3CRO confirmed the facility substantiated the allegation of resident to resident abuse when Resident #8 hit Resident #7. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195150	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Feliciana Chronic Disease	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Resident #9 Review of Resident #9's clinical record revealed the resident was admitted to the facility on [DATE]. Review of Resident #9's MDS with an ARD of 07/19/2024 revealed the provider assessed the resident as having a BIMS of 99, which indicated Resident #9 was unable to complete the assessment. Review of Resident #9's Incident Reports dated 09/10/2024 revealed the following, in part: Date Incident Discovered: 09/10/2024 at 6:00 a.m. Description of Incident: While making oncoming rounds, S7LPN noticed blood on Resident #9's sheets and visible bruising to forehead and left arm with a skin tear on left forearm Date Incident Discovered: 09/10/2024 at 11:00 a.m. Description of Incident: Resident #9 stated that Resident #10 beat him up last night because he wanted a cigarette and could not get it. Review of Resident #9's Discharge Summary from a local hospital dated 09/10/2024 revealed Resident #9 was discharged with the following diagnoses: Skin Tear of Left Forearm without Complication Injury of Head Abrasion of Left Ear Resident #10 Review of Resident #10's clinical record revealed the resident was admitted to the facility on [DATE]. Review of Resident #10's Quarterly MDS with an ARD of 07/16/2024 revealed the provider assessed the resident as having a BIMS of 14, which indicated intact cognition. Review of Resident #10's Incident Report dated 09/10/2024 revealed the following, in part: Date Incident Discovered: 09/10/2024 11:00 a.m. Description of Incident: Resident #10 admitted to hitting Resident #9 last night because he wanted a cigarette and Resident #9 would not give him one. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195150	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Feliciana Chronic Disease	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 09/25/2024 at 10:26 a.m., an interview and observation was conducted with Resident #9. Resident #9 was noted to have a bandage to his left forearm. Resident #9 stated he had a scratch and denied knowing how it got there. On 09/25/2024 at 10:44 a.m., an interview was conducted with S7LPN. S7LPN stated on 09/10/2024 she made rounds on Resident #9 at 8:00 a.m. S7LPN stated she got Resident #9 up and saw he had blood on the bed sheets and his ear. S7LPN stated Resident #9' left arm had a large skin tear. S7LPN stated initially Resident #9 stated he did not know what happened. S7LPN stated when Resident #9 saw Resident #10 in the hall, Resident #9 stated that is who beat my a**. On 09/25/2024 at 12:42 p.m., an interview was conducted with S9WC. S9WC confirmed she assessed Resident #9 on 09/10/2024. S9WC stated during the assessment, Resident #10 walked up the hall and Resident #9 kept saying that is the one who did it to me. S9WC stated Resident #9's left ear had blood on the top outer portion of the auricle and his left eye was black. S9WC stated Resident #9's left forearm skin tear was superficial, measured 5 1/2 cm x 1 1/2 cm, and it appeared as if the skin had been flipped back. On 09/25/2024 at 1:23 p.m., an interview was conducted with S3CRO. S3CRO stated on 09/10/2024 Resident #10 told him the incident with Resident #9 happened the day before. S3CRO stated Resident #10 stated Resident #9 would not give him a cigarette so he beat him up. S3CRO confirmed Resident #10's actions towards Resident #9 was physical abuse. On 09/25/2024 at 2:09 p.m., an interview was conducted with S1DON. S1DON confirmed the incident between Resident #9 and #10 was resident to resident physical abuse. 47546

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195150	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Feliciana Chronic Disease	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42681 Based on observations, interviews and record review, the provider failed to ensure physician's orders were implemented for 1 (#13) of 13 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, and #13) residents sampled. Findings: Review of Resident #13's clinical record revealed he was admitted on [DATE] with diagnoses which included Epilepsy, Bipolar Disorder, and Alcohol Abuse. Review of Resident #13's quarterly MDS with an ARD of 06/28/2024, revealed Resident #13 had a BIMS of 13, which indicated he was cognitively intact. Review of Resident #13's physician's orders dated 04/09/2015, revealed the following, in part: Phenobarbital 64.8 mg, 1 tablet by mouth twice daily. Review of Resident #13's Medical Administration Record (MAR) dated 08/01/2024 to 09/25/2024 revealed no documentation Phenobarbital 64.8 mg was administered on 09/04/2024 at 7:00 p.m. Review of Resident #13's Individual Patient Controlled Drug Record revealed no documentation Phenobarbital was administered on 09/04/2024 at 7:00 p.m. On 09/26/2024 at 9:27 a.m., an interview was conducted with S4LPN. S4LPN confirmed she was responsible for administering Resident #13's medications on 09/04/2025 at 7:00 p.m. S4LPN confirmed she did not administer Resident #13's ordered Phenobarbital 64.8 mg on 09/04/2024 at 7:00 p.m. and should have. On 09/26/2024 at 10:30 a.m., an interview was conducted with S6NPT. S6NPT stated he expected the nurses would follow all physicians' orders when administering medication, and document the medications administered on the MAR On 09/26/2024 at 2:11 p.m., an interview was conducted with S1DON. S1DON confirmed nurses should administer medications in compliance with physician's orders and document medication administration accurately on the MAR and Patient Controlled Drug Record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195150	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Feliciana Chronic Disease	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39121 Based on record review and interviews, the facility failed to ensure a resident received treatment and care in accordance with professional standards of practice by failing to ensure a resident did not receive a medication he was allergic to for 1 (#10) of 13 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, and #13) sampled residents. Findings: Review of the facility policy titled Allergy Alert with a revision date of 10/2019 revealed the following, in part: I. Purpose: a. To prevent anaphylaxis b. To prevent allergic reactions II. Scope : Allergy alerts should be checked by all direct care staff who provide care to a resident. It is the responsibility of nurses, therapist and physicians to check resident's charts for allergies before giving a medication. III. Policy: Allergy alerts are to be placed on charts and all direct care staff who provide care to residents are to be advised of their allergies and check them prior to administering care, administering meds or feeding. Review of Resident #10's clinical record revealed the resident was admitted to the facility on [DATE] and had diagnoses which included Schizoaffective Disorder, Bipolar Type and Neuroleptic Induced Parkinsonism. Further review revealed Resident #10 had an allergy to Depakote. Review of Resident #10's Incident Report revealed the following, in part: Date Incident Occurred: 09/11/2024 at 8:24 p.m. Date Incident Discovered: 09/12/2024 at 12:20 a.m. Description of Incident: S10PSY ordered Depakote DR 250 mg 1 tab by mouth three times a day. Medication administered this p.m. at 8:24 x 1 by mouth. Medical records indicates that patient is allergic to Depakote. S10PSY notified. Signed by S8RN Review of Resident #10's Doctor's Orders revealed the following, in part: 09/11/2024 at 12:50 p.m. Start Depakote DR 250 mg: Take 1 tablet three times a day. Read back verbal order S10PSY and S7LPN. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195150	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Feliciana Chronic Disease	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #10's Medication Administration Record (MAR) dated 09/01/2024 to 09/31/2024 revealed documentation Resident #10 was allergic to Depakote. Further review revealed on 09/11/2024 at 7:00 p.m., S8RN administered Depakote DR 250 mg to Resident #10. On 09/25/2024 at 10:44 a.m., an interview was conducted with S7LPN. S7LPN stated residents' allergies are listed on the cover of the hard chart, the face sheet, and on the MAR. S7LPN stated if the doctor gives a verbal order, the nurse will notify the doctor if the resident is allergic to an ingredient or medication. S7LPN reviewed Resident #10's chart and confirmed the resident chart did not have an allergy sticker on the cover. S7LPN reviewed Resident #10's Doctor's Order Sheet and confirmed she received the verbal order for Depakote 250 mg on 09/11/2024 and entered it into the computer. S7LPN confirmed she did not see an allergy sticker on the chart and did not further verify if Resident #10 had a Depakote allergy when the order was taken. On 09/26/2024 at 12:07 p.m., an interview was conducted with S8RN. S8RN confirmed Resident #10 was allergic to Depakote and had an order for Depakote 250 mg. S8RN confirmed she administered a dose of Depakote 250 mg to Resident #10 on the evening of 09/11/2024. S8RN confirmed she did not check Resident #10's allergies before administering the Depakote. On 09/26/2024 at 8:45 a.m., an interview was conducted with S10PSY. S10PSY confirmed he ordered Depakote for Resident #10. S10PSY stated he was not aware of Resident #10's Depakote allergy when the medication was ordered and the nurse who took the order did not notify him of the allergy. On 09/26/2024 at 11:53 a.m., an interview was conducted with S2ADN. S2ADN stated when verbal orders are received, the nurse should always review the resident allergies with the doctor. S2ADN stated resident allergies are on the MAR and nurses should review them before they administer medications. S2ADN reviewed Client#10's MAR and confirmed Resident #10 had an allergy to Depakote. S2ADN stated S8RN administered Depakote 250 mg on 09/11/2024, and confirmed this was a medication error. S2ADN stated S7LPN received the order for the Depakote 250 mg on 09/11/2024, she failed to communicate Resident #10's Depakote allergy with the doctor. On 09/26/2024 at 2:09 p.m., an interview was conducted with S1DON. S1DON confirmed when the doctor gives a verbal medication order for a resident, the nurse should compare the order to the resident's allergies and notify the doctor if the resident is allergic to the medication. S1DON confirmed Resident #10 received Depakote, a documented medication on his allergy list, and should not have. She confirmed the nurse should check resident allergies before medications are administered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195150	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Feliciana Chronic Disease	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43133 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 1 (#8) of 13 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12 and #13) residents reviewed for medications. Findings: Review of the facility's policy titled Antipsychotic/Psychotropic Medication Policy with no revision date revealed the following, in part: 1. The need to continue PRN orders for psychotropic medications beyond 14 days requires that the practitioner document the rationale for the extended order. Review of Resident #8's Clinical Record revealed the resident was admitted to the facility on [DATE] with diagnoses, which included Unspecified Dementia, Unspecified Psychosis, and Schizophrenia. Review of Resident #8's September 2024 Physician's Orders revealed an order written on 12/11/2023 for Ativan 1mg tablet by mouth every six hours as needed (PRN) for agitation. Further review revealed the PRN medications had no stop date or duration. Review of Resident #8's September 2024 MAR revealed Ativan 1mg tablet by mouth was given for agitation on 09/16/2024 at 7:35 p.m., 09/18/2024 at 8:30 p.m. and on 09/23/2024 at 7:47 p.m. An interview was conducted on 09/26/2024 at 9:10 a.m. with S2DON. She reviewed Resident #8's Physician Orders and MAR dated September 2024. She confirmed Ativan 1mg was ordered PRN for longer than 14 days with no end date or duration documented.