

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 04/29/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observations and interviews, the facility failed to ensure a safe, clean, comfortable homelike environment for 1 (#2) of 7 (#1, #2, #3, #R4, #R5, #R6, and #R7) sampled resident's rooms observed.</p> <p>Findings:</p> <p>On 04/28/2025 at 9:33 a.m., an observation of Resident #2's room revealed a urine soiled brief on the floor between his bed and his roommate's bed.</p> <p>On 04/28/2025 at 9:35 a.m., an interview was conducted with S7LPN. She confirmed through observation Resident #2 had a brief soiled with urine on the floor. She confirmed the soiled brief should not be on Resident #2's floor.</p> <p>On 04/28/2025 at 2:38 a.m., an observation was conducted of Resident#2's room and revealed the urine soiled brief remained on the floor.</p> <p>On 04/29/2025 at 10:20 a.m. an interview was conducted with S2DON. She stated it was not acceptable to have a soiled brief on the floor in a resident's room.</p> <p>On 04/29/2025 at 1:49 p.m., an interview was conducted with S9PD. He confirmed he was director of housekeeping. He further confirmed having a urine soiled brief remain on the floor in Resident #2's room for 5 hours was not acceptable.</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
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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on record review and interviews, the facility failed to have sufficient nursing staff to provide nursing and related services to maintain the highest practicable physical, mental, and psychosocial well-being of each resident based on the Facility Assessment. The deficiency had the potential to affect the facility's total census of 153 residents.</p> <p>Findings:</p> <p>Review of the Facility Assessment Tool, dated 04/16/2025 revealed the following, in part: Staffing Plan .</p> <p>Based on your resident population and their needs for care and support, describe your general approach to staffing to ensure that you have sufficient staff to meet the needs of the residents at any given time.</p> <p>Position:</p> <p>Licensed nurses providing direct care- 6 total number needed per shift</p> <p>Nurse Aides- 14 total number needed per shift</p> <p>Other Nursing Personnel (those with administrative duties) - 5 total number needed per shift</p> <p>Review of the facility staff assignment sheets revealed the following:</p> <p>04/24/2025 night shift (6 p.m. - 6 a.m.)- 8 CNA, 6LPN, 3RN which included RN supervisor providing direct care on the unit</p> <p>04/25/2025 night shift (6 p.m. - 6a.m.)- 7 CNA, 8LPN, 1RN</p> <p>04/26/2025 day shift (6 a.m. - 6 p.m.)- 12 CNA, 6 LPN, 3 RN which included 2 RN supervisors providing direct care on the unit.</p> <p>04/26/2025 night shift (6 p.m. - 6 a.m.)- 6 CNA, 5 LPN, 4 RN which included 2 RN supervisors providing direct care on the unit.</p> <p>04/27/2025 day shift (6 a.m. - 6 p.m.)- 13 CNA, 4 LPN, 4 RN which included 2 RN supervisors providing direct care on the unit</p> <p>04/27/2025 night shift (6 p.m. - 6 a.m.)- 6CNA, 8LPN, 2RN</p> <p>04/28/2025 day shift (6 a.m. - 6 p.m.)- 8CNA, 6 LPN, 3 RN which included RN supervisor providing direct care on the unit</p> <p>04/28/2025 night shift (6 p.m.-6a.m.) - 8CNA, 8 LPN, 2 RN which included RN supervisor providing direct care on the unit</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/28/2025 at 10:20 a.m., an interview was conducted with S8CNA. S8CNA confirmed she worked the day shift and when she had multiple hall assignments she could not complete 30 minute rounds on all residents and residents had to wait greater than 30 minutes for assistance. S8CNA stated she could not meet the needs of all of her residents due to staff shortages.</p> <p>On 04/28/2025 at 1:48 p.m., an interview was conducted with S5LPN. She reported she worked day shift and her resident load was unmanageable due to staff shortages. She confirmed there was not enough staff to meet the residents' needs.</p> <p>On 04/28/2025 at 2:00 p.m., an interview was conducted with S6CNA. She reported she was responsible for 23 residents on day shift. She stated when she was assigned 23 residents she could not complete 30 minute rounds on all residents and residents had to wait greater than 30 minutes for assistance. S6CNA confirmed she could not meet the needs of all of her assigned residents due to staff shortages.</p> <p>On 04/28/2025 at 2:12 p.m., an interview was conducted with S11LPN. She confirmed staff shortages including working a unit without a CNA was unmanageable to meet all resident's and pass medications timely.</p> <p>On 04/29/2025 at 9:22a.m., an interview was conducted with S3CR. S3CR confirmed the facility did not have enough staff to meet the needs of the residents.</p> <p>On 04/29/2025 at 10:20 a.m., an interview was conducted with S2DON. S2DON reviewed the Facility Assessment and confirmed the staffing requirements for the facility included 14 CNA's, 6 licensed nurses, and 5 other nursing personnel with administrative duties per shift.</p> <p>On 04/29/2025 at 3:57 p.m., an interview was conducted with S10RN. She confirmed she was responsible for completing nursing assignments for the facility. She confirmed she did not complete assignments according to the Facility Assessment because she was unaware of the Facility Assessment or the staff required each shift. She reviewed the Facility Assessment and confirmed the staffing requirements were not met during the aforementioned timeframe.</p> <p>On 04/29/2025 at 2:35p.m., an interview was conducted with S1ADM. He confirmed the Facility Assessment listed the accurate staffing needs for the facility. He confirmed the facility was not staffed per the Facility Assessment.</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>Based on observations, interviews, and record review the facility failed to ensure residents who were capable of using the call system had call bells accessible for 5 (#2, #R4, #R5, #R6, and #R7) of 7 ((#1, #2, #3, #R4, #R5, #R6, and #R7) sampled residents.</p> <p>Findings:</p> <p>Review of the facility's Policy titled Resident Call System dated effective 11/1999 revealed the following, in part:</p> <p>Purpose: to respond to resident's needs and requests</p> <p>Procedure: I. Keep all lights within reach of residents, either clipped to sheets on bed, tied to the side rail or clipped to beside chair.</p> <p>On 04/28/2025 at 9:33 a.m., observations revealed the following:</p> <p>Resident #2 lying in bed. No call bell available in the wall system.</p> <p>Resident #R4 lying in bed call bell behind bed on the floor out of reach.</p> <p>Resident #R5 lying in bed. No call bell available in the wall system.</p> <p>Resident #R6 in bed with feet on the floor out the left side of the bed and upper body in the bed with head of bed elevated. Call bell behind the bed on the floor out of reach.</p> <p>Resident #R7 lying in bed. No call bell available in the wall system.</p> <p>Review of Resident #2's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/25/2025 revealed Resident #2 had no impairment of upper extremities.</p> <p>Review of Resident#R4's Quarterly MDS with an ARD of 02/06/2025 revealed Resident #R4 had no impairment of upper extremities.</p> <p>Review of Resident #R5's admission MDS with an ARD of 02/20/2025 revealed Resident #R5 had no impairment of upper extremities.</p> <p>Review of Resident #R6's Quarterly MDS with an ARD of 02/26/2025 revealed Resident #R6 had no impairment of upper extremities.</p> <p>Review of Resident #R7's Quarterly MDS with an ARD of 03/27/2025 revealed Resident #R7 had no impairment of upper extremities.</p> <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/28/2025 at 9:35 a.m., an interview was conducted with S7LPN after she made call bell observations for Residents #2, #R4, #R5, #R6, and #R7. She confirmed the aforementioned observations. She confirmed all of the above residents were physically able to use the call bell system. She confirmed each resident should have a call bell accessible and within reach to call for assistance, but did not.</p> <p>On 04/29/2025 at 1:49 p.m., an interview was conducted with S9PD. He confirmed Residents #2, #R4, #R5, #R6, and #R7 could physically use a call bell system. He confirmed each room should have a call bell available in the room, which should be in reach of the resident.</p> <p>On 04/29/2025 at 2:35 p.m., an interview was conducted with S1ADM. He confirmed all residents should have a call bell accessible in their room for use and it should be within reach of the resident.</p>		