

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 05/28/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interviews, the facility failed to provide a functioning assistance device for supervision to prevent an accident from occurring for 1 (RR1) of 2 (#3 and RR1) residents who required assistant devices.</p> <p>Findings:</p> <p>Review of Resident R1's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included, Unspecified Psychosis, Unspecified Dementia, and Schizophrenia.</p> <p>Review of Resident R1's Quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 03/04/2025 revealed Resident R1 was assessed by the facility to have a BIMS (Brief Interview Mental Status) of 3, indicating the resident was severely cognitively impaired. Further review revealed he used a wander/elopement alarm daily.</p> <p>A review of Resident R1's active Physician Orders, dated 05/28/2025, revealed the following, in part:</p> <p>03/17/2025 - Wanderguard; check bracelet every shift to ensure functioning and in place every day and night shift.</p> <p>A review of Resident R1's elopement risk assessment revealed no elopement assessment was completed.</p> <p>On 05/28/2025 on 8:35 a.m., an observation was conducted of Resident R1 exiting door A with staff and the alarm did not sound.</p> <p>On 05/28/2025 at 11:37 a.m., an interview was conducted with S4LPN. S4LPN stated Resident R1 frequently wandered and required a Wanderguard bracelet for safety. She stated on the weekend of 05/17/2025, Resident R1 exited door A with staff and the alarm did not sound. She stated she reported the Wanderguard system not working to S3RNS. She stated if the Wanderguard system did not work it was possible for a resident to exit the building onto the facility's grounds without staffs' knowledge and allowing an increase chance for accidents to occur.</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
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/28/2025 at 12:34 p.m., an interview was conducted with S3RNS. She stated residents with a Wanderguard bracelet were not safe unsupervised outside. She stated if the alarm did not sound, staff would not be aware a resident exited the building and could result in an accident. She stated she did not recall being informed the Wanderguard system was not working on the weekend of 05/17/2025.</p> <p>On 05/28/2025 at 1:20 p.m., an observation was conducted with S2MAN. S2MAN exited door A with a Wanderguard bracelet and the alarm did not sound. S2MAN stated he tested the Wanderguard system weekly but the last test was completed on 05/13/2025 because he had been on leave.</p> <p>On 05/28/2025 at 1:50 p.m., an interview was conducted with S1DON. She stated they did not complete elopement risk assessments at the facility. She further stated based on quarterly documentation and behaviors, the IDT identified residents at risk for accidents due to wandering unsupervised. She stated a resident identified with a higher risk for accidents would receive an order for a Wanderguard bracelet for the resident's safety. She stated if a resident with a Wanderguard bracelet exited the building it would notify staff and they would redirect them back to the unit. She confirmed she was not aware the Wanderguard system was not working properly and the Wanderguard system should be working.</p>		