STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195213	A. Building B. Wing	12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Courtyard of Natchitoches	708 Keyser Avenue Natchitoches, LA 71457

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373 51503 Based on record review and interview, the facility failed to ensure all medical records regarding the resident's code status consistently reflected the resident's current wishes for 1 (#2) of 3 (#1, #2, and #3) sampled residents reviewed for advance directives. Findings: Review of the facility's policy titled, Advance Medical Directives with a review date of 01/2024 read in part: Section II. General: 3) Documentation that addresses advance directives must be placed in the patient's medical record; 6) The physician must inform the patient . and seek agreement on a mutually acceptable plan of care. Section III. A.) At the time of admission via the admitting department or the emergency department, the patient and/or significant other will be: 2) Asked by the hospital personnel if he/she has an AMD (Advanced Medical Directive) . this response will be documented in the medical record . Review of Resident #2's medical record revealed an admitted [DATE], with diagnoses that included in part . Cerebral Infarction, Urinary Tract Infection, Dysphagia, Aphasia, Essential (Primary) Hypertension, Type II Diabetes Mellitus Without Complications, Metabolic Encephalopathy, and Hyperlipidemia. Review of Resident #2's physician's orders revealed an order with a created/confirmed date of 11/11/2024 that read DNR (Do Not Resuscitate). Review of Resident #2's medical record revealed a form titled, Consent Form Resuscitative Orders. In Section A, the DNR option was initialed by Resident #2. In Section B, Resident #2 signed and dated the form on 10/22/2024 at 9:30 a.m. The form was also signed and dated by the physician on 10/22/2024 at 1:13 p.m. Section A stated in part . it is the policy of the facility to honor the desires of any patient with respect to resuscitative status. It is our policy to honor the desire made by the patient or surrogate decision maker on the patient's behalf and that such expressed desire, should being part of the patient's record. (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

Printed: 03/27/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #2's care plan revealed the resident was care planned for Full code status, with a focus initiated and revision date of 10/23/2024. The focus read in part . advanced directive: Full code; a goal of advanced directive will be adhered to by all staff; interventions/tasks included advanced directive: Full code. On 12/02/2024 at 3:35 p.m., a record review and interview was conducted with S6LPN. S6LPN revealed in part . regarding resident code status . she would look at the dashboard on PCC (Point Click Care) to confirm the resident's code status . she would also check the hard chart for the orange DNR sticker, and hard copy of the signed document stating DNR status. S6LPN displayed step-by-step Resident #2's dashboard on PCC, and revealed a DNR status. S6LPN then retrieved Resident #2's hard chart and pointed out the orange DNR sticker. S6LPN found in the hard chart the DNR signed consent which stated DNR status. S6LPN then displayed and confirmed the current physician's order was DNR status for Resident #2. On 12/03/2024 at 9:46 a.m., a record review and interview was conducted with S7MDS Coordinator. S7MDS Coordinator confirmed . the MDS department is responsible for developing and updating all the resident care plans. S7MDS Coordinator confirmed the most up-to-date care plan for Resident #2 would be found in PCC. S7MDS Coordinator confirmed and displayed on her computer monitor that Resident #2's current care plan read Full code status. S7MDS Coordinator reviewed and displayed Resident #2's current physician orders and stated, Oh, he is suppose to be a DNR according to his doctor's orders. S7MDS Coordinator confirmed the current physician orders were valid and stated there were no other code status orders and this DNR order was implemented on 11/11/2024. S7MDS Coordinator confirmed that Resident #2's care plan should have been updated to DNR status when the new order was received and it was not.

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NAME OF PROVIDER OR SUPPLIER: Courtyard of Natchitoches		STREET ADDRESS, CITY, STATE, ZIP CODE: 708 Keyser Avenue, Natchitoches, LA 71457	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373 Based on record review and interview, the facility failed to ensure a resident's change in condition was immediately reported for 1 (#1) of 3 (#1, #2, & #3) sampled residents, as evidenced by S4CNA and S5CNA failing to timely notify the nurse when Resident #1's leg made an audible popping sound while being repositioned by staff. Findings: On 12/03/2024, a review of the facility's policy titled Accidents and Incidents last reviewed on 01/2024 revealed in part .Any employee witnessing an accident or incident involving a resident, employee, or visitor, must report such occurrence to the charge nurse as soon as possible regardless of how minor it may be, to include the following: a. Any resident fall, accident or injury . e. Any other unusual or unexpected event involving a resident. Review of Resident #1's medical record revealed an admitted [DATE] with diagnoses that included: Displaced Spiral Fracture of Shaft of Left Femur, Atrial Fibrillation, Unspecified Dementia, and Osteoporosis. Review of Resident #1's Quarterly MDS with an ARD of 09/04/2024 revealed a BIMS score of 3, which indicated severe cognitive impairment. Review of the MDS revealed Resident #1 required substantial/maximal assistance with eating, toileting hygiene, and lying to sitting on side of bed; supervision or touching assistance with rolling left and right and sitting to lying, and partial/moderate assistance with sit to stand and chair/bed to chair transfer. Review of Resident #1's care plan initiated 08/12/2024 revealed Resident #1 was care planned for osteoporosis. Interventions included: Provide for safety. Assist x 2 with Hoyer lift for all transfers. Administer medication as ordered. Monitor for side effects. Review of Resident #1's nurses' notes revealed the following: 11/19/2024 at 9:45 a.m. Resident sitting up in wheelchair in dining room, complain of pain to left leg, Acetaminophen 650mg given. S4CNA report at this time while transferring resident from bed to wheelchair that she heard a bone pop but Resident did not yell out or complain of pain. Resident was adjusted in wheelchair and continue to complain of pain, to left leg, leg examined, no redness, warmth, or swelling noted, M.D. notified, Daughter notified, S8Charge Nurse notified, order received to send to ER. By S6LPN. Review of Resident #1's left hip x-ray dated 11/19/2024 at 12:21 p.m. revealed findings of There is a spiral fracture through the proximal diaphysis of the left femur. There is mild overlap and angulation and one half shaft width displacement across the fracture site. (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 12/02/2024 at 2:28 p.m., S6LPN explained on 11/19/2024, Resident #1 was sitting at the dining table and she went over to give the resident her medication. S6LPN stated Resident #1 said I'm Hurting and I think it's my leg. S6LPN stated she gave her Tylenol with her routine medication and Resident #1 said she was hurting again and thought it was her left leg. S6LPN stated she and two aides repositioned Resident #1 and the resident said it felt a little better. S6LPN stated a few minutes later Resident #1 said I think it's my hip so she took her Posey [NAME] off and Resident #1 touched her hip area. S6LPN stated she then notified the doctor who said she could get an x-ray. S6LPN stated she notified the charge nurse, S8Charge Nurse, and she and S8Charge Nurse looked at the resident. S6LPN stated they couldn't see any redness or swelling but S8 Charge Nurse decided it would be better to send Resident #1 to the emergency room . S6LPN stated the CNAs had not reported anything to her prior to Resident #1 complaining of pain at the dining table. S6LPN stated S4CNA was sitting at the nurses' station near the dining table and overheard Resident #1 complaining of pain. S6LPN stated at that time, S4CNA told her when they were transferring Resident #1 earlier, they heard a pop. S6LPN stated S4CNA told her Resident #1 didn't complain of any pain at that time so they brought her out to the dining table. In an interview on 12/03/2024 at 8:20 a.m., S4CNA stated on 11/19/2024, about 8:30 a.m. or 9:00 a.m., she and S5CNA went into Resident #1's room to get her up. S4CNA said Resident #1 was lying in bed on her lift pad on her left side with her knees bent some. S4CNA stated she and S5CNA turned her from her left side to her back to prepare to get her up with the lift. S4CNA stated when she turned her to her back, she heard a pop, like a knuckle pop. S4CNA stated she asked S5CNA if she heard the pop and she said she did. S4CNA stated Resident #1 did not react and did not holler. S4CNA stated they waited a few seconds and then dressed her and put her in the wheelchair. S4CNA stated they pushed Resident #1 in her wheelchair to the dining table. S4CNA stated about 30 minutes later while sitting at the table she heard Resident #1 say her legs hurt. S4CNA stated she and S6LPN pressed on both legs and they could tell her left side was hurting. S4CNA stated That is when I told S6LPN that we had heard a pop when we turned her over this morning. S4CNA stated she didn't report it earlier because she didn't think anything of it, because it was just a pop and she never hollered out. In a telephone interview on 12/03/2024 at 12:06 p.m., S5CNA stated she and S4CNA went into Resident #1's room to get her up. S5CNA stated while they were rolling her from her side to her back, they heard a pop. S5CNA stated they stopped and waited for a minute after rolling her and hearing the pop. S5CNA stated Resident #1 did not cry, yell, or have any kind of reaction so they put her in the wheelchair and took her to the dining room to the table for breakfast. S5CNA confirmed she and S4CNA did not report to the nurse that they had heard a pop until Resident #1 complained of pain, about 30 minutes later. S5CNA confirmed she should have reported the pop to the nurse as soon as it happened, Just in case. In an interview on 12/03/2024 at 10:21 a.m., S1 Administrator confirmed S4CNA and S5CNA should have reported to the nurse immediately after hearing the pop and should not have waited.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373 Based on record review and interview, the facility failed to use a mechanical lift, as determined necessary by the resident's person centered plan of care, during a transfer from bed to wheelchair for 1 (Resident #1) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents. Findings: On 12/03/2024, a review of the facility's policy titled Proper Transferring of Non-Weight Bearing Residents last reviewed on 01/2024 revealed in part . In order to properly transfer any non-weight bearing resident (example: from bed to chair, chair to bed, or to whirlpool, etc.) a lift is to be utilized. As a matter of precaution, two people are required in order to safely move the resident. Review of Resident #1's medical record revealed an admitted [DATE] with diagnoses that include Displaced Spiral Fracture of Shaft of Left Femur, Atrial Fibrillation, Unspecified Dementia, and Osteoporosis. Review of Resident #1's Quarterly MDS with an ARD of 09/04/2024 revealed a BIMS score of 3, which indicated severe cognitive impairment. Review of the MDS revealed Resident #1 required substantial/maximal assistance with eating, toileting hygiene, and lying to sitting on side of bed; supervision or touching assistance with rolling left and right and sitting to lying, and partial/moderate assistance with sit to stand and chair/bed to chair transfer. Review of Resident #1's care plan initiated 08/12/2024 revealed Resident #1 was care planned for Osteoporosis. Interventions included: Provide for safety. Assist x 2 with Hoyer lift for all transfers. Administer medication as ordered. Monitor for side effects. In an interview on 12/03/2024 at 8:20 a.m., S4CNA stated about 8:30 a.m. or 9:00 a.m. on 11/19/2024, she and S5CNA went into Resident #1's room to get her up. S4CNA stated Resident #1 was lying on a blue, lift pad in her bed on her left side with her knees bent. S4CNA stated she and S5CNA turned her to her back and heard a pop. S4CNA stated they waited a few seconds before transferring Resident #1 to her wheelchair. S4CNA stated she and S5CNA picked Resident #1 up by holding the blue lift pad and transferred her to her wheelchair. S4CNA stated they used the lift pad to transfer Resident #1 because it was way quicker and finding a lift is a problem. S4CNA stated the facility has 3 mechanical lifts in the facility but stated you can't find one often because people hide them or the battery is dead. S4CNA confirmed Resident #1 should have been transferred using the mechanical lift. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In a telephone interview on 12/03/2024 at 12:06 p.m., S5CNA stated on 11/19/2024 she and S4CNA went into Resident #1's room to get her up. S5CNA stated while they were rolling her from her side to her back, they heard a pop. S5CNA stated they stopped and waited for a minute after rolling her and hearing the pop. S5CNA stated they then put her in the wheelchair. S5CNA confirmed she and S4CNA transferred Resident #1 to her wheelchair by holding the lift pad and moving her in it. S5CNA stated they did not use the mechanical lift to transfer Resident #1 because they could not find one. S5CNA confirmed Resident #1 should have been transferred using the mechanical lift with two person assistance. In an interview on 12/03/2024 at 9:52 a.m., S1Administrator stated she investigated the incident that occurred on 11/19/2024 and interviewed S4CNA, S5CNA, and the nurse. S1Administrator stated the two CNAs did not use the mechanical lift to transfer Resident #1. S1 Administrator stated she watched the facility's camera footage and knew there was no lift in the room at that time. S1 Administrator confirmed both S4CNA and S5CNA stated they used the lift pad to transfer Resident #1 from her bed to her wheelchair that morning. S1Administrator confirmed Resident #1 should have been transferred using the mechanical lift with two person assistance, as care planned.