

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195213	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER Courtyard of Natchitoches		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40193</p> <p>Based on record reviews and interviews, the facility failed to ensure 1 (#1) out of 2 (#1, #2, #3) sampled residents with pressure ulcers received necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Findings:</p> <p>Review of Facility's Wound Care Documentation (reviewed 01/2025) revealed: .Wound documentation on all other existing and/or new wounds will be made once a week in the resident care notes.</p> <p>Review of Facility's Staging of Pressure Wounds (revised 03/2013 and reviewed 02/2025) revealed: Purpose: To manage impaired skin integrity as it relates to pressure ulcers. Policy: II. Status and condition of pressure ulcers should be assessed upon admission, if pressure ulcer noted, weekly assessment by treatment nurse. Location, stage, type of wound, width, length, depth, exudate, odor, presence of necrotic or granulation tissue, and condition of surrounding skin should be documented. VIII. Chart in patient's record, weekly.</p> <p>Review of Facility's Wound Care Procedure for Major Wounds (revised 03/13) revealed: Procedure: W. Document the treatment in the patient's chart with notation of status of wound, drainage, skin integrity, etc. weekly.</p> <p>Review of Resident #1's medical records revealed an admitted [DATE] with the following diagnoses, including in part: pressure ulcer of right hip stage 3, pressure ulcer of sacral region stage 2, disorder of the skin and subcutaneous tissue/unspecified, cerebral palsy/unspecified, contracture of muscle/unspecified and arthropathy.</p> <p>Review of Resident #1's Weekly Skin Only Evaluations failed to reveal skin assessments were completed on 02/04/2025 and 02/17/2025.</p> <p>Review of Resident #1's Weekly Wound Measurement/Picture List failed to reveal measurements for right hip and sacrum on 02/04/2025 and 02/17/2025.</p> <p>During an interview on 03/05/2025 at 2:45 p.m. S1 WCN (Wound Care Nurse) acknowledged she was unable to produce documentation of weekly skin evaluations and measurements for Resident #1 on 02/04/2025 and 02/17/2025.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 03/05/2025 at 3:45 p.m. S2 RN (Registered Nurse) Charge verified and acknowledged documentation of weekly skin evaluations and measurements were not completed for Resident #1 on 02/04/2025 and 02/27/2025 and should have been.		