

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  05/29/2025
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, record reviews, and interviews, the facility failed to ensure residents were free from physical restraints imposed for the purpose of discipline or convenience for 2 (#1, #3) of 3 (#1, #2, #3) residents reviewed for restraints. The facility failed to ensure:</p> <ol style="list-style-type: none"> <li>1. A physician's order was obtained, a consent was signed and a risk assessment was completed for a Geri-chair for Resident #1,</li> <li>2. A physician's order was obtained, a consent was signed and a risk assessment was completed for a pommel cushion for Resident #3, and</li> <li>3. A restraint policy was developed.</li> </ol> <p>Findings:</p> <p>Review of the facility's policy and procedures failed to reveal a policy for restraints and bed rails.</p> <p>Resident #1</p> <p>Review of Resident #1's medical records revealed an admit date of 01/16/2025 with the following diagnoses, including in part: infection and inflammatory reaction due to internal left knee prosthesis/subsequent encounter, chronic kidney disease stage 2 (mild), and chronic thromboembolic pulmonary hypertension.</p> <p>Review of Resident #1's MDS (Minimum Data Set) assessment dated [DATE] revealed a BIMS (Brief Interview of Mental Status) score of 10 indicating moderately impaired cognition.</p> <p>Review of Resident #1's care plan revealed - needs assistance with ADLs (activities of daily living) . Assist x 1 staff member for bathing, dressing eating, grooming, mobility and toileting .Resident uses Gerichair for mobility (initiated 01/17/2025 and revised on 05/28/2025).</p> <p>Review of Resident #1's medical record failed to reveal a physician's order, a consent, and a risk assessment for Gerichair.</p> <p>Observation on 05/27/2025 at 2:20 p.m. revealed Resident #1 reclining with feet up in Gerichair.</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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 05/28/2025 at 11:45 a.m. revealed Resident #1 reclining with feet up in Gerichair.</p> <p>Resident #3</p> <p>Review of Resident #3's medical records revealed an admit date of 01/13/2021 with the following diagnoses, including in part: unspecified dementia/unspecified severity without behavioral disturbance/psychotic disturbance/mood disturbance and anxiety, difficulty in walking, muscle weakness (generalized), history of falling an and insomnia unspecified.</p> <p>Review of Resident #3's MDS assessment dated [DATE] revealed a BIMS score of 3 indicating severely impaired cognition.</p> <p>Review of Resident #3's care plan revealed the resident has had a history of falls related to poor balance: Pommel cushion in wheelchair (initiated 05/28/2025).</p> <p>Review of Resident #3's medical record failed to reveal a physician's order, a consent, and a risk assessment for pommel cushion.</p> <p>During an interview on 05/28/2025 at 11:50 a.m. S3 LPN (licensed practical nurse) reported Resident #3 had the pommel cushion in her wheelchair because she willf all asleep and slide out of it.</p> <p>Observation on 05/28/2025 at 11:50 a.m. revealed Resident #3 sitting up in wheelchair in with pommel cushion in place.</p> <p>During an interview on 05/28/025 at 10:00 a.m. S2 Director of Nursing reported the facility had not obtained consents or physician's orders for restraints to include Gerichairs and pommel cushions.</p> <p>During an interview on 05/28/2025 at 10:45 a.m. S1 Administrator acknowledged the facility had not implemented restraint risk assessments, obtained consents or physician's orders. S1 Administrator further acknowledged the facility did not have a policy for restraints.</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, record reviews and interviews, the facility failed to: 1) ensure residents had a physician's order for side rails, 2) obtain informed consent from the resident or resident's representative for side rail use, and/or 3) assess residents for the risk of entrapment from bed rails and 4) ensure a policy was developed for the use of bed rails prior to the installation of bed rails for 3 (#1, #2, #3) of 3 (#1, #2, #3) residents reviewed for bed rails.</p> <p>Findings:</p> <p>Review of the facility's policy and procedures failed to reveal a policy for bed rails.</p> <p>Resident #1</p> <p>Review of Resident #1's medical records revealed an admit date of 01/16/2025 with the following diagnoses, including in part: infection and inflammatory reaction due to internal left knee prosthesis/subsequent encounter, chronic kidney disease stage 2 (mild), and chronic thromboembolic pulmonary hypertension.</p> <p>Review of Resident #1's MDS (Minimum Data Set) assessment dated [DATE] revealed a BIMS (Brief Interview of Mental Status) score of 10 indicating moderately impaired cognition.</p> <p>Review of Resident #1's medical record failed to reveal a physician's order, a consent, care plan problem and approach and a risk assessment for assist rails x 2.</p> <p>Observation on 05/28/2025 at 8:30 a.m. revealed Resident #1 sitting up in bed with assist rails up x 2.</p> <p>Observation on 05/28/2025 at 3:00 p.m. revealed Resident #1 asleep in bed with assist rails up x 2.</p> <p>Resident #2</p> <p>Review of Resident #2's medical records revealed an admit date of 11/29/2016 with the following diagnoses, including in part: depression unspecified, generalized anxiety disorder, unspecified combined systolic (congestive) and diastolic (congestive) heart failure, overactive bladder and weakness.</p> <p>Review of Resident #2's medical record failed to reveal a physician's order, a consent, care plan problem and approach and a risk assessment for assist rails x 2.</p> <p>Observation on 05/27/2025 at 2:30 p.m. revealed Resident #2 lying in bed with assist rails up x 2.</p> <p>Observation on 05/28/2025 at 8:35 a.m. revealed Resident #2 lying flat in bed with assist rails up x 2.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 05/28/2025 at 1:10 p.m. S3 LPN (licensed practical nurse) reported Resident #2 had intermittent confusion and would forget to ask for help when going to the bathroom. S3 LPN further reported the resident has had a decline in her cognitive ability.</p> <p>Observation on 05/28/2025 at 3:00 p.m. revealed Resident #2 asleep in bed with assist rails up x 2.</p> <p>Resident #3</p> <p>Review of Resident #3's medical records revealed an admit date of 01/13/2021 with the following diagnoses, including in part: unspecified dementia/unspecified severity without behavioral disturbance/psychotic disturbance/mood disturbance and anxiety, difficulty in walking, muscle weakness (generalized), history of falling and insomnia unspecified.</p> <p>Review of Resident #3's MDS assessment dated [DATE] revealed a BIMS score of 3 indicating severely impaired cognition.</p> <p>Review of Resident #3's medical record failed to reveal a physician's order, a consent, care plan problem and approach and a risk assessment for assist rails x 2.</p> <p>Observation on 05/28/2025 at 8:45 a.m. revealed Resident #3 sitting up in bed asleep with assist rails up x 2.</p> <p>During an interview on 05/28/025 at 10:00 a.m. S2 DON (Director of Nursing) reported the facility had not obtained consents or physician's orders for assist rails. S2 DON further acknowledged residents were not care planned for assist rails.</p> <p>During an interview on 05/28/2025 at 10:45 a.m. S1 Administrator acknowledged the facility had not implemented assist rail risk assessments, obtained consents or physician's orders. S1 Administrator further acknowledged the facility did not have a policy for bed rails.</p>		