

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 09/25/2024
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>38373</p> <p>Based on record review and interview, the facility failed to issue a Notice of Medicare Non-Coverage (NOMNC) to a resident or his/her responsible party prior to the discontinuation of Medicare Part A services for 3 (#33, #44, & #197) of 3 residents reviewed for Beneficiary Notification.</p> <p>Findings:</p> <p>Review of the SNF Beneficiary Review forms completed by the facility for Residents #33, #44, and #197 revealed a NOMNC, Form CMS-10123 was not issued prior to their discharge from Medicare Part A services.</p> <p>In an interview at 9:34 a.m. on 09/24/2024, S4 SW (Social Worker) stated she did not issue a NOMNC/Form CMS-10123 to Residents #33, #44, and #197 prior to their discharge from Part A services. S4 SW confirmed the three residents all had benefit days remaining. S4 SW stated she was not aware the NOMNC/Form CMS-10123 needed to be issued to them.</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
---	-------	-----------

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 09/25/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>51096</p> <p>Based on observation, interview, and record review the facility failed to keep the residents' equipment in good repair. The facility failed to repair wheelchair arm rest cushions for 5 (#19, #40, #47, #49, #67) out of 44 total sampled residents.</p> <p>Findings:</p> <p>Observation of Resident #19 sitting in wheelchair on 09/23/2024 at 10:15 a.m. revealed both wheelchair arm cushions were peeling and in disrepair.</p> <p>Observation of Resident #40 on 09/23/2024 at 11:36 a.m. revealed the resident's wheelchair arm cushions in disrepair. Resident # 40's son stated the wheelchair had been like that for about 6-8 months.</p> <p>Observation of Resident #49's wheelchair on 09/23/2024 at 11:38 a.m. revealed Resident #49's arm chair cushions in disrepair.</p> <p>Observation of Resident #47 on 09/23/2024 at 12:06 p.m. sitting in wheelchair revealed Resident #47's arm cushions of wheelchair in disrepair.</p> <p>Observation of Resident #67's wheelchair on 09/23/2024 at 12:15 p.m. revealed a crack in one arm of Resident # 47's wheelchair cushion.</p> <p>Environmental rounds observed with S2 DON on 09/25/2024 at 2:45 p.m. revealed Residents #40, #47, #49, #67 and #19s' wheelchairs were observed with arm padding in disrepair. Surfaces were noted to be cracked and not intact. Interview with S2 DON at the time of observation confirmed the above residents' equipment were in disrepair and in need of replacement.</p>		

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 09/25/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51096</p> <p>Based on observation, record review, and interview the facility failed to develop the resident's comprehensive plan of care for 1 (#37) of 44 sampled residents by failing to develop a Hospice Care Plan for Resident #37.</p> <p>Findings:</p> <p>Review of Resident #37's clinical record revealed an admitted [DATE], with a Hospice admitted : 07/22/2024. Resident #37's diagnoses included malignant neoplasm of unspecified lower limb, end stage renal disease, heart disease; cerebral infarction; dependence on renal dialysis; age-related physical debility; hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side.</p> <p>Review of Resident #37's Significant Change MDS with an ARD of 07/31/2024, revealed a BIMS score that was not assessed because the resident was rarely or never understood. Resident #37 had impairment on both sides for lower and upper extremities; used a wheelchair. Resident #37 was dependent for eating, oral hygiene, toileting hygiene; showering/ bathing, upper body and lower body dressing and personal hygiene.</p> <p>Review of Resident #37's physician's order, read in part Admit to hospice, diagnosis cancer, prognosis terminal DNR. Consult Hospice. Notify hospice 24/7 with any concerns.</p> <p>Review of Resident #37's Care Plan revealed that Resident #37 was not care planned for Hospice.</p> <p>Interview with S17 LPN on 09/24/2024 at 11:58 a.m. revealed that Resident #37 received hospice care. Hospice nurse came once a week on Thursdays and Aides came twice a week on Tuesday and Thursday. S17 LPN provided the office phone number and stated that she can contact the hospice nurse at any time with any changes to Resident #37 during office hours or to the on call nurse outside of business hours.</p> <p>Interview with S9 MDS and S19 MDS on 09/25/2024 at 2:59 p.m. revealed that Resident #37 was not Care Planned for Hospice and should have been.</p>		

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 09/25/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20604</p> <p>Based on interview and record review the facility failed to revise the care plan to include new fall interventions after a resident fell attempting to get in bed for 1 (#54) of 3 (#13, #54 and #59) resident's care plans reviewed.</p> <p>Findings:</p> <p>Review of Resident #54's medical record revealed he was admitted to the facility on [DATE]. Resident #54 had diagnoses that included in part . Dizziness and Giddiness, Chronic Obstructive Pulmonary Disease with Acute Exacerbation, Chronic Kidney Disease, Anemia in Chronic Kidney Disease, and Pain.</p> <p>Review of Resident #54's Quarterly MDS with ARD of 08/21/2024, revealed a Brief Interview for Mental Status (BIMS) score of 10, which indicated moderately impaired cognition. Review of the MDS revealed Resident #54 used a wheelchair for mobility.</p> <p>Review of Resident #54's current comprehensive care plan with a target date of 11/13/2024, revealed Resident #54 is at moderate risk for falls related to gait and/or balance problems. The care plan included in part .Last fall 1/31/24 without injury**Date initiated: 08/15/2024 .Revision on: 08/20/2024 . Interventions . Anticipate and meet the resident's needs. Date initiated: 08/15/2024 . Educate the resident/family/caregiver about safety reminders and what to do if a fall occurs. Date initiated: 08/15/2024</p> <p>Review of Resident #54's progress notes revealed that on 09/16/2024 at 12:45 p.m., Resident #54 was found sitting on the floor of his room. Resident #54 stated he was trying to get in the bed without assistance and lost his balance.</p> <p>Interview on 09/23/2024 at 09:48 a.m. with Resident #54 revealed that he fell a couple of weeks ago. He reported that he tried to go to bed and fell . He indicated that he should have waited for staff, but felt like he could have done it with no help.</p> <p>Interview on 09/24/24 at 9:30 a.m. with S9 MDS revealed she was responsible for Resident #54's care plan. S9 MDS was asked about Resident #54's fall that occurred on 09/16/2024 as indicated in the progress notes. S9 MDS indicated she was not aware that Resident #54 fell on [DATE]. S9 MDS indicated it should have been reported in the morning meeting on 09/17/2024, but was not. S9 MDS stated the Care Plan should have been updated with new interventions to assist in preventing further falls.</p>		

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 09/25/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373</p> <p>Based on record review and interview the facility failed to ensure services were provided to meet professional standards of practice for 1 (#28) of 44 sampled residents. The facility failed to ensure physician's orders for Resident #28 were followed. Findings:</p> <p>Review of resident #28's medical record revealed an admitted [DATE] with diagnoses that included in part . Osteoporosis, Unspecified Fracture of Right Wrist and Hand, Anemia, and Pain.</p> <p>Review of Resident #28's Quarterly MDS with an ARD of 06/26/2024 revealed a BIMS score of 15, which indicated the resident was cognitively intact.</p> <p>Review of Resident #28's Progress note dated 09/20/2024 by S16 MD revealed in part .</p> <p>Assessment Plan:</p> <p>1. Back pain/Osteoarthritis: Patient wants to try to increase Duloxetine (Cymbalta) to help with pains.</p> <p>Review of Resident #28's medical record revealed a telephone order dated 09/20/2024 which read: Change Duloxetine to 60mg daily. The order was signed by S16 MD and S15 LPN on 09/20/2024.</p> <p>Review of Resident #28's MAR for September 2024 revealed the resident was not receiving Duloxetine 60 mg by mouth daily, as ordered on 09/20/2024. Further review revealed the resident had not received Duloxetine 30 mg by mouth daily from 09/16/2024 through 09/24/2024.</p> <p>Review of Resident #28's medical record revealed the resident was care planned for:</p> <p>The resident uses antidepressant medication (Cymbalta) related to pain with interventions that included: The resident will be free from discomfort or adverse reactions related to antidepressant therapy through the review date and administer antidepressant medications as ordered by physician.</p> <p>In an interview on 09/24/2024 at 2:20 p.m., S3 ADON confirmed S16 MD wrote the telephone order on 09/20/2024 to change Duloxetine to 60 mg by mouth daily. S3 ADON reviewed Resident #28's medical record and confirmed the order was not entered and the resident did not receive Duloxetine 60 mg by mouth daily but should have.</p>		

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 09/25/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373</p> <p>Based on record review and interview, the facility failed to ensure that a resident maintained acceptable parameters of nutritional status for 2 (#11, #195) of 5 (#2, #11, #37, #77, & #195) residents reviewed for nutrition by failing to follow or implement registered dietitian's recommendations. Findings:</p> <p>Resident #11</p> <p>Review of Resident #11's medical record revealed an admitted [DATE] with diagnoses that included .Chronic kidney disease, Stage 3, COPD, Chronic Non-pressure Ulcers of Lower Legs and Left Foot and Heart Failure.</p> <p>Review of Resident #11's Quarterly MDS with an ARD of 09/02/2024 revealed a BIMS score of 6, which indicated severe cognitive impairment. Resident #11 required set up assistance with eating.</p> <p>Review of Resident #11's medical record revealed the resident was care planned for a heart healthy, regular texture diet. Interventions included: Refer to Dietician as needed, provide diet as ordered, and monitor and record weight per orders and/or policy.</p> <p>Review of Resident #11's progress notes revealed the following:</p> <p>08/29/2024 at 6:06 p.m.: Nutrition/Dietary Note by S6 RD: Significant change. Resident with recent hospitalization and under care for Metastatic Prostate Cancer. Continues on heart healthy, regular texture diet with usual good appetite. Present weight 219.3 pounds-This is a 23 pound weight loss over last 6 weeks . Encourage supplements for improved nutrition .</p> <p>09/06/2024 at 12:36 p.m. note by S3 ADON: Resident weights reviewed. Consulted ST for screening due to weight loss along with Dietician .Will continue with encourage resident to eat and accept supplements as tolerated</p> <p>09/13/2024 at 12:13 p.m.: Weight Change Note by S3 ADON: Resident weight reviewed. He did eat better this week. However, appetite is still down. Will continue to offer supplements .</p> <p>Review of Resident #11's weights revealed the following:</p> <p>09/20/2024 09:49 213.4 Lbs</p> <p>09/13/2024 11:37 217.7 Lbs</p> <p>08/28/2024 14:20 219.3 Lbs</p> <p>07/11/2024 16:15 242.9 Lbs</p> <p>05/22/2024 08:00 241.7 Lbs</p> <p>(continued on next page)</p>		

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 09/25/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>04/04/2024 07:00 243.2 Lbs</p> <p>03/12/2024 08:00 246.5 Lbs</p> <p>Review of Resident #11's current physician's orders revealed no orders for dietary supplements. Review of Resident #11's MARs revealed no documentation of providing supplements to the resident.</p> <p>In an interview on 09/24/2024 at 2:25 p.m., S3 ADON confirmed Resident #11 had significant weight loss, and after reviewing the medical record confirmed an order was not entered for Resident #11 to receive dietary supplements as recommended by the RD, but should have been.</p> <p>Resident #195</p> <p>Review of Resident #195's medical record revealed an admitted [DATE] with diagnoses that included . Metabolic encephalopathy, Vitamin Deficiency, Type 2 DM, Left Heel DTI, and Pneumonia.</p> <p>Review of Resident #195's medical record revealed she was care planned for: Diet: Low concentrated sweets, regular texture, and thin liquids. Interventions included:</p> <p>Resident will eat at least 50% of meals by review date.</p> <p>Assess resident's food preferences.</p> <p>Monitor and record weight per orders and/or policy.</p> <p>Provide diet as ordered.</p> <p>Refer to dietician as needed.</p> <p>Review of Resident #195's progress notes revealed the following entries:</p> <p>09/16/2024 at 1:29 p.m.:</p> <p>[AGE] year old female Height 66, weight 125 pounds, IBW: 130 pounds plus or minus 10%, BMI: 20.2 .Feeds self after set up. Resident meets criteria for mild malnutrition with BMI less than 22 and age greater than [AGE] years .Recommend supplements of choice between meals for increased nutrition .by S6 RD.</p> <p>09/17/2024 at 1:50 p.m.:</p> <p>Conferred with wound care nurse. Resident with DTI on heel. Receiving care. Orders do not indicate wound care supplements therefore recommend Vitamin C, Zinc for wound healing Supplements previously recommended due to low BMI by S6 RD.</p> <p>Review of Resident #195's current physician's orders revealed no orders for Vitamin C, Zinc, or dietary supplements. Review of Resident #195's MAR revealed no documentation of the resident receiving Vitamin C, Zinc, or dietary supplements.</p> <p>(continued on next page)</p>		

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 09/25/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 09/25/2024 at 8:36 a.m., Resident #195 stated she had not received any supplements, shakes, Glucerna, etc. while at this facility. Resident #195 stated she had taken Glucerna prior to coming to the facility and liked them.</p> <p>In an interview on 09/25/2024 at 10:24 a.m., S3 ADON reviewed Resident #195's medical record and confirmed orders were not entered for dietary supplements, Vitamin C, or Zinc and should have been. S3 ADON stated the RD would have given the orders to the floor nurse to carry out. S3 ADON stated the floor nurse could have faxed the recommendations to the physician's office or given them to the doctor when he came to the facility, stating this doctor comes every Friday.</p>		

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 09/25/2024
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51096</p> <p>Based on observation, record review, and interview, the facility failed to ensure that nurse aides are able to demonstrate competency in skills necessary to care for residents' needs, as identified through observation of delayed call light response for 1 (#67) of 44 sampled residents. The facility failed to ensure timely call light response for Resident #67.</p> <p>Findings:</p> <p>Review of Resident #67's clinical record revealed an admitted [DATE], with diagnoses which included weakness, Dementia in other diseases; Benign Prostatic Hyperplasia without lower urinary tract symptoms; urinary tract infection; and anemia.</p> <p>Review of Resident #67's Significant Change MDS with an ARD date of 07/22/2024, revealed a BIMS score of 10; moderately impaired. Resident #67 uses a walker and wheelchair. Resident #67 required setup or clean up assistance with eating; Supervision or touching assistance with oral hygiene; substantial/maximal assist with toileting hygiene, shower/bathing; and partial moderate assist with personal hygiene. Resident #67 required Partial/Moderate assist with chair/bed to chair transfer; toilet transfer; sit to stand; lying to sitting; walk 10 feet; and walk 50 feet with two turns. Resident # 67 had frequent Urinary and Bowel Incontinence.</p> <p>Review of Resident #67's Care Plan revealed in part The resident has a History of falling. Interventions included: Monitor for changes in condition that may warrant increased supervision/assistance and notify the physician and Assist with one staff member for all ambulation. The resident is a high fall risk r/t Confusion, Gait/balance problems: Fall without injury on 07/01/2024; 08/05/2024; 08/10/2024; 08/19/2024; 09/03/2024; 09/06/2024 and 09/22/2024. Interventions included: Anticipate and meet the resident's needs; be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance.</p> <p>Observation of Resident #67 on 09/24/2024 at 09:03 a.m., revealed Resident #67 in bed, O2 via nasal cannula and fall mat at left side of the bed. Resident #67 used call light to call for assistance to get up and use the restroom at 09:08 a.m. This surveyor waited in room. At 09:14 a.m., S17 LPN came in and notified Resident #67 that someone would be in to assist him soon. This surveyor left Resident #67's room after hearing S17 LPN notify staff that Resident #67 needed assistance and returned at 09:35 a.m. to see if anyone had assisted Resident #67 to the restroom. Resident #67 stated that they had not. Notified S17 LPN, who then went in to another resident's room to speak with S18 CNA who then exited the other resident's room and entered Resident #67's room at 09:38 a.m. to assist him. Resident #67 waited approximately 35 minutes to be assisted to restroom. S17 LPN stated that S18 CNA had forgotten and went in to the other resident's room to provide toileting care.</p> <p>Interview with S17 LPN on 09/24/2024 at 11:53 a.m. revealed that Resident #67 had some incontinence. S17 LPN stated that when Resident #67 had to go; he needed to go.</p> <p>(continued on next page)</p>		

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 09/25/2024
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)		
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with S2 DON on 09/25/2024 at 2:51 p.m. revealed that the call light response time for residents' needs is within 15 minutes.		

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 09/25/2024
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>47004</p> <p>Based on observation, interview, and record review the facility failed to meet the nutritional needs of residents in accordance with established national guidelines. The facility failed to follow the menu in regard to portion size to ensure nutritional adequacy of the meal for 10 (#10, #25, #34, #41, #51, #52, #78, #85, #92, and #295) out of 13 (#2, #10, #25, #34, #35, #41, #50, #51, #52, #78, #85, #92, and #295) residents who received pureed meals served by the facility kitchen. Findings:</p> <p>Review of the facility's approved Patient Menu revealed the facility was on week 4, cycle day 23. Lunch menu consisted of: Chicken Spaghetti, [NAME] Beans, Pineapple Tidbits, Honey Wheat Roll, and Unsweetened Iced Tea. Serving size for pureed meal read as follows: Pureed Chicken Spaghetti- 3/4 cup (6oz) Ladle/Spoodle. Pureed [NAME] Beans- 1/2 cup (4oz) Ladle/Spoodle. Pureed Peaches- 1/2 cup (4oz) Ladle/Spoodle.</p> <p>Observation on 09/23/2024 at 10:45 a.m. of the lunch meal service revealed S7 Kitchen Lead obtained 4oz Ladles/Scoops to serve meal food items. Interview at time of observation with S7 Kitchen Lead revealed the kitchen used gray 4oz scoop for serving all meats and vegetables. S7 Kitchen Lead stated he referred to a document to determine portion size, and that the kitchen did not have a menu with serving sizes to refer to when serving. Review of the posted document titled Standard Scoop Measurements read in part . The number on the scoop equals the number of servings per quart. The document was not specific to the menu/meal served. Review of the document revealed the gray scoop was 4oz and equaled a level measurement of 1/2 cup.</p> <p>Observation on 09/23/2024 at 10:50 a.m. revealed S7 Kitchen Lead prepared all Hall X resident's lunch trays. Observation revealed S7 Kitchen Lead prepared the Hall X pureed diets using a gray 4oz scoop. Observation revealed S7 Kitchen Lead did not ensure the scoop was completely full and level when he served the pureed chicken spaghetti and pureed green beans for all Hall X Residents. Observation revealed the scoops were approximately 1/2 full when S7 Kitchen Lead served the pureed food items. Observation revealed S7 Kitchen Lead served Resident # 34's lunch tray, and placed an incomplete 4oz scoop serving of pureed chicken spaghetti and pureed green beans onto the plate. Review of Resident #34's meal card on tray revealed the resident was to receive double portions. Observation revealed all Hall X resident's trays were served, placed on cart, and sent to Hall X for meal service.</p> <p>Interview on 09/23/2024 at 11:05 a.m. with S10 Kitchen Assistant Manager at time of observation confirmed S7 Kitchen Lead did not serve the proper serving size for pureed diets. S10 Kitchen Assistant Manager confirmed staff should ensure scoops/ladles used for serving should be completely full and level when serving food items to ensure residents receive the entire portion size. S10 Kitchen Assistant Manager confirmed the kitchen did not have menu with serving size posted for staff to refer to for portion size, but should have.</p> <p>Observation on 09/23/2024 at 11:07 a.m. of Resident # 34's prepared lunch tray with S8 Patient Service Supervisor confirmed the resident had not been served double portions as ordered, but should have.</p> <p>(continued on next page)</p>		

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 09/25/2024
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 09/23/2024 at 11:25 a.m. of Hall X dining area revealed Resident # 10 had received a pureed meal and was assisted by S11 CNA. Observation of Resident #10's tray revealed the serving size for the pureed chicken spaghetti and pureed green beans appeared less than 1/2 cup. S11 CNA stated Residents who received pureed diets often do not have an adequate amount of food on their tray.</p> <p>Observation on 09/23/2024 at 11:27 a.m. of Hall X dining area revealed Resident # 85 had received a pureed meal and was assisted by S12 CNA. Observation of Resident #85's tray revealed the serving size for the pureed chicken spaghetti and pureed green beans appeared less than 1/2 cup. S12 CNA stated she agreed with S11 CNA, and stated Residents who received pureed diets sometimes do not have enough food on their tray.</p> <p>Interview on 09/24/2024 at 9:07 a.m. with S5 Dietary Manager revealed staff were to utilize serving sizes on the approved menus for each meal. Review of the lunch menu for 09/23/2024 with S5 Dietary Manager revealed residents with pureed diets should have received 3/4cup (6oz) of Chicken Spaghetti, and 1/2 cup (4oz) of green beans.</p> <p>Interview on 09/24/2024 at 9:20 a.m. with S7 Kitchen Lead confirmed he did not serve the correct serving size of pureed chicken spaghetti and pureed green beans for 09/23/2024 lunch meal service. S7 Kitchen Lead confirmed he used a gray 4oz scoop when he served pureed chicken spaghetti and pureed green beans, and he did not ensure the scoop was completely full when serving. S7 Kitchen Lead revealed at times the kitchen did not prepare and send enough of the pureed food items, so he had to serve a lesser amount to ensure every resident received a meal.</p>		

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 09/25/2024
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47004</p> <p>Based on observation, interview and record review, the facility failed to honor and accommodate resident food allergies, intolerances, and preferences by failing to ensure 1 Resident (#2) was not provided a supplement with milk containing products. This deficient practice had the potential to affect the 94 Residents that resided at the facility.</p> <p>Findings:</p> <p>Record Review of Resident #2's electronic medical record revealed an admitted [DATE]. Resident #2 had diagnoses that included in part . Cough, Unspecified Bacterial Pneumonia, Dysphagia, Contracture of Muscle-Unspecified Site, and Cerebral Palsy.</p> <p>Record Review of Resident #2's Quarterly MDS with ARD of 06/19/2024 revealed Resident had impaired memory and severely impaired cognitive skills. Resident #2 was dependent on staff for all ADL's.</p> <p>Record Review of Resident #2's Comprehensive Person Centered Care Plan with initiated date of 07/09/2024 revealed in part . Food intolerance. Lactose/Dairy products with intervention of: provide nondairy alternatives.</p> <p>Record Review of Resident #2's Current Physician Orders revealed in part .</p> <p>07/01/2024. Give Ensure or Breeze three times daily in between meals.</p> <p>Record Review of Resident #2's Allergy List revealed she was allergic to Milk containing products (Dairy) and was Lactose Intolerant.</p> <p>Record Review of Resident #2's Departmental Progress Notes revealed in part . 09/16/2024 at 2:13 p.m. S6 RD documented: Weight loss of 13 pounds over the last quarter. Continue plan of care. Encourage oral intake of meals and supplements. Milk three times a day. Monitor weight for further changes.</p> <p>Observation on 09/25/2024 at 10:49 a.m. revealed 2 bottles of Ensure- Enlive on Resident #2's bedside table. 1 bottle was opened and labeled 09/25/2024 7:34 a.m. Review of the product label ingredients list revealed the product contained Milk Protein. The bottle read Contains milk and soy ingredients.</p> <p>Interview on 09/25/2024 at 10:50 a.m. with S13 CNA revealed Resident #2 received Ensure three times a day.</p> <p>Interview on 09/25/2024 at 10:57 a.m. with S14 LPN confirmed Ensure supplements were given to Resident #2 three times a day due to weight loss.</p> <p>(continued on next page)</p>		

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 09/25/2024
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 09/25/2024 at 11:13 a.m. with S3 ADON confirmed Resident #2 received Ensure three times daily. S3 ADON stated S6 RD assessed Resident #2 quarterly and as needed and had ordered the Ensure. S3 ADON stated she would assume S6 RD was aware of Resident #2's milk allergy and lactose intolerance. S3 ADON confirmed residents should not be administered anything they had an allergy to.</p> <p>Telephone Interview on 09/25/2024 at 11:58 a.m. with S6 RD confirmed she had recommended Ensure three times daily for Resident #2. S6 RD revealed if a resident had a lactose intolerance, she would still recommend Ensure, as Ensure did not contain lactose. S6 RD revealed if a resident had a milk allergy she would absolutely avoid Ensure, and stated I'd have to do further evaluation to determine which milk protein was the allergy. S6 RD stated it must have slipped by me that she had a milk allergy, and I can only assume I just saw she had a lactose intolerance.</p>

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 09/25/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47004</p> <p>Based on observation and interview, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety by failing to ensure refrigerated food items were covered, labeled, and stored with an open date after opening. This deficient practice had the potential to affect the 92 Residents that received meals served in the kitchen.</p> <p>Findings:</p> <p>Review of the facility policy titled Food Storage dated 01/2024 read in part . Food is stored immediately after receipt and maintained in a manner that prevents damage, spoilage, infestation, and bacterial contamination.</p> <p>Observation of kitchen on 09/23/2024 at 8:45 a.m. accompanied by S7 Kitchen Lead revealed there was an open block of cheese on the refrigerator shelf that was uncovered, open to air, and undated, and a cup of oranges that was uncovered, open to air, and undated.</p> <p>Interview on 09/24/2024 at the time of the observations accompanied by S7 Kitchen Lead, confirmed the above findings. S7 Kitchen Lead confirmed all opened food items should be covered and dated, but had not been.</p>		