

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2025
NAME OF PROVIDER OR SUPPLIER  Grace Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1181 Hwy 19 Slaughter, LA 70777	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47546</b></p> <p>Based on interviews and record review, the facility failed to develop a Comprehensive Person-Centered Care Plan for 1 (#2) of 3 (#1, #2, #3) sampled residents reviewed. This was evidenced by the facility failing to ensure Resident #2's Comprehensive Person-Centered Care Plan was accurately updated to reflect his current Physician's Orders.</p> <p>Findings:</p> <p>Review of Resident #2's Clinical Record revealed he was admitted on [DATE] with diagnoses including, in part, the following: Dysphagia following Cerebral Infarction and Gastrostomy.</p> <p>Review of Resident #2's Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 02/04/2025 revealed the provider assessed the resident as having a Brief Interview for Mental Status (BIMS) of 2, which indicated the resident had severe cognitive impairment.</p> <p>Review of Resident #2's current active Physician's Orders revealed the following, in part:</p> <p>Enteral feeds - every shift related to Hyperglycemia, Glucerna 1.5 @ 60 cc/hr continuous per Percutaneous Endoscopic Gastrostomy (PEG) with 40ml/hr flush (Start date 12/29/2024)</p> <p>NPO Diet, NPO texture (Start date 04/20/2024)</p> <p>Review of Resident #2's current Care Plan revealed the following, in part:</p> <p>Focus: Potential for alteration in nutrition related to PEG tube - at risk for aspiration: NPO: Formula changed to Glucerna 1.5 @ 60 ml/hr with 60 m/hr water flush.</p> <p>Intervention: Administer medications as ordered</p> <p>Focus: Preference for customary routines</p> <p>Interventions: Allow resident to have snacks between meals.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/01/2025 at 12:56 p.m., an interview was conducted with S2LPN. She stated she and one other nurse were responsible for resident care plans. She reviewed Resident #2's Physician's Orders and current Care Plan and confirmed the order for 60 ml/hr water flush did not reflect the current care plans 40ml/hr water flush and Resident #2's Care Plan Intervention of allowing snacks between meals did not reflect his current NPO Physician's Order. She confirmed Resident #2's care plan should accurately reflect his Physician's Orders and did not.</p> <p>On 04/01/2025 at 2:06 p.m., an interview was conducted with S1DON. He reviewed Resident #2's current Physician's Orders and current Care Plan. S1DON confirmed the Care Plan did not accurately reflect the Physician's Orders and should have.</p>