

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 10/16/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47732</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure each resident was treated with respect and dignity in a manner and in an environment that promoted maintenance or enhancement of his or her quality of life for 1(#50) of 24 residents reviewed in the final sample. The facility failed to ensure Resident #50's urinal was emptied in a timely manner prior to meals being served in the resident's room.</p> <p>Findings:</p> <p>Review of Resident #50's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included, Acquired Absence of Right and Left Leg Above the Knee, Anxiety, and Post Traumatic Stress Disorder.</p> <p>Review of Resident #50's most recent MDS (Minimum Data Set), with an ARD of 09/24/2024, revealed a BIMS (Brief interview for Mental Status) of 15, indicating Resident #50 was cognitively intact.</p> <p>Review of Resident #50's Progress Notes revealed, in part:</p> <p>Nutritional Note dated 09/24/24 at 3:00 p.m. - Resident eats all of his meals in his room.</p> <p>On 10/15/2024 at 9:00 a.m., an observation and interview was made of Resident #50. His urinal was present at his bedside and contained 400 cc of urine. Resident #50 stated the urinal had been there since 6:00 a.m., and staff have not routinely emptied it when they entered his room. He confirmed he had breakfast in his room this morning, with the urinal containing urine present during his meal.</p> <p>On 10/15/2024 at 11: 15 a.m., an observation was made of Resident #50. His urinal remained at his bedside with 400 cc of urine noted. Resident #50 confirmed it has not been emptied or used since 9:00 a.m. Resident #50 stated he asked for the urinal to be emptied. Resident #50 stated he feels leaving urine during meals is not respectful of his feelings.</p> <p>On 10/15/2024 at 12:30 p.m., an observation was made of Resident #50 as he was served his lunch tray in his room. His urinal remained at the bedside, in plain sight from the door and to the resident in his bed, with 400 cc of urine noted.</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
---	-------	-----------

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 10/16/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/15/2024 at 12:35 p.m., an interview was conducted with S17CNA. She confirmed she was caring for Resident #50. She stated his urinal with 400 cc of urine had not been emptied on her shift, and should have been. She further confirmed she had served Resident #50 his breakfast and lunch in his room, with the urinal containing urine present at bedside.</p> <p>On 10/15/2024 at 12:38 p.m., an observation and interview was conducted with S2DON. S2DON confirmed the Resident #50's urinal was hanging on the garbage can at bedside, with 400 cc of urine noted. He further confirmed staff had not emptied the urinal during their shift and should have. S2DON confirmed serving meals to residents with a urinal at the bedside was disrespectful.</p>		

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 10/16/2024
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 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>44615</p> <p>Based on observation, record review, and interview, the facility failed to ensure all surveys during the 3 preceding years, including complaint surveys since the last annual survey, were accessible for residents, family members, legal representatives, and the public's review.</p> <p>Findings:</p> <p>An observation was made on 10/14/2024 at 8:35 a.m. of the facility's entrance. There was no facility binder available with Survey results located near the entrance of the facility.</p> <p>An observation was made on 10/14/2024 at 12:55 p.m. of dining area information display section. There were no previous surveys posted within the facility for residents, family members, legal representatives, or the public to review.</p> <p>An interview was conducted on 10/14/2024 at 1:15 p.m. with S1ADM. S1ADM verified the facility's survey results binder was not present for public view, and stated it was in his office. He reviewed the facility's Survey results binder and confirmed survey results from preceding annual recertification surveys dated 10/2023, 10/2022, 10/2021 should have been available for public review. S1ADM further confirmed the complaint surveys since the annual recertification survey, dated 08/27/2024 and 09/05/2024, should have been available for public review, and were not.</p>		

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 10/16/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47732</p> <p>Based on record reviews and interviews, the facility failed to ensure each resident had the right to be free from physical abuse by another resident for 1(#28) of 1 sampled resident reviewed for abuse. The facility failed to ensure Resident #28 was free from physical abuse by Resident #100.</p> <p>Findings:</p> <p>The undated facility policy, reviewed on 10/16/2024, titled Abuse Prevention Program revealed,</p> <p>Policy Statement:</p> <p>Our residents have the right to be free from abuse. This includes freedom from Resident to Resident Abuse.</p> <p>Policy Interpretation:</p> <p>As part of the resident abuse prevention, the administration will:</p> <ol style="list-style-type: none"> 1. Protect residents from abuse by anyone including other residents. <p>Resident #28</p> <p>Review of the Clinical Record revealed Resident #28 was admitted to the facility on [DATE].</p> <p>Review of the Current MDS (Minimum Data Set) revealed Resident #28 had a BIMS (Brief Interview of Mental Status) score of 15, which indicated he was cognitively intact.</p> <p>On 10/16/2024 at 3:10 p.m., an interview was conducted with Resident #28. He stated on 09/01/2024, his roommate, Resident #100 was sitting by his bed punching and elbowing him. He stated he felt aggravated and scared the incident would happen again. He said he reported this to S3LPN.</p> <p>Review of S3LPN's Nurses Progress Note for Resident #28 revealed on 09/01/2024 at 10:47 a.m., Resident #28 informed S3LPN that he was awakened during the night to Resident #100 sitting next to his bed punching and elbowing him. Writer spoke to Resident #100 who stated yes I punched him.</p> <p>Resident #100</p> <p>Review of the Clinical Record revealed Resident #100 was admitted to the facility on [DATE] with diagnoses, which included Dementia.</p> <p>Review of the Current MDS revealed Resident #100 had a BIMS of 8, which indicated he was cognitively intact.</p> <p>(continued on next page)</p>		

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 10/16/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Health Status Note completed by facility staff for Resident #100 dated 09/01/2024 revealed the resident was transferred to the emergency room for evaluation due to aggressive behaviors at 11:00 a.m., and returned to the facility at 1:13 p.m. He was still confused. Resident #100 was educated on physical abuse and staying in his room.</p> <p>On 10/15/2024 at 1:45 p.m., an interview was conducted with S4LPN. She stated Resident #100 had a history of issues including aggressive behaviors, delusional behaviors, and hallucinations.</p> <p>On 10/16/2024 at 4:20 p.m., an observation and interview was conducted with Resident #100. He was unable to be interviewed, due to refusal to talk to me.</p> <p>On 10/16/2024 at 2:40 p.m., an interview was conducted with S3LPN. S3LPN stated she was informed on 09/01/2024 by Resident #28 of an incident during the night. S3LPN stated Resident#28 said he woke up to find Resident #100 sitting at his bedside punching and elbowing him. She stated Resident #28 said he was afraid. She stated she spoke to Resident #100 who confirmed the incident. S3LPN stated the incident was reported to S1ADM. She stated Resident #28 was moved to another room. She confirmed there was no additional staff training or other interventions implemented after the incident.</p> <p>On 10/16/2024 at 3:15 p.m., an interview was conducted with S2DON. S2DON stated on 09/01/2024 Resident #28 and Resident #100 were involved in an altercation. He stated Resident #100 was at the bedside of Resident #28 punching and elbowing him. S2DON confirmed no staff in-service was provided related to this incident. S2DON stated Resident #100 was sent to the hospital for evaluation and Resident #28 was moved to another room. S2DON confirmed Resident#100 punching and elbowing Resident #28 was abuse. S2DON did not report any further interventions.</p> <p>On 10/16/2024 at 3:30 p.m., an interview was conducted with S1ADM. S1ADM confirmed that he was made aware Resident # 28 was hit by Resident #100 while asleep in his bed. S1ADM stated Resident #28 was moved to another room, and Resident #100 was sent to the emergency room for evaluation. S1ADM did not report any further interventions. He further confirmed that the incident was Resident/Resident abuse.</p>		

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 10/16/2024
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49343</p> <p>Based on record review and interviews, the facility failed to ensure a resident with an identified mental health diagnosis was referred for a Preadmission Screening and Resident Review (PASRR) Level II evaluation as required for 1 (#11) of 3 (#6, #11, and #92) residents reviewed for PASRR.</p> <p>Findings:</p> <p>A review of Resident #11's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses which included Depression. Further review revealed additional medical diagnoses of Brief Psychotic Disorder (onset date of 09/28/2023).</p> <p>A review of Resident #11's Level 1 PASSR dated 10/24/2022, revealed Resident #11's diagnosis of Brief Psychotic Disorder was not included.</p> <p>Further review revealed no documented evidence a review had been resubmitted for a Level II evaluation and determination after Resident #11 received a diagnosis of Brief Psychotic Disorder on 09/28/2023.</p> <p>On 10/15/2024 at 10:45 a.m., an interview was conducted with S16SW. He stated he was responsible for submitting PASRR's for residents in the facility. He stated when a resident acquired a new mental health diagnosis he submits a request to the state agency for a PASRR Level II referral. He reviewed the Level I PASRR on file for Resident #11 dated 10/24/2022. He confirmed Resident #11 had acquired a diagnosis of Brief Psychotic Disorder since the last Resident Review submission. He confirmed a Resident Review form should have been resubmitted for evaluation and determination for Level II services for Resident #11, after the diagnosis of Brief Psychotic Disorder on 09/28/2023 and was not.</p> <p>On 10/15/2024 at 4:17 p.m., an interview was conducted with S2DON. He was notified of the above findings. He stated he did not know if Resident #11 required a Resident Review form resubmitted for a PASRR Level II referral, following the diagnosis of Brief Psychotic Disorder on 09/28/2023.</p>		

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 10/16/2024
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 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** 48333</p> <p>Based on observation, interviews, and record review, the facility failed to ensure services provided by the facility met professional standards of quality by failing to ensure nursing staff did not leave medications at bedside for 1 (#82) of 24 residents reviewed in final sample.</p> <p>Findings:</p> <p>Review of Resident #82's Clinical Record revealed she was admitted to the facility on [DATE]. Further review of Resident #82's quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 09/13/2024 revealed she had a BIMS (Brief Interview of Mental Status) of 13, indicating she was cognitively intact.</p> <p>On 10/14/2024 at 8:55 a.m., an observation and interview was conducted with Resident #82 in her room. She had seven pills in a medication cup on her bedside table as well as a 4 ounce cup of liquid supplement. She stated S5LPN gave her medications at the bedside and left her room.</p> <p>On 10/14/2024 at 9:07 a.m., an interview was conducted with S5LPN in Resident #82's room. She confirmed there were 7 pills in the medication cup and 4 ounces of liquid supplement at resident's bedside. She confirmed she gave Resident #82 her morning medications, but did not observe Resident #82 swallow the medications prior to leaving the room. She further confirmed Resident #82 did not have Physician Orders to self-administer medications, and medications should not have been left at the bedside.</p> <p>On 10/16/2024 at 3:09 p.m., an interview was conducted with S2DON. He confirmed S5LPN should not have left medications at the resident's bedside. He further confirmed no medications should be left at the bedside of a resident who is unable to self-administer medications.</p>		

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 10/16/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49343</p> <p>Based on observations, interviews, and record review, the facility failed to provide necessary care and services for the provision of respiratory care in accordance with professional standards. The facility failed to ensure oxygen tubing and humidifier bottle were labeled for 1 (#2) of 2 (#2 and #75) residents reviewed for oxygen therapy.</p> <p>Findings:</p> <p>Review of the facility's policy titled Departmental (Respiratory Therapy), with a revision date of 11/2011, revealed in part:</p> <p>Purpose:</p> <p>The purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks, and equipment among residents and staff.</p> <p>General Guidelines:</p> <p>1. Pre-filled water reservoir packs used in respiratory therapy must be dated when opened and discarded every (7) days, or when the water level becomes low.</p> <p>Steps in the Procedure: Infection Control Considerations Related to Oxygen Administration:</p> <p>2. [NAME] bottle with date upon opening.</p> <p>Review of Resident #2's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Chronic Respiratory Failure with Hypoxia, Chronic Obstructive Pulmonary Disease, and Obstructive Sleep Apnea.</p> <p>Review of Resident #2's Physician's Orders revealed the following, in part:</p> <p>Start date: 01/03/2024: Oxygen at 4 liters per minute via nasal cannula continuously.</p> <p>On 10/14/2024 at 10:30 a.m., an observation what made of Resident #2 lying in bed wearing her oxygen via nasal cannula. The oxygen tubing nor the humidifier bottle were labeled with date last changed.</p> <p>On 10/14/2024 at 10:36 a.m., an observation and interview was conducted with S14LPN. She stated resident oxygen tubing and humidification was changed every Sunday. She stated all oxygen tubing and humidifier bottles should be labeled with the date it was changed. S14LPN confirmed Resident #2's oxygen tubing and humidifier bottle was not dated and should have been.</p> <p>(continued on next page)</p>

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 10/16/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/15/2024 at 4:15 p.m., an interview was conducted with S2DON. He was notified of the observation of Resident #2's oxygen tubing and humidifier bottle not being labeled with a date. He stated the facility's policy was to change all oxygen tubing and humidifier bottles every 7 days on Sunday. He stated oxygen tubing and humidifier bottles should be labeled with the date it was changed. S2DON confirmed Resident #2's oxygen tubing and humidifier bottle should have been labeled with the date it was changed.</p>		

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 10/16/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>44615</p> <p>Based on observation, record review, and interviews, the facility failed to ensure drugs and biologicals used in the facility were stored in accordance with currently accepted professional principles. The facility failed to ensure expired medications were not available for administration to residents on 1 (Med Cart 1) of 4 (Med Cart 1, 2, 3, and 4) medication carts observed.</p> <p>Findings:</p> <p>Review of the facility's policy titled Medication Labeling and Storage dated 02/2023 revealed the following:</p> <p>Medication Storage:</p> <p>2. Nursing staff was responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner.</p> <p>An observation was made on 10/14/2024 at 2:37 p.m. with S4LPN of Cart 1. The following was observed:</p> <p>1 bottle of lubricant eye drops dated 08/21/2024, no expiration date;</p> <p>1 bottle of eye drops dated 08/10/2024, no expiration date;</p> <p>1 nasal inhaler with an expiration date of 08/17/2024.</p> <p>An interview was conducted with S4LPN on 10/14/2024 at 2:40 p.m. She reviewed the aforementioned two bottles of eye drops and stated eye drop medications were only used for 30 days. S4LPN confirmed expired nasal inhaler should have been removed from Med Cart 1 and was not. She confirmed medications were in use.</p> <p>An interview was conducted with S2DON on 10/14/2024 at 3:00 p.m. He stated staff nurses were responsible for checking medication carts for expired medications. He further stated nurses who administered medications were responsible for checking expiration dates before administering medications. S2DON confirmed the aforementioned two bottles of eye drops were beyond the 30 day use and nasal inhaler was expired, should have been discarded, and had not been.</p>		

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 10/16/2024
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 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>44615</p> <p>Based on observation, interviews, and record review, the facility failed to store and prepare food under sanitary conditions. This deficient practice had the potential to affect 121 residents who were served meals from the facility's kitchen.</p> <p>Findings:</p> <p>Review of the facility's policy titled Food Receiving and Storage dated November 2022, revealed in part, the following:</p> <ol style="list-style-type: none"> 1. All foods stored in the refrigerator or freezer are covered, labeled and dated. 7. Refrigerated foods are labeled and dated so they are used prior to expiration, frozen, or discarded. <p>During the initial tour of the facility's kitchen with S11DM on 10/14/2024 at 9:00 a.m., the following observation was made:</p> <p>Walk-In Cooler:</p> <p>1 package of block cheese, wrapped in plastic wrap, opened, dated 08/24/2024.</p> <p>An interview was conducted on 10/14/2024 at 9:30 a.m. with S11DM. She verified the above observation and confirmed the facility failed to store foods under sanitary conditions. She confirmed opened food products should be labeled with date it was opened and an expiration/discard date. She further stated she was responsible for ensuring staff complied with policy.</p> <p>An interview was conducted on 10/15/2024 at 11:57 a.m. with S12CD. She confirmed opened cheese should have a discard date. She stated the cheese should have had a use-by date of 7 days from opening and it did not.</p> <p>An interview was conducted on 10/14/2024 at 9:40 a.m. with S1ADM. He confirmed all food storage items should be labeled and dated.</p>

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 10/16/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44615</p> <p>Based on observations, interviews, and record reviews, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary environment to help prevent the development and transmission of infection for 3 (#35, #107, and #271) of 3 (#35, #107, and #271) residents reviewed for infection control. The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Staff implemented appropriate EBP (Enhanced Barrier Precautions) for Resident #107 and #271); and 2. Staff used proper hand hygiene during wound care for Resident #107, 3. Staff used proper infection control technique when providing catheter care for Resident #35. <p>Findings:</p> <p>Review of the facility's policy titled Enhanced Barrier Precautions, dated August 2022, revealed the following, in part:</p> <p>Policy Interpretation and Implementation:</p> <ol style="list-style-type: none"> 1. EBPs are used as an infection prevention and control intervention to reduce the spread of multi-drug resistant organisms MDRO (Multi-Drug Resistant Organism) to residents. 3. Examples of high- contact resident care activities requiring the use of gown and gloves for EBPs include: c.) transferring. 5. EBPs are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO colonization. 6. Effective implementation of EBR requires the availability of PPE supplies at the point of care. <ol style="list-style-type: none"> 1. <p>Resident #107</p> <p>Review of Resident #107's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included Pressure Ulcer to Left Heel, Pressure Ulcer to Right Heel Unstageable, Osteomyelitis, and Need for Assistance With Personal Care.</p> <p>On 10/15/2024 at 12:35 p.m., an observation was conducted of S7CNA's transfer of Resident #107 from a stretcher back into his bed. Resident #107 had an EBP sign and PPE in a caddy on his door. S7CNA failed to don gloves or gown prior to transferring Resident #107.</p> <p>(continued on next page)</p>		

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 10/16/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/15/2024 at 12:40 p.m., an interview was conducted with S7CNA. She confirmed Resident #107 was under Enhanced Barrier Precautions for having wounds, and she transferred Resident #107 without donning gloves or a gown, but should have.</p> <p>On 10/16/2024 at 3:06 p.m., an interview was conducted with S2DON. S2DON confirmed transferring a resident who was on EBP was considered high-contact patient care and staff should have worn gown and gloves when transferring a resident on Enhanced Barrier Precautions.</p> <p>Resident #271</p> <p>Review of Resident #271's Clinical Record revealed he was admitted to the facility on [DATE] with diagnosis of Stable Burst Fracture and Urinary Retention.</p> <p>On 10/14/2024 at 2:00 p.m., an observation was made of Resident #271 with an indwelling urinary catheter. Resident #271's door had no sign notifying staff or visitors EBP were in place and no PPE supplies were at his door.</p> <p>On 10/14/2024 at 2:10 p.m., an interview was conducted with S4LPN. S4LPN confirmed there was no EBP Precaution Sign or PPE supplies present for Resident #271, and should have been.</p> <p>On 10/14/2024 at 2:40 p.m., an interview was conducted with S2DON. S2DON stated residents with urinary catheters should have EBP measures implemented. S2DON further confirmed nursing staff should have implemented EBP on admission, and did not.</p> <p>2.</p> <p>Review of facilities policy titled Handwashing/Hand Hygiene, dated August 2019, revealed, in part:</p> <p>Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of infections.</p> <p>6. Use of Alcohol-based hand rub containing at least 62% alcohol, or alternatively soap and water for the following situations:</p> <p>g. before handling clean dressings, gauze pads etc.</p> <p>k. after handling used dressings</p> <p>m. after removing gloves</p> <p>Resident#107</p> <p>(continued on next page)</p>		

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 10/16/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/15/2024 at 3:10 p.m., an observation was conducted of S6LPN performing wound care for Resident #107. S6LPN applied clean gloves removed soiled dressings to bilateral lower extremities. S6LPN removed soiled gloves and applied clean gloves without performing proper hand hygiene. She then cleansed the right heel with wound cleanser, removed soiled gloves and applied clean gloves without performing proper hand hygiene. S6LPN dressed the right heel with a clean dressing, removed soiled gloves and applied clean gloves without performing hand hygiene. S6LPN cleansed left heel with wound cleanser, removed soiled gloves and applied clean gloves without performing proper hand hygiene. S6LPN dressed left heel with a clean dressing, removed soiled gloves and gown, washed hands with soap and water, and left Resident #107's room.</p> <p>On 10/15/2024 at 3:35 p.m., an interview was conducted with S6LPN. S6LPN confirmed she did not have hand sanitizer in resident's room and did not perform appropriate hand hygiene in between glove changes during Resident #107's wound care. S6LPN confirmed she should have used hand sanitizer or washed her hands with soap and water between glove changes.</p> <p>On 10/16/2024 at 3:06 p.m., an interview was conducted with S2DON. S2DON confirmed proper hand hygiene was using hand sanitizer or washing hands with soap and water. S2DON confirmed all staff should be performing proper hand hygiene between glove changes.</p> <p>3.</p> <p>Review of the facility's policy titled Perineal Care, with a revision date of 02/2018, revealed the following, in part:</p> <p>Steps in the Procedure</p> <p>For a male resident:</p> <p>c. If the resident has an indwelling catheter, gently wash the juncture of the tubing from the urethra down the catheter about 3 inches.</p> <p>Resident #35</p> <p>Review of Resident #35's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included, Urinary Tract Infections, Chronic Kidney Disease Stage 3, Acute Cystitis with Hematuria, and Neuromuscular Dysfunction of Bladder.</p> <p>Review of Resident #35's Physician's Orders revealed the following in part:</p> <p>Clean indwelling catheter with soap and water daily and as needed.</p> <p>On 10/16/2024 at 10:32 a.m., an observation was made of S15CNA performing catheter care on Resident #35. [NAME] residue was observed on Resident #35's catheter tubing where the catheter tubing connects to the catheter bag near the resident's knees. S15CNA cleaned Resident #35's catheter tubing, starting at the brown residue near the resident's knees and wiped up the tubing going toward his urethra.</p> <p>(continued on next page)</p>		

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 10/16/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/16/2024 at 10:39 a.m., immediately following the above observation, an interview was conducted with S15CNA. She confirmed she performed Resident #35's catheter care incorrectly using improper technique, and stated she should have cleaned the catheter tubing starting at the catheter insertion site then away from the resident.</p> <p>On 10/16/2024 at 3:55 p.m., an interview was conducted with S2DON. He stated when performing catheter care on a resident, staff should clean catheter tubing starting at the insertion site then away from the resident, and it is not appropriate to clean the tubing going towards the insertion site.</p> <p>47732</p> <p>48333</p> <p>49343</p>		