STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195258	A. Building B. Wing	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grace Nursing Home	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure a resident who required assistance with ADLs received the necessary services to maintain good grooming and personal hygiene for 1 (#23) of 2 residents reviewed for ADL's. The facility failed to trim and clean Resident #23's fingernails. Review of the facility's policy dated 02/2025 and titled, Fingernails/Toenails, Care of, revealed the following, in part:Policy: To promote cleanlinessPurpose: The purpose of this procedure is to clean the nail bed, to keep nails trimmed, and to prevent infections. General Guidelines1. Nail care includes daily cleaning and regular trimming.Review of the Resident #23's Medical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Chronic Obstructive Pulmonary Disease, Chronic Diastolic Congestive Heart Failure, and Depression. Review of Resident #23's Quarterly MDS with ARD of 10/07/2025 revealed BIMS of 15, which indicated he was cognitively intact. Review of Resident #23's current Care Plan revealed the following in part:Problem: self-care deficit r/t needs assistance with ADLs, decreased mobility Intervention: Assist with ADLs as needed, bathe and shampoo hair, call light in reach, Personal hygiene-assist On 12/08/2025 at 1:29 p.m., an observation was made of Resident #23's fingernails. Fingernails were observed to be long and dirty. On 12/09/2025 8:13 a.m., an observation was made of Resident #23's fingernails. Fingernails were noted to be long with a black substance under 6 of his fingernails. Further observation revealed his fingernails were approximately 0.5 cm past the finger tip of all 10 fingers. On 12/09/2025 at 8:13 a.m., an interview was conducted with Resident #23. Resident #23 stated he had asked more than once for nails to be cleaned and trimmed. He further stated he would like for his nails to be cleaned and trimmed. On 12/09/2025 9:29 a.m., an observation was made of Resident #23's nails with S6LPN. She observed and confirmed Resident #23's nails were long and dirty and should have been cleaned and trimmed.On 12/10/2025 at 1:37 p.m., an interview was conducted with S2DON. He stated nursing staff were responsible for keeping the nails of non-diabetic residents cleaned and trimmed. He stated he expected all staff to keep each resident's nails cleaned and trimmed.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations, and interviews, the facility failed to ensure a resident who was fed by enteral means received the appropriate treatment and services to prevent complications of enteral feeding for 1 of 1 (#102) residents reviewed for tube feeding. The facility failed to ensure:1. The enteral feeding flush bag was appropriately labeled with an opened date and time; and2. The enteral feeding pump was on and running continuously in accordance with physician orders.Review of Resident #102's clinical record revealed he was admitted to the facility on [DATE] with diagnoses, which included Gastrostomy, Dysphagia, Disturbances of Salivary Secretion, and Gastro-Esophageal Reflux Disease. Review of Resident #102's current Physician Orders revealed, in part, the following: Order date: 08/19/2025 - Enteral Feed Order: Peptamin 1.5 @ 60 mL/hr continuous every 24 hours, flush peg with 40 mL/hr via auto flush system. On 12/08/2025 at 10:01 a.m., an observation was made of Resident #102 in his room, sitting upright in his wheel chair, asleep. Resident #102's enteral feeding pump was noted to be off and not running. Further inspection revealed the feeding flush bag was not labeled with an opened date and time. On 12/08/2025 at 10:31 a.m., an observation was made of Resident #102's enteral feeding pump, formula and flush bags with S4LPN. On 12/08/2025 at 10:32 a.m., an interview was conducted with S4LPN. She stated she was responsible for Resident #102's care. She confirmed the Enteral feeding pump was not on or running and should have been. She further confirmed the feeding flush bag was not labeled with an opened date and time and should have been. On 12/09/2025 at 1:47 p.m., an interview was conducted with S2DON. He stated he expected his nursing staff to label all feeding flush bags with an opened date and time. He further confirmed Resident #102's feedings were to be administered continuously as physician ordered and Resident #102's pump should not have been off.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to ensure each resident received necessary respiratory care consistent with professional standards of practice for 2 (#39 and #68) of 3 residents reviewed for respiratory care. The facility failed to ensure:1. Resident #39's Oxygen tubing was labeled with the date last changed on her portable oxygen tank.2. Resident #39's portable oxygen tank administered the appropriate amount of oxygen in accordance with physician orders.3. Resident #68's pre-filled water reservoir was labeled with the date last changed. Review of the facility's policy with a revision date of 03/2025 and titled Departmental (Respiratory Therapy) revealed the following in part: General Guidelines 1. Pre-filled water reservoir packs used in respiratory therapy must be dated when opened and discarded every thirty (30) days, or when the water level becomes low. Steps in the procedure Infection Control Considerations Related to Oxygen Administration: 2. [NAME] the bottle along with the tubing with the current date upon opening. 1. Review of Resident #39's Clinical Record revealed she was recently re-admitted to the facility on [DATE] with a diagnosis of pneumonitis due to inhalation of food and vomit. Review of Resident #39's current Physician Orders revealed the following, in part: Order Date: 12/08/2025-Change O2 tubing/mask weekly and PRN, every day shift, every Sunday. On 12/08/2025 at 10:14 a.m., an observation was made of Resident #39 sitting upright in her wheelchair in the dining room. Resident #39 was observed utilizing a portable oxygen tank and nasal cannula for oxygen administration. Further observation revealed the oxygen tubing was not labeled with the date last changed. On 12/08/2025 at 10:32 a.m., an observation was made of the Resident #39's portable oxygen tank and tubing with S4LPN. On 12/08/2025 at 10:33 a.m., an interview was conducted with S4LPN. S4LPN confirmed Resident #39's oxygen tubing was not labeled with the date last changed and should have been. 2. Review of Resident #39's Clinical Record revealed she was recently re-admitted to the facility on [DATE] with a diagnosis of pneumonitis due to inhalation of food and vomit. Review of Resident #39's current Physician Orders revealed the following, in part: Order Date: 12/06/2025- Oxygen 2L/min per nasal cannula or mask PRN. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/08/2025 at 10:14 a.m., an observation was made of Resident #39 sitting upright in her wheelchair in the dining room. Resident #39 was noted utilizing a portable oxygen tank and nasal cannula for oxygen administration. Further observation revealed oxygen was being administered at a rate of 3L/min. On 12/08/2025 at 10:32 a.m., an observation was made of Resident #39's portable oxygen tank and tubing with S4LPN. On 12/08/2025 at 10:33 am, an interview was conducted with S4LPN. S4LPN confirmed Resident #39's oxygen was being administered at a rate of 3L/min and should have been at a rate of 2L/min. 3. Review of Resident #68's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses which included the following in part: Pulmonary Fibrosis, Interstitial Pulmonary Disease, Emphysema, Chronic Obstructive Pulmonary Disease, and Sleep Apnea. Review of the most recent MDS with an ARD of 10/01/2025 revealed a BIMS of 13, which indicated Resident #68 was cognitively intact. Review of Resident #68's current Physician Orders revealed the following, in part: Start date 08/27/2025 - Oxygen at 2 Liters per Nasal Cannula, as needed. On 12/08/2025 at 10:30 a.m., an observation was made of Resident #68's pre-filled water reservoir connected to her oxygen concentrator. Further observation revealed the water reservoir was not labeled with the open date. On 12/08/2025 at 10:45 a.m., an observation was made with S3LPN of Resident #68's pre-filled water reservoir connected to the oxygen concentrator. She confirmed the bottle was not labeled with the open date and should have been On 12/10/2025 at 1:37 p.m., an interview was conducted with S2DON. He stated he expected all nursing staff to ensure they were accurately carrying out physician orders. He confirmed nursing staff should have checked Resident #39's physician orders prior to setting the flow rate on the portable tank to ensure the appropriate amount of oxygen was administered. He further confirmed staff should label all oxygen tubing and oxygen humidifier water bottles with an open date.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observations, 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 medication rooms were free of expired medications / supplements for 1 (MR2) of 2 medication rooms reviewed. There were 119 residents residing in the facility.Findings: On 12/08/2025 at 9:22 a.m., an observation was made of MR2 with S3LPN. The following items were found:1 Bottle of Senna Liquid 8.8 mg / 5 ml Chocolate Flavor with an expiration date of 04/2025;1 Bottle of Adult Vitamin Tablets with an expiration date of 05/2025;1 Bottle of Adult Vitamin Tablets with an expiration date of 07/2025;2 Bottles of Adult Vitamin Tablets with an expiration date of 09/2025; and1 Bottle of Adult Vitamin Tablets with an expiration date 10/2025. On 12/08/2025 at 9:22 a.m., an interview was conducted with S3LPN. S3LPN confirmed the aforementioned medications /supplements were expired. S3LPN confirmed expired medications / supplements should not be kept in the medication storage room. On 12/09/2025 at 1:26 p.m., an interview was conducted with S2DON. S2DON stated nurses are responsible for checking the expiration dates on medications. S2DON confirmed there should be no expired medications / supplements in the medication room.