STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195281	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowview Health & Rehab Center	400 Meadowview Drive Minden, LA 71055

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 record review, observation and interviews the facility failed to ensure residents who were unable to carry out ADLs (Activities of Daily Living) received the necessary services to maintain good grooming and personal hygiene. The facility failed to ensure oral care was provided for 1(#2) of 3 sampled residents.Findings:Review of Resident #2's record revealed an initial admission date of 02/04/2025 with the following diagnoses in part, other sequelae of cerebral infarction, acute respiratory failure with hypoxia, aphasia, encounter for attention to tracheostomy and encounter for attention to gastrostomy.Review of Resident #2's care plan revealed in part: ADL self-care performance deficit related to a diagnosis of cardio vascular accident and respiratory failure with hypoxia. Further review of Resident #2's care plan revealed interventions which included oral care routine in the morning and at night: Brush teeth, clean gums with toothette and rinse mouth with wash.Review of Resident #2's MDS (Minimum Data Set) assessment dated [DATE] revealed in part, BIMS (Brief Interview of Mental Status) score of 00, indicating severe cognitive impairment. Further review of functional abilities revealed Resident #2 was dependent on staff for oral hygiene.An observation on 01/06/2026 at 8:07 a.m. revealed Resident #2 with a tracheostomy and her lips covered with white debris. During an interview on 01/06/2026 at 8:21 a.m. S2 RT (Respiratory Therapist) acknowledged the white debris on Resident #2's mouth and oral care was needed. S2 RT further reported the CNAs (Certified Nursing Assistant) are responsible for providing oral care to residents and oral care should have been provided to Resident #2.During an interview on 01/06/2026 at 8:32 a.m. S5 LPN (Licensed Practical Nurse) reported she took care of Resident #2 and Resident #2 did not received oral care yesterday (01/05/2026) and was not sure how often CNAs provide oral care. During an interview on 01/06/2026 at 8:34 a.m. S3 CNA, reported she did not provide oral care because the Respiratory Therapist provided oral care to Resident #2. During an interview on 01/06/2026 at 8:38 a.m. S4 ADON (Assistant Director of Nursing) reported Resident #2 should have received oral care every shift and oral care was in Resident #2's plan of care. S4 ADON confirmed the responsibility of CNAs was to provide oral care to residents every shift and Resident #2 should have received oral care.

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
	195281	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowview Health & Rehab Center	400 Meadowview Drive Minden, LA 71055

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation and interview, the facility failed to ensure a resident with a pressure ulcer received the necessary treatment and services consistent with professional standards of practice to promote healing for 1 (#3) of 3 sampled residents.Findings: Policy:Pressure Injury Prevention Program (Reviewed and Revised date of 06/27/2025)Standard: All residents will be assessed for the risk of pressure injury development at the time of admission, on a quarterly basis, and upon significant change in condition thereafter. Each resident will also receive a weekly skin check to identify new areas of concern or the development of new pressure injuries to ensure a timely adjustment to the resident's change in condition/risk level. Based on the results of these assessments, specific interventions will be implemented to prevent the development of avoidable pressure injuries, or, to treat new/existing pressure injuries.3. The following is a list of commonly used interventions to possibly prevent the development of pressure injuries- c. Keep residents clean and dry d. Provide incontinent care as appropriateReview of Resident #3's medical record revealed Resident #3 had an initial admission date of 07/07/2018 with a readmission date of 09/18/2025 with the following diagnoses in part: Multiple sclerosis, pressure ulcer of the sacral region - Stage 4, altered mental status, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side.Review of Resident #3's annual MDS (Minimum Data Set) assessment dated [DATE] revealed in part, a BIMS (Brief Interview of Mental Status) score of 04, indicating severe cognitive impairment and Resident #3 was dependent on staff for toileting and personal hygiene.Review of Resident #3's physician order dated 11/10/2025 revealed clean sacrum with wound cleanser, apply Ioplex, cover with super absorbent dressing three time weekly and as needed if soiled or dislodged.Review of Resident #3's person centered care plan revealed Resident #3 had a pressure ulcer to the sacrum with interventions which included in part, clean with wound cleanser, apply Ioplex, cover with super absorbent dressing three times weekly and as needed if soiled.An observation of wound care on 01/05/2026 at 11:30 a.m. revealed S6 Treatment Nurse removed a saturated bandage from Resident #3's sacral area. S6 Treatment Nurse continued wound care leaving the soiled brief in place. S6 Treatment Nurse completed wound care, secured the soiled brief back in place, and placed the bed linens back over Resident #3. During an interview on 01/05/2026 at 11:35 a.m. S6 Treatment Nurse acknowledged Resident #3's brief was soiled during wound care treatment. During an interview on 01/05/2026 at 2:15 p.m. S1 DON (Director of Nursing) reported Resident #3's soiled brief should have been changed prior to starting wound care and the soiled brief should not have been left on Resident #3 after wound care was complete.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195281	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowview Health & Rehab Center	400 Meadowview Drive Minden, LA 71055

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 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that the resident and his/her doctor meet face-to-face at all required visits. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to ensure a resident was seen face to face by a physician at least once every 60 days for 1 (#1) of 3 sampled records reviewed.Findings:Review of Resident #1's medical record revealed Resident #1 was admitted to the facility on [DATE] with the following diagnoses which included, in part: Chronic respiratory failure, osteomyelitis of vertebra, lumbar region, complete paraplegia, pressure ulcer to the sacral region and an encounter for attention to a tracheostomy.Review of Resident #1's medical record revealed one face to face physician visit dated 05/06/2025 from the admission date on 04/11/2025 to discharge date on 11/22/2025. Further review of Resident #1's medical record found no other documentation of a face to face physician visit with Resident #1.During an interview on 01/06/2026 at 3:18 p.m. S1 DON (Director of Nursing) confirmed Resident #1 only had one face to face physician visit from 04/11/2025 to 11/22/2025. S1 DON acknowledged a face to face physician visit should have been done every 60 days thereafter the initial visit.