

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195293	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Natchitoches Nursing and Rehabilitation Center, llc		STREET ADDRESS, CITY, STATE, ZIP CODE  750 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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44315</b></p> <p>Based on observation, interview and record review, the facility failed to ensure residents were provided with a diet specific for his special dietary needs and preferences. The facility failed to ensure that an artificial sugar sweetener was available for use for Resident #1 who required a diabetic precautions diet. The total facility census was 62 residents. Findings:</p> <p>Review of Resident #1's Medical Record revealed an admitted [DATE] with diagnoses that included Diabetes due to underlying condition with Diabetic Neuropathy, Unspecified, Hyperlipidemia, Essential Primary Hypertension, Schizophrenia and Mood Disorder due to known Physiological condition and other Intellectual Disabilities.</p> <p>Review of Resident #1's Physician Orders for September 2024 revealed an order dated 02/19/2024 for Regular diet with DM Precautions Diagnosis: Diabetes due to underlying condition with Diabetic Neuropathy, Unspecified.</p> <p>Review of Resident #1's Quarterly MDS with an ARD of 09/05/2024 revealed a BIMS score of 15, indicating intact cognition.</p> <p>Review of Resident #1's Care Plan with a Target date of 09/29/2024 revealed an altered health maintenance related to Diabetes, Hyperglycemia and Hypoglycemia with interventions that included in part . provide diet as ordered by MD. Further review of Care Plan revealed Resident #1 with potential for weight loss with goal for resident will eat 75% of meals served and approaches that included in part . on a Regular with DM precautions diet, determine food preferences and promptly offer resident food alternatives when appropriate for any meal served.</p> <p>Interview on 09/17/2024 at 3:40 p.m. with resident in his room revealed he is a diabetic and had not had any Sweet'n Low packets for the past couple of days. Resident #1 reported that he had asked the kitchen aide for some and was told they had run out of Sweet'n Low since Saturday, 09/14/2024.</p> <p>Observation on 09/18/2024 at 8:20 a.m. in resident's room revealed Resident #1 sitting up on the edge of his bed with his breakfast tray on over-bed table. Interview with Resident #1 at this time reported that he ate his biscuit and drank his orange juice but didn't eat his grits because he didn't have any sweet n low to put it his grits. Resident #1 stated he also likes to put some artificial sweetener in his water and ice cubes.</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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 09/18/2024 at 10:55 a.m. with S3 Dietary aide revealed she did not have any alternative artificial sweetener available at this time until the supply truck comes. S3 Dietary Aide reported that we should have some today because the truck was to deliver with supplies this morning.</p> <p>Interview on 09/18/2024 at 12:05 p.m. with S2 DM revealed we offer regular sugar and then Sweet'n Low, sugar-free jelly and sugar-free syrup for the diabetic residents. S2 DM revealed she was made aware that the kitchen had run out of the Sweet'n Low since Saturday 09/14/2024 and the truck arrived this morning. S2 DM revealed that she overlooked it when she placed her last order. S2 DM revealed that normally she would have bought what is needed and would be reimbursed by the facility but just overlooked it. S2 DM confirmed that she should have let someone know in the office about running out of Sweet'n Low sugar substitute to purchase some for the residents on diabetic precaution diets and did not.</p> <p>Interview on 09/19/2024 at 12:30 p.m. with S1 Admin revealed the DM should have asked someone in the office to purchase some Sweet'n Low sugar packs as soon as she was aware of running low so we could have purchased locally until the truck delivered items. S1 Admin confirmed that the DM should have ensured an alternative sugar substitute was available for residents who required diabetic precautions and did not.</p>		