

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 11/25/2024
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 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>51096</p> <p>Based on observation, record review, and interview, the facility failed to ensure that each resident was treated with respect and dignity in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life for 2 (#R1 and #R4) of 8 (#1, #2, #3, #4, #R1, #R2, #R3, and #R4) sampled residents. The facility failed to maintain privacy for residents by allowing the shower door to remain open during resident care. Findings:</p> <p>Review of the facility's policy dated (01/2023) titled Resident [NAME] of Rights revealed in part .Each resident has a right to a dignified existence, self -determination, and communication with and access to persons and services inside and outside the Facility in a manner and in an environment that promotes maintenance or enhancement of (his or her) quality of life, regardless of diagnosis, severity of condition or payment source and to exercise those rights as a citizen of the United States without interference, coercion including those rights specified herein.</p> <p>Review of the facility's policy dated (08/2011) titled Bath/Shower- Dependent revealed in part . Responsibility: Nursing Assistants or Licensed Nurses monitored by Charge Nurse. Procedure: Move resident to shower/tub room, close door for warmth and privacy.</p> <p>Observation of X Hall shower room on 11/21/2024 at 8:45 a.m. revealed the shower room was located near the beginning of X Hall. Observation revealed the shower door was propped open with the curtain pulled. Water was heard running, as a resident received care. Staff, residents, and visitors passed the opened shower room door as residents received care.</p> <p>Observation of X Hall shower room on 11/25/2024 at 9:25 a.m. revealed the shower door was propped open with the curtain pulled and water was heard running as Resident #R4 received care by S5 CNA. Resident #R1 was observed near the door of the shower room as he waited to receive a bath.</p> <p>Interview with Resident #R1 on 11/25/2024 at 09:28 a.m. revealed the shower door is usually open with the curtain pulled while he showered. Resident #R1 stated that he would prefer for the door to be closed when he was in the shower room.</p> <p>Record Review of Resident #R1's Admission MDS with an ARD of 10/11/2024 revealed a BIMS of 13 (cognition intact).</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 195293	If continuation sheet Page 1 of 5

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record Review of Resident #R4's Quarterly MDS with ARD of 09/05/2024 revealed a BIMS of 09 (moderately impaired cognition).</p> <p>Interview on 11/25/2024 at 9:36 a.m. with S5 CNA on X Hall revealed that the door to the shower room should be closed during resident care, but was not.</p> <p>Interview with S1 DON and S2 Corporate RN on 11/25/2024 at 9:45 a.m. confirmed that it was procedure for staff to close the shower room door when care was provided.</p>		

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<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** 51096</p> <p>Based on observation, record review, and interview the facility failed to provide care and services that met professional standards of quality by failing to ensure physician's orders were implemented as ordered. The facility failed to administer a medication (antibiotic) when ordered for 1 (#3) of 8 (#1, #2, #3, #4, #R1, #R2, #R3, and #R4) sampled residents.</p> <p>Findings:</p> <p>Review of the Facility's Policy titled Medication Administration General Guidelines dated (8/2016) revealed in part . Responsibility: All Licensed Nursing Personnel. Procedure: Medications are administered in accordance with written orders of attending physicians, taking into consideration manufacturer's specifications and professional standards of practice.</p> <p>Review of Resident #3's clinical record revealed an admitted [DATE] with diagnoses that included in part . Urinary Tract Infection, Vitamin Deficiency, Dementia and Osteoarthritis.</p> <p>Review of Resident #3's State Optional MDS with an ARD of 11/09/2024 revealed a BIMS of 6, which indicated severe cognitive impairment. Resident #3 required extensive assistance with one person physical assist for Bed Mobility, Transfers, and Toilet Use. Resident #3 required Supervision with set up help only for eating. Resident #3 had no behaviors for refusing care.</p> <p>Review of Resident #3's Care Plan revealed in part . At risk for cognitive loss and decline in communication as evidenced by BIMS. Interventions included: Administer medications as ordered.</p> <p>Review of Resident #3's Physician's Orders revealed in part . Augmentin (Antibiotic) 875-125mg tab, give 1 tab PO BID to begin 10/18/2024.</p> <p>Review of Resident #3's Progress notes revealed a note by S6 NP dated 10/22/2024 revealed in part . Resident was discharged back to nursing home on 10/18/2024. Discharge medication of Augmentin 875-125mg twice daily for 10 days.</p> <p>Review of Resident #3's 10/2024 Medication Administration Record (MAR) revealed no documented administration of Augmentin on 10/18/2024; 10/19/2024; 10/20/2024; 10/21/2024; 10/22/2024; or 10/23/2024. No refusals were documented.</p> <p>Interview with S1 DON and S2 Corporate RN on 11/21/2024 at 4:42 p.m. confirmed that Resident #3's Physician's order dated 10/18/2024 for Augmentin should have been administered starting 10/18/2024, but had not.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>51082</p> <p>Based on observation and interview the facility failed to dispose of garbage and refuse properly. The total facility census was 63 residents.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled, Garbage and Rubbish Disposal on 11/21/2024 at 12:20 p.m. read in part . Guideline: All outside dumpsters will be maintained in a clean and sanitary condition. Procedure: 5. Storage areas will be kept clean to discourage pests. Storage areas should be routinely inspected by the facility pest control operator. 6. Outdoor trash receptacles will be kept covered and the surrounding area kept free of litter.</p> <p>Observation on 11/21/2024 at 8:51 a.m. of the area outside of the facility's kitchen revealed one blue dumpster located inside a wooden fenced area. The dumpster receptacle was observed with the sliding door left open, and a cat jumped out of the dumpster. Observation revealed there was trash on the ground, in front of dumpster. A torn mattress and two walkers was outside of the dumpster area. Signage observed on the sliding door read in part .dumpster door to be closed at all times.</p> <p>Observation on 11/21/2024 at 1:40 p.m. revealed the dumpster sliding door remained open with trash on the ground. Interview with S4 Housekeeping Supervisor at time of observation revealed housekeeping was responsible for keeping the area around the dumpster clean. S4 Housekeeping Supervisor confirmed the sliding door should be closed at all times and area free of litter, but was not.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>51096</p> <p>Based on observation and interview the facility failed to ensure a safe, functional and comfortable environment for residents. The facility failed to:</p> <ol style="list-style-type: none"> 1. Repair a toilet base in Room A; and 2. Repair the shower room door on X hall. <p>Findings:</p> <p>Observation of Room A's restroom on 11/21/2024 at 8:58 a.m. revealed broken pieces of a solid material underneath the toilet.</p> <p>Observation of Room A's restroom on 11/25/2024 at 3:28 p.m. revealed broken pieces of a solid material under the toilet.</p> <p>Interview with Resident #R2 on 11/25/2024 at 3:28 p.m. revealed the toilet in his room (Room A) had been in disrepair since he moved into the room last year.</p> <p>Review of Resident #R2's Quarterly MDS with an ARD of 11/07/2024 revealed a BIMS of 15.</p> <p>Observation of the shower door on X Hall on 11/25/2024 at 09:28 a.m. revealed a hole near the bottom of the door that was approximately 6 inches in width.</p> <p>Observation and Interview with S3 Maintenance on 11/25/2024 at 3:32 p.m. confirmed there was a hole and cracked area at the bottom of the shower door on X Hall, and there should not be. S3 Maintenance revealed the base rebroke under the toilet in Room A. S3 Maintenance confirmed the toilet in Room A needed to be repaired.</p>		