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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195293	A. Building B. Wing	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Natchitoches Nursing and Rehabilitation Center,llc	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373 Based on record review and interview, the facility failed to ensure the Medical Director was notified when a hospice resident had an accident resulting in injury and pain that could not be relieved for 1 (#1) of 3 (#1, #2, and #3) sampled residents. The facility waited 14 hours for hospice to come assess Resident #1 before sending the resident to the emergency room . Findings: Review of facility's policy on 01/07/2025 titled Notification of Change in a Resident's Status dated 11/2017 revealed in part . 1. Guideline for notification of physician/responsible party: j. Abnormal complaints of pain, ineffective relief of pain from current regimen. Review of Resident #1's medical record revealed an admitted [DATE] with diagnoses that included in part . Alzheimer's Disease, Major Depressive Disorder, Pressure Ulcer of Sacral Region, and Edema. Review of Resident #1's Quarterly MDS with an ARD of 12/12/2024 revealed a BIMS score of 10, which indicated the resident had moderate cognitive impairment. Review of the MDS revealed Resident #1 was dependent with eating, rolling left and right, sitting to lying, lying to sitting on side of bed, and chair/bed to chair transferring. Review of Resident #1's Care Plan revealed a problem onset on 09/05/2024 of Palliative Care, Resident is on Hospice. Interventions included: Provide tube feeding as ordered; provide pressure reducing devices to bed and chair; monitor for signs and symptoms of dehydration every shift; provide pain medication as ordered by MD and monitor effectiveness of medication; provide pain assessment every shift; hospice nurse to visit weekly and prn; hospice CNA to visit 2 times weekly; and monitor for signs and symptoms of altered respiratory status such as SOB, labored respirations, congestion, and abnormal breathing. Review of a facility Incident Report dated 12/13/2024 at 11:03 p.m. prepared by S3LPN revealed the following: (continued on next page)

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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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nurse went into room after hearing resident calling out for help. Upon entering room Resident was sitting on the floor with her back propped up against bed and her legs were folded underneath her. Aides were present in room. Resident skin was inspected. No breaks in skin or bruising noted. Resident does have raised area to left knee laterally and medially. Range of Motion not performed due to contractures. Resident is currently under the care of Hospice. Hospice and DON notified. Hospice Nurse on call gave order to schedule x-ray and to administer prn Lorazepam and Hydromorphone. Resident's daughter is present in room and is Responsible Party. Review of Resident #1's progress notes revealed the following: 12/14/2024 at 12:21 a.m. (late entry) by S3LPN - Nurse went into room after hearing resident calling out for help. Upon entering room resident was sitting on the floor with her back propped up against bed and her legs folded underneath her. Aides were present in the room. No breaks in skin or bruising noted. Resident does have raised area to left knee laterally and medially. Range of motion not performed due to contractures. Resident is currently under the care of hospice. Hospice and (facility) DON notified. Hospice nurse gave order to schedule x-ray and to administer prn Lorazepam and Hydromorphone. Resident's daughter is present in room and is RP 12/14/2024 at 12:25 by S7Unit Manager - Hospice on call RN returned call made by this nurse at 11:30a.m. Hospice nurse voiced resident's advanced age, and stated that if anything is broken it is very unlikely surgery will be able to be performed on her to correct bone d/t comorbidities. Hospice nurse gave order to give Hydromorphone q 4 hours and Lorazepam q 4 hours around the clock to manage pain .She is 30 miles away, for an admit, and will be here to assess her in person as soon as she can, to just keep her comfortable at this point . 12/14/2024 at 12:54 p.m. by S7Unit Manager - This nurse spoke with resident's daughter about x-rays and hospice orders. RP/daughter wants her to go to ER for better, more in depth x-rays and better pain control ER called and Report given to RN. EMS notified of pickup needed . Review of Resident #1's December 2024 MAR and Narcotic count record revealed Resident #1 received Lorazepam 1mg on 12/13/2024 at 11:00 p.m. and 12/14/2024 at 10:50 a.m. Review of Resident #1's December 2024 MAR and Narcotic count record revealed Resident #1 received Hydromorphone 2mg on 12/13/2024 at 11:00 p.m. and 12/14/2024 at 10:50 a.m. Review of triage notes for Resident #1 from hospice agency revealed in part . 12/13/2024 at 11:16 p.m. - (S3LPN) from facility calling, fell out of bed, complaining of left knee pain. Appears to be out of place. Skin not broken, found on floor sitting beside her bed. She is contracted to lower extremities, fall was unwitnessed, she was found with her legs under her, and she has a raised hard area to outside of her left knee. Requesting an order to send her out to ER to be evaluated. Mobile X-ray can be ordered but would likely be in am before taken. 12/13/2024 at 11:28 p.m. - accept, I will follow up and address this patient's needs. Signed by Hospice RN. (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	12/14/2024 Triage note-11:24 a.m. - (S7Unit Manager) from facility calling to state patient had a fall last night and stated the x-ray results show a broken femur. S7Unit Manager is requesting a return call and visit for info on possible medication orders, since the patient only has Tylenol available for pain. 12/14/2024 at 11:32 a.m. - Accept - I will follow up and address this patient's needs, signed electronically by Hospice RN. In an interview on 01/06/2025 at 2:38 p.m., S3LPN stated she went in Resident #1's room on 12/13/2024 (no time given), and found her on the floor with her legs under her and her back against the bed. S3LPN stated she called hospice, spoke with their on call nurse, told her what happened, that her left leg looked out of place and she thought it was broken. S3LPN stated the hospice nurse told her she didn't need to send her to the ER because if it didn't bruise instantly then it wasn't broken. S3LPN stated the hospice nurse told her to give Resident #1 the Dilaudid and Lorazepam she had ordered and get an x-ray in the morning of her femur. S3LPN stated the hospice nurse said she would come see her in the morning. In an interview on 01/06/2025 at 2:45 p.m., S6 CNA stated she was working with S5CNA and they heard yelling. S6CNA stated they realized it was Resident #1, went in her room, and found her on the floor with her back against bed and her left leg behind her. S6CNA said S3LPN came in and checked the resident before they put her up in bed. S6CNA stated you could see a lump or swelling on her left leg above her knee. S6CNA stated S3LPN gave her something for pain but said Resident #1 was in pain the rest of the night. S6CNA stated Resident #1 cried out when you touched her left leg. In a telephone interview on 01/07/2025 at 7:05 a.m., S5CNA stated she heard hollering and went down the hall and found Resident #1 sitting on the floor with her back against the bed. S5CNA stated the resident was in severe pain. S5CNA stated she and another aide put her back in bed and the nurse was in the room to assess her. S5CNA stated the resident was in severe pain and never went back to sleep. S5CNA stated Resident #1 was hollering in pain saying God take me and I hurt. S5CNA stated the nurse called hospice and gave her Dilaudid, but it didn't help. In a telephone interview on 01/07/2025 at 8:51 a.m., S4LPN stated she came to work at 6:00 a.m. on Saturday morning, 12/14/2024, and received report. S4LPN stated she and the night nurse went to see Resident #1 that morning after report. S4LPN stated Resident #1 was in bed and was in pain. S4LPN stated she would have rated Resident #1's pain as a 6 or 7 based on her facial expressions. S4LPN stated she didn't give Resident #1 any pain medicine until 10:51 a.m. because the night nurse said she had given her pain medicine already. S4LPN stated she asked the resident's daughter if she wanted her to give her mother something else for pain, and she said no. S4LPN said she called hospice that morning and they told her to get an x-ray. S4LPN stated S7Unit Manager sent the resident to the emergency room that day. (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 01/07/2025 at 12:48 p.m., Resident #1's RP stated after Resident #1 fell , S3LPN gave Resident #1 her pain medicine, but it didn't help with her pain. She said Resident #1 hollered all night. She said no one could hardly touch her. Resident #1's RP stated the next morning, S4LPN came in and Resident #1 still had not gotten any pain relief. Resident #1's RP stated S4LPN called hospice to try to get some stronger pain medication. She said x-ray came to do the portable x-ray and she hollered while it was being done. Resident #1's RP stated they were waiting for hospice to come see her. She said about 1:30 pm they sent Resident #1 out to the ER. Resident #1's RP stated the ER had to put her hip back in place and put an immobilizer on her broken leg. In an interview on 01/07/2025 at 3:05 p.m., S7Unit Manager stated she came to the facility to work on care plans on Saturday 12/14/2024 about 8:45 a.m. or 9:00 a.m. S7Unit Manager said she called hospice after the x-ray results were received to tell them no one had come to see Resident #1. S7Unit Manager stated she called hospice and the nurse called her back at 12:25 p.m., and the nurse told her she it would be later in the day before she could come because she was 30 minutes away with another patient. S7Unit Manager stated they did not call their Medical Director or his nurse practitioner because, They won't do anything for hospice residents except tell them to follow up with hospice. In an interview on 01/07/2025 at 3:09 p.m., S2DON stated S3LPN called her during the night after the fall. S2DON stated she called back in morning and hospice had not shown up yet. S2DON stated S3LPN told her they were going to get an x-ray done. S2DON confirmed when hospice didn't come, staff should have done something else. S2DON stated, Yes, I would have called the doctor or sent her out. I probably would have just sent her out. S2DON confirmed the Medical Director and his NP don't usually treat hospice patients, but staff could have called him because something should have been done.

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373 Based on record review and interview, the facility failed to ensure pain management was provided to residents who required such services, consistent with professional standards of practice, and the comprehensive care plan for 1 (#1) of 3 (#1, #2, and #3) sampled residents. The facility failed to ensure Resident #1, who reported pain after a fall, and displayed nonverbal indicators of pain, received pain medication as ordered to alleviate pain. Findings: Review of facility policy on 01/07/2025, dated 01/2025, and titled Pain Evaluation/Management, revealed the policy did not address the administration of pain medication, as ordered. Review of Resident #1's medical record revealed an admitted [DATE], with diagnoses that included in part . Alzheimer's Disease, Major Depressive Disorder, Pressure Ulcer of Sacral Region, and Edema. Review of Resident #1's Quarterly MDS with an ARD of 12/12/2024, revealed a BIMS score of 10, which indicated the resident had moderate cognitive impairment. Review of the MDS revealed Resident #1 was dependent with eating, rolling left and right, sitting to lying, lying to sitting on side of bed, and chair/bed to chair transferring. Review of Resident #1's Care Plan revealed a problem of Palliative Care, Resident is on Hospice, with a problem onset date of 09/05/2024. Interventions included in part . provide pain medication as ordered by MD, and monitor effectiveness of medication; provide pain assessment every shift. Review of Resident #1's physician's orders, and Medication Administration Record revealed the following orders: 12/01/2024: Hydromorphone HCL (Narcotic Pain Medication) 2mg Give 1 tablet via G-tube every 4 hours as needed for pain, shortness of breath. (Discontinued 12/14/2024 at 12:25 p.m.). 11/04/2024: Lorazepam Tab (Anti-anxiety Medication) 2mg Give 1 tablet via G-tube every 4 hours as needed for restlessness and agitation. (Discontinued 12/14/2024 at 12:25 p.m.). 12/14/2024 at 12:25 p.m.: Hydromorphone HCL 2mg per peg tube every 4 hours for pain management around the clock. 12/14/2024 at 12:25 p.m.: Lorazepam 2mg per peg tube every 4 hours for pain management around the clock. Review of a facility Incident Report dated 12/13/2024 at 11:03 p.m. prepared by S3LPN, revealed the following regarding Resident #1: (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nurse went into room after hearing resident calling out for help. Upon entering room, Resident was sitting on the floor with her back propped up against bed, and her legs were folded underneath her. Aides were present in room. Resident skin was inspected. No breaks in skin or bruising noted. Resident does have raised area to left knee laterally and medially. Range of Motion not performed due to contractures. Resident is currently under the care of Hospice. Hospice and facility DON notified. Hospice Nurse on call gave order to schedule x-ray, and to administer prn Lorazepam and Hydromorphone. Resident's daughter is present in room and is Responsible Party. Review of Resident #1's Progress Notes revealed the following: 12/14/2024 at 12:21 a.m. (late entry) by S3LPN - Nurse went into room after hearing resident calling out for help. Upon entering room resident was sitting on the floor with her back propped up against bed, and her legs folded underneath her. Aides were present in the room. No breaks in skin or bruising noted. Resident does have raised area to left knee laterally and medially. Range of motion not performed due to contractures. Resident is currently under the care of hospice. Hospice and (facility) DON notified. Hospice nurse gave order to schedule x-ray and to administer prn Lorazepam and Hydromorphone. Resident's daughter is present in room and is RP . 12/14/2024 at 12:54 p.m. by S7Unit Manage - this nurse spoke with resident's daughter about x-rays and hospice orders. RP/daughter wants her to go to ER for better, more in depth x-rays, and better pain control . ER called and Report given to RN. EMS notified of pickup needed . Review of Resident #1's December 2024 MAR and Narcotic count record, revealed Resident #1 received Lorazepam 1mg on 12/13/2024 at 11:00 p.m., and 12/14/2024 at 10:50 a.m. Review of Resident #1's December 2024 MAR and Narcotic count record revealed Resident #1 received Hydromorphone 2mg on 12/13/2024 at 11:00 p.m., and 12/14/2024 at 10:50 a.m. In an interview on 01/06/2025 at 2:38 p.m., S3LPN stated on the night of 12/13/2024, she heard the resident hollering and went in her room, and found her on the floor sitting with her legs under her, and her back against the bed. S3LPN stated she called hospice, spoke with their on call nurse, and told her what happened, and that Resident #1's left looked displaced right above her knee, and was swollen, and she (S3 LPN) thought it was broken. S3LPN stated the hospice nurse told her if it didn't bruise instantly then it wasn't broken. S3LPN said the hospice nurse told her to give Resident #1 the Dilaudid (Hydromorphone) and Lorazepam she already had ordered, and get an x-ray of her femur in the morning. S3LPN stated she told the hospice nurse Resident #1 screamed when they lifted her; however, the hospice nurse said we could wait until morning to get an x-ray. S3LPN stated the hospice nurse didn't want Resident #1 sent to the ER and said she would come see her in the morning. S3LPN stated she gave Resident #1 the medications about 20-30 minutes after the fall. S3LPN said the medications were effective and the resident went on to sleep. S3LPN stated she had to go in Resident #1's room multiple times to do her peg tube (she didn't specify how many times or at what time), and she was resting quietly. (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In a telephone interview on 01/07/2025 at 8:51 a.m., S4LPN stated she came to work at 6:00 a.m. on 12/14/2024, and received report about the fall from the night nurse (S3 LPN). S4LPN stated she and the night nurse went to see Resident #1 that morning after report. S4LPN stated Resident #1 was in bed, and was in pain. S4LPN stated she would have rated Resident #1's pain as a 6 or 7 based on her facial expressions. S4LPN stated she didn't give Resident #1 any pain medicine until 10:51 a.m., because the night nurse said she had given her pain medicine already. S4LPN stated she asked the resident's daughter if she wanted her to give her mother something else for pain, and she said no. S4LPN stated she called hospice that morning because no one had come to see Resident #1 yet. S4LPN stated S7Unit Manager arrived to work on 12/14/2024, around 9:00 a.m., and they sent Resident #1 to the ER at 1:00 p.m. S4LPN stated when she returned to work on the morning of 12/15/2024, the resident wasn't in pain, because the nurse had gotten new orders for pain medication. In an interview on 01/07/2025 at 2:08 p.m., S2DON acknowledged Resident #1 did not receive any pain medication for almost 12 hours, although it was ordered every four hours as needed.