

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 01/14/2026
NAME OF PROVIDER OR SUPPLIER Natchitoches Nursing and Rehabilitation Center, LL		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>Findings:Review of Resident #8's Clinical Record revealed an admit date of 10/12/2022 with diagnoses which included: Other Muscle Spasm; Quadriplegia, C5-C7 Complete; and Other Chronic Pain.Review of Resident #9's Clinical Record revealed an admit date of 11/19/2025 with diagnoses which included: Contracture, Right Shoulder; Contracture, Right Elbow; Limitation of Activities due to Disability; Quadriplegia; Other Muscle Spasm; Contracture, Left Shoulder; Chronic Pain Syndrome; Age-Related Nuclear Cataract, Unspecified Eye; Myopia, Unspecified Eye, Primary Generalized (Osteo) Arthritis. Review of Resident #10's Clinical Record revealed an admit date of 12/26/2025 with diagnoses which included: Unspecified Dementia; Muscle Weakness (Generalized); Unspecified Lack of Coordination; Other Symbolic Dysfunctions; Dysphagia; (Idiopathic) Normal Pressure Hydrocephalus. Observation on 01/12/2026 at 12:39 p.m. revealed S7 CNA standing while feeding Resident #8 during meal service.In an interview with S7 CNA on 01/12/2026 at 2:06 p.m. S7 CNA stated Resident #8 was total care and he had to be assisted with meals. Observation on 01/12/2026 at 12:44 p.m. revealed S7 CNA standing while feeding Resident #9 during meal service.In an interview with S8 CNA on 01/12/2026 at 2:16 p.m. S8 CNA stated Resident #9 was total care and she had to be assisted with meals.Observation on 01/13/2026 at 12:25 p.m. revealed S9 CNA standing while feeding Resident #10.In an interview with S9 CNA on 01/12/2026 at 2:16 p.m., S9 CNA stated Resident #10 was total care and she had to be assisted with meals.Observation on 01/13/2026 at 12:26 p.m. revealed S10 CNA standing while feeding Resident #9.In an interview with S10 CNA on 01/13/2026 at 4:07 p.m., S10 CNA revealed Resident #9 was total care and she had to be assisted with meals.In an interview with S2 DON on 01/12/2026 at 2:32 p.m., S2 DON confirmed all staff were aware not to stand up while feeding residents and that S7 CNA, S8 CNA, S9 CNA, and S10 CNA should not have been standing up to feed residents.</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 0567</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 manage his or her financial affairs.</p> <p>Findings: A review of Resident #4's Quarterly MDS with an ARD date of 11/24/2025 revealed Resident #4 had a BIMS of 15 which indicated the resident was cognitively intact. In an interview with Resident #4 on 01/13/2026 at 9:25 a.m., he revealed he was unable to get his money out of his trust fund. He stated he had been asking S11 Administrative Assistant/Office Manager for it since October 28, 2025, and was repeatedly told tomorrow. In an interview with S11 Administrative Assistant/Office Manager on 01/13/2026 at 9:55 a.m., she revealed Resident #4 wanted money from his trust fund to reimburse his family for wheelchair parts and other purchases made in October 2025. In an interview with S11 Administrative Assistant/Office Manager on 01/13/2026 at 10:05 a.m., she revealed Resident #4 submitted his receipts for the purchased items on 12/02/2025 and she emailed it to the regional financial consultant for approval. In an interview with S11 Administrative/Office Manager on 01/13/2026 at 10:15 a.m., she confirmed she did not give Resident #4 the reimbursement checks within 3 days after Resident #4 submitted his receipts but should have.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on interview and record review, the facility failed to develop a comprehensive person-centered care plan consistent with the resident rights that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for 1 (Resident #7) resident of 7 sampled residents. The facility failed to develop and/or initiate a care plan for Resident #7's suprapubic indwelling catheter. Findings: Review of a facility's policy on 01/14/2026 at 3:18 p.m. titled, Comprehensive Person Centered Care Plans with a review date of 01/2025 revealed the following in part . Policy: Each resident will have a person-centered plan of care to identify problems, needs, strengths, preferences, and goals that will identify how the interdisciplinary team will provide care. 7. The Comprehensive Person-Centered Care Plan can be reviewed and/or revised at quarterly intervals in conjunction with the completion of MDS quarterly, significant change, and annual assessments per the RAI manual. Review of Resident #7's medical record revealed an admission date of 04/25/2024, with diagnoses that included in part .Type 2 Diabetes Mellitus with Diabetic Mononeuropathy, UTI, Anxiety, Cellulitis of Right Lower Limb and Left Lower Limb, Edema, Venous Insufficiency (Chronic, Peripheral), and Neuromuscular Dysfunction of Bladder. Review of Resident #7's Quarterly MDS with an ARD of 12/19/2025 revealed a BIMS score of 14, which indicated intact cognition. Review of Resident #7's 01/2025 physician orders revealed in part . 04/17/2025: Consult with Urology for Suprapubic Cath Placement 08/19/2025: Supra pubic catheter care with soap and water every shift 01/13/2025: Suprapubic Catheter 18 French/10 millimeters, change every month and PRN (as needed) leakage/occlusion. Review of Resident #7's care plan revealed no documentation or evidence addressing Resident #7's Suprapubic Catheter. Observation on 01/12/2026 at 9:10 a.m. of Resident #7 sitting in hallway in wheelchair, Suprapubic Indwelling Catheter observed hanging on Resident #7's right wheelchair arm with a privacy cover. In an interview and record review on 01/14/2026 at 2:39 p.m., S5 Care Plan Coordinator revealed she is responsible for developing and updating all resident care plans. S5 Care Plan Coordinator stated she reviews and revises resident care plans quarterly and as needed when there's any change in residents conditions. S5 Care Plan Coordinator reviewed Resident #7's care plan and confirmed it was not developed to address his Suprapubic Catheter but should have been.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on observation, record review, and interview the facility failed to provide care and services that meet professional standards of quality, by failing to: 1. Ensure Resident #7's Suprapubic Indwelling Catheter was changed monthly according to physician's orders; and 2. Input and follow physician wound care clinic orders for wound care for 1 (#7) of 7 sampled residents.3. Follow physician wound care orders for wound care for 1 (#6) of 7 sampled residents. Findings:</p> <p>#1.</p> <p>Review of Resident #7's medical record revealed an admission date of 04/25/2024, with diagnoses that included in part .Type 2 Diabetes Mellitus with Diabetic Mononeuropathy, UTI, Anxiety, Cellulitis of Right Lower Limb and Left Lower Limb, Edema, Venous Insufficiency (Chronic, Peripheral), and Neuromuscular Dysfunction of Bladder.</p> <p>Review of Resident #7's Quarterly MDS with an ARD of 12/19/2025 revealed a BIMS score of 14, which indicated intact cognition. Resident #7 required partial/moderate assistance with hygiene, was incontinent for bladder and bowel, and had an infection of the foot (cellulitis, purulent drainage).</p> <p>Review of Resident #7's Physician Orders revealed in part.09/15/2025-Suprapubic Catheter, change every month and PRN leakage/occlusion. Change GU Bag every 15th of each month with Catheter change and PRN leakage.</p> <p>Review of Resident #7's November TAR (Treatment Assessment Record) revealed on 11/15/2025 S6 LPN charted #9 (indicated See Progress Notes).</p> <p>Review of Resident #7's December TAR revealed the Suprapubic Indwelling Catheter was scheduled on 12/15/2025 but was left blank, indicating it was not initialed as being done.</p> <p>Further record review revealed no documentation or evidence of Resident #7's Suprapubic Indwelling Catheter being changed on 11/15/2025 and 12/15/2025. There was no documentation or evidence that indicated a rationale for why it wasn't changed.</p> <p>In an interview on 01/13/2026 at 3:56 p.m., S6 LPN stated she was responsible for performing treatments on residents in the facility before S4 TX RN began performing them. S6 LPN was asked when the last time Resident #7's Suprapubic Indwelling Catheter had been changed and stated she thinks it was done but unsure when. S6 LPN reviewed November 2025 and December 2025 TARs and confirmed Resident #7's Suprapubic Indwelling Catheter had not been changed in November 2025 or December 2025 but should have been.</p> <p>In an interview on 01/13/2026 at 4:05 p.m., S3 Unit Manager stated Resident #7's Suprapubic Indwelling Catheter is to be changed monthly. S3 Unit Manager reviewed Resident #7's November and December 2025 TARs and stated if a treatment isn't performed then staff members are required to document the reason in the progress notes. S3 Unit Manager stated that if it wasn't documented or charted then it didn't get done. S3 Unit Manager acknowledged Resident #7's Suprapubic Indwelling Catheter did not get changed in November 2025 and December 2025 but should have been.</p> <p>#2</p> <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a facility's policy on 01/14/2026 at 12:31 p.m. titled Pressure Ulcer/Injury and Skin Conditions Guide for Wound Evaluation Documentation with a history date of 11/2017 revealed in part.Policy: It is the practice of the facility to ensure residents with pressure ulcers receive necessary evaluation and treatment to promote healing, prevent infection, and prevent new ulcers from developing. Responsibility: All Licensed Nurses, Certified Nursing Assistants, and other disciplines as indicated. 4. Initiate appropriate treatment per treatment protocol and physician order.</p> <p>Review of a Wound Care Clinic physician notes dated 01/02/2026 for Resident #7 revealed in part.Wound #22 Location: Gluteus; Left, Posterior. Physician orders: Cleanse with Normal Saline as instructed x1 per day. Topical Antibiotic compound when available 1x per day. Border Gauze Dressing, 6 x 6-1x per day. Cover wound as directed. Wound status in part.Primary: Pressure Ulcer, Wound Status: Open, Date Acquired: 01/02/2026, Classification: Stage 3.</p> <p>Review of Resident #7's 01/2026 Physician Orders revealed no orders to treat a Left Posterior Gluteal Pressure Ulcer.</p> <p>Review of Resident #7's January 2026 TAR revealed no treatments were performed to treat a Left Posterior Gluteal Pressure Ulcer.</p> <p>In an interview on 01/13/2026 at 1:45 p.m., S4 TX RN stated Resident #7 never refuses wound care or treatments. She stated he goes to the wound care clinic weekly and she follows their wound care orders. S4 TX RN stated once she receives orders from the physician at the wound care clinic she reviews the orders and inputs them into the computer and adds them to the facilities orders and TAR.</p> <p>In an observation and interview on 01/14/2026 at 8:32 a.m., S4 TX RN rolled Resident #7 over on his right side and pulled down his adult brief. Observation revealed an open wound to left posterior gluteus with no dressing or bandage. S4 TX RN stated she would Calazinc cream to Resident #7's buttocks and groin area. S4 TX RN confirmed there were no other treatment orders for this wound to Resident #7's left posterior gluteal wound.</p> <p>In an interview on 01/14/2026 at 1:15 p.m., S2 DON stated when the wound care clinic sends orders to the facility the treatment nurse must input the orders on the same day received. S2 DON confirmed that S4 TX RN did not input and follow wound care clinic physician orders for Resident #7 but should have.</p> <p>#3.</p> <p>Review of Resident #6's medical record revealed an admission date of 04/12/2024 with diagnoses that included in part.Type 2 Diabetes Mellitus with Other Skin Ulcer; Non-pressure Chronic Ulcer of Right Heel and Midfoot with Unspecified Severity; Chronic Kidney Disease, Stage 3A; Charcot's Joint, Left Ankle and Foot; Depression; and Unspecified Open Wound, Left Foot.</p> <p>Review of Resident #6's Quarterly MDS with an ARD of 10/13/2025 revealed a BIMS score of 14, which indicated intact cognition. Resident #6 has a diabetic ulcer with applications of dressings to feet, has pressure reducing devices for bed and chair.</p> <p>Review of Resident #6's Physician Orders revealed in part.</p> <p>12/17/2025-Collagenase Ointment 250unit/gm apply to right posterior calcaneus topically every day</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>shift for wound. Cleanse with normal saline, apply ointment to wound bed, cover with sterile gauze, wrap ointment to wound bed, cover with sterile gauze, wrap with kerlix and secure with tape .</p> <p>12/31/2025-Cleanse Left Plantar Foot with normal saline, apply santyl ointment to wound bed, cover with sterile gauze, wrap with kerlix and secure with tape every day shift.</p> <p>Review of Resident #6's January TAR (Treatment Assessment Record) revealed on 01/13/2026 at 11:15 a.m. revealed S12 RN documented wound care treatments were performed on 01/10/2026 and 01/11/2026.</p> <p>In an interview and observation with Resident #6 on 01/12/2026 at 4:06 p.m. revealed taped wound dressings with dates of 01/09 to bilateral feet. Bilateral wound dressings were saturated with a copious amount of brownish drainage. He stated his dressings were not changed since last Friday.</p> <p>In an interview with S13 Wound Care RN on 01/13/2026 at 1:46 p.m. revealed she had changed Resident #6's old wound dressings on 01/12/2026 that were still dated 01/09 from when she had performed wound care on his wounds on 01/09/2026. She confirmed wound care should have been performed on 01/10/2026 and 01/11/2026, but had not.</p> <p>In an interview with S2 DON on 01/14/2026 at 11:15 a.m. confirmed Resident #6's wound care had not been performed on 01/10 and 01/11 but should have been.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development of communicable diseases and infection by failing to ensure staff followed proper infection control practices during wound care for 1 (#7) of 1 resident observed during wound care. Findings: Review of the facility's policy on 01/14/2026 at 3:11 p.m., titled Standard Precaution with a review date of 09/2019 revealed, in part. Standard Precautions will be utilized to provide a primary strategy for the prevention of healthcare-associated infectious (HAI) agents among patients and healthcare personnel. Definition: implementation of Standard Precautions constitutes the primary strategy for the prevention of healthcare-associated transmission of infectious agents among patients and healthcare personnel. These include: hand hygiene, use of gloves, gown, mask, eye protection, and/or face shield depending on the anticipated exposure. Review of Resident #7's medical record revealed an admission date of 04/25/2024, with diagnoses that included in part .Type 2 Diabetes Mellitus with Diabetic Mononeuropathy, UTI, Anxiety, Cellulitis of Right Lower Limb and Left Lower Limb, Edema, Venous Insufficiency (Chronic, Peripheral), and Neuromuscular Dysfunction of Bladder. Review of Resident #7's Quarterly MDS with an ARD of 12/19/2025 revealed a BIMS score of 14, which indicated intact cognition. Resident #7 required partial/moderate assistance with hygiene and had an infection of the foot (cellulitis, purulent drainage). Review of Resident #7's 01/2026 physician orders revealed in part . 11/27/2025: Right Anterior Lower Leg-Diabetic Wound-Cleanse W/Normal Saline (NS), Sprinkle ABT (Antibiotic) Compound in Wound Bed, Cover with ABD (Abdominal) Pad, then wrap w/Kerlix and Secure w/tape Daily and PRN (as needed) if Soiled/Dislodgement every day shift. 11/27/2025: Right, Medial Upper Leg Fungal-Cleanse w/NS, Sprinkle ABT Compound in Wound Bed, Cover w/ABD Pad, then wrap w/Kerlix, and secure w/tape Daily and PRN if Soiled/Dislodgement every day shift. 11/27/2025: Left, Anterior Lower Leg Diabetic Wound-Cleanse w/NS, Sprinkle ABT Compound in Wound Bed, Cover with ABD Pad, then wrap w/Kerlix, and secure w/tape Daily and PRN if Soiled/Dislodgement every day shift. 11/27/2025: Left, Anterior Toe-[NAME] Between 2nd and 3rd-Diabetic Ulcer-Cleanse w/NS, Sprinkle ABT Compound in Wound Bed, Cover with ABD Pad, then wrap w/Kerlix, and secure w/tape daily and PRN if Soiled/Dislodgment every day shift. 11/27/2025: Left, Anterior, Circumferential Toe-Cleanse w/NS, Sprinkle ABT Compound in Wound Bed, Cover with ABD Pad, then wrap w/Kerlix, and secure w/tape daily and PRN if Soiled/Dislodgment every day shift. 11/27/2025: Left, Posterior Upper Leg-Diabetic Wound-Cleanse w/NS, Sprinkle ABT Compound in Wound Bed, Cover with ABD Pad, then wrap w/Kerlix, and secure w/tape daily and PRN if Soiled/Dislodgment every day shift. 11/27/2025: Left, Posterior Lower Leg-Diabetic Wound-Cleanse w/NS, Sprinkle ABT Compound in Wound Bed, Cover with ABD Pad, then wrap w/Kerlix, and secure w/tape daily and PRN if Soiled/Dislodgment every day shift. Review of Resident #7's care plan revealed in part. The resident has actual impairment to skin integrity of the left leg related to arterial ulcer: arterial ulcer to left lateral leg and yeast rash to groin area. Intervention: Arterial ulcer to right lower leg; treat as indicated. Keep skin clean and dry. Monitor/document location, size and treatment of skin injury. Report abnormalities, failure to heal, signs and symptoms of infection to MD. Venous ulcer to left great toe; treat as indicated. Observation on 01/12/2026 at 9:10 a.m. of Resident #7 sitting in hallway in wheelchair, Suprapubic Indwelling Catheter observed hanging on Resident #7's right wheelchair arm with a privacy cover. Soiled dressing with yellow drainage observed to right leg. Observation of left lower leg and left foot revealed no dressing and wound exposed with copious slough in wound bed. Observation of wound care on 01/14/2026 at 8:32 a.m. performed by S4 TX RN revealed tubes of Normal Saline</p> <p>(continued on next page)</p>		

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