

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 02/24/2026
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident received reasonable accommodation of needs for 1 (#R2) of 9 sampled residents. The facility failed to ensure Resident #R2 had an appropriate call light within reach to call for assistance. Findings: Review of Resident #R2's medical record revealed an admission to the facility on [DATE] with the following diagnoses: Major Depressive Disorder, Quadriplegia, Body Mass Index 19/9 or less, Adult, Depression, and Pressure Ulcer to Sacral Region, Stage 4. Review of Resident #R2's admission MDS with ARD of 01/06/2026 revealed a BIMS score of 13, indicating intact cognition. Resident #R2 has impairment on both the left and right side and requires assistance with all ADL's. An observation on 02/19/2026 at 11:35 a.m. Resident #R2 is observed lying in bed. The call bell is observed situated between the bed and side rail, out of reach to resident. Resident #R2 stated that he is unable to utilize the call bell system, and at times has to ask his roommate to call for help. An interview on 02/19/2026 at 11:23 a.m. with Resident #R2's Hospice Registered Nurse stated visited with Resident #R2 today and the call bell was within reach, but she does not think he can use it. An observation on 02/23/2026 at 8:50 a.m., Resident #R2 observed lying in bed with the call bell on the 2 drawer dresser out of reach of the resident. Resident #R2 stated that he would not have been able to call for help over the weekend if he would have needed to. An interview on 02/24/2026 at 11:45 a.m., S5 Admin confirmed that the call bell was not within reach of the resident at this time. Resident #R2 notified S5 Admin that he has difficulty due to his mobility issues and is unable to utilize the current call bell system device if it is not appropriately placed at all times. S5 Admin stated that she will make other accommodations so that he can utilize the call bell system.</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 4

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 02/24/2026
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, 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 provide incontinent care in a timely manner for 1 (#2) of 9 residents reviewed for ADL care. Findings: Review of the Facility's 01/26/2026 policy titled Supporting Activities of Daily Living read in part. Policy Statement: Residents will be provided with care, treatment and services to maintain or improve their ability to carry out activities of daily living. Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. Review of Resident #2's medical records revealed an admission to the facility on [DATE] with the following Diagnoses: Type 2 Diabetes Mellitus, Quadriplegia, Essential Hypertension, Major Depressive Disorder, Cognitive Communication Deficit, and Osteoporosis. Review of Resident #2's admission MDS with ARD of 11/26/2026 revealed a BIMS score of 15 indicating intact cognition. Resident #2 is dependent on staff for all activities of daily living. Review of Resident #2's care plan with a review date of 03/04/2026 revealed an ADL self-care performance deficit related to impaired mobility. Interventions: Respond to call light promptly and peri care every 2 hours and as needed. In an interview on 02/18/2026 at 10:35 a.m., Resident #2 stated she had issues with the facility responding to her call bell to provide incontinent care in a timely manner. Resident #2 stated that she had to wait hours at times and that staff will, at times, come in and turn the light off and walk out. Resident #2 stated that she had an Alexa device to keep up with time. Resident #2 stated she started calling for incontinent care assistance at 2:30 a.m. and no one came in to change her until between 7:00 a.m. and 7:30 a.m. Resident #2 stated she had notified several staff members including the administrator. In an interview on 02/19/2026 at 2:15 p.m., S6 SSD stated Resident #2 had filed 3 grievances in the last 3 months and 2 of the grievances were complaints of call bell times regarding incontinent care. An interview on 02/19/2026 at 1:15 p.m., S7 LPN stated that Resident #2 has notified her that she is not being cared for in a timely manner. S7 LPN stated the last time Resident #2 notified her of this issues was last week and that she had notified S2 LPN. An interview on 02/23/2026 at 1:22 p.m., S4 CNA stated that Resident #2 has notified her not long ago that isn't being provided incontinent care in a timely manner and that she has to wait a long time for her call bell to be answered. A telephone interview on 02/23/2026 at 3:42 p.m., the ombudsman revealed that Resident #2 had notified her that she had not been bathed and changed in a timely manner.</p>		

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 02/24/2026
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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to provide a diet/supplements to meet the resident's needs for 3 (Resident #R1, Resident #R2 and Resident #2) of 9 sampled residents. The facility failed to: Provide supplements and providing feeding assistance with meals for Resident #R1; Provide feeding assistance for meals for Resident #R2; and Provide a meal tray and feeding assistance for Resident #2. Findings: Review of the facility's undated policy titled Food & Nutrition- Diet and Diet Orders read in part. Policy: Clients are served their diets as ordered. Resident #R1 Review of Resident #R1's medical records revealed an admit to the facility on [DATE] with the following diagnoses in part. Quadriplegia, Chronic Kidney Disease, Neuromuscular Dysfunction, Pressure ulcer to Sacral Region, Stage 3, Pressure Ulcer of Sacral Region and Left Hip, Unspecified Mood Disorder, and Anxiety Disorder. Review of Resident #R1's Care plan with a review date of 03/18/2026 read in part. Resident is at risk for weight loss (resident is below ideal body weight). Diagnoses: Anorexia, Malnutrition, and Unable to feed self. Staff to feed all meals. Give supplements as prescribed. Review of Resident #R1's Quarterly MDS with ARD of 12/02/2025 revealed a BIMS score of 15 indicating resident has intact cognition. Resident #R1 is dependent on staff for all activities of daily living. During an interview on 02/19/2026 at 11:25 a.m., Resident #R1 stated that he usually only gets to eat 1 meal a day and that staff just won't come feed him at times. Resident #R1 stated if he is asleep, staff will not wake him up to feed him at times. An interview on 02/24/2026 at 11:35 a.m., Resident #R1 stated he did receive his supplements this morning, but does not get them very often or every day. Resident #R1 denies refusing any supplement. Resident #R1 denies any recent weight loss. Resident #R2 Review of Resident #R2's medical record revealed an admission to the facility on [DATE] with the following diagnoses: Major Depressive Disorder, Quadriplegia, Body Mass Index 19 or less, Adult, Depression, and Pressure Ulcer to Sacral Region, Stage 4. Review of Resident #R2's 02/2026 Physician Orders read in part. 02/12/2025- admitted to Heart of Hospice with diagnosis of Severe Protein Calorie Malnutrition. Review of Resident #R2's admission MDS with ARD of 01/06/2026 revealed a BIMS score of 13 indicating intact cognition. Resident #R2 has impairment on both left and right side and is dependent on staff for all activities of daily living. Review of Resident #R2's Care plan with a review date of 04/29/2026 read in part. The resident has nutritional problems related to diet restrictions. Interventions: Provide and serve diet as ordered. Review of Resident #R2's medical record revealed the following weights: 12/31/2025-82.3 lbs 01/05/2026-77.6 lbs 01/13/2026-79.6 lbs 01/23/2026-79.2 lbs 01/30/2026-79.6 lbs 02/03/2026-78.4 lbs During an observation and interview on 02/19/2026 at 11:35 a.m., Resident #R2 stated that he sleeps a lot and that staff do not always wake him to up to feed him if he is asleep. Resident #R2 stated that he has lost weight since admitting into the facility in 12/2025. In an interview on 02/23/2026 at 8:50 a.m., Resident #R2 stated 2 of the 6 meals over the weekend of 02/21/2026-02/22/2026 were missed because he was sleeping and no one came back to feed him. Resident #R2 stated he feels as though he is rushed when he is fed and it causes him to get full too fast. Resident #2 Review of Resident #2's medical record revealed an admit to the facility on [DATE] with the following Diagnoses in part. Type 2 Diabetes Mellitus, Quadriplegia, Essential HTN, Major Depressive Disorder, Cognitive Communication Deficit, and Osteoporosis. Review of Resident #2's admission MDS with ARD of 11/26/2026 revealed a BIMS score of 15 indicating intact cognition. Resident #2's is dependent on staff for all activities of daily living. An interview on 02/23/2026 at 11:45 a.m., Resident #2 stated she depends on staff to feed her and that she usually gets fed after all trays are passed out on the hall. Resident #2 stated there were 2 times in the</p> <p>(continued on next page)</p>		

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 02/24/2026
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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>last couple weeks where she did not receive her tray because it stayed on cart and was brought back to the kitchen. Resident #2 stated on 1 of the occasions she asked the CNA and agency nurse at the time to go get it from the kitchen. They returned and told her the kitchen was shut down and they were cleaning up, so she did not get anything to eat. An interview on 02/23/2026 at 1:22 p.m., S4 CNA stated there has been issues with staff feeding residents dinner on the evening shift because the meal carts were coming at same time as shift change, which caused some confusion. An interview on 02/24/2026 at 9:26 a.m., S3 LPN stated there had been a problem with residents not receiving their meal trays from dietary after coming back from hospital. S3 LPN stated she would have to go to kitchen to get their tray and that there had been instances where residents had notified her they hadn't received trays. S3 LPN stated Resident #R1 and Resident #R2 have complained to her that someone didn't feed them or they didn't eat about 3-4 weeks ago. An interview on 02/23/2026 at 3:00 p.m., S5 DM stated when a resident leaves out the facility, she is provided a departmental communication form notifying her that the resident is not in the facility. She stated she then removes the resident from the dining system so that their meal tickets are not printed for the meal service until they are added back. S5 DM confirmed there have been some issues receiving the communication form to add the residents back into the dining system upon returning to the facility; Therefore those residents were not being provided a meal because their meals tickets weren't printed. S5 DM stated she had not notified the Administrator of the issues of not receiving the departmental communication form once residents return back to facility.</p>		