

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  03/12/2025
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.

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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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38373</p> <p>Resident #23</p> <p>Based on record review and interview, the facility failed to develop a comprehensive person-centered care plan to meet the resident's medical, nursing, and mental and psychosocial needs for 1 (#23) of 24 sampled residents. The facility failed to ensure Resident #23 was care planned for discharge planning. Findings:</p> <p>Review on 03/12/2025 of the facility's policy titled Comprehensive Person Centered Care Plans last revised on 01/2025 revealed in part .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 . The Comprehensive Person-Centered Care Plan contains services provided, preference, ability, goals for admission and desired outcomes, and care level guidelines.</p> <p>Review of Resident #23's medical record revealed an admitted [DATE] with diagnoses that included in part . Schizophrenia, Diabetes Mellitus, and Chronic Pain Syndrome.</p> <p>Review of Resident #23's Quarterly MDS with an ARD of 12/05/2024 revealed a BIMS score of 15, which indicated intact cognition. Review of the MDS revealed Resident #23 required set up or clean up assistance with eating and was independent with rolling left and right, sitting to lying, lying to sitting, sit to stand, and chair/bed to chair transferring. The MDS review revealed the following:</p> <p>Is active discharge planning already occurring for the resident to return to the community? Yes.</p> <p>Has a referral been made to the Local Contact Agency (LCA)? Yes</p> <p>On 03/11/2025 at 1:30 p.m., a review of Resident #23's current care plan initiated on 01/02/2025 with a review date of 04/02/2025 revealed no evidence of discharge planning for the resident.</p> <p>In an interview on 03/11/2025 at 12:00 p.m., Resident #23 stated he had asked S2 DON about being moved to a facility in [NAME] but hadn't heard anything back. Resident #23 stated he asked S1 Administrator about it last week and hasn't heard anything back yet, but said he still wants to move.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 03/12/2025 at 11:51 a.m., S8 MDS confirmed Resident #23 was not care planned for remaining in the facility long term or for discharge planning. S8 MDS stated his care plan was completed by someone else prior to her being employed at this facility. S8 MDS stated all residents should be care planned for remaining in the facility or discharge planning.</p> <p>In an interview on 03/12/2025 at 2:52 p.m., S1 Administrator confirmed Resident #23 should have been care planned for discharge planning and was not.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51596</p> <p>Based on interviews, and record review, the facility failed to ensure all services provided met professional standards of quality. The facility failed to notify the physician of 3+ edema for 1 (#26) of 58 sampled residents.</p> <p>Findings:</p> <p>Review of Resident #26's medical record revealed an admitted [DATE], with a diagnosis of Edema.</p> <p>Review of Resident #26's current Physician Orders dated 10/31/2024 revealed . Monitor edema every shift. Indicate any edema with 0, 1+, 2+, 3+, or 4+. Notify physician if 3+ or 4+.</p> <p>Review of Resident #26's 01/2025 Progress Notes revealed Resident #26 had 3+ edema on 01/03/2025.</p> <p>Review of Resident #26's 01/2025 MAR revealed 3+ edema was documented on 01/09/2025.</p> <p>Review of Resident #26's 02/2025 MAR revealed 3+ edema was documented on 02/02/2025, 02/03/2025, 02/05/2025, 02/06/2025, 02/15/2025, 02/19/2025, 02/20/2025, 02/21/2025, 02/22/2025, 02/23/2025, 02/24/2025, 02/25/2025, 02/26/2025, 02/27/2025, and 02/28/2025.</p> <p>Review of Resident #26's 03/2025 MAR revealed 3+ edema was documented on 03/02/2025, 03/03/2025, 03/04/2025, 03/05/2025, 03/06/2025, 03/07/2025, 03/08/2025, 03/09/2025, 03/10/2025, and 03/11/2025.</p> <p>Review of Resident #26's Encounter Note by S13 NP dated 02/10/2025 revealed, in part .</p> <p>History of Present Illness: edema to bilateral lower extremities</p> <p>Examination: Lymphatics: lymphedema to bilateral lower extremities, Musculoskeletal: Bilateral lower extremity edema</p> <p>Plan: Continue Lasix 40mg by mouth every morning, discontinue Lasix 20mg by mouth each night, monitor and report for increased edema</p> <p>Review of Resident #26's 01/2025, 02/2025, and 03/2025 Progress Notes revealed there was no documentation the physician was notified of 3+ edema on 01/03/2025, 01/09/2025, 02/02/2025, 02/03/2025, 02/05/2025, 02/06/2025, 02/15/2025, 02/19/2025, 02/20/2025, 02/21/2025, 02/22/2025, 02/23/2025, 02/24/2025, 02/25/2025, 02/26/2025, 02/27/2025, 02/28/2025, 03/02/2025, 03/03/2025, 03/04/2025, 03/05/2025, 03/06/2025, 03/07/2025, 03/08/2025, 03/09/2025, 03/10/2025, and 03/11/2025.</p> <p>Observation of Resident #26 on 03/11/2025 at 9:25 a.m. revealed 3+ edema to bilateral lower extremity.</p> <p>Observation of Resident #26 on 03/11/2025 at 2:48 p.m. revealed 3+ edema to bilateral lower extremity.</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 - Few</p>	<p>Interview with S7 LPN on 03/11/2025 at 2:48 p.m. revealed she had documented 3+ edema for Resident #26 on 03/10/2025 and 03/11/2025. S7 LPN stated she did not notify the physician of 3+ edema on 03/10/2025 or 03/11/2025. S7 LPN confirmed Resident #26's MAR indicated the physician was to be notified of 3+ or 4+ edema.</p> <p>Interview with S2 DON on 03/12/2025 at 2:44 p.m. confirmed the physician was not notified of Resident #26's 3+ edema on 03/10/2025 and 03/11/2025, but should have been.</p>

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38373</p> <p>Resident #59</p> <p>Based on record review, observation, and interview, the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming, and personal hygiene for 1 (#59) of 1 resident reviewed for ADLs (Activities of Daily Living). Findings:</p> <p>Review of Resident #59's medical record revealed an admitted [DATE] with diagnoses that included in part . Polyosteoarthritis, Type 2 Diabetes Mellitus, and Hypertension.</p> <p>Review of Resident #59's Admission MDS with an ARD of 01/20/2025 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Review of the MDS revealed Resident #59 was independent with eating and required partial to moderate assistance with rolling left and right, sitting to lying, lying to sitting on side of bed, sitting to standing, and chair/bed to chair transferring.</p> <p>Review of Resident #59's care plan revealed a focus area initiated on 01/17/2025 of The resident has an ADL self-care performance deficit related to activity intolerance, fatigue, impaired balance and stroke. Interventions included in part .Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse.</p> <p>Observation of Resident #59 on 03/10/2025 at 9:38 a.m. revealed long, dirty fingernails on both hands. In an interview at this time, Resident #59 stated he would like his nails to be cut.</p> <p>Observation of Resident #59 on 03/11/2025 at 9:39 a.m. revealed the resident's nails were still long and needed to be cut. In an interview at this time, Resident #59 stated no one had offered to cut his nails, he had never refused to have them cut, and would like them to be cut.</p> <p>Observation of Resident #59's nails with S2 DON on 03/11/2025 at 9:41 a.m. revealed long nails to both hands. S2 DON confirmed the nails were long and needed to be cut. S2 DON stated the Treatment Nurse should have cut them.</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51503</b></p> <p>Based on interview and record review the facility failed to provide an ongoing activities program to support residents in their choice of activities based on comprehensive assessments, care plans and preferences for 3 (Resident #23, Resident #25, and Resident #41) of 24 sampled residents. The facility failed to ensure an activities program occurred on the weekend. This deficient practice has the potential to effect all 58 residents currently residing in the facility.</p> <p>Findings:</p> <p>Review of a facility policy on 03/11/2025 at 2:00 p.m. titled, Activities and Social Events with a reviewed date of 10/2009, revealed the following in part .Procedure: 4. Daily activities, including those on the weekends and holidays, are provided, as well as scheduled religious and social activities .9. Individualized and group activities are provided that: B. are offered at hour of convenient to the residents, including evenings, holidays, and weekends.</p> <p>Review of the facility's March 2025 activities calendar revealed the following scheduled activities in part . 03/08/2025: 11:00 a.m. Ring Toss and 2:00 p.m. Blackjack</p> <p>03/09/2025: 11:00 a.m. Online Church and 2:00 p.m. Board Games</p> <p>Resident #41</p> <p>Review of Resident #41's medical record revealed an admitted [DATE] with diagnoses that included in part . Cerebral Infarction, Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side, and Type 2 Diabetes Mellitus Without Complications.</p> <p>Review of Resident #41's Quarterly and State Optional MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 02/06/2025 revealed a BIMS (Brief Interview for Mental Status) score of 15, which indicated intact cognition. Resident #41 was independent with bed mobility, transfers, and toileting.</p> <p>Review of Resident #41's Annual MDS with an ARD of 07/08/2024 revealed that it was very important to participate in group activities and perform his favorite activities.</p> <p>Review of Resident #41's care plan with an initial date of 11/29/2024 revealed the following in part .Focus: the resident is dependent on staff for meeting emotional, intellectual, physical, and social needs related to disease processes. Interventions: invite the resident to scheduled activities, provide a program of activities that is of interest and empowers the resident by encouraging/allowing choice, the resident prefers the following radio stations-old school rhythm and blues (R&amp;B), and the resident needs assistance with activities of daily living (ADLs) as required during the activity.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 03/11/2025 at 8:46 a.m., Resident #41 revealed the facility activities are very poor and do not occur often. Resident #41 stated that S3 Activity Director only plays bingo on Mondays, Tuesdays, and Wednesdays and bingo is really the only organized activity that is done with the residents. Resident #41 revealed that S3 Activity Director is at the facility on the weekends but does not provide activities for the residents. Resident #41 stated this past weekend (03/08/2025 and 03/09/2025) there were no activities provided for the residents. Resident #41 stated he would like to have more activities on the weekend.</p> <p>In an interview on 03/11/2025 at 10:44 a.m., S5 CNA stated that on the weekends there are not many activities for the residents. S5 CNA confirmed she worked Sunday, 03/09/2025, from 7:00 a.m. -7:00 p.m. S5 CNA revealed part of her job duties are to get residents dressed and brought to the day area for activities. S5 CNA stated on Sunday, she did not bring any residents to the day room or assist with any activities because there were no activities provided.</p> <p>In an interview on 03/11/2025 at 12:01 p.m., S3 Activity Director revealed she is currently working seven days a week due to the activity assistant quitting. S3 Activity Director stated she works on the weekends and performs two scheduled activities on Saturday and Sunday. S3 Activity Director stated she does not delegate any of the schedule activities to the CNAs or other staff members and conducts the activities herself.</p> <p>In an interview on 03/11/2025 at 12:48 p.m., Resident #41 referenced his March 2025 activity calendar and stated that on Sunday, 03/09/2025, the scheduled activities were 11:00 a.m. Online Church and 2:00 p.m. Board Games. Resident #41 confirmed he never saw S3 Activity Director on Sunday, 03/09/2025, and the scheduled activities did not occur.</p> <p>In an interview on 03/12/2025 at 8:45 a.m., S11 CNA revealed on weekends there are very few resident activities. S11 CNA stated that S3 Activity Director does not come into work every weekend to perform activities. S11 CNA stated he worked day shift on 03/01/2025 and 03/02/2025 and did not bring any residents to the day room or assist with any activities because there were no activities provided.</p> <p>Review of S3 Activity Director's employee Time and Attendance Time Card for the last three weekends revealed in part</p> <p>Clock In/Out time:</p> <p>02/22/2025, Saturday: no time</p> <p>03/09/2025, Sunday: no time</p> <p>During an interview on 03/12/2025 at 09:26 a.m., S1 Administrator confirmed that S3 Activity Director had no time logged on the time clock for 02/22/2025 and 03/09/2025, which indicated she did not come into the facility on Saturday, 02/22/2025 and Sunday, 03/09/2025, to perform her duties as Activity Director.</p> <p>51082</p> <p>Resident #25</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #25's clinical record revealed an admitted [DATE] with diagnoses that included Paraplegia, Unspecified; Drug-Induced Polyneuropathy; Generalized Anxiety Disorder; Acquired Absence of Right Leg Above Knee; Acquired Absence of Left Leg Above Knee; Colostomy Status; and Major Depressive Disorder.</p> <p>Review of Resident #25's Quarterly MDS with an ARD of 03/21/2025 revealed a BIMS score of 15 indicating intact cognition.</p> <p>Interview on 03/11/2025 at 11:25 a.m. with Resident #25 stated the facility has never offered activities on weekends since he's been admitted . Resident #25 stated no activities were offered this past weekend (03/8/2025-03/09/2025).</p> <p>38373</p> <p>Resident #23</p> <p>Review of Resident #23's medical record revealed an admitted [DATE] with diagnoses that included in part . Schizophrenia, Diabetes Mellitus, Major Depressive Disorder, and Chronic Pain Syndrome.</p> <p>Review of Resident #23's Quarterly MDS with an ARD of 12/05/2024 revealed a BIMS score of 15, which indicated intact cognition.</p> <p>Review of Resident #23's current care plan revealed a focus area initiated on 01/02/2025 of The resident is dependent on staff for meeting emotional, intellectual, physical, and social needs related to cognitive deficits, physical limitations. Interventions included in part .Provide a program of activities that is of interest and empowers the resident by encouraging/allowing choice, self-expression and responsibility. Resident enjoys socials, bingo, arts and other group activities, likes to attend resident council meetings. Just needs reminders. Invite the resident to scheduled activities.</p> <p>In an interview on 03/10/2025 at 10:15 a.m., Resident #23 stated the facility doesn't have activities on the weekends and not enough during the week. Resident #23 stated during the week, the facility sometimes just has one activity per day, in the afternoon.</p> <p>In an interview on 03/11/2025 at 12:00 p.m., Resident #23 said there were no activities on Sunday, 03/09/2025.</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51596</p> <p>Based on observations, interviews, and record reviews, the facility failed to implement, monitor, and modify interventions, consistent with the resident's assessed needs and current professional standards of practice, to maintain acceptable parameters of nutritional status for 2 (Resident #3, and Resident #36) of 3 (Resident #3, Resident #14, and Resident #36) residents sampled for nutrition.</p> <p>The facility failed to ensure:</p> <ol style="list-style-type: none"> <li>1. Meal intake was recorded for every meal for Resident #3 as care planned;</li> <li>2. Resident #3 was assisted with all meals as care planned;</li> <li>3. The MD/NP was notified when Resident #3 refused to eat, as care planned;</li> <li>4. The MD/NP was notified of a severe weight loss for Resident #3; and</li> <li>5. Failing to ensure a resident was provided a meal tray during lunchtime.</li> </ol> <p>This deficient practice resulted in an actual harm for Resident #3 on 03/05/2025 at 11:35 a.m., when S12 RD identified that Resident #3 had experienced a 7.7% severe weight loss that occurred from 12/04/2025 through 03/03/2025. Review of Resident #3's medical record revealed from 01/21/2025 through 03/03/2025, Resident #3 was not assisted with all meals, meal intake had not been recorded for every meal, and the MD/NP had not been notified when Resident #3 refused to eat and had exhibited severe weight loss.</p> <p>Findings:</p> <p>Review of an undated facility policy on 03/12/2025 at 11:15 a.m. titled, Meal Time Observation for Food Acceptance and Food Replacement revealed the following in part .Guideline: Residents will be observed during meal times to monitor acceptance and intake of food and beverage items, and offered food replacements of similar nutritive value or other food selections the resident might enjoy.</p> <p>Resident #3</p> <p>Review of Resident #3's medical record revealed an admitted [DATE], with diagnoses that included, in part . Dementia and Alzheimer's disease.</p> <p>Review of Resident #3's Quarterly MDS with ARD of 12/19/2024 revealed a BIMS score of 99, indicating Resident #3 was unable to complete the interview. Resident #3 required partial to moderate assistance with eating.</p> <p>Review of an untitled form for Resident #3 dated 03/12/2025 revealed, in part:</p> <p>Eating/Nutrition:</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Assist resident with feeding at all meals</p> <p>Assist x1 staff for eating</p> <p>Provide and serve diet as ordered</p> <p>Set up assist and feed assist with all meals</p> <p>Review of Resident #3's weight records revealed on 12/04/2024, the resident weighed 141.0 lbs. On 03/03/2025, the resident weighed 130.2 pounds, a 7.7 % weight loss over the previous 3 months.</p> <p>Review of Resident #3's Care Plan revealed the resident had a nutritional problem or a potential nutritional problem related to Anorexia and Alzheimer's disease, with a problem onset date of 01/21/2025. The goal revealed the resident will maintain weight and consume at least 75% of most meals daily through review date. Interventions included, in part .monitor, document, and report if resident refuses to eat; feed resident all meals; and record intake every meal.</p> <p>Review of Resident #3's EHR revealed the CNA Plan of Care Response History for the following tasks from 12/04/2025 through 03/12/2025:</p> <p>ADL - Eating:</p> <p>1. Resident #3's meal intake was not recorded on 12/18/2024, 12/20/2024, 12/23/2025, 12/25/2024, 12/27/2024, 12/28/2024, 01/01/2025, 01/06/2025, 01/12/2025, 01/13/2025, 01/21/2025 - 01/30/2025, 02/03/2025 - 02/09/2025, 02/12/2025 - 02/15/2025, 02/17/2025, 02/19/2025, 02/20/2025, 02/23/2025, 02/26/2025, 02/27/2025, 03/01/2025, 03/03/2025, 03/04/2025, 03/07/2025, 03/08/2025, 03/09/2025 and 03/12/2025, as indicated on the plan of care.</p> <p>2. Resident #3 refused 1 of 3 meals on 01/14/2025, and 1 of 3 meals on 01/17/2025. There was no documentation that Resident #3's meal refusals were reported as indicated on the care plan.</p> <p>3. Resident #3 was documented as independent - no help or staff oversight at any time for 80 meals.</p> <p>Nutrition - Amount Eaten dated 12/04/2024 through 03/12/2025 revealed intake had not been recorded for 58% of meals served. She refused to eat 1 meal on 01/14/2025 and 1 meal on 01/17/2025.</p> <p>Review of Resident #3's RD Nutrition Assessment noted by S12 RD on 03/05/2025 revealed, in part . resident has had a decline. Gradual weight loss over the last 180 days with significant weight loss of 7.7% over the past 90 days. No new recommendations.</p> <p>Review of Resident #3's medical record revealed no documentation of MD or NP notification of meal refusal on 01/14/2025 or 01/17/2025. Review of Resident #3's medical record revealed no documentation of MD or NP notification of the 7.7% severe weight loss.</p> <p>Interview with S7 LPN on 03/11/2025 at 2:58 p.m. revealed she did not check Resident #3's medical record to monitor daily meal intake. She stated the CNA would notify her verbally if the resident had not eaten well, but had not received any such notification.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Natchitoches Nursing and Rehabilitation Center,Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  750 Keyser Avenue Natchitoches, LA 71457	
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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with S14 CNA on 03/12/2025 at 12:38 p.m. revealed she did not document Resident #3's meal intake in the medical record or report it to the nurse. She stated if Resident #3 consumed 5-25% of the meal, she wrote that information on the resident's meal ticket, placed the ticket on the tray, and returned the tray to the dietary department for review. S14 CNA stated she had worked in the facility for [AGE] years and this had always been the process for documenting meal intake.</p> <p>Interview with S15 Dietary Staff member on 03/12/2025 at 12:44 p.m., revealed she discarded meal tickets that were returned with resident meal trays. She stated dietary staff were not responsible for documenting or recording meal intake for residents. She stated she did not collect any information from the ticket, or monitor/record intake of the meal.</p> <p>Interview with S2 DON on 03/12/25 at 2:44 p.m. revealed the CNA was to notify the nurse if a resident consumed 50% or less of any meal. She stated the amount consumed was to be documented in the EHR after each meal, but that is something we are working on. S2 DON stated she was aware the CNAs had not been documenting meal intake. S2 DON stated the Registered Dietician (RD) reviewed the resident's weights, entered them into the electronic medical record, and gave the facility a list of her recommendations at each visit. S2 DON stated nursing staff, typically S2 DON or S6 Unit Manager, would notify the MD/NP of the RD's recommendations and of any weight loss identified.</p> <p>Interview with S12 RD on 03/12/2025 at 3:40 p.m. revealed the resident's weights and her recommendations were given to the nursing staff at each visit. The information was stored in a binder in S2 DON's office. S12 RD stated the resident's meal intake was not always documented in the electronic medical records, and the information was not reliable.</p> <p>Interview with S2 DON on 03/12/2025 at 4:23 p.m. confirmed Resident #3's meal intake had not been documented as ordered, but should have been. S2 DON confirmed the MD/NP were not notified of Resident #3's severe weight loss on 03/05/2025, but should have been. S2 DON could not explain why MD/NP had not been notified of Resident #3's severe weight loss.</p> <p>On 03/12/2025 at 4:34 p.m. S2 DON stated she had notified S13 NP of Resident #3's severe weight loss, and S13 NP would be entering orders.</p> <p>Telephone interview with S13 NP on 03/14/2025 at 11:25 a.m. confirmed she had not been notified of Resident #3's severe weight loss until 03/12/2025. She stated she ordered an appetite stimulant, and would have ordered the appetite stimulant on 03/05/2025 had she been notified of the severe weight loss. S13 NP confirmed there had been a delay in treatment for Resident #3's significant weight loss. S13 NP confirmed the appetite stimulant would have decreased, or even stopped, Resident #3's weight loss.</p> <p>51503</p> <p>Resident #36</p> <p>Review of an undated facility policy on 03/12/2025 at 11:15 a.m. titled, Meal Time Observation for Food Acceptance and Food Replacement revealed the following in part .Guideline: Residents will be observed during meal times to monitor acceptance and intake of food and beverage items, and offered food replacements of similar nutritive value or other food selections the resident might enjoy.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #36's medical record revealed an admitted [DATE] and diagnoses included in part .Type 2 Diabetes Mellitus with Diabetic Mononeuropathy, Morbid Severe Obesity due to Excess Calories, Major Depressive Disorder, Single Episode, Anxiety Disorder, Neuromuscular Dysfunction of Bladder, and Essential Primary Hypertension.</p> <p>Review of Resident #36's Quarterly and State Optional MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 01/23/2025 revealed a BIMS (Brief Interview for Mental Status) score of 13, which indicated intact cognition. The resident was independent with eating.</p> <p>Review of Resident #36's care plan with an initial date of 11/12/2024 revealed the following in part .Focus: the resident has an ADL self-care performance deficit related to activity intolerance. Interventions: Eating-the resident is able to feed self with tray set up. Diet is pureed texture with nectar thickened consistency. Focus: the resident has a nutritional problem or potential for a nutritional problem related to dietary restriction, Diabetes Type II, swallowing issues, and dysphagia. Interventions: provide and serve diet as ordered.</p> <p>On 03/10/2025 at 12:13 p.m., Resident #36 was observed sitting in his wheelchair in the day area at a table alone. Resident #36 stated he had not received his lunch tray and he was hungry.</p> <p>Observation on 03/10/2025 at 12:18 p.m., revealed lunch carts being pushed out the kitchen for meal service and staff members serving lunch in the day area. Observed other residents eating in the day area and Resident #36 seated at a table alone in the day area with no lunch tray.</p> <p>Observation on 03/10/2025 at 12:21 p.m., revealed S5 CNA perform meal services which included handing out lunch trays and assisting residents with opening their beverages. Observed S5 CNA push her lunch cart out of the day area. Observed Resident #36 still seated at the table in the day area with no lunch tray.</p> <p>In an interview on 03/10/2025 at 12:28 p.m., S5 CNA revealed she had completed meal services in the day area. S5 CNA stated her lunch cart did not have Resident #36's lunch tray that his lunch tray was on the other lunch cart.</p> <p>In an interview on 03/10/2025 at 12:37 p.m., S4 CNA stated she was assigned to Resident #36 today and responsible for his meal services. S4 CNA stated she had asked Resident #36 if he was eating lunch and he refused and she did not offer an alternate meal. S4 CNA stated she put his original lunch tray in his room. S4 CNA confirmed she had thrown Resident #36's lunch tray in the garbage.</p> <p>In an interview on 03/10/2025 at 12:38 p.m., Resident #36 stated he did not refuse his lunch meal and he was hungry. Surveyor observed Resident #36 still seated in the day area at a table alone with no lunch tray.</p> <p>In an interview on 03/10/2025 at 12:44 p.m., Resident #36 stated that he normally eats in the day area with the other residents. Resident #36 confirmed he was not offered his lunch tray earlier and he did not refuse his lunch tray.</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 03/10/2025 at 1:40 p.m., S10 LPN revealed she was assigned Resident #36 today and often cared for him. S10 LPN stated Resident #36 does not refuse his meals and has a good appetite. S10 LPN confirmed that Resident #36 should have been served his lunch tray in the day area with the other residents and S4 CNA should not have put his lunch tray in his room. S10 LPN confirmed that if Resident #36 did refuse his lunch tray, S4 CNA should have been offered his meal again or offered an alternate meal.</p> <p>In an interview on 03/10/2025 at 2:06 p.m., S2 DON confirmed that S4 CNA should have offered Resident #36 his lunch tray in the day area with the other residents and should not have left his lunch tray in the room.</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>51082</p> <p>Based on interview and record review the facility failed to ensure the Quality Assessment and Assurance (QAA) committee meetings included the required staff members for the facility's quarterly committee meetings. The facility failed to ensure the Infection Preventionist (IP) was in attendance at each quarterly committee meetings. This deficient practice had the potential to affect all 58 residents residing in the facility.</p> <p>Findings:</p> <p>Review of the facility's policy on 03/12/2025 at 2:40 p.m. titled Quality Improvement Program, with a revision date of 10/2022, revealed the following in part .Procedure 2. Committee team members shall consist of the DNS, Medical Director or designee, and three other staff; at least one of who must be the Administrator, Owner, a Board Member, or other individual in a leadership role; and the Infection Preventionist.</p> <p>Review of the facility's QAA Committee list revealed the following in part .The QAA Committee meets once monthly and as needed. The committee is comprised of: Executive Director, Director of Nursing, Medical Director, Social Services, Infection Control, Medical Records, MDS, Activities, Maintenance, Dietary, and Therapy.</p> <p>Review of the facility's Quarterly QAA Committee Meeting sign in sheets revealed the following staff were in attendance:</p> <ol style="list-style-type: none"> <li>1. April 12, 2024-Executive Director, Director of Rehab, Activities Director, Dietary Manager, Housekeeping, Unit Manager-LPN, LPN-MDS, Medical Records, and Medical Director</li> <li>2. July 12, 2024-Director of Rehab, Activities Director, Dietary Manager, Housekeeping, Unit Manager-LPN, LPN-MDS, Medical Records, and Medical Director</li> <li>3. August 2024-Medical Director, Business Office Manager (BOM), Director of Maintenance (DON), Housekeeping, Social Services Director (SSD), Medical Records, Unit Manager, Activities Director, Dietary Manager, Administrator</li> <li>4. September 2024-Medical Director, BOM, Director of Maintenance, Housekeeping, SSD, Medical Records, Unit Manager, Human Resources, Activities Director, Dietary Manager, and Administrator</li> <li>5. January 17th, 2025-Administrator, Human Resources Representative, Director of Food and Nutrition, Therapy, Director of Maintenance, Medical Records, LPN-MDS, Activities Director, and SDC.</li> </ol> <p>Interview on 03/12/2025 at 4:10 p.m. with S1 Administrator confirmed the IP wasn't in attendance at any of the QAA Committee meetings and should have been.</p>		