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	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Natchitoches Nursing and Rehabilitation Center, LL	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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on record review and interviews, the facility failed to act promptly upon the grievances voiced by residents during monthly Resident Council meetings.Findings:Review of the Resident Council meeting minutes held on 01/19/2026 revealed, in part .New Business: Agency nurse not giving meds timely.Review of the Resident Council meeting minutes held on 02/26/2026 revealed, in part .Old Business: Was the issue resolved to your satisfaction? No, agency nurse not giving meds timely and New Business: Agency nurses not giving meds timely on night shift.Review of the Resident Council meeting minutes held on 03/11/2026 revealed, in part .Old Business: Was the issue resolved to your satisfaction? No, agency nurses not giving meds timely at night.During the Resident Council meeting on 03/23/2026 at 1:50 p.m., residents complained that an agency nurse continues to give medications late on the weekends and/or at night. The residents stated this issue had been discussed at multiple Resident Council meetings but had not been resolved by the facility.Interview on 03/24/2026 at 11:50 a.m., S1 Admin confirmed that she had signed the minutes of the resident council meetings on 01/19/2026, 02/26/2026, and 03/23/2026 to verify her review of those minutes. S1 Admin stated that she was aware of the residents' complaints of not receiving medications timely. S1 Admin stated she did not have any documentation to show that the residents' concern had been addressed. S1 Admin confirmed that there had not been an effective resolution of the residents' complaints.

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to ensure services were provided by the facility to meet quality professional standards. The facility failed to:ensure scheduled medications were administered timely for 1(Resident #14) resident; andfollow physician orders for Resident #40. Findings: Review of the facility's policy and procedure titled Medication Administration with a review date of 03/01/2026 read in part.Intent: All medications are administered safely and appropriately to aid residents to overcome illness, relieve, and prevent symptoms and help in diagnosis. Level of responsibility: RN, LPN. Guideline: 19. If the medication is given at a time different from the scheduled time, update the MAR to reflect administration time. Scheduled medications will be given within an hour window before and after it's scheduled and as preferred by resident.). Review of Resident #14's medical record revealed an admission date of 11/19/2025 with diagnoses that included in part, Type 2 Diabetes Mellitus with Diabetic Neuropathy, Quadriplegia, and Major Depressive Disorder. Review of Resident #14's Quarterly MDS with an ARD of 02/11/2026 revealed a BIMs summary score of 15, indicating intact cognition. Review of Resident #14's 03/2026 Physician Orders revealed in part. Trazodone HCl (Hydrochloride) Oral Tablet 50 mg: give 50 mg by mouth at bedtime for Insomnia – start date 01/07/2026 Baclofen Oral Tablet 10 mg: give 15 mg by mouth three times a day for Muscle Spasm – start date 03/12/2026 Protonix Oral Tablet Delayed Release 40 mg: give 40 mg by mouth two times a day for GERD – start date 11/19/2025 Sucralfate Tablet 1 gram: give 1 tablet by mouth two times a day for Gastric Protection – start date 02/01/2026 Rosuvastatin Calcium Tablet 10 mg: give 1 tablet by mouth one time a day for Lipid Control Review of Resident #14's 03/2026 eMAR revealed in part. Rosuvastatin Calcium Tablet 10 mg scheduled administration time 08:00 p.m. (2000 hours); Trazodone HCl Oral Tablet 50 mg scheduled administration time 08:00 p.m.; Protonix Oral Tablet Delayed Release 40 mg scheduled administration time 08:00 p.m.; Sucralfate Tablet 1 gram scheduled administration time 08:00 p.m.; and Baclofen Oral Tablet 10 mg scheduled administration time 08:00 p.m. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review Resident #14's Medication Administration Audit Report revealed in part. -Rosuvastatin Calcium Tablet 10mg scheduled administration time at 8:00 p.m., and administered on 03/04/2026 at 11:28 p.m., 03/07/2026 at 12:02 a.m., 03/11/2026 at 12:33 a.m., 03/13/2026 at 10:19 p.m., 03/14/2026 at 11:50 p.m., 03/17/2026 at 11:35 p.m., 03/18/2026 at 11:30 p.m., 03/20/2026 at 12:20 a.m., 03/21/2026 at 03:26 a.m., and 03/23/2026 at 11:02 p.m. -Sucralfate Tablet 1 gram scheduled administration time at 8:00 p.m., and administered on 03/05/2026 at 11:25 p.m., 03/07/2026 at 12:02 a.m., 03/11/2026 at 12:33 a.m., 03/13/2026 at 10:19 p.m., 03/14/2026 at 11:51 p.m., 03/17/2026 at 11:36 p.m., 03/18/2026 at 11:30 p.m., 03/20/2026 at 12:20 a.m., 03/20/2026 at 03:26 a.m., and 03/23/2026 at 11:02 p.m. -Protonix Oral Tablet Delayed Release 40 mg scheduled administration time at 8:00 p.m., and administered on 03/05/2026 at 11:10 p.m., 03/07/2026 at 12:02 a.m., 03/11/2026 at 12:33 a.m., 03/13/2026 at 10:19 p.m., 03/14/2026 at 11:50 p.m., 03/17/2026 at 11:35 p.m., 03/18/2026 at 11:30 p.m., at 03/20/2026 at 12:20 a.m., 03/21/2026 at 03:26 a.m., and 03/23/2026 at 11:02 p.m. -Trazodone HCl Oral Tablet 50 mg scheduled administration time at 8:00 p.m., and administered on 03/05/2026 at 11:27 p.m., 03/07/2026 at 12:02 a.m., 03/11/2026 at 12:33 a.m., 03/13/2026 at 10:19 p.m., 03/14/2026 at 11:50 p.m., 03/17/2026 at 11:36 p.m., 03/18/2026 at 11:30 p.m., at 03/20/2026 at 12:20 a.m., 03/21/2026 at 03:26 a.m., and 03/23/2026 at 11:02 p.m. -Baclofen Oral Tablet 10mg scheduled administration time at 9:00 p.m., and administered on 03/05/2026 at 11:10 p.m., 03/07/2026 at 12:02 a.m., 03/11/2026 at 12:33 a.m., 03/14/2026 at 11:50 p.m., 03/17/2026 at 11:36 p.m., 03/18/2026 at 11:30 p.m., at 03/20/2026 at 12:20 a.m., 03/21/2026 at 03:26 a.m., 03/21/2026 at 11:13 p.m., and 03/23/2026 at 11:02 p.m. In an interview on 03/23/2026 at 9:22 a.m., Resident #14 revealed that earlier this month she didn't receive her bedtime medications at their scheduled time. Resident #14 stated she had been complaining to staff about getting her bedtime medications late at night. Resident #14 revealed one night she didn't get her bedtime medications until after 12:30 a.m. and revealed she did not refuse any of her medications. In an interview on 03/24/2026 at 11:20 a.m., S2 QI Nurse revealed that all nursing staff have an hour before the scheduled administration time and an hour after the scheduled administration time to administer a medication to all residents. S2 QI Nurse reviewed Medication Administration Audit report for Resident #14 along with this surveyor and acknowledged Resident #14's medications were not administered within the required timeframe. In an interview on 03/24/2026 at 11:50 a.m., S3 Regional VP stated all nursing staff were aware to administer scheduled medications within an hour before and an hour after. S3 Regional VP stated she was made aware of Resident #14's Medication Administration Audit report by S2 QI Nurse and stated we can't even defend the deficient practice. S3 Regional VP confirmed Resident #14 was not receiving her scheduled medications timely but should have. In an interview on 03/24/2026 at 11:59 a.m., S8 DON stated all nursing staff are required to administer scheduled medications within the required timeframe of 1 hour before the scheduled time and 1 hour after the scheduled time. S8 DON reviewed Resident #14's Medication Administration Audit report and stated this is out of compliance. S8 DON confirmed Resident #14's scheduled medications (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	were not administered timely, but should have been. Resident # 40 Findings: Review of the clinical record revealed Resident #40 admitted to the facility on [DATE] with diagnoses that included Type II Diabetes Mellitus due to underlying condition with Diabetic Neuropathy, Peripheral Vascular Disease, and Chronic Kidney Disease, Stage 3. Review of Resident #40's March Physician's Orders revealed an order for Novolog Injection Solution 100unit/ml (Insulin Aspart) Infect as per sliding scale: if 200-250=2 units, if less than 70 give 4 oz juice. Recheck in 15 minutes. If 300=4 unit; 301-350=6 units; 351-400=9 units; 401-600=12 units. If greater than 400 notify NP. Further review of the order had a start date of 03/04/2026. Observation of March eMAR (electronic medication administration record) on 03/24/2026 at 3:00p.m. revealed documentation of recorded blood sugars for 3 days out of 31 days for the following dates: 03/06/2026 of 457, 03/10/2026-441, and 03/21/2026-451. Observation of nurses' notes for 03/06/2026, 03/10/2026, and 03/21/2026 revealed no documentation of the nurse practitioner (NP) being notified of blood sugars greater than 400. In an interview on 03/24/2026 at 3:10 p.m. with S8 DON revealed the nursing staff did not notify the NP for the blood sugars greater than 400, but should have.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review the facility failed to provide pharmaceutical services that assured accurate disposition and/or administration of medications to meet the needs of each resident. The facility failed to: Ensure an accurate account for controlled medications was completed at the start of shift and time of administering narcotics on 1 (Cart A) of 4 medication/treatment carts for Resident #62; and Ensure proper nursing procedures for wasting of controlled substances were completed when Resident #46 and Resident #64's controlled medications were not administered.Findings: Review of a facility policy on 03/25/2026 at 2:30 p.m. titled, Facility Protocol on Controlled Substances with a review date of 01/26/2025 revealed the following in part .Complete documentation in the narcotic book prior to administering control substances to the resident. Check the count with each administration to ensure accuracy. Initial the MAR after administering the medication. Wasting: When breakage or wasting of all or partial dose of a controlled substance not in its original package and/or not administered to a patient occurs, the amount administered and the amount wasted shall be recorded by the licensed person who wasted the controlled substance and verified by the signature of another licensed person who observed the wastage and how it was wasted. Controlled substances shall be wasted in such a manner that such substances are render unusable. All controlled substance, including the ER narcotic kit and medications in the refrigerator, must be counted at each shift change. Both the oncoming and outgoing nurse should look at the card and the narcotic book to ensure accuracy. The director or designee investigates and makes every reasonable effort to reconcile all reported discrepancies. Observation, interview and record review on 03/23/2026 at 2:51 p.m. of Cart A, accompanied with S9 LPN, revealed the following during the narcotic medication reconciliation:1.-Resident #62's blister packaging for an order of Diphenoxylate/atropine 2.5mg/0.025mcg one tablet by mouth four times a day was observed. The blister packaging revealed tablet #10 was popped, opened and unaccounted for. S9 LPN revealed she was unaware that tablet #10 was missing; therefore, the narcotic count was off by one tablet. Resident #62's Controlled Drug Record form for the above medication revealed 25 tablets documented; however, with tablet #10 missing and unaccounted for, the actual count on hand was 24 tablets left in the blister packaging. S9 LPN revealed she counted the tablets at the start of her shift, both herself and off-going nurse mistakenly overlooked the missing tablet #10 and did not document this, but should have. 2.-Resident #46's blister packaging for an order of Lorazepam 0.5 mg one tablet by mouth twice a day was observed. The blister packing revealed tablet #58 was popped, placed back into the packaging with the back of the card taped. -Resident #64's blister packaging for an order of Butalbital/acetaminophen/caffeine 50mg/325mg/40mg one tablet by mouth every six hours as needed was observed. The blister packaging revealed tablet #2 and tablet #14 were popped and placed back into the packaging with the back of the card taped. S9 LPN confirmed all the above findings at the time of observation of Cart A. S9 LPN revealed that putting the tablets back into the packaging and taping the back was allowed in the facility. S9 LPN revealed the nurses do not waste the pill if the nurse accidentally popped the packaging or if a resident refused the medications; the nurses just tape the pill back into the blister package. In an interview on 03/23/2026 at 4:15 p.m., S8 DON revealed she expected the nurses to count narcotics at the beginning of each shift with the off-going nurse, they are expected to count and document the narcotic count into the narcotic binder with their initials. S8 DON expected all nurses to verify the actual narcotics on hand and verify what is documented in the record. Nurses are to notify S8 DON of discrepancies in the narcotic count, if found. S8 DON revealed she expected all nurses to destroy narcotics appropriately with a second nurse present and document this in the medical record/narcotic book. S8 DON explained if a resident refused a medication, a nurse dropped a medication on the floor, or a medication was popped from the blister package accidentally, S8 DON expected all nurses to waste the medication appropriately and (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	not tape the tablet back into the narcotic packaging. At the time of interview, S8 DON confirmed the above findings. S8 DON confirmed Resident #62's incorrect narcotic count should have been addressed upon beginning of the shift and Resident # 46's and Resident #64's narcotics which were taped should have been destroyed appropriately, but were not.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation and interview, the facility failed to ensure drugs and biologicals used in the facility were stored in accordance with current accepted professional principles. This deficient practice has the potential to affect all 62 residents residing in the facility. The facility failed to ensure expired treatment supplies were not available for administration to residents in 1 (Cart C) of 3 medication/treatment carts.Findings:Review of a facility policy on 03/25/2026 at 2:30 p.m. titled, Medication Storage with a review date of 03/20/2022 revealed in part .Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. All expired medication and supplies will be removed from the active supply and destroyed in the facility, regardless the amount remaining. Observation and review on 03/25/2026 at 2:23 p.m. of Cart C, accompanied with S10 TX LPN revealed the following expired items:14 individually wrapped Reinforced Gelling Fiber .75inches X 18inches rope dressing with an expiration date of 08/12/2025S10 TX LPN confirmed the above findings in Cart C at the time of observation. S10 TX LPN confirmed she used the expired treatment supplies to treat resident's wounds today during treatments, but should not have. S10 TX LPN revealed all expired medications and supplies should be discarded of and not available for resident use. S10 TX LPN confirmed the rope dressings should have been disposed of properly and not available for use, but were not.

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Administer the facility in a manner that enables it to use its resources effectively and efficiently. Based on observation, interview and record review, the facility failed to administer its resources efficiently and effectively to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This deficient practice had the potential to effect all 62 residents who resided in the facility. The facility failed to ensure the monthly Pharmacy Consultant Reports were utilized, reviewed, and/or addressed as it related narcotic medication reconciliation and documentation.Findings: Cross Reference F755. Review of a facility policy on 03/25/2026 at 2:30 p.m. titled, Facility Protocol on Controlled Substances with a review date of 01/26/2025 revealed the following in part .The director or designee investigates and makes every reasonable effort to reconcile all reported discrepancies. 1. The director of nursing documents irreconcilable discrepancies in a report to the administrator. 2. If a major discrepancy or pattern of discrepancies occurs or if there is apparent criminal activity, the director of nursing notifies the administrator and consultant pharmacist immediately. 3. The administrator, the consultant pharmacist, and/or the director of nursing determine whether other action(s) are needed notification of police or other enforcement personnel, notification of family, etc. Any suspected loss, theft and/or diversion of any controlled substance shall be reported immediately to Pharmacy Services and complete a risk Management report. Review of a facility report prepared by S11 Pharmacist titled, PRN Documentation Audit-12/2025 revealed the following in part . A total of 160 narcotic order administrations were reviewed for 12/2025 medical record, with only 96 narcotic order administrations documented in the medical record. The results included only 60% of these doses correctly documented in the medical record. Notes: Please see audit for the medication audited and follow up with the nursing staff on documenting the MAR with the administration of the PRN doses. Signed and dated by S11 Pharmacist on 12/31/2025. A shared interview on 03/24/2026 at 3:39 p.m. with S3 Regional VP, S8 DON, S1 Admin, and S2 QI Nurse was conducted. S3 Regional VP revealed the facility had a big turnover rate in leadership and administrative since 01/2026, including 4 DONs, 2 Unit Managers, and 2 Treatment Nurses. S3 Regional VP revealed she contributed the poor nursing documentation, including narcotic documentation, due to the increased turnover of the administrative team and administrative nurses. S3 Regional VP revealed she expected all nurses to chart in the EMAR in real time or document refused when it applies. All present in the shared interview, agreed to the above. In a telephone interview on 03/25/2026 at 8:37 a.m., S11 Pharmacist revealed he rounds at the facility monthly and reconciles narcotics randomly. S11 Pharmacist stated the 12/2025 narcotic audit revealed only 60% of narcotic documentation completed. S11 Pharmacist stated these findings were very alarming, due to 80% being the average rate. S11 Pharmacist revealed due to this alarmingly low percentage, he also spoke to the DON and notified her of his findings. S11 Pharmacist revealed he emails his monthly reports to the Administrator and DON once completed. In a shared interview with S1 Admin and S2 QI Nurse on 03/25/2026 at 11:36 a.m., S1 Admin revealed she was the facility administrator from 12/2025 to current. S1 Admin revealed she was unaware of the findings during S11 Pharmacist rounding for 12/2025; however S4 Former DON was made aware and received the email from S11 Pharmacist with the 12/2025 results, as it related to narcotic reconciliation and documentation. S1 Admin revealed she requested the audit report from S11 Pharmacist on 03/24/2025 via email. S2 QI Nurse revealed normally the DON should collaborate with the nursing team and the Administrator to correct any findings related to the monthly Pharmacy Reports. During an interview on 03/25/2026 at 12:56 p.m., S3 Regional VP telephoned S4 Former DON. S4 Former DON revealed S11 Pharmacist did alert her of the poor narcotic documentation and discrepancies found during his narcotic audit. S4 Former DON stated she began a nursing in-service to address the poor narcotic documentation and asked the Unit Manager to audit medication carts randomly. S4 Former DON stated she normally communicated with S1 Admin about different nursing issues or need for monitoring/in-services, however S4 Former DON did not communicate the 12/2025 narcotic findings or monitoring/in-services (continued on next page)

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	implemented to S1 Admin, but should have. In an interview on 03/25/2026 at 1:02 p.m., S1 Admin revealed reports from S11 Pharmacist continued to be emailed to S4 Former DON after she resigned. S1 Admin stated she nor any other facility staff received or addressed the pharmacist report for 01/2026. In an interview on 03/25/2026 at 1:02 p.m., S1 Admin revealed she should have made a better effort to communicate with the S11 Pharmacist to alert him that S1 Admin should be the point of contact due to the changing of leadership to ensure issues related to medications were addressed timely, but she did not.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview and record reviews the facility failed to ensure a resident's electronic Medication Administration Record (eMAR) was accurately documented for 4 (Resident #5, Resident #9, Resident #15, and Resident #34) residents. This deficient practice had the potential to effect all 62 residents in the facility.Findings: Review of the facility's policy titled Medication Administration with a review date of 03/01/2026 revealed in part.Intent: All medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms, and help in diagnosis. Guideline: 14. Document as each medication is prepared on the MAR. Resident #5 Review of Resident #5's medical record revealed an admission date of 08/28/2024 with a re-entry date of 04/07/2025 with diagnoses that included in part, Peripheral Vascular Disease and Depression. Review of Resident #5's 02/2026 eMAR revealed no documentation on 02/13/2026, 02/13/2026, and 02/14/2026 of the following: -9:00 p.m.-Benadryl Allergy Oral Tablet 25 mg; -9:00 p.m.-Lexapro Oral Tablet 10 mg; -9:00 p.m.-Amoxicillin-Pot Clavulanate Tablet 875-125 mg along with a temperature check -Assist Rails x 2 to bed for bed mobility and repositioning every shift; -8:00 p.m.-Coreg Oral Tablet 6.25 mg; -Document Pain Scale Every Shift; -8:00 p.m.-Eliquis Oral Tablet 5 mg; -Enhanced Barrier Precautions every shift; -Keep Abdominal Binder on at all times every shift; -Monitor for signs and symptoms of Tardive Dyskinesia every shift; -Monitor for Target Behaviors every shift; -9:00 p.m.-Procardia Xl Oral Tablet Extended 24 Hour 30 mg; -9:00 p.m.-Pro-Stat Sugar Free Oral Liquid; -Smoking Checks; and no documentation for 26 of 28 days for the following: (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Monitor for active bleeding and bruising due to resident on anticoagulant therapy. Review of Resident #5's facility progress notes revealed no documentation or evidence of refusals of medications or monitoring on those dates listed above. Resident #9 Review of Resident #9's medical record revealed an admission date of 03/10/2023 with a re-entry date of 02/16/2024 with diagnoses that included in part, Type 2 Diabetes Mellitus With Diabetic Neuropathy, Unspecified. Review of Resident #9's 03/2026 Electronic Medication Administration Record (eMAR) and Electronic Treatment Administration Record (eTAR) revealed no documentation of the following: - Atorvastatin Calcium Oral Tablet 10 (milligrams) MG at bedtime (HS) on 03/28/2026; - B12 Folate Oral Capsule 800-800 (micrograms) MCG at morning (AM) medication pass (MP) on 03/12/2026, 03/132026, and 03/24/2026; - Duloxetine HCl Capsule Delayed Release Particles 30 MG at AM MP on 03/12/2026 and 03/13/2026; - Ferrous Sulfate Tablet (Enteric Coated) EC 325 MG at AM MP on 03/12/2026 and 03/13/2026; - Melatonin Oral Tablet 10 MG at bedtime on 03/18/2026; - Metoprolol Tartrate Tablet 25 MG at AM MP on 03/12/2026 and 03/13/2026; - Nifedipine ER Oral Tablet Extended Release 24 Hour 30 MG no blood pressure or administration noted for AM MP on 03/12/2026, 03/13/2026, and 03/16/2026; - Renal Vitamin Oral Tablet 0.8 MG (B-Complex with C and Folic Acid) at AM MP on 03/12/2026 and 03/13/2026; - Trazodone HCl Oral Tablet 50 MG at 8:00 p.m. on 03/18/2026; - Vitamin C Oral Tablet (Ascorbic Acid) at AM MP on 3/12/2026 and 03/13/2026; - Vraylar Oral Capsule 1.5 MG (Cariprazine HCl) at AM MP on 3/12/2026 and 03/13/2026; - Weekly Skin Assessment Due every dayshift on Friday on 03/13/2026; - Zyrtec Allergy Oral Tablet 10 MG (Cetirizine HCl) at AM MP on 03/13/2026; - Clonazepam Tablet 1 MG at AM MP on 3/122026 and 03/13/2026 and HS on 03/18/2026; - Dialysis: Check Thrill and Bruit every shift on dayshift of 03/05/2026, 03/09/2026, 03/12/2026, 03/13/2026, 03/16/2026, 03/17/2026 and on nightshift of 03/18/2026; - Document Pain scale every shift on dayshift of 03/05/2026, 03/09/2026, 03/12/2026, 03/13/2026, (continued on next page)

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	195293	A. Building B. Wing	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Natchitoches Nursing and Rehabilitation Center, LL	750 Keyser Avenue Natchitoches, LA 71457

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	03/16/2026, 03/17/2026 and on nightshift of 03/18/2026; - Famotidine Tab 20 MG at AM MP on 3/12/2026 and 03/13/2026 and HS on 03/18/2026; - Gabapentin Capsule 400 MG at 8:00 p.m. on 03/18/2026; - Midodrine HCl Tablet 10 MG no blood pressure, pulse, or administration noted for AM MP on 03/12 and 13/2026 and HS on 03/18/2026; - Monitor BP (blood pressure) and Pulse Q (every) Shift for dayshift on 03/05/2026, 03/12/2026, 03/13/2026, 03/16/2026, 03/17/2026 and for nightshift on 03/18/2026; - Amino Acids Oral Liquid (Amino Acids) at 2:00 p.m. on 03/05/2026, 03/09/2026, 03/17/2026, and 03/19/2026 and at 8:00 p.m. on 03/18/2026; - Calcium Acetate Oral Tablet 667 MG at 2:00 p.m. on 03/05/2026, 03/09/2026, 03/17/2026, and 03/19/2026 and at 8:00 p.m. on 03/18/2026; - Tizanidine HCl Tablet 2 MG on AM MP on 03/12/2026 and 03/13/2026, on MID M (Midday Med Pass) on 03/05/2026, 03/09/2026, 03/17/2026, and 03/19/2026, and on PM MP on 03/01/2026, 03/05/2026, 03/09/2026, 03/12/2026, 03/13/2026, 03/17/2026, and 03/19/2026. Review of Resident #9's facility progress notes revealed no documentation or evidence of refusals of medications or monitoring on those dates listed above. Resident #15 Review of Resident #15's medical record revealed an admission date of 01/19/2024 with a re-entry date of 11/16/2024 with diagnoses that included in part, Chronic Atrial Fibrillation, Paranoid Schizophrenia, unspecified Dementia, Depression, and other Hypertension. Review of Resident #15's 03/2026 eMAR revealed no documentation of completing the following orders: Amiodarone HCL Oral Tablet 200mg; 7 out of 31 days during 03/2026 Atorvastatin Calcium Oral Tablet 20mg; 1 out of 31 days during 03/2026 Cholecalciferol Tablet 1000unit; 4 out of 31 days during 03/2026 Donepezil HCL Tablet 10mg; 1 day out of 31 days during 03/2026 Ferrous Sulfate Tablet 325mg; 4 out of 31 days during 03/2026 Fish Oil Capsule 1000mg; 4 out of 31 days during 03/2026 House Supplement; 2 out of 31 days during 03/2026 House Supplement; 4 out of 31 days during 03/2026 (continued on next page)

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	195293	A. Building B. Wing	03/25/2026

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Lasix Oral Tablet 20 mg; 4 out of 31 days during 03/2026 Metoprolol Tartrate Tablet 75mg; 4 out of 31 days during 03/2026 Quetiapine Fumarate Tablet 25mg; 1 out of 31 days during 03/2026 Trazodone HCL Oral Tablet 50mg; 1 out of 31 days during 03/2026 Xarelto Oral Tablet 20mg; 7 out of 31 days during 03/2026 Assist Rails x 1 to bed for bed mobility and repositioning; 8 out of 31 days during 03/2026 Colace Oral Capsule 100mg; 8 out of 31 days during 03/2026 Divalproex Sodium Tablet Delayed Release 250 mg; 5 out of 31 days during 03/2026 Document Pain Scale every shift; 8 out of 31 days during 03/2026 Famotidine Oral Tablet 20 mg; 5 out of 31 days during 03/2026 Memantine HCL Oral Tablet 5mg; 5 out of 31 days during 03/2026 Monitor for Active Bleeding, and bruising d/t resident on Anticoagulant therapy; 8 out of 31 days during 03/2026 Monitor for Edema q Shift; 8 out of 31 days during 03/2026 Monitor for S/SX of Tardive Dyskinesia; 8 out of 31 days during 03/2026 Monitor for Targeted Behaviors such as attention seeking behaviors, refusals for meds, noncompliance with MD orders, etc.; 8 out of 31 days during 03/2026 Observe closely for side effects of Psychotropic Medication including dry mouth, constipation, blurred vision, disorientation, etc.; 9 out of 31 days during 03/2026 Was head of bed elevated due to episode of or to prevent shortness of breath when lying flat; 9 out of 31 days during 03/2026 Methadone HCL oral Tablet 10mg; 4 out of 31 days during 03/2026 Smoking checks must be done every smoke break, Check for smoking paraphernalia including snuffed out cigs; 7 out of 31 days during 03/2026 Q HR monitoring for elopement risk and to ensure safety every hour related to Paranoid Schizophrenia; 9 out of 31 days during 03/2026 Review of Resident #15's facility progress notes revealed no documentation or evidence of refusals of medications or monitoring on the dates listed above. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #34 Review of Resident #34's medical record revealed an admission date of 04/25/2024 with diagnoses which included in part . Type II Diabetes Mellitus with Diabetic Mononeuropathy, Major Depressive Disorder, Single Episode, Anxiety Disorder, Chronic Obstructive Pulmonary Disease, and Venous Insufficiency (Chronic) (Peripheral). Review of Resident #34's 03/2026 EMAR/ETAR (electronic medication administration record/electronic treatment administration record) revealed the following dates with no documented evidence of order administration for the following orders: -03/05/2026: Duloxetine HCl Enteric Coated Pellets Capsule 60 MG (Base Eq) Give 1 capsule orally one time a day related to Major depressive disorder, single episode; -03/05/2026 and 03/09/2026: Flomax Oral Capsule 0.4 MG (Tamsulosin HCl) Give 0.4 mg by mouth one time a day; -03/05/2026: Folic Acid Tablet 1 MG Give 1 tablet orally one time a day related to Venous insufficiency (chronic) (peripheral); -03/05/2026: Linzess Oral Capsule 72 MCG (Linaclotide) Give 1 capsule by mouth one time a day for Constipation; -03/05/2026: Methadone HCl Oral Tablet 10 MG (Methadone HCl) Give 10 mg by mouth one time a day for Pain; -03/05/2026 and 03/09/2026: MiraLax Powder 17 GM/SCOOP (Polyethylene Glycol 3350) Give 17 gram by mouth one time a day related to constipation- mix in 4oz- 8oz of water daily; -03/05/2026 and 03/09/2026: Potassium Chloride Microencapsulated [NAME] ER Tab 20 mEq Give 2 tablet orally one time a day for hypokalemia; -03/05/2026 and 03/09/2026: Pravastatin Sodium Tablet 40 MG Give 1 tablet by mouth one time a day for Hyperlipidemia; -03/05/2026, 03/09/2026, 03/16/2026: air mattress to bed every shift; -03/04/2026, 03/05/2026, 03/09/2026, 03/12/2026, 03/17/2026: Ascorbic Acid Tablet 500 MG Give 1 tablet by mouth two times a day related to non-pressure chronic ulcer of unspecified part of left lower leg limited to breakdown of skin; -03/05/2026, 03/09/2026, 03/16/2026, and 03/18/2026: Assist Rails times 2 to bed for bed mobility and repositioning. (Non-restraint) Monitor for safety every shift for bed mobility and transfer; -03/05/2026 and 03/09/2026: Desmopressin Acetate Oral Tablet 0.1 MG (Desmopressin Acetate) Give 1 tablet by mouth two times a day related to Diabetes Insipidus; -03/05/2026, 03/09/2026, 03/16/2026, and 03/18/2026: document pain scale every shift 0= none 1-3 = mild pain 4-5 = moderate pain 6-7= severe pain 8-10= very severe pain every shift; (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-03/05/2026, 03/09/2026, 03/16/2026, and 03/18/2026: enhanced barrier precautions every shift; -03/04/2026, 03/05/2026, 03/09/2026, 03/12/2026, 03/16/2026, and 03/17/2026: Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe) Give 1 tablet orally two times a day related to Iron deficiency anemia; -03/04/2026, 03/05/2026, 03/09/2026, 03/12/2026, and 03/17/2026: Fluticasone Propionate Aerosol 220 MCG/ACT 1 puff inhale orally two times a day for Prophylaxis rinse mouth after use; -03/04/2026, 03/05/2026, 03/09/2026, 03/12/2026, and 03/17/2026, Furosemide Tablet 40 MG Give 40 mg orally two times a day for edema; -03/05/2026 and 03/09/2026: House Supplement Sugar Free two times a day related to Type II diabetes mellitus with diabetic mononeuropathy; -03/04/2026, 03/05/2026, 03/09/2026, 03/17/2026, and 03/19/2026: Insulin Aspart Solution 100 UNIT/ML Inject as per sliding scale: if 70 - 150 = 0 units notify md for fasting blood glucose less than 60; 151 - 200 = 3 units; 201 - 250 = 5 units; 251 - 300 = 7 units; 301 - 350 = 9 units; 351 - 400 = 11 units notify md for fasting blood glucose greater than 400, subcutaneously two times a day for diabetes related to type 2 diabetes mellitus with diabetic mononeuropathy before breakfast; -03/04/2026, 03/05/2026, 03/09/2026, 03/12/2026, and 03/17/2026: Metformin HCl Oral Tablet 500 MG (Metformin HCl) Give 1 tablet by mouth two times a day related to Type 2 diabetes mellitus with diabetic mononeuropathy; -03/09/202, 03/12/2026, and 03/17/2026: Methadone HCl Oral Tablet 10 MG (Methadone HCl) Give 1 tablet by mouth two times a day for pain; -03/05/2026, 03/09/2026, 03/16/2026, and 03/18/2026 monitor edema every shift: 0, 1+, 2+, 3+, 4+ notify md if 3+ or greater every shift; -03/05/2026, 03/09/2026, 03/16/2026, and 03/18/2026: monitor for signs/symptoms of tardive dyskinesia; notify md of involuntary movements of tongue, face, mouth, jaw, or trunk. Notify medical director (MD) of motor restlessness which may consist of anxiety, pacing, inability to sit still, or foot tapping. (Document + if any noted and notify MD) every shift; -03/05/2026, 03/09/2026, 03/16/2026, and 03/18/2025: Monitor for signs of impairment related to substance abuse q shift. Notify MD immediately if noted. Y= Yes signs of impairment N= No signs not observed S/S: Slurred speech, slow movements, decreased alertness, quick, slow fluctuation of speech, bloodshot eyes, pupils larger or smaller than usual, changes in appetite, sleep patterns, physical appearance, unusual smells on breath, body, or clothing, unsteady gait, unable to arouse, breathing slow; -03/05/2026, 03/09/2026, 03/16/2026, 03/18/2026, and 03/19/2026: Monitor odor every shift 0-no odor 1-ordor noted every shift; -03/05/2026, 03/09/2026, 03/16/2026, 03/18/2026, and 03/19/2026: Monitor resident for opioid overdose i.e.: unconsciousness, shallow breathing, unresponsiveness, limpness, blue gums, lips or fingertips, slow or irregular pulse, small pupils. Document N if none noted. Document Y if s/s are (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	noted, administer PRN Narcan as ordered and document in Progress Notes. every shift; -03/05/2026, 03/09/2026, 03/16/2026 03/18/2026, and 03/19/2026: monitor urine color q shift 0-yellow 1-straw 2-amber 3-blood tinged; -03/05/2026, 03/09/2026, 03/16/2026, 03/18/2026, and 03/19/2026: Observe closely for side effects of Psychotropic medication including dry mouth, constipation, blurred vision, disorientation or confusion, difficulty urinating, hypotension, dark urine, yellow skin, nausea or vomiting, lethargy, drooling, EPS symptoms (tremors, disturbed gait, increased agitation, restlessness, involuntary movement of mouth or tongue) every shift Document: 'N' if monitored and none of the above observed. 'Y' if monitored and any of the above was observed, select chart code Other/See Nurses Notes and progress note findings; -03/05/2026, 03/09/2026, 03/16/2026, and 03/18/2026: pressure reducing cushion to wheelchair every shift related to other chronic pain; -03/05/2026, 03/09/2026, 03/16/2026, and 03/18/2026: Supra pubic catheter care with soap and water q shift every shift; -03/05/2026, 03/09/2026, 03/16/2026, 03/18/2026, and 03/19/2026: Was head of bed Elevated due to episode of or to prevent shortness of breath when lying flat related to COPD, Asthma, Emphysema every shift; -03/04/2026, 03/05/2026, 03/09/2026, 03/17/2026, and 03/18/2026: Cyproheptadine HCl Tablet 4 MG Give 1 tablet by mouth three times a day for poor appetite related to vitamin deficiency; -03/04/2026, 03/05/2026, 03/09/2026, 03/17/2026, and 03/18/2026: Robaxin-750 Oral Tablet (Methocarbamol) Give 500 mg by mouth three times a day related to other muscle spasm; In an interview on 03/24/2026 at 3:20 p.m., S2 QI Nurse revealed the floor nurses are expected to chart on in the medical record in real time. S2 QI Nurse acknowledged if the nurses did not chart the information in the EMAR/ETAR, then it did not happen. A shared interview on 03/24/2026 at 3:39 p.m. with S3 Regional VP, S8 DON, S1 Admin, and S2 QI Nurse was conducted. S3 Regional VP revealed the facility had a big turnover rate in leadership and administration since 01/2026, including 4 DONs, 2 Unit Managers, and 2 Treatment Nurses. S3 Regional VP revealed she contributed the poor nursing documentation, including narcotic documentation, due to the increased turnover of the administrative team and administrative nurses. S3 Regional VP revealed she cannot defend a nurse who did not chart in the EMAR/ETAR, and stated the nurses should always chart in real time or document refused if the order was refused. In a record review, at the time of interview, S3 Regional VP reviewed the 03/2026 EMAR/ETAR for Resident #34 and confirmed all the above findings and missing documentation, stating the nurses should have documented every shift, but did not. S3 Regional VP revealed she expected all nurses to chart in the EMAR in real time or document refused when it applied for all residents. All present in the shared interview, agreed to the above.

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Natchitoches Nursing and Rehabilitation Center, LL	750 Keyser Avenue Natchitoches, LA 71457

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to notify the Ombudsman in writing of resident transfer/discharge for 1 (Resident #71) of 1 resident reviewed for transfer/discharge. The total sample size was 30.Findings:Review of Resident #71's medical record revealed an admission date of 02/09/2026 and a discharge date of 02/18/2026. Resident #71 had diagnoses of Acute Respiratory Failure with Hypoxia, End Stage Renal Disease, Type 2 Diabetes Mellitus with Unspecified Complications, and Chronic Obstructive Pulmonary Disease. Review of Resident #71's Discharge-Return Not Anticipated MDS with an ARD of 02/18/2026 revealed in part.discharge date of 02/18/2026. Type of discharge: unplanned. In an interview on 03/25/2026 at 3:20 p.m., the facility's Emergency Transfer Log was requested from S2 QI Nurse. At 3:29 p.m. S2 QI Nurse revealed that they only report hospitalizations to the Louisiana Ombudsman Program. In an interview on 03/25/2026 at 3:54 p.m., S7 SSD revealed she was responsible for notification to the Louisiana Ombudsman Program of resident transfers. S7 SSD revealed she was only aware to report hospitalizations to the Ombudsman Program and had not reported any unplanned or planned discharges from the facility. S7 SSD confirmed she did not report Resident #71's unplanned discharge on [DATE] to the Louisiana Ombudsman Program.

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. Based on record review and interview, the facility failed to complete an annual performance review at least once every 12 months for 2 (S12 CNA and S13 CNA) of 5 CNA personnel records reviewed. Findings: Review of CNA personnel records revealed the following: Review of S12 CNA's personnel record revealed a date of hire of 07/30/2024. Further review revealed no evidence of an annual performance review being completed in the past 12 months. Review of S13 CNA's personnel record revealed a date of hire of 10/17/2024. Further review revealed no evidence of an annual performance review being completed in the past 12 months. In an interview on 03/25/2026 at 10:55 a.m., S14 HR revealed S13 CNA did not have a completed annual performance review. In an interview on 03/25/2026 at 11:50 a.m., S14 HR revealed S12 CNA did not have a completed annual performance review. Interview on 03/25/2026 at 12:00 p.m., S1 Admin confirmed both S13 CNA and S12 CNA should have had an annual, completed performance review, but did not.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation and interview, the facility failed to ensure infection control measures were practiced providing a safe, sanitary environment and prevent the development and transmission of communicable diseases and infections by failing to ensure medical equipment was cleaned in between uses with multiple residents during medication administration. This had to potential to affect all 62 residents. Findings: Review of the facility's policy dated 09/2019 titled Standard Precautions revealed in part Policy Statement-Standard Precautions will be utilized to provide a primary strategy for the prevention of healthcare-associated infections (HAI) agents among patients and healthcare personnel. Observation of medication administration on 03/24/2026 at 8:31a.m., revealed S18 LPN used a blood pressure cuff between multiple residents without sanitizing or disinfecting it in between resident use. In an interview on 03/24/2026 at 9:54 a.m., S8 DON confirmed S18 LPN did not clean the blood pressure cuff in between uses with multiple residents but should have.