STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195313	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Agnes Healthcare and Rehab Center	606 Latiolais Road Breaux Bridge, LA 70517

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39319 Based on observations, interviews and record review the facility failed to assess 1(#12) out of 1 sampled residents for self-administration of medication in a final sample of 35 residents. Findings: On 03/24/2025, a review of the facility's policy titled, Resident Self-Administration of Medications with a las review date of 12/30/2024 revealed in part, Policy: It is the policy of this facility to support each resident's right to self-administer medication. A resident may only self-administer medications after the facility's interdisciplinary team had determined which medications may be self-administer safely. Policy Explanation and Compliance Guidelines: .4. The results of the interdisciplinary team assessment are recorded on the Medication Self-Administration Assessment Form, which is placed in the resident's medical record . Resident #12 was admitted to the facility on [DATE] with diagnoses that included essential hypertension and dermatitis. Review of Resident #12's quarterly MDS (Minimum Data Set) dated 02/24/2025 revealed the resident had a BIMS (Brief Interview of Mental Status) score of 15, which indicated he was cognitively intact. Review of Resident #12's Medication Administration Record (MAR) revealed an order with a start date 06/07/2024 for Miconazole Nitrate 2% (percent) powder (antifungal medication)-apply to affected area every 8 hours as needed. On 03/24/25 at 1:28 PM, Resident #12 was observed sitting in his wheelchair in his room. A clear medication cup with a white powdery substance was observed on the resident's bedside dresser. Resident #12 stated that it was a powder that he had to apply to his abdominal folds for itching. A review of Resident #12's electronic and paper medical record revealed no documented evidence that a medication self-administration assessment was conducted. On 03/25/2025 at 9:25 AM, an interview and review of Resident #12's electronic medication administration record was conducted with S12LPN (Licensed Practical Nurse). She confirmed that Resident #12 had an order for Miconazole Nitrate 2% powder to apply to affected every 8 hours as needed to his groin or abdominal folds when he develop a yeast-like rash in those areas. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195313	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER St Agnes Healthcare and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 606 Latiolais Road Breaux Bridge, LA 70517	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/25/2025 at 9:30 AM, an observation of the resident's room was conducted with S12LPN. A clear medication cup with a white powdery substance was noted on Resident #12's bedside dresser. Resident #12 stated that someone had put the medication cup in one of the drawers of the table. S12LPN confirmed that there was a clear medication cup with a white powdery substance on the resident's bedside dresser. On 03/25/2025 at 9:40 AM, an interview was conducted with S13TN (Treatment Nurse) She stated that she was responsible for applying the Miconazole Nitrate powder to Resident #12's abdominal and/or groin area when needed if the resident develops a rash. She confirmed that Resident #12 was not assessed for self-administration of his medications. She also confirmed that she may have left the medication cup in the resident's room and that she should not have left it in the resident's room. On 03/25/2025 at 10:10AM, record review and interview was conducted with S11DON (Director of Nursing). S11DON reviewed the resident's paper chart. She confirmed that Resident #12 had not been assessed for self-administering his own medications. She also confirmed that the medication cup with the Miconazole Nitrate 2% powder should not have been left at the resident's room because he was not assessed for self-administering his own medications.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49784 Based on record review, policy review and interviews, the facility failed to report to the administrator of the facility a resident report of sexual abuse for 1(#85) of 1 resident sampled for abuse. This had the potential to affect the 95 residents that reside in the facility. Findings: A review of the facility's policy titled Abuse and Neglect with a last reviewed date of 12/30/2024 read in part, Identification- A) Any staff member receiving a complaint of abuse, neglect, or an injury of unknown origin whether it is from the resident, a family member or staff, should listen to the complaint, writing down the date, and time complaint is being received, and any details given D) Administrator or his designee should be notified as soon as possible. Resident #85 was admitted to the facility on [DATE] with a diagnoses which included, but were not limited to cerebral infarction, unspecified psychosis, and hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side. Review of Resident #85's Quarterly MDS (Minimum Data Set) dated 12/17/2024, revealed the resident had a BIMS (Basic Interview for Mental Status) of 15, indicating his cognition was intact. On 03/24/25 at 10:00 AM, an interview was conducted with Resident #85. He stated about four weeks ago, a young, black CNA (Certified Nursing Assistant) Punched him in the nuts while changing his diaper. He stated that he had informed multiple staff including S14SSD (Social Service Director) and S11DON (Director of Nursing) of the incident. Resident #85 stated that S14SSD and S11DON had continued to report to him that they had been looking into it. On 03/25/25 at 02:41 PM, an interview was conducted with S16CNA (Certified Nursing Assistant). S16CNA stated about 1 and 1/2 months ago, Resident #85 reported to her that he had been sexually assaulted by a CNA. S16CNA stated that Resident #85 reported to her that S17CNA had pushed on his scrotum too hard while changing him. S16CNA stated that she reported the resident's claim to S18LPN (Licensed Practical Nurse). S16CNA stated that the day after Resident #85's claim of abuse, S16CNA had a discussion with S11DON about the resident's claim of sexual assault. On 03/25/25 at 04:41 PM, a phone interview was conducted with S17CNA. S17CNA stated that within the last few months, she was performing perineal care for Resident #85 in his room when he began to yell out Sexual Battery and refused to let her proceed with care. She stated she was only wiping him like she usually done. S17CNA requested that S16CNA come in the resident's room with her to complete care, because of Resident #85's accusations. She stated that S16CNA had informed her that she had reported the resident's allegation to the nurse. S17CNA stated the next day, she completed a written statement of the resident's accusations at the request of S11DON. S17CNA stated that the facility no longer allowed her to care for Resident #85 due to the resident's accusation. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/26/25 at 01:28 PM, an interview was conducted with S19ADM (Administrator) and S20AADM (Assistant Administrator). Both S19ADM and S20AADM stated that they had not been informed of Resident #85's claim of sexual abuse and should have been. Both stated that they would have reported this claim to the appropriate state agency if they had been made aware of the claim.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17364 Based on record review and interview, the facility failed to follow the care plan for Resident #80 as evidenced by failing to offer the resident a visit with the in house dental consultant for 1 (#80) out of 35 sampled residents. Findings: Resident #80. On 03/24/2025 at 10:11 AM, an interview was conducted with the resident. The resident stated that he had some broken and missing teeth and he wanted to see a dentist. The resident stated that no one discussed dental services with him. Review of the resident's clinical record revealed the resident was admitted to the facility on [DATE]. Review of the resident's admission MDS (Minimum Data Set) assessment dated [DATE] revealed the resident was coded to have obvious or likely cavity or broken natural teeth and inflamed or bleeding gums or loose natural teeth. Review of the resident's care plan revealed that it addressed the resident having carious teeth and gum inflammation. An intervention included to offer the resident a visit with the in house dental consultant if needed or asked. Review of the resident's clinical record and social service notes revealed no evidence the resident was offered a visit with the in house dental consultant. On 03/25/2025 at 1:35 PM, an interview was conducted with S14SSD (Social Service Director). S14SSD stated that the residents who did not purchase dental insurance would be seen by S15RDH (Registered Dental Hygienist). S14SSD stated the process was that S15RDH would receive the census list of all the residents in the facility without dental insurance and from that list he would select the residents he would visit on the day he was in the facility. S14SSD stated S15RDH would visit the facility once a month and see the residents at least once a year. S14SSD stated the resident did not have dental insurance and confirmed that she did not have evidence S15RDH saw the resident and evaluated his oral care. On 03/26/2025 at 11:58 AM, a telephone interview was conducted with S15RDH. He confirmed that he did not evaluate the resident's oral care until 03/25/2025 when it was brought to his attention. S15RDH stated that he thought the resident had dental insurance to see the dentist.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39319 Based on record review and interview, the facility failed to ensure that services were provided to meet professional standards of quality as evidenced by S13TN (Treatment Nurse) leaving medication at the bedside for 1 (#12) out of 1 resident, who was not assessed for self-administration of his medication, out of a total sample of 35 residents. This deficient practice had the potential to affect the 95 residents in the nursing home. Findings: Resident #12 was admitted to the facility on [DATE] with diagnoses that included essential hypertension and dermatitis. Review of Resident #12's quarterly MDS (Minimum Data Set) dated 02/24/2025 revealed the resident had a BIMS (Brief Interview of Mental Status) score of 15, which means cognitively intact. On 03/24/25 at 1:28 PM, Resident #12 was observed sitting in his wheelchair in his room. A clear medication cup with a white powdery substance was observed on the resident's bedside dresser. Resident #12 stated that it was a powder that he used to apply to his abdominal folds for itching. On 03/25/2025 at 9:40 AM, an interview was conducted with S13TN (Treatment Nurse) She stated that she was responsible for applying the Miconazole Nitrate powder (antifungal medication) to Resident #12's abdominal and/or groin area when needed if the resident develops a rash. She confirmed that she may have left the medication cup in the resident's room and confirmed that she should not have left it in the resident's room. On 03/25/2025 at 10:10AM, record review and interview was conducted with S11DON (Director of Nursing). S11DON confirmed that S13TN should not have left the medication cup with the Miconazole Nitrate 2% powder in Resident #12's room.

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. 47965 Based on record review and interview, the facility failed to ensure that staffing data posted daily included resident census and total number of hours worked. Findings: On 03/25/2025 at 12:35 PM, an observation of staffing data posted revealed the following: Staffing for: 03/25/2025 6-2 (6:00 AM to 2:00 PM): 2 RN (Registered Nurse) @ 16 HRS (hours), 5 LPN (Licensed Practical Nurse) @ 40 HRS, 23 CNA (Certified Nursing Assistant) @ 184 HRS. Further review revealed the census and total number of hours worked were missing. During an interview with S2WC (Ward Clerk) on 03/25/2025 at 1:30 PM, she stated she was responsible for completing and posting the staffing sheet. S2WC confirmed that the census number and total number of hours worked were left blank, and stated she had never included that information when she posted the staffing. On 03/26/2025 at 8:00 AM an observation of staffing data posted revealed the following: Staffing for: 03/26/2025 6-2: 2 RN @ 16 HRS, 5 LPN @ 40 HRS, and 24 CNA @ 192 HRS. Further review revealed the census and total number of hours worked were missing. During an interview with S3WC (Ward Clerk) on 03/26/2025 at 8:15 AM, she stated that she was responsible for completing and posting the staffing sheet. S3WC confirmed that the census and total number of hours worked were left blank, and stated she had never included that information when she posted the staffing. During an interview with S4PR (Payroll Clerk) on 03/26/2025 at 8:20 AM, she stated that the ward clerks were responsible for completing the staffing sheet with the census and hours and posting it on the board daily. She stated that she pulled the staff clock-ins at the end of the day and completed the actual hours provided and the difference. She stated that on 03/24/2025 and 03/25/2025, she had to fill in the census and total number of working hours because the ward clerks had not included it on the staffing sheets posted for either days and should have.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 17364 Based on observation, record review and interview, the facility failed to ensure all drugs and biologicals were stored in locked compartments as evidenced by the nurse leaving the medication cart unlocked and unattended during the medication pass on Hall B. Findings: Review of the facility's policy and procedure titled, Medication Administration last reviewed on 12/30/2024 read in part, .Medication cart locked if left unattended in resident care area . On 03/25/2025 at 7:55 AM during the medication pass, S10LPN (Licensed Practical Nurse) was observed locking the medication cart on Hall B. During this observation, a nurse walked up to the medication cart and pulled on the bottom compartment of the cart and it opened. The bottom compartment had medications stored in it. S10LPN stated that she was not aware that the bottom compartment did not lock. S10LPN confirmed the bottom compartment had medications stored in it and that the compartment should have been locked when she left the medication cart unattended.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 47123 Based on observation, interview, and policy review, the facility failed to prepare, distribute, and serve food in accordance with professional standards for food service safety by failing to ensure: 1. food was dated after opening; and 2. food was properly sealed and stored. The facility had a census of 95 residents. Findings: On 03/24/2025, a review of the facility's policy titled, Correct Food Storage with a revised date of 12/30/2024, read in part, all foods shall be stored in a manner to ensure First-in - "First- Out use and all items shall be labeled, dated and sealed. On 03/24/2025 at 9:01 AM, an observation was made of the dry storage area with S1DM (Dietary Manager). S1DM confirmed the following observations: -1 partially used bottle of imitation vanilla with no opened date; -1 partially used bottle of imitation banana with no opened date; -1 opened unsealed bag of corn flakes with no opened date; -1 opened and unsealed box of quick oats opened with no opened date; -1 opened and unsealed bag of grits with no opened date. On 03/24/2025 at 9:07 AM, an interview was conducted with S1DM. S1DM confirmed all opened items should be sealed and labeled with an opened date.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 47965 Based on observations, interviews and infection policy review, the facility failed to maintain an effective infection prevention and control program designed to provide a safe, sanitary, and comfortable environment, and to help prevent the development and transmission of communicable diseases and infections as evidenced by failing to: 1. Appropriately handle and transfer soiled laundry; 2. perform proper hand hygiene; 3. appropriately remove PPE (Personal protective equipment); and 4. sanitize dirty scissors before re-using. Findings: 1. On 03/24/2025, a review of the facility's policy titled Laundry, with a last reviewed date of 12/30/2024, read in part: Policy: The facility launders linens and clothing in accordance with current CDC (Centers for Disease Control) guidelines to prevent transmission of pathogens .Policy Explanation and Compliance Guidelines: 1. Aligning with principles of standard precautions, staff shall consider all previously worn clothing and used linen as potentially contaminated .4. Soiled laundry shall be handled as little as possible, with minimum agitation to avoid contamination of air, surfaces, and persons. a. Linens shall be bagged separately from resident's clothing at the point of use. On 03/24/2025 at 09:25 AM, S5CNA (Certified Nursing Assistant) was observed walking out of Room D into Hall A with bed linen held in front her. The linen was not in a bag and S5CNA was not wearing any PPE. During an interview with S5CNA on 03/24/2025 at 9:30 AM, she confirmed that the linen was dirty and not in a bag. She further stated that she should not to wear gloves in the hallway, and was not sure if she should have bagged the linen. During an interview and review of infection control policies with S8ADONIP (Assistant Director of Nursing, Infection Preventionist) on 03/24/2025 at 12:01 PM, she stated that S5CNA should have bagged the laundry at the bedside before removing it from the resident's room. She also stated the CNA should have treated the laundry as contaminated, which meant handling the dirty laundry with gloves. 2. On 03/24/2025, a review of the facility's policy titled Handwashing, with a last reviewed date of 12/30/2024, read in part: Handwashing: Wash your hands even though you were wearing gloves, and washing your hands between residents is an absolute necessity to prevent from spreading germs/virus. During an observation on HALL A on 03/24/2025 at 09:25 AM, S5CNA walked into Room D with clean bed linen, made the bed closest to the door then immediately moved to Room C without performing hand hygiene. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with S5CNA on 03/24/2025 at 9:30 AM she confirmed not performing hand hygiene after making the bed in Room D and before touching the beds in Room C and stated that she should have. On 03/24/2025 at 10:03 AM an observation was made of S6HSKP (Housekeeper) walking out of Room E bathroom with gloved hands. He walked into the hallway and disposed of the gloves in the trash bag on the housekeeping cart. Further observation revealed S6HSKP changed into a clean pair of gloves without performing hand hygiene then walked back into Room E. During an interview with S7HSKPSup (Housekeeping Supervisor) on 03/24/2025 at 10:05 AM, she stated S6HSKP should have washed his hands before using gloves and after removing the gloves. During an interview and review of the facility's hand hygiene policy with S8ADONIP on 03/24/2025 at 12:01 PM, she confirmed that hand hygiene should be performed according to the facility's policy above. 3. On 03/26/2025, a review of the facility's policy titled Donning and Doffing, with a revised date of 11/2024 read in part, Policy: Donning and Doffing. Purpose: Preventing the spread of infectious diseases and protecting healthcare workers and patients .Removing the gown as well as all other PPE (personal protective equipment). Remove your gloves first by pinching the glove in the palm of your hand and pulling the glove slowly downward .Then remove your gown . On 03/25/2025 at 10:34 AM, an observation was made of S9RNTX (Treatment Nurse/Treatment Nurse) performing a dressing change on Resident #25. After completing the dressing change S9RNTX was observed reaching behind her neck with her dirty gloved hands and removed her gown, then she removed her dirty gloves. During an interview with S9RNTX on 03/25/2025 at 10:34 AM, she confirmed removing her gown before her dirty gloves and stated she should have removed her dirty gloves first. During an interview with S8ADONIP on 03/26/2025 at 3:30 PM, she stated S9RNTX should have removed her dirty gloves before her gown according to the facility's policy. 4. On 03/25/2025 at 10:34 AM, an observation was made of S9RNTX performing a dressing change on Resident #25. S9RNTX removed the resident's old dressings by cutting the gauze wraps with a pair of reusable metal scissors. She placed the scissors on the far side of her treatment table without sanitizing them. Further observation revealed S9RNTX used the dirty scissors to cut the clean gauze that she used to wrap the resident's wound on her right leg. During an interview with S9RNTX on 03/25/2025 at 10:34 AM, she confirmed using the dirty scissors to cut Resident #25's clean dressing and stated she should have sanitized the scissors before using them. During an interview with S8ADONIP on 03/26/2025 at 3:30 PM, she stated that S9RNTX should have sanitized the scissors after using it to cut the resident's old dressing and before cutting the new dressing.