STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195318	A. Building B. Wing	06/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Senior Village Nursing & Rehabilitation Center	315 Harry Guilbeau Road Opelousas, LA 70570

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 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** Based on record review and interviews, the facility failed to ensure that an injury of unknown origin was reported immediately, but not later than two (2) hours to State Survey Agency after discovering or learning of the injury for 1 (Resident #1) of 3 (Residents #1, #2, #3) sampled residents. The deficient practice had the potential to affect a total census of 126 residents. Findings: Review of the facility's policy with a review date of 05/24 titled Incident Investigation and Reporting, read in part; Injury of Unknown Origin: When all criteria are met: Source of injury was not observed by any person and the source of injury could not be explained by the resident, and the injury is suspicious due to the extent or location of the injury 3. The administrator shall report to the State Survey Agency and local law enforcement entities in which the facility is located, any allegation or reasonable suspicion of a crime against any resident. The administrator shall report no later than 2 hours after forming the suspicion, if the events that cause the suspicion involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not involve abuse or result in serious bodily injury Review of Resident #1 electronic medical records revealed he was admitted to the facility on [DATE] with diagnoses that included but were not limited to Other Sequelae Following Unspecified Cerebrovascular Disease, Muscle Weakness, Generalized and Dysphagia, Oropharyngeal Phase. Resident #1 was discharged from the facility on 06/09/2025. Review of Resident #1's Significant Change MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 04/23/2025 revealed in Section C1000 that his cognitive skills for daily decision making was severely impaired. Review of Client #1's facility's incident report read in part, Resident's sister came to desk and stated that Client's right shoulder, hand and arm had swelling. Entered the room with RN (registered nurse). Resident assessed, slight edema to right shoulder 2.5 cm (centimeter) by 2.5 cm. No redness, discoloration, tears or bruises/abrasion noted. Resident denied pain when asked. Palpated right shoulder, arm and hand. Transferred resident per [NAME] lifter (mechanical lifter) times 3 staff to bed. Resident unable to give description. The incident was not witnessed. Immediate action taken: Assessed, called doctor. Resident transferred to hospital for evaluation. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195318	A. Building B. Wing	06/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Senior Village Nursing & Rehabilitation Center	315 Harry Guilbeau Road Opelousas, LA 70570

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of nurse's notes revealed in part, on 05/31/2025 at 4:15 p.m., call placed to hospital for update on Client #1's condition. Was told by ER (emergency room) nurse that resident's right shoulder was dislocated and will be set by the doctor in the emergency room. Review of Client #1's hospital records revealed an X-RAY of the right shoulder done on 05/31/2025 at 1:04 p. m. with the final impression of anterior shoulder dislocation. On 06/18/2025 at 1:12 p.m., an interview was conducted with S2DON (Director of Nursing). She stated that she was made aware of the dislocation of Client #1's dislocated right shoulder on 05/31/2025. S2DON also confirmed that the facility was unsure of how or when the incident occurred. She stated that this was not reported to state office survey because it was not a fracture. On 06/18/2025 at 1:38 p.m., an interview was conducted with S1ADM (Administrator). He stated that he was not aware that a dislocated shoulder should have been reported to the state survey agency. He stated that they were told to report fractures. He confirmed that this had not been reported to stated survey agency and the facility did not know how it occurred.

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	195318	A. Building B. Wing	06/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Senior Village Nursing & Rehabilitation Center	315 Harry Guilbeau Road Opelousas, LA 70570

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** Based on record review and interviews, the facility failed to follow physician's orders for 1 (Resident #3) of 3 (Residents #1, #2, #3) sampled residents. The deficient practice had the potential to affect a census of 126. Findings: Resident #3 was admitted to the facility on [DATE] with diagnoses included but not limited to Unspecified Severe Protein-Calorie Malnutrition, Anorexia, Aphasia and Cognitive Communication Deficit. Review of Resident #3's Significant Change MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 05/20/2025 revealed he had a BIMS (Brief Interview for Mental Status) of 03, indicating he was severely, cognitively impaired. Review of Resident #3's current active physician's orders revealed an order with a start date of 05/19/2025 that read in part, Check oxygen saturation every shift. If less than 92% administer as needed oxygen at 2 liters per minute via nasal cannula. Review of Resident #3's MAR (medication administration record) for May 2025 and June 2025 revealed no evidence that an oxygen saturation was done for Resident #3. On 06/18/2025 at 12:27 p.m., an interview and record review was conducted with S3LPN (Licensed Practical Nurse). She stated that she was the nurse responsible for Resident #3. S3LPN confirmed after review of the physicians orders that Resident #3 had a current order to check oxygen saturations every shift. She confirmed that there was no evidence that oxygen saturations had been done for Resident #3 per physician orders every shift on the task documentation, in the nurse's notes or on the MAR. On 06/18/2025 at 1:00 p.m., an interview and record review was conducted with S2DON (Director of Nursing). She confirmed that Resident #3 had a physician order for oxygen saturation check every shift and if saturation is less than 92% to give oxygen at 2 liters per nasal cannula as needed. She stated that she could not find the documentation of the oxygen saturation.