

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195318	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/10/2024
NAME OF PROVIDER OR SUPPLIER  Senior Village Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20777</b></p> <p>Based on observations and interviews, the facility failed to maintain a clean and sanitary environment by failing to ensure the Resident's personal equipment in the resident's room were free of dust and lint for 1 (#231) of 48 sampled residents.</p> <p>Findings:</p> <p>Review of Resident #231's electronic health record revealed Resident #231 was admitted to the facility on [DATE] with diagnoses that included Sleep Apnea and Insomnia.</p> <p>On 09/09/2024 at 1:03 p.m., an observation revealed Resident #231's CPAP (Continuous Positive Airway Pressure) Machine, Mask Sanitizer device, a small fan on the end table, and a multi-plug extension cord on the floor were all observed to be covered with dust and lint.</p> <p>On 09/10/2024 at 9:15 a.m., an observation was made with S7LPN (Licensed Practical Nurse) of Resident #231's room. S7LPN confirmed Resident #231's CPAP Machine and Mask Sanitizer device, a small fan on the end table, and a multi-plug extension cord on the floor were all covered with dust and lint. She stated Housekeeping was to ensure the room and resident's personal equipment were clean and sanitary.</p> <p>On 09/10/2024 at 9:19 a.m., an observation was made with S8HK (House Keeper) of Resident #231's CPAP Machine and Mask Sanitizer device, a small fan on the end table, and a multi-plug extension cord on the floor. S8HK confirmed they were covered with dust and lint. She stated it was her job to clean the resident's equipment and ensure the resident's room was clean and sanitary.</p> <p>On 09/10/24 at 9:25 a.m., an interview with S3DON (Director of Nursing) confirmed the facility's housekeeping staff should have ensured Resident #231's personal equipment and room were clean and sanitary.</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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>41868</p> <p>Based on record reviews and interviews, the facility failed to ensure the resident's Minimum Data Set (MDS) assessments were transmitted within 14 days after completion for 8 (# 8, #10, #23, #45, #67, #105, #112, and #122) out of 9 (# 8, #9, #10, #23, #45, #67, #105, #112, and #122) residents reviewed for resident assessments submission activities.</p> <p>Findings:</p> <p>Resident # 45</p> <p>Review of Resident #45's Quarterly MDS, with ARD (Assessment Reference Date) of 07/25/2024, revealed it was completed on 08/08/2024, and transmitted on 09/09/2024.</p> <p>Resident # 10</p> <p>Review of Resident #10's Quarterly MDS, with ARD of 08/06/2024, revealed it was completed on 08/20/2024, and transmitted on 09/06/2024.</p> <p>On 09/10/24 at 8:30 a.m., an interview and review of Resident #45 and #10's Quarterly MDS was conducted with S7MDS. She verified Resident #45's and #10's Quarterly MDS completion date and transmission date. She confirmed that the Quarterly MDS assessments were not transmitted within the required timeframe of 14 days after completion.</p> <p>Resident # 8</p> <p>Review of Resident #8's Discharge -return not anticipated MDS, with ARD of 4/5/2024, revealed it was completed on 04/19/2024, and transmitted on 09/10/2024.</p> <p>Resident # 23</p> <p>Review of Resident #23's Discharge- return not anticipated MDS, with ARD of 03/27/2024, revealed it was completed on 04/10/2024, and transmitted on 09/10/2024.</p> <p>Resident #122</p> <p>Review of Resident #122's Discharge- return not anticipated MDS, with ARD of 05/10/2024, revealed it was completed on 05/24/2024, and transmitted on 09/10/2024.</p> <p>Resident # 67</p> <p>Review of Resident #67's Discharge- return not anticipated MDS, with ARD of 05/16/2024, revealed it was completed on 05/16/2024, and transmitted on 09/10/2024.</p> <p>Resident # 105</p> <p>(continued on next page)</p>		

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #105's Discharge- return not anticipated MDS, with ARD of 04/15/2024, revealed it was completed on 04/15/1024, and transmitted on 09/10/2024.</p> <p>Resident # 112</p> <p>Review of Resident #112's Discharge-return not anticipated MDS with ARD of 04/08/2024, revealed it was completed on 04/22/2024, and transmitted on 9/10/2024.</p> <p>On 09/10/24 at 11:10 a.m., an interview was conducted with S7MDS. She confirmed that the above resident's Discharge- not anticipated MDS assessments were completed, but she had sent them in for transmission on today, 09/10/2024. She confirmed the assessments were not transmitted within the required timeframe of 14 days after completion.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47123</p> <p>Based on record review and interview, the facility failed to ensure the resident's Minimum Data Set (MDS) assessment was completed accurately for 1 (#9) out of 48 sampled residents.</p> <p>Findings:</p> <p>Review of Resident #9's Quarterly MDS assessment dated [DATE], indicated that the resident was coded for the use of an anticoagulant under Section N, Medications.</p> <p>Review of the resident's MAR (Medication Administration Record) for May 2024 revealed there was no order for an anticoagulant.</p> <p>Review of the resident's physician orders for May 2024 revealed no order for an anticoagulant.</p> <p>On 09/10/2024 at 2:33 p.m., an interview and review of Resident #9's Quarterly MDS assessment dated [DATE] was conducted with S1MDS. She stated that Resident #9 was not on an anticoagulant. S1MDS confirmed that it was incorrectly coded for the use of anticoagulant.</p>		

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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** 49784</b></p> <p>Based on observations, record reviews, and interviews, the facility failed to develop and implement a person-centered care plan that addressed catheter care for 1 (#63) out of a total sample of 48 residents.</p> <p>Findings:</p> <p>A review of the facility's policy on 09/10/2024 titled Indwelling Catheterization with a latest revision date of 11/2017 read in part, Catheter care with soap and water each shift and PRN (As Needed) unless otherwise indicated by physician.</p> <p>Review of Resident #63's record revealed an admitted [DATE] with diagnoses that included Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms and Urinary Retention.</p> <p>Review of Resident #63's Minimum Data Set (MDS) Admission assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 14, which indicated the resident's cognition was intact.</p> <p>Review of Resident #63's physician orders revealed an order dated 08/09/2024 for Catheter-Type (Foley); 16 French, 10cc (cubic centimeter) bulb.</p> <p>On 09/10/24 at 02:07 p.m., a record review and interview was conducted with S1MDS (Minimum Data Set) and S2MDS. S2MDS stated that catheter care should be performed every shift by the nurses on the hall and should be present on the careplan as well as on the MAR (Medication Administration Record) or TAR (Treatment Administration Record). S1MDS confirmed that catheter care was not present on the careplan, MAR or TAR for resident #63, and it should have been.</p> <p>On 09/10/24 at 02:57 p.m., an interview was conducted with Resident #63. Resident #63 stated that staff have only cleaned around his catheter site when he has had a bowel movement, and that has not been every day. Resident #63 stated that he has cleaned the area around the catheter site himself when he takes a shower every couple of days. He stated that staff had not offered to perform catheter care other than at those times, but that he would have allowed them if they had offered.</p> <p>On 09/10/24 03:32 p.m. a record review and interview was conducted with S3DON. S3DON stated that the nurses on the halls should have conducted catheter care every shift for Resident #63. S3DON confirmed that catheter care was not present on the Careplan, MAR, or TAR, and it should have been.</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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> 17364</p> <p>Based on record review and interview, the facility failed to maintain acceptable parameters of nutritional status, by failing to address a recommendation from the RD (Registered Dietician) for 1 (resident #127) out of 7 residents (#47, #58, #100, #102, #109, #124, #127) investigated for nutrition out of a total sample of 48 residents.</p> <p>Findings:</p> <p>Resident #127. Review of the resident's electronic clinical record revealed the resident was admitted to the facility on [DATE]. The resident's admitting diagnoses included End Stage Renal Disease, Dependence on Dialysis, and Infection and Inflammatory Reaction due to Internal Left Knee Prosthesis.</p> <p>Review of the resident's weight log revealed the resident weighed 175.6 pounds on 06/14/2024 and weighed 133 pounds on 08/09/2024 for a 24.26 % weight loss in 2 months, which was a significant weight loss.</p> <p>Review of RD Nutrition assessment dated [DATE] at 6:30 a.m. revealed, -10% sig (significant) wt (weight) loss in 1 month. ESRD (End Stage Renal Disease) with HD (Hemodialysis) 3x/wk (three times a week). Poor intake per staff, 25% of most meals, occasionally 75%. Can feed self and is verbal of needs . Wt: 154.0 May benefit from supplementation. 1) Recommend add 4oz (ounces) house supplement qid (four times a day) with meds .</p> <p>Review of the resident's clinical record revealed no evidence the RD's recommendation was addressed.</p> <p>Review of RD Nutrition assessment dated [DATE] at 7:34 a.m. revealed, Wt change. -9.5% sig wt loss in 1 month. Wt: 133.0 . 25-50% intake of meals. Diet order: Liberal Renal, Mech Soft, honey thick liquids. ESRD with HD. Can feed self and is verbal of needs. Continue with current nutritional plan of care . Recommend add 4oz honey thick house supplement bid with meds .</p> <p>Review of the resident's clinical record revealed no evidence the resident was receiving 4 oz house supplement for the months of July 2024 and August 2024. Further review of the resident's clinical record revealed no evidence for a physician's order for the house supplement.</p> <p>On 09/10/2024 at 12:00 p.m., an interview was conducted with S4LPN (Licensed Practical Nurse). S4LPN confirmed the resident had weight loss. S4LPN stated she was not aware of the recommendations for the resident to receive 4 ounces of house supplement with meds. S4LPN confirmed there was no order for the house supplement.</p> <p>On 09/10/2024 at 12:15 p.m., an interview was conducted with S5RD. She confirmed the resident had a significant weight loss. S5RD stated she made recommendations for Resident #127 to receive the house supplement. S5RD stated she did not know where the staff documented the information that the supplements were given and that the DON (Director of Nursing) would know. S5RD stated that she made the recommendations to the staff and the staff would then send the recommendations to the physician.</p> <p>(continued on next page)</p>		

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F 0692  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 09/10/2024 at 12:40 p.m., an interview was conducted with S3DON. She confirmed that if the RD made recommendations that they should be sent to the physician for an order. S3DON confirmed there was no evidence Resident #127 received the recommended house supplement and confirmed there was no order for the recommended house supplement.		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>39319</p> <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on policy review, observation and interview, the facility failed to ensure the resident's food was palatable and attractive by the dietary staff failing to prepare foods according to the recipe. This deficient practice had the potential to affect 111 residents that received food from the kitchen. Total facility census was 118.</p> <p>Findings:</p> <p>A review of the facility's Standardized Recipes policy was conducted on 09/09/2024 at 1:30 p.m. The policy read in part, Policy: Standardized recipes are used in preparation of food for control of quality, quantity, and uniformity of product. Procedure: .5. The Director of Food and Nutrition Services requires the food and nutrition service staff to follow the standardized recipes .</p> <p>On 09/09/2024 at 1:55 p.m., an observation was made of S12DM/Cook (Dietary Manager/Cook) prepare nectar thickened milk without the use of a recipe. She was observed adding an undetermined amount of milk in a plastic container. S12DM/Cook then poured an undetermined amount of powdered thickener in the container and stirred. She checked the consistency of the liquid in the container and added another undetermined amount of food thickener. When asked how she knew how much food thickener she needed to add to the milk, S12DM/Cook replied, I just add the food thickener according to the consistency I think is needed.</p> <p>On 09/09/2024 at 2:10 p.m., an observation of the milk was made with S11DM (Dietary Manager). The liquid in the plastic container was observed to be very thick and hard to pour in a glass. A review of the food thickener container was made with S11DM. The preparation instructions on the back of the container read, To thicken liquid by the glass, add level measured amount of thickener to the liquid and stir for 10-20 seconds. Allow 4 minutes to reach desired thickness. S11DM stated that the milk should have been prepared by the glass and not in a large quantity to get the right consistency.</p> <p>On 09/09/2024 at 2:30 p.m., an observation was conducted with one of the dietary cooks and S12DM/Cook of an okra and tomatoes dish. They both were asked what ingredients were used to prepare the dish. S12DM/Cook stated, one can of tomato sauce, one can of diced tomatoes, one- 30 lb (pound) box of okra, one onion, one bell pepper and seasoning. The recipe for the okra and tomatoes was reviewed with S11DM/Cook. The recipe's largest serving amount (125 servings) required to use 12 pounds and 8 ounces of okra. Further review of the recipe revealed that recipe didn't indicate to use tomato sauce. S12DM/Cook confirmed that tomato sauce was not one of the ingredients in the recipe. She stated that she liked to prepare the okra and tomato the way she prepared it at her house. S12DM/Cook was asked if they used a recipe to prepare the dish, she replied, No.</p> <p>On 09/09/2024 at 2:45 p.m., an interview was conducted with S11DM (Dietary Manager) who stated that all food recipes for the weekly menus were kept in a binder. She confirmed that the dietary staff should use the recipes when preparing the menu.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>39319</p> <p>Based on policy review, observation, record review and interview, the facility failed to store food in accordance with professional standards for food service safety by the dietary staff failing to ensure that all foods on the steam table maintained adequate holding temperature prior to being served. This deficient practice had the potential to affect 111 residents that received food from the kitchen. Total facility census was 118.</p> <p>Findings:</p> <p>A review of the facility's Monitoring Temperatures of Cooked Foods policy was conducted on 09/09/2024 at 1:30 p.m. The policy read in part . Policy: The temperature of potentially hazardous cooked foods will be monitored to insure that the foods are not in the danger zone (above 41 degrees Fahrenheit and below 135 degrees Fahrenheit) for more than six hours. Procedure: Potentially hazardous cooked foods, after being cooked to the required minimum internal temperature, will be held on hot holding equipment that will keep the food at a minimum 135 degrees Fahrenheit or higher.</p> <p>On 09/09/2024 at 10:50 a.m., S13Cook was observed checking the food temperatures on the steam table. She was informed that she would need to allow this surveyor to see the thermometer and verify the readings on the thermometer. During the process, S13Cook was again reminded to allow the surveyor to make an observation of the thermometer and verify the temperatures reading. After checking and recording the temperature of the rice, beans, a regular vegetables and a pureed vegetables on the daily food temperature monitoring log, S13Cook began placing a thermometer in five different pans of foods. She quickly pulled the thermometers out without verifying or recording the temperatures on the daily food temperature monitoring log. S13Cook also failed to check the temperature of the pureed beans, gravy, and cold food and liquids. The following abnormal temperatures were observed: pureed sausage-120 degrees, pureed vegetable-124 degrees. At 11:00 a.m., S13Cook placed the serving utensils in the food pans and began preparing meal trays for the residents. S13Cook was asked what the temperature of food where the thermometers were removed, she replied, All of them were above 140 degrees. When asked how she knew the food was at the right temperature to serve since she did not verify or record most of the food temperatures, she began pulling food pans off the food line and placing them back in the steamer.</p> <p>On 09/09/2024 at 11:10 a.m., an interview was conducted with S5RD (Registered Dietician). She stated that the holding temperature for food on the steam table should be 130 degrees Fahrenheit or above.</p> <p>On 09/09/2024 at 11:25 a.m., a review of the Daily Food Temperature Monitoring Log for 09/09/2024 was conducted with S11DM (Dietary Manager). It read the following: Temperatures at the start of service--Required Temp (temperature): Hot--135 degrees Fahrenheit or greater. Cold--41 degrees Fahrenheit or less. Further review revealed that S13Cook only recorded four food temperatures. S11DM stated S13Cook should have verified the temperature of the foods and recorded them on the Daily Food Temperature Monitoring Log as she took the temperatures and not wait until after all food temperatures were taken. She confirmed S13Cook did not conducted the food temperature checks correctly.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>41868</p> <p>Based on record review and interviews, the facility failed to electronically submit accurate payroll information for direct care staffing as required.</p> <p>Finding:</p> <p>Review of the PBJ (Payroll Based Journal) Staffing Data Report for FY (Fiscal Year) Quarter 3 2024 (April 1- June 30) revealed triggers for Excessively Low Weekend Staffing.</p> <p>Review of the facility's Staff Reporting Forms provided from April to June 2024, revealed in part: Weekdays (Monday-Friday) were noted to have between 3 -6 RN's (Registered Nurses), and 7-9 LPN's (Licensed Practical Nurses), whereas the weekends (Saturday-Sunday) had 1 RN and 4 LPN's for the Day shifts.</p> <p>On 09/10/2024 at 10:00 a.m., an interview was conducted with S3DON (Director of Nursing), with S10ADM (Administrator) present. S3DON reported that PBJ staffing was done between S9AA (Administrative Assistant) and Corporate Human Resources. S3DON and S10ADM denied knowledge of any low staffing on weekends and stated the state requirements for staffing ratios were met. S10ADM reported S9AA was having issues with the imputing contract/agency staff in the PBJ system during Quarter 3.</p> <p>On 09/10/2024 at 12:00 p.m., an interview was conducted with S3DON. She stated that on the weekdays, the facility had Administrative staff nurses on duty for the roles of Director of Nursing, Assistant Director of Nursing, Registered Nurse Supervisor, Nurse Aide Training Instructor and Assessment (Minimum Data Set-MDS) Nurses. There were no administrative nursing staff on duty for the weekends, other than a weekend supervisor. She confirmed they are counting these nursing roles in the staffing hours for the weekdays, but was unsure of how they were imputed in the PBJ system. She reviewed the staff report forms and confirmed that the nurse staffing hours during the weekday included the administrative nurses, whereas the weekend staffing hours did not include those administrative nurses.</p> <p>On 09/10/2024 at 12:30 p.m., an interview was conducted with S9AA. She confirmed that she must manually input contract/agency staffing hours into the PBJ system. She stated that other nurse staffing hours were put into the PBJ system via the employee clock in system. She confirmed they did not utilize the role of Nurse with Administrative Duties for calculation of Registered Nurse or Licensed Practical Nurse performing those administrative duties. She stated they were in the PBJ system as Registered Nurse or Licensed Practical nurse, which was considered direct care staffing. She denied knowledge that Administrative duties were not considered direct care staffing.</p>		

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>47123</p> <p>Based on observations and interview, the facility failed to maintain all mechanical, electrical, and patient care equipment in safe operating condition by having an air conditioner that was leaking a liquid substance for 1 (Resident #48) out of a finalized sample of 48 residents.</p> <p>Findings:</p> <p>On 09/09/2024 at 10:41 a.m., an observation of resident #48's room revealed an air conditioner attached to the wall that was leaking a liquid substance. Multiple towels were observed under the unit, all of which were wet.</p> <p>On 09/10/2024 at 11:21 a.m., a second observation of resident #48's room revealed an air conditioner attached to the wall that was leaking a liquid substance. Multiple towels were observed under the unit, all of which were wet.</p> <p>On 09/10/2024 at 4:04 p.m., an interview and observation was conducted with S6MAINT (Maintenance), he stated he was unaware of an air conditioner leaking in Resident #48's room. Upon inspection, he observed the wet towels under the air conditioner and confirmed that the unit was leaking and not in safe operating condition.</p>