

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Heritage Manor of Opelousas		STREET ADDRESS, CITY, STATE, ZIP CODE 7941 I-49 South Service 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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46149</p> <p>Based on interview and record review, the facility failed to ensure that pain management was provided to residents who require such services, consistent with professional standards of practice and the comprehensive person-centered care plan as evidenced by failing to administer pain medication to a resident who displayed nonverbal indicators of pain for 1 resident (#2) out of 3 (#1, #2, #3) sampled residents.</p> <p>Findings:</p> <p>Review of Resident #2's clinical record revealed she was admitted to the facility on [DATE] and had diagnoses including but not limited to: Displaced fracture of base of neck of right femur, Age related osteoporosis with current pathological fracture, Unilateral primary osteoarthritis of left knee, and Vascular dementia.</p> <p>Review of Resident #2's March 2024 physician's orders revealed an order dated 02/05/2024 that read: Ibuprofen 200 mg (milligrams) - Give 2 tablets by mouth every 6 hours as needed for pain. Further review of Resident #2's March 2024 physician's orders revealed an order dated 07/19/2023 that read: Acetaminophen 325 mg (milligrams) tablet - Two tabs (tablet) (650 mg) by mouth as needed every 4 hours for pain.</p> <p>Review of Resident #2's plan of care revealed the following problem and interventions in part: Resident is at risk for pain due to dx (diagnosis) of OA (Osteoarthritis) of left knee, limited ROM (Range of Motion) in left knee, hx (history) of surgical laparoscopy of knee secondary to MVA (Motor Vehicle Accident) . Interventions: Observe onset, location, severity, and duration of pain and administer Acetaminophen 325 mg by mouth as needed every 4 hours for pain.</p> <p>Review of the facility's incident reported dated 03/24/2024 at 7:30 p.m. revealed Resident #2 had an unobserved fall with no apparent injury.</p> <p>Review of nursing progress notes revealed a nursing note entered on 3/25/2024 at 10:00 a.m. by S2LPN (Licensed Practical Nurse) that read in part .Resident complains of pain to left leg and hip. Unwitnessed fall noted on 3/24/24. new order noted for x-ray of hip and left leg . Prior to getting results of x-rays, family member requested to send resident to ER d/t (due to) unrelieved pain.</p> <p>Review of Resident #2's March 2024 MAR (Medication Administration Record) revealed no documented evidence that as needed pain medication was administered to the resident on 03/25/2024.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 195321
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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/16/2024 at 10:36 a.m., an interview with conducted with S2LPN. S2LPN stated that when he assessed the resident on the morning of 03/25/2024, she was moaning and grunting, and showing signs that she was in pain. S2LPN stated that he did not administer any pain medication to the resident although she had as needed Acetaminophen and Ibuprofen ordered for pain. S2LPN stated he could not give a reason as to why he did not administer pain medication to the resident when he assessed her and saw that she was in pain.</p> <p>On 04/16/2024 at 10:56 a.m., an interview was conducted with S1DON (Director of Nursing). S1DON stated that she would have expected S2LPN to administer pain medication to Resident #2 when he assessed her and saw the resident was in pain.</p>