

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  05/08/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47251</b></p> <p>Based on record review and interview, the facility failed to ensure that the nursing staff failed to immediately notify the Administrator of an injury of unknown origin for 1 (Resident #1) of 3 (Resident #1, Resident #2 and Resident #3) sampled residents investigated. This deficient practice had the potential to effect a census of 109.</p> <p>Findings:</p> <p>On 05/06/2024, a review of the facility's policy titled, Incident Investigation and Reporting, (review date 04/11/2024) was conducted. This policy read in part, 3. In the event of any incident involving an allegation or suspicion of mistreatment, exploitation, neglect, abuse, misappropriation or other crime, as well as injuries of unknown origin, elopement, and/or adverse events, . each occurrence will be reported immediately to the Administrator of the facility.</p> <p>Review of Resident #1's electronic medical record revealed he was admitted to the facility on [DATE] with diagnoses that included, but not limited to, Cognitive Communication Deficit, Alzheimer's Disease, Unspecified, Bell's Palsy, Unspecified Dementia, Vascular Dementia, Severe with Agitation, Difficulty in Walking and Depression.</p> <p>Further review of Resident #1's Significant Change MDS (Minimum Data Set) with an ARD (Assessment Review Date) of 02/12/2024 revealed he had a BIMS (Brief Interview for Mental Status) of 3, indicating severe cognitive impairment.</p> <p>Review of Resident #1 nurse's notes dated 04/15/2024 at 5:34 a.m. revealed that at 2:20 a.m., blood was discovered on the resident's pillow by the CNA (Certified Nursing Assistant) who reported this to S3ALPN (Agency Licensed Practical Nurse). Resident #1 was sent to the emergency room by ambulance.</p> <p>Review of the hospital emergency room records dated 04/15/2024 revealed Resident #1 was treated for a scalp laceration to his left posterior head. Treatment consisted of six staples to the resident's head and he was sent back to the facility.</p> <p>Further review of the resident's record and documents provided by the facility regarding the incident was reviewed. There was no documented evidence that S3ALPN notified the Administrator of the incident.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/07/2024 at 11:23 a.m., a phone interview was conducted with S3ALPN. She stated that she was the nurse caring for Resident #1 on 04/15/2024. She stated that blood was found on Resident #1's pillow and when she assessed the resident, he had a laceration on the left side of his head. She stated that the resident was in bed when he was found and she confirmed that she was unsure of how the injury had occurred. She also stated that the resident was unable to tell her what happened to his head. S3ALPN confirmed that she did not contact the facility's Administrator nor anyone in the facility's administration to report the resident's injury. She stated that she was not aware that she had to notify administration.</p> <p>On 05/07/2024 at 4:21 p.m., an interview was conducted with S1ADM (Administrator) and S2DON (Director of Nursing). S1ADM and S2DON both confirmed both Resident # 1 sustained an injury of unknown origin on 04/15/2024. S1ADM and S2DON stated that they were not made aware of the resident's injury until 04/16/2024 by the resident's RP (Responsible Party). They also stated the resident could not recall how he sustained the injury and the facility could not determine the injury's source. S1ADM and S2DON confirmed S3ALPN failed to notify them of the incident or of the resident's injury which should have been reported per the facility's policy.</p>		