

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  07/02/2025
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 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**</b> Based on record review and interview, the facility failed to follow the resident's plan of care for 1 (Resident #1) of 3 (#1, #2, #3) sampled residents.</p> <p>Findings:</p> <p>Review of Resident #1's electronic health record revealed he was admitted to the facility on [DATE] with diagnoses that included but were not limited to Acute on Chronic Diastolic Heart Failure, Urinary Tract Infection, Chronic Kidney Disease, Unspecified Dementia, Cerebral Ischemia and Essential Hypertension</p> <p>Review of Resident #1's significant change MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 04/10/2025 revealed she had a BIMS (Brief Interview for Mental Status) of 05, indicating she was severely, cognitively impaired.</p> <p>Review of Resident #1's Physician Order Summary Report for May 2025 revealed an order with a start date of 05/09/2025. The order read in part: Lotrisone cream twice daily to affected area for 7 days. (two times a day until 05/16/2025 at 18:59 [6:59 p.m.]).</p> <p>Review of Resident #1's MAR/TAR (Medication Administration Record/Treatment Administration Record) for May 2025 revealed 4 dosages of the Lotrisone cream was not given. There was no evidence the doses were given on 05/09/2025 (first dose p.m.), 05/11/2025 (p.m. dose), 05/14/2025 (p.m. dose) and 05/15/2025 (p.m. dose) anywhere in the resident's record.</p> <p>On 07/01/2025 at 4:00 p.m., an interview and record review was conducted with S1DON. A review of Resident #1's May 2025 physician's orders, nurse's notes and MAR/TAR was done. S1DON confirmed that Resident #1's had missed four doses of Lotrisone cream.</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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