STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195324	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair City Health and Rehab	2000 Main Street Franklinton, LA 70438

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47173 Based on record review and interviews, the facility failed to ensure all medical records regarding the resident's code status consistently reflected the resident's wishes for 1 (#3) of 3(#1, #R1 and #R2) residents reviewed for advanced directives. Findings: Review of Resident #3's clinical record revealed he was admitted to the facility on [DATE]. Review of Resident #3's Physician Orders in the electronic health record (EHR) revealed: Date [DATE]- Full Code. Review of Resident #3' Physician Orders in the physical chart revealed: Date [DATE]- DNR. On [DATE] at 10:40 a.m., an interview was conducted with S10LPN. She stated in the event of an emergency she would refer to the physical chart to determine a resident's code status. On [DATE] at 10:50 a.m., an interview was conducted with S11LPN. She stated in the event of an emergency she would refer to the physical chart to determine a resident's code status. On [DATE] at 10:52 a.m., an interview was conducted with S12LPN. She stated in the event of an emergency she would refer to the physical chart to determine a resident's code status. On [DATE] at 11:10 a.m., an interview was conducted with S13LPN. She stated on [DATE], a CNA reported to her that Resident #3 looked pale. She stated she went and checked Resident #3 and found him with no pulse and no respirations. She stated she verified Resident #3's code status with the physical chart under the advanced directive tab. She stated Resident #3 was a DNR so she did not perform CPR. (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

Printed: 03/27/2025
Form Approved OMB
No. 0938-0391

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On [DATE] at 11:45 a.m., an interview was conducted with S2DON. S2DON stated it was the nurse's responsibility to enter a physician's order into the EHR upon receiving the verbal/written order. S2DON reviewed Resident #3's hand written physician's order dated [DATE], and confirmed the order was never placed into the EHR and should have been. She reviewed the EHR and confirmed the Physician's Order dated [DATE] was for a Full Code. She confirmed the EHR did not reflect the most recent physician's order dated [DATE], DNR and should have.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47173 Based on record reviews and interviews, the facility failed to ensure the Minimum Data Set (MDS) assessment accurately reflected the resident's status for 1 (#3) of 3 (#1, #2, and #3) sampled residents. The facility failed to ensure Resident #3's status correctly reflected he had an Advanced Directive. Findings: Review of Resident #3's Clinical Record revealed he was admitted to the facility on [DATE]. Review of Resident #3's Significant Change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/27/2024 revealed no Advanced Directive was selected in Section S. Review of Resident #3's Care Plan dated 08/07/2023 revealed he had an Advanced Directive. On 12/12/2024 at 11:15 a.m., an interview was conducted with S3SSD. She stated she was responsible for completing Section S in the MDS. S3SSD reviewed the Electronic Health Record and verified Resident #3 had an Advanced Directive. She confirmed the Significant Change MDS had not indicated he had one. On 12/12/2024 at 11:45 a.m., an interview was conducted with S2DON. S2DON reviewed Resident #3's Advanced Directive dated 08/01/2023 and the Significant Change MDS with an ARD of 09/27/2024. S2DON confirmed the Significant Change MDS should have reflected Resident #3's Advanced Directive and did not.

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NAME OF PROVIDER OR SUPPLIER: Fair City Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE: 2000 Main Street Franklinton, LA 70438	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47173 Based on record reviews and interviews, the facility failed to ensure a resident's Care Plan was revised to reflect a change in code status from Full Code to Do Not Resuscitate (DNR) for 1 (#3) of 3 (#1, #2 and #3) sampled residents reviewed for care plans. This deficient practice had the potential to affect 84 Residents residing in the facility. Findings: Review of the facility's policy dated 03/2022, titled Care Plans, Comprehensive Person-Centered revealed, in part: 3. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. 11. Assessments of residents are ongoing and care plans are revised as information about the residents' condition change. 12. The interdisciplinary team reviews and updates the care plan. Review of Resident #3's Clinical Record revealed an admitted [DATE]. Review of Resident # 3's most recent Care Plan revealed the following, in part: 08/07/23- Resident #3 wishes to be a Full Code. Review of Resident #3's current Physician's Orders revealed the following, in part: 08/01/2023-Full Code 10/02/2024- Do Not Resuscitate (DNR) On 12/12/2024 at 11:00 a.m., an interview was conducted with S4MDS. She stated she was responsible for updating resident's care plans. S4MDS reviewed and confirmed Resident #3 was care planned for a Full Code, dated 08/07/2023. On 12/12/2024 at 11:45 a.m., an interview was conducted with S2DON. S2DON reviewed and confirmed Resident #3's Physician's order for code status, dated 10/02/2024, was Do Not Resuscitate (DNR). S2DON confirmed Resident #3's Care Plan was dated 08/07/2023 and reflected a code status of Full Code. S2DON confirmed the current Care Plan should have been updated to reflect Resident #3's current code status of DNR and was not.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47173 Based on record review and interviews, the facility failed to ensure services were provided to meet quality professional standards by failing to ensure physician's orders were accurately transcribed for 1 (#3) of 3 (#1, #2 and #3) residents reviewed for physician's orders. Findings: Review of Resident #3's Clinical Record revealed he was admitted to the facility on [DATE]. Review of Resident #3's Physician's Orders in the Electronic Health Record (EHR) revealed the following: 08/01/2023-Full Code Review of Resident #3's hand written Physician's Orders in the physical hard chart revealed the following: 10/02/2024- Do Not Resuscitate (DNR) On 12/12/2024 at 9:20 a.m., an interview was conducted with S5MR. S5MR confirmed when a nurse received a verbal or written physician's order, the nurse was responsible for the written/verbal order's entry into the EHR. S5MR confirmed it was her responsibility to upload written, paper orders into the EHR. S5MR confirmed she never received Resident #3's written DNR order dated 10/02/2024, and it was never uploaded into the EHR. On 12/12/2024 at 11:45 a.m., an interview was conducted with S2DON. S2DON stated it was the nurse's responsibility to enter a physician's order into the EHR upon receiving the verbal/written order. S2DON reviewed Resident #3's hand written physician's order dated 10/02/2024 and Resident #3's EHR. S2DON confirmed Resident #3's ordered DNR status had not been entered or uploaded in the EHR and should have been.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 47173 Based on observations, interviews, and record review, the facility failed to ensure menus were followed to meet the nutritional needs of residents by failing to ensure the correct portion sizes ordered were provided for 1(#2) of 2(#1 and #2) residents reviewed for dining. Findings: Review of Resident #2's current Care Plan revealed the following: 08/13/2024-I am at risk for malnutrition, dehydration and weight fluctuations due to dialysis. I have a regular diet with double protein portions on each meal. Review of Resident #2's Physician's Orders dated 12/09/2024 revealed the following: 08/13/2024- Regular diet, double protein with every meal. On 12/09/2024 at 12:25 p.m., an observation was made of Resident #2's meal tray. One sausage link, one bun, French fries, green bell peppers, onions and cake. On 12/09/2024 at 12:35 p.m., an interview was conducted with S8DC. She stated a meal slip was printed with the diet, including the portion size, for every resident. She stated today's lunch served was a sausage link, one bun, pepper, onions and French fries. She stated if a resident was ordered double protein they would have been served two sausage links. On 12/09/2024 at 12:39 p.m., an interview was conducted with S9ST. She confirmed Resident #2 was served one sausage link for lunch. On 12/10/2024 at 11:55 a.m., an observation was made of Resident #2's lunch tray served with 3 meatballs. An observation was made of Resident #2's meal ticket which read, double protein with all meals. Swedish meatballs- 6 each. On 12/10/2024 at 11:56 a.m., an interview conducted with S7CNA. She confirmed Resident #2 was served 3 Swedish meatballs and should have been served 6. On 12/10/2024 at 12:00 p.m., an interview was conducted with S2DON. She confirmed the meal ticket read double protein with all meals, Swedish Meatballs-6 each. She confirmed Resident #2 was served 3 meatballs and should have been served 6.