

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2025
NAME OF PROVIDER OR SUPPLIER  New Iberia Manor South		STREET ADDRESS, CITY, STATE, ZIP CODE  600 Bayard St New Iberia, LA 70560	
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review, the facility failed to ensure the residents right to be free from physical restraints imposed for purposes of discipline or convenience, for 1 (#2) of three (#1, #2, and #3) sampled residents. This deficient practice was evidenced by Resident #2's use of a wheelchair seat belt the resident was unable to remove.</p> <p>Findings:</p> <p>On 04/30/2025, a review of the facility's policy titled Facility Policy on PSDs (Personal Safety Devices) -Enablers-Side Rails &amp; Restraints with a last revised date of 02/2025, read in part .Restraint Policy Intent: Patients/Residents have the right to be free from any physical restraint imposed for purposes of discipline or convenience and when not required to treat the patient's/resident's medical condition. Patients/Residents have the right to function at their highest practicable level in the least restrictive environment possible. Policy: 1. Restraints will not be used unless the facility's Interdisciplinary Team has completed an assessment and evaluation to identify causative medical or environmental factors and considered less restrictive alternatives .</p> <p>Review of Resident #2's electronic face sheet revealed she was admitted to the facility on [DATE], with diagnoses which included, but were not limited to cerebral palsy, severe intellectual disabilities and aphasia.</p> <p>On 04/29/2025 at 5:25 a.m., an observation was made of Resident #2 sitting in her wheelchair at the nurses' station on Hall W. The resident was awake and had a seat belt secured across her lap. The resident was asked if she could remove the seat belt and she looked at surveyor and did not respond.</p> <p>During an interview with S6CNA (Certified Nursing Assistant) on 04/29/2025 at 5:25 a.m., she confirmed Resident #2 was using a seat belt and stated that staff used the seat belt to prevent her from falling. She confirmed the resident was not able to remove the seat belt.</p> <p>During an interview and observation of Resident #2 with S7LPN (Licensed Practical Nurse) on 04/29/2025 at 6:08 a.m., she confirmed the resident had a seat belt secured across her lap. S7 LPN confirmed Resident #2 had been using the seat belt since she came to the facility. She confirmed Resident #2 was unable to remove the seat belt after it had been secured.</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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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #2's admission MDS (Minimum Data Set) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 99 in section C0500, indicating the resident was unable to complete the assessment. The resident received a score of 3 in section C1000 indicating her cognitive skills for daily decision making were severely impaired. Further review of the MDS assessment revealed the resident was not coded for using restraints in section P0100.</p> <p>Review of Resident #2's current physician orders revealed no order for a seat belt or any other type of restraint.</p> <p>Review of Resident #2's current care plan report revealed no focus area or intervention for the use of a seat belt.</p> <p>During a follow-up interview with S7LPN on 04/29/2025 at 10:40 a.m., she stated Resident #2 should not have been wearing a seat belt because she had not been assessed, care planned, or had a physician order for it.</p> <p>During an interview with S2DON (Director of Nursing) on 04/29/2025 at 1:07 p.m., she confirmed that she became aware Resident #2 was using the seat belt last week. She stated that her MDS nurse told her the resident was unable to remove the seat belt after the surveyor asked about it. S2DON stated that the resident should not have been using a seat belt because the Interdisciplinary team (IDT) did not complete an assessment and evaluation, and there were no physician orders or care plans for its use.</p>

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to notify the State Long Term care Ombudsman of a facility-initiated transfer for 1 (#3) out of 3 (#1, #2, and #3) residents sampled.</p> <p>Findings:</p> <p>A review of Resident #3's admission record revealed an initial admission date of 08/29/2024 and a re-admission date of 04/15/2025 with diagnoses that included but were not limited to, End Stage Renal Disease and Dependence on Renal Dialysis.</p> <p>A review of Resident #3's nurse's notes revealed on 03/30/2025 at 11:45 a.m., the resident was transferred to the hospital. Further review of the nurse's notes revealed that on 04/15/2025 the resident returned from the hospital back to the facility.</p> <p>A review of the Emergency Transfer Log for March 2025 and April 2025 revealed Resident #3's transfer to the hospital on [DATE] was not identified on the list.</p> <p>On 04/30/2025 at 1:49 p.m., an interview and record review were conducted with S5SSD (Social Service Director). S5SSD stated she is responsible for completing and sending the Emergency Transfer Log to the State Long Term Care Ombudsman. A review of Resident #3's nurse's notes with S5SSD was conducted at this time, she confirmed Resident #3 was transferred to the hospital on [DATE] and returned 04/15/2025. A review of the Emergency Transfer Log for March 2025 and April 2025 was conducted, and S5SSD confirmed that Resident #3's facility-initiated transfer was not on the notification list sent to the State Long-Term Care Ombudsman, and should have been.</p> <p>On 04/30/2025 at 2:11 p.m., an interview and record review were conducted with S1ADM (Administrator). S1ADM stated Resident #3 was transferred to the hospital on [DATE] and returned on 04/15/2025. A review of the Emergency Transfer Log for March 2025 and April 2025 was conducted, and S1ADM confirmed the State Long Term Care Ombudsman was not notified of Resident #3's facility-initiated transfer was not notified to the State Long-Term Care Ombudsman, and should have been.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record reviews and interviews, the facility failed to ensure an assessment and ongoing communication with the dialysis facility by using dialysis communication forms for 1 (#3) out of 3 (#1, #2, and #3) residents sampled.</p> <p>Findings:</p> <p>A review of the facility's agreement with the Contracted Dialysis Agency with an effective date of 02/15/2019 read in part, Responsibilities of Long Term Care Facility (LTCF): LTCF healthcare staff will make an assessment of each patient's physical condition and determine whether the patient is stable enough to be dialyzed on an outpatient basis . This assessment and communication will occur prior to each and every transfer of a patient to the contracted dialysis agency for hemodialysis on an outpatient basis regardless of the number of time any particular patient may be transferred and dialyzed .</p> <p>A review of Resident #3's admission record revealed a re-admission date of 04/15/2025 with diagnoses that included but were not limited to, End Stage Renal Disease and Dependence on Renal Dialysis.</p> <p>A review of Resident #3's most recent Medicare 5-Day Minimum Data Set (MDS) assessment dated [DATE] read in part, Section O: Special Treatments, Procedures, and Programs revealed the resident was receiving dialysis.</p> <p>A review of Resident #3's care plan initiated on 03/25/2025 revealed the resident needs dialysis. Interventions read in part, dialysis 3 days a week on Monday, Wednesday, &amp; Friday at a contracted dialysis agency.</p> <p>A review of Resident #3's dialysis communication record form located in the resident's electronic health record (EHR) from the re-admission date of 04/15/2025 to the present was reviewed. The EHR revealed no documented evidence of a dialysis communication record form on Friday 04/18/2025 and Friday 04/25/2025.</p> <p>On 04/30/2025 at 11:47 a.m., an interview was conducted with S4LPN (Licensed Practical Nurse). She stated dialysis communication forms which consist of assessing the resident are to be completed before each time the resident goes to dialysis. She stated when the resident arrived back to the facility from dialysis this form was to be returned to the nurse who was working so they could look at what happened at dialysis such as how many liters were taken off, compare the resident's weight and see if the dialysis nurse or doctor added any new medications, and this was all documented on the form. She stated after the nurse reviewed the form it was then given to medical records to scan into the EHR. She confirmed that it was their communication method between the facility and the dialysis agency.</p> <p>On 04/30/2025 at 1:25 p.m., an interview was conducted with S3ADON (Assistant Director of Nursing), and she confirmed that Resident #3's dialysis communication forms were not in the facility and they had to reach out to the contracted dialysis agency to get the dialysis communication forms.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/30/2025 at 1:35 p.m., an interview was conducted with S2DON (Director of Nursing), and she confirmed there were no dialysis communication forms on Friday 04/18/2025 and Friday 04/25/2025 and should have been.</p>

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>Based on interview and record review, the facility failed to ensure a yearly performance review was completed on every Certified Nurse Assistant (CNA) for 1 (S8CNA) of 4 (S8CNA - S11CNA) CNAs personnel records reviewed.</p> <p>Findings:</p> <p>During an interview with S8CNA on 04/29/2025 at 5:25 a.m., the CNA stated she had not received a performance evaluation since she started working at the facility.</p> <p>Review of S8CNA's personnel records revealed a Personnel Action Form with a hire date of 06/06/2023. Further review of the CNA's personnel records revealed no performance evaluation.</p> <p>During an interview with S2DON (Director of Nursing) on 04/30/2025 at 12:04 p.m., she stated that S8CNA is a PRN (as needed) staff and had not received a performance evaluation because she did not receive raises.</p> <p>During an interview with S1ADM (Administrator) on 04/30/2025 at 3:55 p.m., she stated that she was not aware that performance evaluations were required for PRN staff.</p>