

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/18/2024
NAME OF PROVIDER OR SUPPLIER  Gonzales Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  905 West Cornerview Road Gonzales, LA 70737	

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>48855</p> <p>Based on interviews and record review the facility failed to ensure the investigation of an allegation of neglect was reported to the State Survey agency within the required time frame for 2 (Resident #1 and Resident #3) of 3 (Resident #1, Resident #2, Resident #3) sampled residents investigated.</p> <p>Findings:</p> <p>Resident #1</p> <p>Review of the Health Standards Incident Report (HSIR) dated 09/03/2024 at 9:18 a.m. revealed, in part, a an allegation of neglect involving Resident #1 was reported to the State Survey Agency on 09/03/2024 at 9:18 a. m. Further review revealed a final investigation report was due on 09/10/2024 at close of business.</p> <p>Review of S2Interim Administrator's email dated 09/10/2024 at 4:12 p.m. revealed, in part, S2Interim Administrator emailed a State Survey Agency Program Manager to request an extension for the due date to report the results of the above mentioned investigation.</p> <p>Review of an email dated 09/10/2024 at 4:31 p.m. revealed, in part, an extension was granted for 09/12/2024 by close of business.</p> <p>Review the HSIR dated 09/10/2024 revealed, in part, S1Administrator sent the final investigation report to the State Survey Agency on 09/16/2024 at 1:35 p.m.</p> <p>In an interview on 09/17/2024 at 9:52 a.m., S1Administrator indicated a State Survey Agency Program Manager extended the due date for the final report of the above mentioned investigation until 09/12/2024. S1Administrator further indicated he did not send the final report of the investigation into the allegation of neglect involving Resident #1 to the State Survey Agency until he returned to work on 09/16/2024.</p> <p>In an interview on 09/17/2024 at 12:46 p.m. S2Interim Administrator indicated she performed the final investigation report for Resident #1 and did not have access to enter the final investigation report to the State Survey Office.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 09/17/2024 at 1:33 p.m. S3Corporate Clinical Specialist indicated the final investigation report for Resident #1 was sent to State Office on 09/16/2024 at 1:35 p.m.</p> <p>Resident #3</p> <p>Review of the HSIR dated 09/03/2024 at 10:35 a.m. revealed, in part, an allegation of neglect involving Resident #3 was reported to the State Survey Agency on 09/03/2024 at 10:35 a.m. Further review revealed a final investigation report was due on 09/10/2024 at close of business.</p> <p>Review of S2Administrator's email dated 09/10/2024 at 4:12 p.m. revealed, in part, S2Interim Administrator emailed a State Survey Agency Program Manager to request an extension for the due date to report the results of the above mentioned investigation.</p> <p>Review of an email dated 09/10/2024 at 4:31 p.m. revealed, in part, an extension was granted an extension for 09/12/2024 by close of business.</p> <p>Review the HSIR dated 09/10/2024 revealed, in part, S1Administrator sent the final investigation report to the State Survey Agency on 09/16/2024 at 2:05 p.m.</p> <p>In an interview on 09/17/2024 at 9:52 a.m., S1Administrator indicated a State Survey Agency Program Manager extended the due date for the final report of the above mentioned investigation until 09/12/2024. S1Administrator further indicated he did not send the final report of the investigation into the allegation of neglect involving Resident #3 to the State Survey Agency until he returned to work on 09/16/2024.</p> <p>In an interview on 09/17/2024 at 12:46 p.m. S2Interim Administrator indicated she was unable to submit the final investigation report for the allegation of neglect involving Resident #3 because she did not have access to the State Incident Management System (SIMS).</p> <p>In an interview on 09/17/2024 at 1:33 p.m. S3Corporate Clinical Specialist indicated the final investigation report for Resident #1 was sent to State Office on 09/16/2024 at 1:35 p.m.</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>48855</p> <p>Based on interviews and record reviews, the facility failed to ensure a thorough investigation was completed for an allegation of neglect for 2 (Resident #2 and Resident #3) of 3 (Resident #1, Resident #2, and Resident #3) sampled resident investigated for neglect.</p> <p>Findings:</p> <p>Review of the facility's policy titled Abuse Prohibition last reviewed on 05/17/2024 revealed, in part, the facility will thoroughly investigate all alleged violations of neglect and take appropriate actions. Further review revealed the facility was to conduct interviews and/or obtain written statements from individuals, (residents, visitors, or staff) who may have firsthand knowledge of the incident.</p> <p>Review of the Health Standards Incident Report (HSIR) revealed, in part, there was an allegation of neglect involving Resident #2 for timely incontinence care.</p> <p>Resident #2</p> <p>Review of S5Licensed Practical Nurse (LPN) 's witness statement pertaining to an investigation regarding an allegation of neglect involving Resident #2 revealed, in part, the witness statement was a photocopy of an alleged conversation between S5LPN and S1Administrator. Further review revealed, S5LPN's signature was not present on the above mentioned statement to prove the validity of the statement</p> <p>Review of S5LPN's witness statement pertaining to an investigation regarding an allegation of neglect involving Resident #2 revealed, in part, the witness statement was a photocopy of an alleged conversation between S5LPN and S1Administrator. Further review revealed, S5LPN's signature was not present on the above mentioned statement to prove the validity of the statement.</p> <p>Review of S4Certified Nursing Assistant (CNA)'s witness statement pertaining to an investigation regarding an allegation of neglect involving Resident #2 revealed, in part, S4CNA's signature was not present on the above mentioned statement to prove the validity of the statement.</p> <p>In an interview on 09/17/2024 at 3:05 p.m. S1Administrator indicated a photocopy of a text message from allegedly S5LPN should not have been used as a witness statement in an investigation of neglect for Resident #2. S1Administrator further indicated S5LPN and S4CNA should have signed their witness statements.</p> <p>Resident #3</p> <p>Review of the Health Standards Incident Report (HSIR) revealed, in part, there was an allegation of neglect involving Resident #3 for timely incontinence care.</p> <p>There was no documented evidence and the facility did not present any evidence S2Interim Administrator conducted an interview with Resident #3 regarding the above mentioned allegation of neglect.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 09/17/2024 at 12:46 p.m. S2Interim Administrator indicated she did not get a witness statement from Resident #3 as part of her investigation regarding he allegation of neglect involving Resident #3.</p>

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>48855</p> <p>Based on interview and record review, the Quality Assurance and Performance Improvement (QAPI) committee failed to provide sufficient evidence that ongoing monitoring and evaluations were implemented to ensure corrective actions were put in place after identification of residents not receiving incontinence care as needed.</p> <p>Findings:</p> <p>Review of the facility's policy title, Quality Assurance Policy and Procedure last revised on March 2023 revealed, in part, the Quality Assessment and Assurance (QAA) committee would regularly review and analyze data collected and make improvements. Further review revealed the QAA committee would develop and implement appropriate plans of action to correct identified quality deficiencies.</p> <p>Review of the facility's QAA Plan of Action and Implementation record revealed, in part, a plan of action was implemented for timely documentation for activities of daily living (ADL) on 04/18/2024 as a result of deficient practice cited on a prior complaint survey conducted on 03/14/2024.</p> <p>Review of Quality Assessment and Assurance Plan of Action and Implementation Record dated 04/18/2024 revealed, in part, all omissions of ADL documentation will be monitored in Point Click Care (software used by the facility for documentation) daily, in-services are to be held with nursing staff to check ADL documentation during every shift and to notify Certified Nursing Assistant/Assistants (CNA) of omission of ADL documentation. Further review revealed nursing staff are responsible to ensure documentation is entered into Point Click Care by the end of every shift and administrative nursing staff are to check omissions of ADL documentation daily and to notify CNA of omissions of ADL documentation. Further review revealed all new hired CNA's and current CNA's are to be in-serviced on importance of ADL documentation and documentation must be completed at end of shift.</p> <p>Review of Documentation Survey report for September 2024 for Resident #1 revealed, in part, no documented evidence Resident #1 was assisted by staff with toilet use and/or toilet transfer on the night shift of:</p> <p>09/01/2024; 09/02/2024; 09/03/2024; 09/04/2024; 09/05/2024; 09/06/2024; 09/07/2024; 09/08/2024; 09/09/2024; 09/10/2024; 09/11/2024; 09/12/2024; 09/13/2024; 09/15/2024; and 09/16/2024.</p> <p>In an interview on 09/17/2024 at 4:05 p.m. S3Corporate Clinical Specialist indicated there was no documentation of staff assisting Resident #1 with toilet use and transfer on the above mentioned dates.</p> <p>In an interview on 09/18/2024 at 2:43 p.m. S6Director of Nursing (DON) indicated she could not produce any documented evidence of an audit tool for ADL documentation monitoring per the facility's QAA plan. S6DON further indicated the QAA plan was not being followed by CNA's, and could not provide any documented evidence the QAA plan was revised nor documented evidence of staff disciplinary action for not following the QAA plan. S6DON indicated she could not produce any documented evidence all staff was in-serviced on ADL documentation for September 2024.</p>		