

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 11/06/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>44336</p> <p>Based on record reviews and interviews, the facility failed to keep a resident free from staff to resident verbal abuse for 1 (Resident #1) of 3 (Resident #1, Resident #2 and Resident #3) sampled residents reviewed for abuse.</p> <p>Findings:</p> <p>Review of the facility's Abuse Prohibition Policy Revised 01/01/2024 revealed, in part:</p> <p>Intent: This protocol was intended to assist in the prevention of abuse, neglect, and misappropriation of property.</p> <p>Policy:</p> <p>The facility will prohibit neglect, mental or physical abuse, including involuntary seclusion and the misappropriation of property or finances of residents.</p> <p>Definitions:</p> <p>Abuse means the willful infliction of injury, withholding or misappropriating property or money, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.</p> <p>Verbal Abuse is defined as the use of oral, written, or gestured language that willfully includes disparaging or derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability.</p> <p>Examples of verbal/mental abuse include, but are not limited to, cursing, yelling, saying things to frighten a resident, denying food or care, isolating resident, etc.</p> <p>Review of Resident #1's Minimum Data Set with an Assessment Reference Date of 09/22/2024 revealed, in part, Resident #1's Brief Interview for Mental Status (BIMS) score was a 15, which indicated her cognition was intact.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's care plan revealed, in part, Resident #1 required staff assistance for meeting emotional, intellectual, physical, and social needs.</p> <p>Review of S2Regional [NAME] President (S2RVP) statement on 10/10/2024 revealed, in part, on 10/10/2024 I (S2RVP) was walking down Hall A, S4 Former Activities Director (S4FAD) was entering a resident's room when I (S2RVP) was coming up the hall. I (S2RVP) heard and saw S4FAD talking to Resident #1 with a raised voice. S4FAD told Resident #1 she needed to stop all that crying. I (S2RVP) witnessed S4FAD pointing her finger at Resident #1.</p> <p>In an interview on 11/04/2024 at 10:38 a.m., Resident #1 indicated the incident between her and S4FAD on 10/10/2024 started in the dining room. Resident #1 indicated she inquired about going to a health fair on 10/15/2024. Resident #1 indicated S4FAD told her they would not be able to accommodate the residents who wanted to go because the smaller van was broken and the other van would be used to bring residents to doctors' appointments. Resident #1 indicated later on the same day S4FAD came to her room and she again asked S4FAD about the health fair and that is when things got heated. Resident #1 stated S4FAD yelled that if she was going to an appointment then she would not want to miss her doctor's appointment. Resident #1 stated she yelled back at S4FAD, and they were going back and forth yelling at each other.</p> <p>In an interview on 11/04/2024 at 11:19 a.m., S2VP indicated he witnessed S4FAD walk into Resident #1's room and heard S4FAD speaking loudly to Resident #1. S2VP stated he heard S4FAD speaking to Resident #1 in a loud and verbally inappropriate way, that, we were not going to keep doing this. S2VP further indicated S4FAD was verbally inappropriate to Resident #1.</p> <p>In an interview on 11/06/2024 at 12:06 p.m., S1Administrator stated he substantiated that S4FAD verbally abused Resident #1, and should not have.</p>		

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<p>F 0680</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the activities program is directed by a qualified professional.</p> <p>44336</p> <p>Based on record reviews and interview, the facility failed to ensure the activities program was directed by a qualified professional for 1 (S4Former Activities Director) of 1 (S4Former Activities Director) staff personnel files reviewed for activities director qualifications.</p> <p>Findings:</p> <p>Review of the facility's job description for the Activities Director revealed, in part, the following education and experience requirements:</p> <p>Education: must possess, as a minimum, two years of college. Degree preferred but not necessary.</p> <p>Experience: Must be a qualified therapeutic recreation specialist or an activities professional who is licensed by this state and is eligible for certification as a recreation specialist or as an activities professional; or</p> <p>Must have a minimum two year experience in a social or recreation program within the last five years, one of which was full time in a patient activities program in a health care setting; or Must be a qualified occupational therapist or occupational therapy assistant; or</p> <p>Must have completed a training course approved by this state.</p> <p>Review of S4FAD's personnel record revealed no documented evidence, and the facility did not present any documented evidence, S4FAD had any qualifications required in the facility's job description for Activities Director.</p> <p>The facility did not provide any documentation that S4FAD had any of the listed qualifications for Activities Director.</p> <p>In an interview on 11/06/2024 at 11:47 a.m., S1Administrator indicated the facility did not have any documentation S4FAD was qualified for the position of Activities Director as required.</p>