

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195328	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2025
NAME OF PROVIDER OR SUPPLIER New Iberia Manor North		STREET ADDRESS, CITY, STATE, ZIP CODE 1803 Jane Street New Iberia, LA 70563	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47965</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure there was a sufficient number of Certified Nurse Aides (CNAs) and Shower Aides to provide services in accordance with resident care plans for 1 (Resident #2) of 4 (Residents #1 - #3, and R1) sampled residents. The facility's census was 76.</p> <p>Findings:</p> <p>On 04/15/2025, a review of the facility's policy titled Activities of Daily Living (ADL), Supporting with a revision date of 03/2018 read in part, Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good .grooming and personal and oral hygiene. Policy Interpretation and Implementation .2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. hygiene (bathing, dressing, grooming, and oral care) .</p> <p>Resident #2 was admitted to the facility on [DATE] with diagnoses which included, but were not limited to metabolic encephalopathy and morbid obesity.</p> <p>Review of Resident #2's quarterly (Minimum Data Set) MDS dated [DATE] revealed the client had a Brief Interview for mental Status of 15, which indicated her cognition was intact. Further review revealed in section GG that the resident required substantial/maximal assistance to shower/bathe self.</p> <p>Review of Resident #2's care plan revised on 12/09/2024 revealed a focus area which stated The resident has an ADL self-care performance deficit, and interventions which included substantial maximal assistance to shower/bathe.</p> <p>During an interview with Resident #2 on 04/14/2025 at 9:43 a.m., she stated her shower days were on Monday, Wednesday, and Friday at 9:30 a.m., or 10:30 a.m. The Resident stated it was short staffed every day. She stated that her last shower was on Wednesday of last week (04/09/2025). Resident #2 stated she didn't get a shower on Friday (04/11/2025) because her CNA said they were short staffed.</p> <p>During a follow up interview with Resident #2 on 4/15/25 at 1:08 p.m., the resident stated she did not receive a shower on 03/21/2025 and 03/24/2025.</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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NAME OF PROVIDER OR SUPPLIER New Iberia Manor North		STREET ADDRESS, CITY, STATE, ZIP CODE 1803 Jane Street New Iberia, LA 70563	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the whirlpool schedule and electronic shower log revealed Resident #2 did not receive her showers as stated above.</p> <p>On 04/14/25 at 12:15 p.m., an interview and review of CNA staffing for April 2025 was conducted with S2DON (Director of Nursing) and S1ADM (Administrator). S2DON confirmed there were only 3 CNAs listed on the schedule for the day shift (04/14/2025) to cover the facility. S2DON stated S3CNA (Certified Nursing assistant), who was scheduled for the shower room, was pulled to work on the floor. S4CNASup (Certified Nursing Assistant Supervisor), and S5RA (Restorative Aide) were assigned to work the floor. S2DON confirmed that if there was no shower aide, the CNAs were responsible for ensuring the residents receive a shower.</p> <p>On 04/14/2025 at 12:20 p.m., an observation of the shower room was conducted with S1ADM and S2DON. S2DON opened the door revealing a dry and unused shower room with shower chairs stored in the shower area behind the curtain. S1ADM and S2DON both confirmed the shower room was not used on the day shift.</p> <p>On 4/14/2025 at 12:26 p.m., an interview and observation of the shower room was conducted with S4CNASup. She stated the residents should have gotten a shower on Friday (04/11/2025) and today (04/14/2025). During the observation of shower room with S4CNASup, she confirmed the room was dry with shower chairs stored behind the shower curtain. S4CNASup confirmed the shower room was not used on the day shift.</p> <p>On 04/14/2025 at 12:34 p.m., an interview was conducted with S3CNA. S3CNA stated she was pulled from the shower room today to work as a CNA on the floor. S3CNA confirmed she did not shower any residents today and that included the ones she was pulled to provide care for. She stated she did not have the time.</p> <p>On 04/14/2025 at 12:36 p.m., an interview was conducted with S6CNA and S4CNASup. S6CNA stated she worked the shower room on 04/11/2025 by herself. S6CNA stated there were 5 aides and herself working that day. She stated she did not shower Resident #2 or any resident who required 2 person assistance because the aides were supposed to bring them to the shower room and help her, but they did not. S4CNASup stated if there was only one shower aide the CNAs were supposed to take the residents who needed assistance to the shower room and assist the shower aide.</p> <p>On 04/14/2025 at 3:18 p.m., an interview was conducted with S7CNA. She stated she worked in the shower room on 03/21/2025 and 03/24/2025. She confirmed Resident #2 had not received a shower on 03/21/2025 and on 03/24/2025. She stated Resident #2 was mad on 03/24/2025 but she could not bathe the resident by herself because she required 2 person assistance.</p> <p>On 04/14/25 at 4:06 p.m., an interview was conducted with S8CNA. She stated that the facility doesn't provide enough help. She stated that today (04/14/2025) they pulled her from the shower room to work on the floor before she was able to shower any resident.</p> <p>On 04/15/2025 at 12:48 p.m., an interview was conducted with S2DON and S1ADM. S1ADM confirmed that there were missed and undocumented scheduled showers identified.</p>		