

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 06/24/2026
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and record reviews, the facility failed to store and serve food in accordance with professional standards for food service safety, and to ensure sanitary conditions were maintained by failing to: ensure two ice scoops were properly stored; properly store and label food items in the dry storage, walk-in cooler, and walk-in freezer; ensure deep fryer was cleaned properly and timely; wear gloves when preparing pureed foods; and ensure all temperatures were obtained and documented for breakfast, lunch, and dinner meals. The facility had a census of 80 residents. Findings: Review of the facility's policy titled, Food Storage: Dry Goods, with a last reviewed date of 03/03/2026, read in part . Policy Statement: All dry goods will be appropriately stored in accordance with the FDA Food Code. Procedures. 5. All packaged and canned food items will be kept clean, dry, and properly sealed. 6. Storage areas will be neat, arranged for easy identification, and date marked as appropriate. Review of facility's policy titled, Food Storage: Cold Foods, with a last reviewed date of 03/03/2026 read in part. Policy Statement: All Time/Temperature Control for Safety (TCS) foods, frozen and refrigerated, will be appropriately stored in accordance with guidelines of the FDA Food Code. Procedures. 5. All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination. On 06/22/2026 at 8:35 a.m., an initial tour of the facility's kitchen was conducted with S9Cook, who stated that he was responsible for the day's management of the kitchen. On 06/22/2026 at 8:39 a.m., an observation of the ice machine was conducted with S9Cook and revealed two ice scoops on top of the ice machine. S9Cook confirmed the two ice scoops were not stored properly and should have been placed in the designated holder and were not. On 06/22/2026 at 8:43 a.m., an observation of the dry storage area was conducted with S9Cook and revealed a large, opened bag of raisin bran. The bag was not labeled with the date and time it was opened nor the used by date. S9Cook confirmed that the bag of raisin bran was opened and not labeled with the date and time it was opened nor the use by date and should have been. On 06/22/2026 at 8:48 a.m., an observation of the walk-in cooler was conducted with S9Cook and revealed a pre-made salad. The lettuce was observed with brown discoloration and appeared wilted that indicated the food was spoiled. Further observation revealed the pre-made salad was not labeled with date and time it was prepared nor the use by date. S9Cook confirmed that the premade salad was expired and should have been discarded and was not. He also confirmed the premade salad was not labeled with the date and time it was prepared nor the use by date and should have been. On 06/22/2026 at 08:51 a.m., an observation of the walk-in freezer was conducted with S9Cook and revealed an open box that contained a large plastic bag of cheddar biscuits. The large plastic bag was not sealed, not labeled with the date and time it was opened, nor the use by date. S9Cook confirmed that the cheddar biscuits should be sealed. He also confirmed that the bag of cheddar biscuits was not labeled with the date and time it was opened nor the use by date (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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	and should have been. On 06/22/2026 at 8:55 a.m., an observation of the deep fryer was conducted with S9Cook and revealed a thick layer of debris and food residual on the right side of the fryer. The deep fryer's cooking oil collection area was observed with a thick layer of debris and large pieces of fried food material. S9Cook stated he was unsure when the last time the deep fryer was used, and confirmed the deep fryer was not cleaned and should have been. On 06/22/2026 at 10:51 a.m., an observation was conducted of S9Cook puree the lunch meal. S9Cook added white beans to the blender and was not wearing gloves. S9Cook confirmed that he was not wearing gloves and should have been. On 06/22/2026 at 11:17 a.m., an observation was conducted of S10DA puree the dessert for the lunch meal. S10DA added pieces of cake to the blender and was not wearing gloves. S10DA confirmed that she was not wearing gloves and should have been. On 06/23/2026 at 8:35 a.m., an interview and review of the facility's document titled, Service Line Checklist was conducted with S1ADM. S1ADM confirmed temperatures were not logged for the dinner meal on 06/03/2026 and 06/04/2026; not logged for the breakfast and lunch meals on 06/05/2026; not logged for the dinner meal on 06/06/2026, 06/07/2026, 06/08/2026, and 06/09/2026; not logged for the lunch meal on 06/10/2026; and not logged for the dinner meal on 06/11/2026 and should have been.		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to ensure a person-centered care plan was implemented for each resident, by failing to implement physician's orders for compression stocking/socks for 1(Resident #13) of 32 sampled residents. Findings: Review of Resident #13's admission record revealed he was admitted to the facility on [DATE], with diagnoses that included, but were not limited to, peripheral vascular disease; type 2 diabetes mellitus with hyperglycemia and atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs. Review of Resident #13's Annual Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 04/28/2026, revealed he had a Basic Interview for Mental Status (BIMS) score of 15, indicating his cognition was intact. Review of Resident #13's physician orders revealed an order written on 04/27/2026 which read, Please apply compression stocking/socks during the day. Take off at night. Review of Resident #13's June 2026 Medication/Treatment Administration Record (MAR/TAR) revealed no documented evidence that staff was applying the resident's compression stockings/socks. On 06/22/2026 at 9:15 a.m., an observation was made of Resident #13. The resident was sitting in his wheelchair with bilateral feet and lower legs exposed. The resident was not wearing compression stockings/socks. On 06/23/2026 at 8:59 a.m., an interview and an observation of Resident #13's lower extremities was conducted with S13TX. The resident was sitting in his wheelchair with his lower extremities exposed, revealing no compression stockings/socks being worn. S13TX confirmed Resident #13 was not wearing compression stockings/socks. On 06/24/2026 at 8:25 a.m., an interview was conducted with S14PTA who stated that she was aware that Resident #13 struggled with swelling in his legs. S14PTA stated that the resident had never worn compression stockings to therapy. On 06/24/2026 at 8:34 a.m., a third observation of Resident #13 revealed the resident's lower legs and feet remained swollen, and he was not wearing compression stockings/socks. The resident stated he had a pair of compression socks some time ago (unable to state date), but they got dirty and staff had not given him another pair. On 06/24/2026 at 8:47 a.m., an interview was conducted with S6CNA who was assigned to Resident #13. She stated she had never seen the resident wearing compression stockings/socks. On 06/24/2026 at 8:50 a.m., an interview and review of Resident #13's physician orders was conducted with S5LPN/MR who was assigned to the resident. She confirmed the resident had an order for compression stockings/socks to be worn during the day time and he had not been wearing them. S5LPN/MR stated that the resident should have been wearing his compression stockings/socks as ordered. On 06/24/2026 at 8:58 a.m., an interview and review of Resident #13's physician orders was conducted with S3ADON/IP. She confirmed the resident had an order for compression stockings and stated that he should have been wearing them.		

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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** Based on observations, interviews, and record review, the facility failed to ensure that services provided met professional standards, as evidenced by the nurse leaving medication at a resident's bedside to self-administer for 1 (#4) of 1 resident investigated for respiratory care. Findings: Review of the facility's policy titled, Medication Administration with a reviewed and revised date of 03/05/2026, read in part, Resident Self-Administration: Residents may self-administer medications only if the physician and interdisciplinary team determine the resident has the cognitive and physical ability to do so safely, and the care plan reflects this determination. Review of Resident #4's End of PPS (Prospective Payment System) Part A Stay MDS (Minimum Data Set) dated 03/24/2026 revealed she was admitted to the facility on [DATE]. Her BIMS (Brief Interview of Mental Status) was 15, indicating that the resident was cognitively intact. Review of Resident #4's electronic medical record revealed her active diagnoses include, but not limited to, acute on chronic diastolic (congestive) heart failure, chronic obstructive pulmonary disease, and chronic respiratory failure with hypoxia. On 06/22/2026 at 10:15 a.m., a review of Resident #4's June 2026 MAR (Medication Administration Record) revealed the following medication: Ipratropium-Albuterol Solution 0.5-2.5 (3) MG (milligram)/3ML (milliliter) --3 ml inhale orally every 4 hours as needed for SOB (Shortness of Breath) or Wheezing. Review of Resident #4's care plan revealed she was care planned for altered respiratory status/difficulty breathing related to Chronic respiratory failure with hypercapnia, other specified interstitial pulmonary diseases, and a history of tobacco abuse with possible underlying COPD (chronic obstructive pulmonary disease). Interventions include, but not limited to the following: Document how many minutes it took to administer respiratory/nebulizer treatment after treatment has been administered, and Administer medication/puffers as ordered. Monitor for effectiveness and side effects. On 06/22/2026 at 9:35 a.m., an observation was made of Resident #4's nebulizer machine on her bedside table with a clear liquid in the nebulizer canister. Resident #4 stated that the clear liquid in the canister was her nebulizer treatment medication. She stated that the nurse left it there for her to take later. She stated that the nurses usually leave the treatment there for her to take and come back later to make sure she took the treatment. On 06/22/2026 at 10:15 a.m., Resident #4 was observed lying in bed with her nebulizer treatment in progress. Resident #4 was asked if she had turned on the nebulizer machine to administer her treatment. Resident #4 stated, Yes. On 06/22/2026 at 1:30 p.m., a review of Resident #4's electronic medical record revealed no documentation that the resident was evaluated to self-administer her own medications. On 06/24/2026 at 4:35 p.m., an interview was conducted with S8LPN. She confirmed that she had left the resident's nebulizer treatment next to her bed on 06/22/2026 during the morning medication pass. S8LPN stated that the resident was supposed to turn on the nebulizer machine to administer her treatment. When asked if Resident #4 had been screened to self-administer her own medications, S8LPN stated Resident #4 was not able to administer her own medications. When asked if she was aware if the resident had taken her nebulizer treatment, she stated, I'm not sure because I didn't go back to the resident's room to make sure the resident had taken the treatment. S8LPN stated that she should have applied the resident's treatment mask and turned on her nebulizer machine before she left the resident's room, and she should have returned to the resident's room to ensure that the resident received her treatment. On 06/24/2026 at 11:30 a.m., an interview was conducted with S2DON. She agreed that the nurses should not leave medication at a resident's bedside for the resident to take if that resident had not been evaluated to self-administer their own medications. She stated that she believed that (continued on next page)		

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #4 had a self-administration screening done, and she would try to find it. On 06/24/2026 at 1:50 p.m., an interview was conducted with S2DON. S1ADM was present. S2DON was asked if she had found Resident #4's self-administration screening form. She stated that she did not have a chance to look for it yet. On 06/24/2026 at 3:45 p.m., S2DON failed to provide documented evidence that Resident #4 was screened to self-administer her medications prior to the exit of the survey.		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and interviews the provider failed to carry out Activities of Daily Living (ADL) for 1 (#8) resident out of 5 residents reviewed for ADLs in a sample of 32 residents. Findings: Review of the facility's policy titled, Activities of Daily Living (ADL), Supporting, with a revision date of 03/03/2026, read in part: Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Review of Resident #8's Electronic Health Record (EHR) revealed she was admitted to the facility on [DATE] with diagnoses that included, but were not limited to, traumatic subarachnoid hemorrhage with loss of consciousness, chronic respiratory failure, and diffuse traumatic brain injury with loss of consciousness. A review of Resident #8's quarterly Minimum Data Set (MDS) assessment dated [DATE] in section C: Brief Interview for Mental Status (BIMS) Should Brief Interview for Mental Status be Conducted: No (resident is rarely/ never understood). Further review revealed in section GG: Functional Abilities- dependent for personal hygiene. Review of Resident #8's care plan revealed the following: The resident has an ADL self-care performance deficit r/t (related to) traumatic subarachnoid hemorrhage persistent vegetative state. Intervention: Shave resident facial hair daily as needed. On 06/22/2026 at 9:38 a.m., an observation was conducted of Resident #8. Resident #8's chin area was covered with thick black facial hair. The resident was unable to state her concerns about the facial hair. On 06/23/2026 at 3:15 p.m., an observation was conducted of Resident #8 with S8LPN. S8LPN confirmed resident #8 had overgrown, thick black facial hair above her upper lip, on both cheeks, on her chin, and on her neck. S8LPN confirmed Resident #8 was dependent on staff for ADL's that included shaving. S8LPN confirmed Resident #8 should have been shaved by the certified nursing assistants daily as needed. On 06/23/2026 at 3:25 p.m., an interview was conducted with S12CNA. S12CNA confirmed that Resident #8 had overgrown, thick black facial hair and needed to be shaved. S12CNA confirmed Resident #8 had not been shaved on 06/22/2026 or 06/23/2026 and needed to be shaved. On 06/24/2026 at 12:45 p.m., an interview was conducted with S1ADM. S1ADM stated she discussed Resident #8's ADL care with S12CNA and confirmed that Resident #8 had not been shaved on 06/22/2026 or 06/23/2026.		

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to ensure ongoing communication and collaboration with the dialysis facility through use of dialysis communication forms for 1 (Resident #61) of 32 sampled residents. Findings: On 06/25/2026, a review of the facility's policy titled, Dialysis Management Policy with a last reviewed date of 03/12/2026, read in part, Coordination with Dialysis Providers: The facility will maintain appropriate communication and coordination with the dialysis provider. Review of Resident #61's electronic health record (EHR) revealed that he was admitted to the facility on [DATE], with diagnoses that included, but were not limited to end stage renal disease and dependence on renal dialysis. A review of Resident #61's most recent quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed: Section O - Special Treatments, Procedures, and Programs revealed the resident was receiving dialysis. A review of Resident #61's comprehensive care plan initiated on 09/19/2022, revealed the resident needs hemodialysis related to end stage renal disease. Interventions read in part, dialysis 3 days a week on Monday, Wednesday, and Friday at a contracted dialysis agency. A review of Resident #61's Dialysis Communication Record form located in the resident's EHR from May 2026 to the present. The EHR revealed no documented evidence of Dialysis Communication Record form on 05/22/2026, 05/25/2026, 05/27/2026, and 06/05/2026. On 06/23/2026 at 3:07 p.m., an interview was conducted with S4LPN. She stated Resident #61 attended dialysis Monday, Wednesday and Friday. She stated prior to dialysis, a dialysis communication form is completed and returned to her when the resident arrived back from dialysis. After the dialysis communication form was reviewed it was then put into the black container next to her desk and then S5LPN/MR scanned it into the EHR. She confirmed this was the facility's way to maintain ongoing communication with the contracted dialysis agency, and all forms should have been completed and in the EHR. On 06/23/2026 at 3:17 p.m., an interview was conducted with S5LPN/MR. She stated she was the one who retrieved the forms from the black container at the nurse's station, ensured all forms were completed, and scanned the forms into the EHR. A record review was conducted with S5LPN/MR at this time, and reviewed dialysis communication forms from May 2026 to present. S5LPN/MR confirmed there were several forms missing, and she needed time to check her office to make sure the forms were not in there. On 06/23/2026 at 4:10 p.m., an interview and record review was conducted with S5LPN/MR. S5LPN/MR was coming out of Resident #61's room, and she stated she was making sure Resident #61 did not have any dialysis communication forms in his possession. She stated she found some forms but was still missing some and she could call the dialysis center to retrieve the rest of Resident #61's dialysis communication forms. She confirmed there were dialysis communication forms missing on 05/22/2026, 05/25/2026, 05/27/2026, and 06/05/2026, and confirmed these forms should have been completed and in the facility for review and were not. On 06/23/2026 at 4:25 p.m., a joint interview with S1ADM and S2DON. S2DON stated dialysis communication forms were completed by the nurse before dialysis, reviewed by the nurse upon arrival back to the facility, and placed in the black container for medical record to scan into the EHR. She confirmed after dialysis the communication forms should have been completed and in the EHR to maintain collaboration and communication with the dialysis facility.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation and interview, the facility failed to ensure drugs and biologicals used in the facility were stored in accordance with currently accepted professional principles by failing to ensure 1 (Med Cart A) of 2 medication carts inspected were free of loose pills. Findings: On 06/24/2026, a review of the facility's policy titled Storage of Medications with a last reviewed date of 06/24/2025, read in part: Policy Statement: The facility stores all drugs and biologicals in a safe, secure, and orderly manner. Policy Interpretation and Implementation .2. Drugs and biologicals are stored in the packaging, containers or other dispensing systems in which they are received. On 06/24/2026 at 9:54 a.m., an inspection of the Med Cart A with S7LPN and S3ADON/IP revealed 12 loose pills in the medication cart drawers. They both confirmed the loose pills and acknowledged they were not appropriately stored. On 06/24/2026 at 9:57 a.m., S2DON observed the 12 loose pills that were removed from Med Cart A and acknowledged that loose pills should not have been in the medication cart.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review the facility failed to maintain an infection prevention and control program as evidenced by: 1. Staff failing to perform hand hygiene prior to and during tracheostomy care for Resident #8. 2. Staff failing to perform hand hygiene during medication administration on Hall B. Findings: Review of the facility's policy titled Handwashing/ Hand Hygiene, with a revision date of 04/16/2026, read in part: Indications for Hand Hygiene: 1. Hand hygiene is indicated: a. immediately before touching a resident; b. before performing an aseptic task (for example, . handling an invasive medical device); . d. after touching a resident; e. after touching the resident's environment; . 5. The use of gloves does not replace hand washing/ hand hygiene. Applying and Removing Gloves: 1. Perform hand hygiene before applying non-sterile gloves. 1. A review of Resident #8's Electronic Health Record (EHR) revealed the resident was admitted to the facility on [DATE] with diagnoses including, but not limited to, traumatic subarachnoid hemorrhage with loss of consciousness and chronic respiratory failure. On 06/23/2026 at 3:15 p.m., an observation was made of S8LPN providing care to Resident #8. S8LPN got up from the nurse's station and went to Resident #8's room. S8LPN put on non-sterile gloves and entered the room. S8LPN did not perform hand hygiene upon entering the resident's room or prior to applying the non-sterile gloves. S8LPN lowered Resident #8's bed, repositioned the blanket on the resident, and then slid the resident up to the head of the bed. S8LPN then opened a sterile glove package and put sterile gloves on top of her non-sterile gloves. S8LPN did not remove her used gloves or perform hand hygiene. S8LPN proceeded to suction Resident #8's tracheostomy. On 06/23/2026 at 3:25 p.m., an interview was conducted with S8LPN. S8LPN confirmed she did not perform hand hygiene upon entering the resident's room or applying non-sterile gloves and she should have. S8LPN also confirmed she did not remove her non-sterile gloves and perform hand hygiene before she suctioned the resident, and she should have. On 06/23/2026 at 4:15 p.m., an interview was conducted with S3ADON/IP. S3ADON/IP stated all staff should perform hand hygiene prior to performing care for a resident. S3ADON/IP also stated S8LPN should have removed her non-sterile gloves after touching Resident #8's environment, performed hand hygiene, and then put on sterile gloves to perform the aseptic task of suctioning Resident #8's tracheostomy. 2. On 06/24/2026, a review of the facility's policy titled Medication Administration with a last reviewed and revised date of 03/05/2026, read in part: Purpose: To ensure medications are prepared, administered, and documented safely, accurately, and in accordance with prescriber orders and accepted nursing standards of practice . Infection Control: Staff follow established infection control practices during medication administration, including: Hand hygiene . (continued on next page)		

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/23/2026 at 8:19 a.m., an observation was made of S4LPN during morning med pass on Hall B. S4LPN prepared and administered medications to Residents #31 and #87. She applied gloves each time she entered the resident's room to administer the medications, but did not sanitize/wash her hands before preparing the medications, nor before and after glove use. S4LPN confirmed she did not perform appropriate hand hygiene during the observation of med pass to Residents #31 and #87, and stated she should have. On 06/23/2026 at 4:45 p.m., an interview was conducted with S3ADON/IP. She stated that appropriate hand hygiene included sanitizing hands between patient care and before/after glove use. S3ADON/IP stated S4LPN did not follow the facility's hand hygiene policy.		