STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195348	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lacombe Nursing Centre	28119 Hwy 190 Lacombe, LA 70445

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0640 Level of Harm - Potential for minimal harm Residents Affected - Some	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46981 Based on record review and interviews, the facility failed to ensure a Discharge/Transfer MDS assessment was completed and transmitted timely for 1 (#65) of 1 (#65) resident reviewed for Resident Assessment. Findings: Review of Resident #65's clinical record revealed she was admitted to the facility on [DATE], was sent to the hospital on 03/21/2024, and did not return. Further review revealed the resident did not have an electronically transmitted discharge or transfer MDS assessment. An interview was conducted on 08/20/2024 at 12:15 p.m. with S9RN. She stated she was responsible for completing and transmitting MDS assessments. She reviewed Resident #65's record and confirmed a discharge or transfer MDS Assessment was not completed. An interview was conducted on 08/21/2024 at 11:00 a.m. with S2DON. She confirmed a discharge or transfer MDS Assessment was not completed for Resident #65 and should have been.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
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** 47191 Based on observations, record review and interviews, the facility failed to ensure a resident received treatment and care in accordance with professional standards of practice by failing to ensure device site care orders were obtained for 1 (#56) of 3 (#25, #39, and #56) residents reviewed for indwelling devices. Findings: Review of the facility's policy dated 12/03/2009 titled Peripherally Inserted Central Catheter and Midline revealed the following, in part: Purpose: The purpose of this guideline is to provide information on the best practices related to preventing complications with peripherally inserted central catheter lines: routine care and dressing changes, medication infusion, maintaining patency. Routine care & dressing: 4. If peripherally inserted central catheter line dressing is not found to be torn, loose, damp, soiled, or raised, the insertion site dressing should be routinely changed every 7 days to decrease incidence of infection. This is a sterile dressing change task and should be done by a registered nurse. Review of Resident #56's clinical record revealed she was admitted to the facility on [DATE] with diagnoses which included Dementia, Severe Sepsis without Septic Shock, Bacteremia and Urinary Tract Infection. Review of Resident #56's Nurses Notes dated August 2024 revealed the resident had a midline catheter placed on 08/09/2024. Further review revealed no documentation of site monitoring or dressing changes to the midline catheter site. Review of Resident #56's Physician's Orders dated August 2024 revealed no orders for midline catheter dressing changes or site monitoring. Review of Resident #56's Medication Administration Record (MAR) and Treatment Administration Record (TAR) dated August 2024 revealed no documentation site monitoring or dressing changes had been performed to the resident's Midline catheter. On 08/20/2024 at 12:55 p.m., an observation was made of Resident #56 midline catheter. The date on the dressing was illegible. On 08/20/2024 at 2:49 p.m., an observation was made with S2DON of Resident #56's midline catheter dressing. She stated the date labeled on the dressing was illegible. She confirmed facility policy was to perform site dressing change every seven days and the dressing was overdue to be changed. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 08/21/2024 at 10:10 a.m., an interview was conducted with S7LPN. She stated she worked on 08/09/2024 when Resident #56's midline catheter was placed. S7LPN confirmed she did not obtain an order to initiate the ongoing site monitoring or care of the midline catheter and should have. On 08/20/2024 at 2:49 p.m., an interview was conducted with S2DON. She reviewed Resident #56's Physician's Orders, Medication Administration Record (MAR), Treatment Administration Record (TAR), and Nurses' Notes and confirmed there was no documentation in the clinical record to show midline catheter care had been initiated to ensure ongoing site monitoring and site care. She stated it was the floor nurses responsibility to obtain and initiate orders to monitor the midline catheter site. She confirmed midline catheter care orders should have been obtained and were not.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48912 Based on observation, record review, and interviews, the facility failed to ensure a resident's code status matched and was maintained throughout the clinical record for 1 (Resident #63) of 25 residents reviewed for code status in the initial screening. Findings: Review of Resident #63's medical record revealed he was admitted to the facility on [DATE]. Review of Resident #63's active physician orders revealed in part, an order dated [DATE] which read CPR (Cardiopulmonary Resuscitation) LaPOST. Review of Resident #63's hard chart revealed a DNR LaPOST dated [DATE]. On [DATE] at 2:38 p.m., an interview was conducted with S5LPN. He stated the protocol if a resident codes was for the nurse to use the call light and call the front desk to verify the resident's code status on the hard chart. S5LPN stated Resident #63's code status was DNR. On [DATE] at 2:48 p.m., an interview was conducted with S4SW. She stated she was responsible for updating code statuses in the electronic health record. S4SW reviewed Resident #63's code status in the electronic health record and confirmed it read CPR LaPOST. S4SW then reviewed Resident #63's LaPOST dated [DATE]. S4SW confirmed Resident #63's code status should have been updated to DNR and it was not. On [DATE] at 2:42 p.m., an interview was conducted with S2DON. She stated the protocol if a resident codes was for the nurse to use the call light and call the front desk to verify the resident's code status on the hard chart. She stated if the resident was in another location in the facility, the nurse could verify code status in the electronic health record. S2DON reviewed Resident #63's code status in the electronic health record and stated Resident #63's code status read CPR LaPOST. S2DON stated she would expect staff to do CPR. S2DON then reviewed Resident #63's LaPOST dated [DATE] and confirmed Resident #63's electronic health record code status did not match with DNR LaPOST and should have. S2DON confirmed Resident #63 should have been a DNR.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46975 47191 Based on observation, interviews, and record review, the facility failed to provide necessary care and services for the provision of respiratory care in accordance with professional standards. The facility failed to ensure oxygen tubing and humidifier bottle were properly labeled for 4 (#11, #43, #62, and #64) of 4 (#11, #43, #62, and #64) residents reviewed for oxygen therapy. Findings: Review of the facility's policy dated 12/09/2026 and titled, Changing of Oxygen Tubing, Humidifiers, and Nebulizer Tubing and Mask/Pipes revealed the following, in part: Nurses working the 11:00 p.m.-7:00 a.m. shift shall change the tubing, humidifier, and nebulizer sets every Sunday night for those residents who use the equipment continually. These items should be dated on day of exchange. Resident #11 Review of the clinical record for Resident #11 revealed she was admitted to the facility on [DATE] and had a diagnosis of Heart Failure. Review of the current Physicians Orders for Resident #11 revealed the following, in part: Start date: 06/03/2024 May use 2-4 liters via nasal cannula PRN for SOB. On 08/19/2024 at 8:55 a.m., an observation was made of Resident #11wearing oxygen via nasal cannula. There was no date observed on the oxygen tubing indicating when changed. On 08/19/2024 at 9:25 a.m., an observation was made of Resident #11's oxygen tubing with S6RN. She confirmed the oxygen tubing was not labeled with the date last changed. She stated per facility policy, oxygen tubing was to be changed every Sunday by night shift nursing staff and dated when changed. Resident #43 Review of the clinical record for Resident #43 revealed he was admitted to the facility on [DATE] and had diagnoses which included Chronic Obstructive Pulmonary Disease and Acute Respiratory Failure. Review of the current Physicians Orders for Resident #43 revealed the following, in part: Start date: 06/03/2024 Oxygen at 2 liters per nasal cannula or mask PRN every shift for COPD. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 08/19/2024 at 8:55 a.m., an observation was made of Resident #43wearing oxygen via nasal cannula. There was no date observed on the oxygen tubing or humidifier bottle indicating when changed. Resident #62 Review of the clinical record for Resident #62 revealed he was admitted to the facility on [DATE] and had diagnoses which included Chronic Obstructive Pulmonary Disease and Congestive Heart Failure. Review of the current Physicians Orders for Resident #62 revealed the following, in part: Start date: 06/03/2024 Oxygen at 4-5 L per minute as needed for SOB. On 08/19/2024 at 8:48 a.m., an observation was made of Resident #62 wearing oxygen via nasal cannula. There was no date observed on the oxygen tubing or humidifier bottle indicating when changed. Resident #64 Review of the clinical record for Resident #64 revealed she was admitted to the facility on [DATE] and had diagnoses which included Chronic Obstructive Pulmonary Disease and Chronic Respiratory Failure with Hypoxia. Review of the current Physicians Orders for Resident #64 revealed the following, in part: Start date: 06/07/2024 Oxygen at 3 LPM continuous. Start date: 06/09/2024 Oxygen: NC/Mask and Humidifier change every Sunday night shift. On 08/19/2024 at 9:00 a.m., an observation was made of Resident #64 wearing oxygen via nasal cannula. There was no date observed on the oxygen tubing indicating when changed. On 08/19/2024 at 9:20 a.m., an observation was made of Resident #43, #62, and #64's oxygen tubing with S3LPN. She observed the above resident's oxygen tubing and humidifiers and confirmed they were not labeled with the date last changed. She stated all resident's oxygen tubing and humidifiers should be changed every Sunday on night shift and should be labeled with the date changed. On 08/20/2024 at 1:00 p.m., an interview was conducted with S2DON. She was made aware of the observations regarding the aforementioned resident's oxygen tubing and humidifiers. She stated the facility's policy was for the nurse working Sunday night to change and date oxygen tubing or humidifiers. She confirmed all oxygen tubing or humidifier bottles should be labeled with the date it was changed.

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 46981 Based on observation and interviews, the facility failed to ensure nurse staffing data requirements were documented on daily postings. This deficient practice had the potential to affect any of the 71 residents residing in the facility. Findings: An observation was made on 08/19/2024 at 8:15 a.m. of the staffing data sheet dated 08/19/2024. Review of the staffing data sheet dated 08/19/2024 revealed no documentation of the facility census. Further review of the staffing data sheets dated 08/16/2024 - 08/18/2024 revealed no documentation of the facility census or the actual hours worked for nursing staff. An interview was conducted on 08/19/2024 at 8:20 a.m. with S8ADON. She reviewed the staffing data sheets aforementioned. She stated she was not aware the staffing data sheet required the facility census and actual hours worked for nursing staff. She confirmed the facility census and actual hours worked for nursing staff were not documented on the staffing data sheets. An interview was conducted on 08/19/2024 at 9:00 a.m. with S1ADM. He reviewed the staffing data sheets aforementioned. He confirmed the facility census and actual hours worked for nursing staff were not documented on the staffing data sheets.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46642 Based on observations, interviews, and policy review, the facility failed to store, prepare, and distribute foods under sanitary conditions. The facility failed to ensure food and dietary supplements used for resident consumption was not expired. There were 35 facility residents who were provided dietary supplements from the facility's kitchen and nursing stations. Findings: Review of Facility's Policy dated [DATE] titled Food Receiving and Storage revealed the following, in part: Policy Statement: Foods shall be received and stored in a manner that complies with safe food handling practices. Policy Interpretation and Implementation: 8. All foods stored in the refrigerator or freezer will be covered, labeled, and dated (use by date). 14. Food items and snacks kept on the nursing units must be maintained as indicated below: a. All food items to be kept at or below 41 degrees Fahrenheit must be placed in the refrigerator located at the nurse's station and labeled with a use by date. d. Beverages must be dated when opened and discarded after twenty-four (24) hours. An observation was made of Med Storage Room B and the nursing station's refrigerator on [DATE] at 1:00 p. m. with S2DON, who confirmed the following: 4- 32 oz. No Sugar Added Vanilla supplements opened, with expiration dates [DATE]; 3- 32 oz. No Sugar Added Vanilla supplements, with expiration date [DATE]; and, 1- 8 oz. 1% milk with expiration date [DATE]. An interview was conducted with S2DON on [DATE] at 1:15 p.m. S2DON confirmed the facility failed to store food and dietary supplements properly. S2DON confirmed she would expect all food products and supplements to be used by the expiration date and any opened supplements should have been discarded after 24 hours and were not. An observation was made of Med Cart C on [DATE] at 1:20 p.m. with S3LPN, which revealed the following: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	,d+[DATE] oz. No Sugar Added Vanilla supplement opened, with expiration date of [DATE]. An interview was conducted with S3LPN on [DATE] at 1:22 p.m. S3LPN confirmed the above observation, and stated the expired supplement available for residents' consumption should have been discarded and was not. An interview was conducted with S1ADM on [DATE] at 2:10 p.m. Observations conducted on [DATE] of Med Cart C and Med Storage Room B and the nurse's station refrigerator were discussed. S1ADM confirmed food and dietary supplements available for resident consumption should be discarded prior to the expiration date or within 24 hours after the open date and were not.

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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** 46981 Based on observations, interviews, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of infection for 1 (#25) of 3 (#25, #56, and #270) resident's reviewed for infection control. The facility failed to ensure staff wore proper Personal Protective Equipment (PPE) while providing care to a resident who was on Enhanced Barrier Precautions (EBP). Findings: Review of the Enhanced Barrier Precautions sign posted on Resident #25's door revealed the following: Gown required for direct, hands on care for this resident. Review of Resident #25's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses of Functional Quadriplegia and Gastrostomy Status. An observation was made on 08/19/2024 at 9:25 a.m. of S3LPN administering a bolus tube feeding to Resident #25. S3LPN did not have a gown on. An interview was conducted on 08/19/2024 at 9:26 a.m. with S3LPN. S3LPN stated she did not wear her gown when administering the bolus tube feeding to Resident #25 and should have. An interview was conducted on 08/21/2024 at 10:41 a.m. with S2DON. S2DON confirmed Resident #25 required EBP while providing bolus tube feedings, which consisted of gown and gloves. S2DON stated she expected all staff to wear the appropriate PPE.