

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2025
NAME OF PROVIDER OR SUPPLIER Zachary Manor Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6161 Main Street Zachary, LA 70791	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47546</p> <p>Based on observations, interviews, and record review, the facility failed to ensure a resident's call light was within reach for 1 (#R1) of 7 (#1, #2, #3, #4, #5, #6, and #R1) residents reviewed.</p> <p>Findings:</p> <p>A review of the facility's undated policy titled Call Light System, revealed, in part:</p> <p>Unless indicated in the care plan, each resident, when in their room or in bed, must have the call light placed within reach at all times, regardless of staff assessment of resident ability to use it.</p> <p>A review of the medical record for Resident #R1 revealed she was admitted to the facility on [DATE] with diagnoses which included, Muscle Wasting and Atrophy right shoulder, Chronic Pain Syndrome, Unsteadiness on feet, History of falling, Dementia, Lack of Coordination, and Alzheimer's Disease.</p> <p>A review of the current Care Plan for Resident #R1 revealed the resident was at risk for falls related to Gait/balance problems. Interventions included encourage resident to call for assist.</p> <p>On 04/06/2025 at 8:51 a.m., an observation was made of Resident #R1 lying in bed with her call light noted to be on the table at the foot of her bed. When Resident #R1 was asked where her call light was, she searched her bed and could not find it. Resident #R1 was unable to reach her call light.</p> <p>On 04/06/2025 at 10:56 a.m., an observation was made of Resident #R1 lying in bed with her call light on the table at the foot of her bed. Resident #R1 was unable to reach her call light.</p> <p>On 04/07/2025 at 10:57 a.m., an interview was conducted with S3CNAS. She confirmed Resident #R1's call light was on the table at the foot of her bed. She further confirmed Resident #R1's call light was out of reach and should have been within reach.</p> <p>On 04/08/2025 at 4:32 p.m., an interview was conducted with S2ADON. She stated she expected staff to ensure resident call lights were kept within reach.</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 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>47546</p> <p>Based on record review and interview the facility failed to have sufficient Certified Nursing Assistant (CNA) staff to provide direct care and related services to maintain the highest practicable physical, mental, and psychosocial well-being of each resident based on the facility assessment. This deficiency had the potential to affect the facility's total census of 68 residents.</p> <p>Findings:</p> <p>Review of the facility's Minimum Staffing Requirements assessment revealed the following:</p> <p>Hall A</p> <p>Days: 1-2 CNA</p> <p>Evenings: 1 CNA</p> <p>Nights: 1 CNA</p> <p>Hall B</p> <p>Days: 2 CNA</p> <p>Evenings: 2 CNA</p> <p>Nights: 1 CNA</p> <p>Hall C</p> <p>Days: 2 CNA</p> <p>Evenings: 2 CNA</p> <p>Nights: 1 CNA</p> <p>Review of the facility's Staffing Pattern dated 03/04/2025 revealed the following:</p> <p>Staff assigned: Day shift - 7 CNA; Evening shift- 2-CNA; Night shift- 2 CNA</p> <p>On 04/06/2025 at 9:16 a.m. an interview was conducted with S8CNA. She revealed the facility was often short staffed. She further stated it was most often Hall B and Hall C that was short staffed.</p> <p>On 04/06/2025 at 9:35 a.m. an interview was conducted with S7CNA. She revealed the facility was often short staffed on the weekends.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/06/2025 at 10:00 a.m. an interview was conducted with S10CNA. She revealed she was often asked to pick up shifts. She stated the facility could use more staff.</p> <p>On 4/07/2025 at 8:26 a.m. an interview was conducted with S9LPN. She revealed the number of CNA staff for Hall B and Hall C was not sufficient at times.</p> <p>On 04/07/2025 at 3:51 p.m. an interview was conducted with S11CNA. She revealed she had to work Hall C by herself on more than one occasion.</p> <p>On 04/08/2025 at 12:20 p.m. An interview was conducted with S12CNA. She revealed she has worked the evening shift by herself and it was too much for one person.</p> <p>On 04/08/2025 at 3:30 p.m. an interview was conducted with S1ADM. She stated she would look at the facility assessment to determine the facility's staffing procedure and based on the facility's census and resident acuity she was able to determine the minimum staffing requirements.</p> <p>On 04/08/2025 at 3:50 p.m. an interview was conducted with S6CNA. She confirmed on 03/04/2025 she was one of two CNAs for the entire facility on the 2 p.m.-10 p.m. shift. She stated it was not enough CNA staff to be able to complete her tasks on time.</p> <p>On 04/08/2025 at 3:51 p.m. an interview was conducted with S5CNA. She confirmed on 03/04/2025 she was one of two CNAs for the entire facility on the 2 p.m.-10 p.m. shift. She stated it was not enough CNA staff to be able to complete her tasks on time.</p> <p>On 04/08/2025 at 4:05 p.m. an interview was conducted with S4CNA. She confirmed on 03/04/2025 she was one of two CNAs for the entire facility on the 10 p.m.-6 a.m. shift. She stated it was not enough CNA staff to be able to complete her tasks on time.</p> <p>On 04/08/2025 at 4:25 p.m. an interview was conducted with S1ADM. She confirmed on 03/04/2025 on the evening and night shifts there were only 2 CNAs for the entire facility. She confirmed 2 CNAs was not sufficient.</p>		