| 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 03/11/2026 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Zachary Manor Nursing and Rehabilitation Center | 6161 Main Street<br>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) |
|---|---|
| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to implement a person centered care plan by failing to ensure nursing staff followed the physician's order to notify the MD of an elevated blood glucose level for 1 (#2) of 3 residents reviewed with Type 2 Diabetes Mellitus.Findings: Review of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE] and had diagnoses, which included Type 2 Diabetes Mellitus with Diabetic Polyneuropathy, Other Hypoglycemia, Unspecified Severe Protein-Calorie Malnutrition, and Long-Term Use of Insulin. Review of Resident #2's Quarterly MDS with an ARD of 01/03/2026 revealed a BIMS assessment was not conducted related to the resident was rarely/never understood. Review of Resident #2's current Care Plan revealed the following, in part:Problem: MD orders - need to follow; andInterventions: Humalog KwikPen Subcutaneous Solution 100 unit/mL (Insulin Lispro).Problem: The resident has Diabetes Mellitus; andInterventions: Diabetes medication as ordered by doctor. Monitor/documents for side effects and effectiveness. Review of Resident #2's Physician Orders revealed the following, in part:Start date: 11/06/2025, Discontinued date: 02/24/2026 - Humalog KwikPen Subcutaneous Solution 100 unit/mL (Insulin Lispro) Inject as per sliding scale before meals and at bedtime: 351 - 400 mg/dL give 15 units and notify MD; andStart date: 03/09/2026, Active - Blood glucose monitoring four times a day related to Type 2 Diabetes Mellitus. Call MD if blood glucose level less than 70 mg/dL or greater than 350 mg/dL. Review of Resident #2's MAR dated February 2026 revealed the following, in part:Humalog KwikPen Subcutaneous Solution 100 unit/mL (Insulin Lispro) Inject as per sliding scale before meals and at bedtime: 351 - 400 give 15 units and notify MD. Further review revealed the following blood glucose levels documented by the following staff:02/22/2026 at 11:00 a.m. by S5LPN: 372 mg/dL;02/22/2026 at 4:45 p.m. by S5LPN: 374 mg/dL; and02/23/2026 at 4:45 p.m. by S4LPN: 391 mg/dL.Further review revealed no documentation Resident #2's physician was notified of the aforementioned blood glucose levels. Review of Resident #2's MAR dated March 2026 revealed the following, in part:Blood glucose monitoring four times a day related to Type 2 Diabetes Mellitus. Call MD if blood glucose level less than 70 or greater than 350. Further review revealed the following blood glucose levels documented by the following staff:03/09/2026 at 4:00 p.m. by S4LPN: 367 mg/dL; and03/09/2026 at 8:00 p.m. by S4LPN: 367 mg/dL.Further review revealed no documentation Resident #2's physician was notified of the aforementioned blood glucose levels. Review of Resident #2's Nurses Notes dated February 2026 through March 2026 revealed no documentation Resident #2's physician was notified of his blood glucose levels exceeding 351 mg/dL on 02/22/2026, 02/23/2026, and 02/24/2026 and 350 mg/dL on 03/09/2026. An interview was conducted with S4LPN on 03/10/2026 at 2:38 p.m. She explained physician notification should have been documented in the resident's nurses' notes. She reviewed Resident #2's MAR dated February 2026 and confirmed she documented Resident #2's blood glucose level as 391 mg/dL on 02/23/2026 at 4:45 p.m. She stated if she had notified the physician, she would have documented it in a nurses' note. She reviewed Resident #2's MAR dated March 2026 and confirmed she documented a blood glucose level of 367 mg/dL at 4:00 p.m. and 8:00 p.m. on 03/09/2026. She confirmed the order was to notify the physician<br>(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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
| --- | --- | --- | --- |
| | 195362 | A. Building<br>B. Wing | 03/11/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
| --- | --- |
| Zachary Manor Nursing and Rehabilitation Center | 6161 Main Street<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
| --- | --- |
| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | if Resident #2's blood glucose level was above 350 mg/dL. She confirmed she did not notify the physician of the blood glucose levels on 03/09/2026. A telephone interview was conducted with S5LPN on 03/10/2026 at 3:06 p.m. She was made aware of Resident #2's documented blood glucose levels of 372 mg/dL on 02/22/2025 at 11:00 a.m. and 374 mg/dL on 02/22/2026 at 4:45 p.m. She confirmed she did not notify Resident #2's physician of the blood glucose levels. She stated she should have notified Resident #2's physician if the order was to notify the MD if blood glucose was above 351 mg/dL. An interview was conducted with S2ADON on 03/10/2026 at 3:39 p.m. She confirmed if Resident #2's physician order was to notify the physician if the blood glucose level was above 350 or 351 mg/dL, the nurse should have contacted the physician and documented a nurses' note including the blood glucose value, physician notification, and any new orders. An interview was conducted with S1DON on 03/10/2026 at 4:02 p.m. She confirmed she reviewed Resident #2's clinical record. She confirmed the above listed blood glucose values for Resident #2. She confirmed Resident #2's physician orders were to notify the MD if the blood glucose was above 350 mg/dL and 351 mg/dL. She confirmed Resident #2's physician should have been notified of the above blood glucose values and there was no documentation of physician notification. An interview was conducted with S3NP on 03/10/2026 at 1:02 p.m. She stated she expected the facility nurses to notify her or the on-call provider if Resident #2's blood glucose level was above 351 mg/dL. She stated it was the facility nurses' responsibility to document in Resident #2's record if the nurse notified her or the on call provider of a blood glucose value. |

| 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 03/11/2026 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Zachary Manor Nursing and Rehabilitation Center | 6161 Main Street<br>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) |
|---|---|
| F 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to ensure residents' Medication Administration Record (MAR) were accurately documented for 2 (#3 and #4) of 4 sampled residents reviewed for accurate documentation. Review of the facility's undated policy titled Insulin Guidelines revealed the following, in part: Policy: Insulin is utilized to control blood sugar levels in residents with diabetes mellitus. Insulin therapy may include various regimens, which are carried out per doctor's orders. Insulin lowers the blood glucose by decreasing the release of glucose from the liver and increasing the utilization of glucose by muscle and fat cells.Guidelines: Whenever a physician orders Regular insulin on a sliding scale, care must be taken to document finger stick blood sugar and administration of insulin as ordered. Charting on MAR and/or nurses' notes should include the following:a. Date, time, and results of finger stick blood sugar testingb. Dose of insulin administration in accordance with sliding scale per MD order c. Site of injectiond. Identification of nurse administering the insulin Resident #3Review of Resident #3's Clinical Record revealed an admission date of 12/15/2020, with diagnoses which included, Obesity Due To Excess Calories, Cognitive Communication Deficit, Dysphagia Following Cerebral Infarction, and Type 2 Diabetes Mellitus. Review of Resident #3's Current Physician Orders revealed in part, the following:NovoLog FlexPen Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Aspart) Inject as per sliding scale: if 60 - 130 = 0; 131 - 180 = 3; 181 - 240 = 6; 241 - 300 = 8; 301 - 350 = 10; 351 - 400 = 12; 401 - 999 = 14 Notify MD, Check blood glucose and document. Follow MD order, Review and Record administration site, subcutaneously before meals and at bedtime related to type 2 diabetes mellitus without complications. Start date: 11/06/2025 Review of Resident #3's February 2026 MAR revealed in part, the following:No documented evidence Resident #3 received or refused the above-mentioned medication on 02/18/2026, 02/26/2026, or 02/27/2026 at 11:00 a.m.No documentation of insulin administration or blood glucose check being completed or refused on 02/18/2026, 02/26/2026, or 02/27/2026 at 11:00 a.m. Review of Resident #3's March 2026 MAR revealed in part, the following:No documented evidence Resident #3 received or refused the above-mentioned medication on 03/02/2026 at 11:00 a.m.No documentation of insulin administration or blood glucose check being completed or refused on 03/02/2026 at 11:00 a.m. On 03/11/2026 at 1:56 p.m., an interview was conducted with S6LPN. She reviewed the February and March 2026 schedules and confirmed she provided care for Resident #3 on 02/18/2026, 02/26/2026, 02/27/2026, and 03/02/2026 from 7:00 a.m. to 3:00 p.m. She reviewed Resident #3's February and March 2026 MAR, and confirmed the aforementioned findings were blank and administrations or refusals were not documented. She stated she was responsible for the administration of Resident #3's 11:00 a.m. medications on her shift. She stated there should not be any blanks on a resident's MAR. S6LPN confirmed she did not document Resident #3's administration or refusal of sliding scale insulin and blood glucose checks on the MAR and should have. Resident #4Review of Resident #4s Clinical Record revealed he was admitted to the facility on [DATE], with diagnoses which included Type 2 Diabetes Mellitus, Mild Protein-Calorie Malnutrition, Gastrostomy Status, Long Term (current) Use of Insulin, and Cognitive Communication Deficit. Review of Resident #4's Current Physician Orders revealed in part, the following:NovoLog FlexPen Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Aspart) Inject as per sliding scale: if 0 - 70 = 0 Give orange juice if alert or glucagon if unable to swallow. Notify provider for additional orders; 71 - 130 = 0; 131 - 180 = 3; 181 - 240 = 6; 241 - 300 = 8; 301 - 350 = 10; 351 - 400 = 12; 401 - 999 = 12 Call and notify physician, subcutaneously before meals and at bedtime related to type 2 diabetes mellitus without complications. Start date: 11/05/2025 Review of Resident #4's February 2026 MAR revealed in part, the following:No documented evidence Resident #4 received or refused the above-mentioned medication on 02/17/2026 at 4:45 p.m. or at 8:00 p.m.No documentation of insulin administration or<br>(continued on next page) |

| 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 03/11/2026 |
|---|---|---|---|
| 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) |
|---|---|
| F 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | blood glucose check being completed or refused on 02/17/2026 at 4:45 p.m. or at 8:00 p.m. Review of Resident #4's March 2026 MAR revealed in part, the following:No documented evidence Resident #4 received or refused the above-mentioned medication on 03/03/2026 at 4:45 p.m. or at 8:00 p.m.No documentation of insulin administration or blood glucose check being completed or refused on 03/03/2026 at 4:45 p.m. or at 8:00 p.m. On 03/11/2026 at 4:13 p.m., a telephone interview was conducted with S7LPN. She confirmed she provided care for Resident #4 on 02/17/2026 and 03/03/2026 from 3:00 p.m. to 11:00 p.m. She was notified the aforementioned findings were blank and administrations or refusals were not documented on Resident #4's February and March 2026 MAR for those dates. She stated she was responsible for the administration of Resident #4's 4:45 p.m. and 8:00 p.m. medications on her shift. She stated there should not be any blanks on a resident's MAR. S7LPN confirmed she did not document Resident #4's administration or refusal of sliding scale insulin and blood glucose checks on the MAR and should have. On 03/11/2026 at 4:05 p.m., an interview was conducted with S2ADON. She stated staff should accurately document medication administration during medication pass. She stated she expected all staff to accurately document medication administration on the MAR at the time of administration. S2ADON reviewed Resident #3 and #4's February and March 2026 MAR, and confirmed the aforementioned findings were blank and administrations or refusals were not documented. S2ADON confirmed all medication administered and glucose checks completed or refused should have been documented on the resident's MARs, and were not. |