STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195363	A. Building B. Wing	07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Old Brownlee Community Care Center	4680 Old Brownlee Rd Bossier City, LA 71111

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 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. Based on record review, observation and interviews, the facility failed to provide services that met professional standards for 1 (#387) of 31 sampled residents. The facility failed to ensure safe medication administration practices by leaving medication at the bedside. Findings: Review of the facility's Self-Administration of Medications policy with a revision date of November 2014 revealed in part: Residents that request to self-administer have the right to do so if the interdisciplinary team has determined self-administration is clinically safe and appropriate Policy Interpretation and Implementation 5. Self-administered medications are stored in a safe and secure place, which is not accessible by other residents. If safe storage is not possible in the resident's room, the medications of residents permitted to self-administer are stored on a central medication cart or in the medication room. A licensed nurse transfers the unopened medication to the resident when the resident requests them. 6. Any medications found at the bedside that are not authorized for self-administration are turned over to the nurse in charge for return to the family or responsible party. Review of the facility's Storage of Medications policy with a revision date of November 2020 revealed in part: The facility stores all drugs and biologicals in a safe, secure, and orderly manner. Policy Interpretation and Implementation 1. Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity controls. Only persons authorized to prepare and administer medications have access to locked medications. 3. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. 5. Hazardous drugs are clearly marked and stored separately from other medications (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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	6. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologicals are locked when not in use. Unlocked medication carts are not left unattended. Review of Resident #387's medical record revealed an admission date of 07/02/2025 with diagnoses which included, in part, acute on chronic systolic (congestive) heart failure, acute and chronic respiratory failure with hypoxia, unspecified urinary incontinence, other idiopathic peripheral autonomic neuropathy, and other chronic pain. Review of Resident #387's medical record revealed an order dated 07/03/2025 for Lidocaine external cream 4%, apply to both knees and back topically as needed for pain. Further review of Resident #387's record failed to reveal a physician's order for self-administering medication Review of Resident #387's progress note by social services dated 07/02/2025 revealed a BIMS (Brief Interview for Mental Status) score of 13, indicating intact cognition. An observation on 07/07/2025 at 8:20 a.m. revealed 4% Lidocaine External cream on the bedside table in Resident #387's room. During an interview on 07/07/2025 at 8:20 a.m. Resident #387 reported Lidocaine medication cream (4% Lidocaine with Lavender essential oil) had been on her bedside table since yesterday. During an interview on 07/07/2025 at 9:25 a.m. S7 LPN (Licensed Practical Nurse) confirmed Resident #387 had an order for 4% Lidocaine cream, as needed for pain, but not an order to self-administer. S7 LPN confirmed the lidocaine cream should have been locked in the medication cabinet.

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation and interviews, the facility failed to ensure the resident's environment remained free of accident hazards by failing to ensure a quarterly Safe Smoking Assessment had been completed for 1 (#37) of 1 (#37) resident reviewed for smoking with severe cognitive impairment. Findings: Review of the facility's Smoking Policy dated 10/25/2022 revealed in part: 1.1 Purpose: To establish guidelines for safe smoking practices for residents, visitors, and employees. 1.5 Policy: _____ facility buildings are smoke-free. Smoking, including use of any tobacco products, such as vaping and/or electronic cigarettes are permitted only in outdoor designated smoking areas. Visitors and residents are not permitted to give or leave smoking paraphernalia with any resident. All smokers, including those who use e-cigarettes, will be assessed for risk factors that could determine a resident as an unsafe smoker and desire for smoking cessation on admission, quarterly, with significant change in status, and as needed by the IDT (Interdisciplinary Team). The IDT shall identify unsafe smoking practices and implement intervention(s) specific to the resident. The IDT will document the unsafe practices and interventions on the care plan. Unsafe smokers are not allowed in designated smoking areas without the determined supervision by the IDT. Smoking materials will be maintained by the nursing staff or other designated personnel for all unsafe smokers. 4. Assess the resident's ability to smoke safely by completing the Assessment for Safe Smoking UDA (User Defined Assessments) located in the electronic health record on each assessment and on each new onset. The assessment shall cover the resident's safety awareness, judgment, cognitive ability, and manual dexterity. 5. Identify an Unsafe Smoker in the electronic health record. 8. For all smokers who are on oxygen (O2) therapy, remove oxygen (tank or concentrator) at least 10 feet from the designated smoking are. 9. Staff will label all smoking materials belonging to the unsafe smoker and keep at the nurses station/team rooms. Return smoking materials to proper storage location following supervised smoking. Resident #37 was admitted to the facility on [DATE] with a re-entry date of 04/21/2025 and had diagnoses including, but not limited to vascular dementia, unspecified severity, without behavioral disturbance and Alzheimer's disease. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #37's quarterly MDS (Minimum Data Set) assessment dated [DATE], revealed in part, Resident #37 had a BIMS (Brief Interview for Mental Status) score of 05 indicating severely impaired cognition. Further review of Resident #37's quarterly MDS revealed Resident #37 received oxygen therapy. Review of Resident #37's medical record failed to reveal a quarterly Assessment for Safe Smoking was completed on 04/27/2025 at the time of Resident #37's MDS assessment. Review of Resident #37's medical record revealed a nursing note dated 05/02/2025 which read in part, Resident #37 requesting to smoke . reported by floor nurse that daughter took Resident #37's cigarettes home with her and instructed staff not to give Resident #37 cigarettes. An observation on 07/07/2025 at 9:30 a.m. revealed Resident #37 asleep in bed with O2 infusing at 2L (liter) per nasal cannula. Further observation revealed a pack of cigarettes and a lighter sitting on Resident #37's over bed table adjacent to Resident #37. During an interview on 07/07/2025 at 9:40 a.m. S5CNA (Certified Nursing Assistant) reported residents on oxygen should not have smoking materials in their room. During an interview on 07/07/2025 at 9:45 a.m., S4LPN (Licensed Practical Nurse) confirmed Resident #37's cigarettes and lighter were on his over bed table and Resident #37 was currently receiving oxygen therapy. S4LPN reported Resident #37 was an unsafe smoker due to a recent decline and needed to be reassessed for smoking safety. S4LPN reported Resident #37's cigarettes and lighter should not have been left at his bedside with oxygen therapy in use. During an interview on 07/08/2025 at 2:45 p.m., S3MDS Coordinator reported a Safe Smoking Assessment should be performed on admission, quarterly, annually, and with any significant change. S3MDS Coordinator acknowledged Resident #37 did not have a quarterly Safe Smoking Assessment in April of 2025 and the assessment should have been performed on 04/27/2025 with the quarterly MDS. During an interview on 07/09/2025 at 8:30 a.m., S3MDS Coordinator acknowledged Resident #37 had a BIMS score of 05 on the 04/27/2025 MDS assessment and had severe cognitive impairment. S3MDS Coordinator reported residents with severe cognitive impairment would be an unsafe smoker and need supervision. During a telephone interview on 07/09/2025 at 8:50 a.m., Resident #37's RP (Responsible Party) reported when Resident #37 returned from the hospital in April of 2025 she informed the staff, she did not want Resident #37's smoking materials stored in his room because of his dementia.

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations and interviews, the facility failed to ensure a resident had a physician's order in place and had been care planned for the use of side rails for 1 (#30) of 2 (#30 and #34) residents reviewed for bed rails. Findings: Review of the facility's Bed/Side Rails policy dated 11/28/2017 revealed in part: Policy: Even when bed rails are compatible with the bed and mattress, are properly designed to reduce the risk of entrapment or falls, and are used appropriately, they still can be hazardous for certain individuals, particularly to people with physical limitations or altered mental status, such as dementia or delirium. Side rails should only be used to improve a person's functional abilities, such as repositioning and to aid in getting out of bed . Bed rails requires a physician order and the order must state the reason for bed rail use. The use of bed rails must be added to the plan of care and reviewed at least quarterly and with significant change by the IDT (Interdisciplinary Team). The plan of care shall be consistent with the resident's specific conditions, risks, needs, behaviors, preferences, current professional standards of practice, and included measurable objectives and timetables, with specific interventions/services for use of the bed rails. Resident #30 was admitted to the facility on [DATE] with a re-entry date of 03/21/2025 and had diagnoses including, but not limited to, peripheral vascular disease and heart failure. Review of Resident #30's quarterly MDS (Minimum Data Set) assessment dated [DATE], revealed in part, Resident #30 had a BIMS (Brief Interview for Mental Status) score of 12, indicating moderately impaired cognition. Review of Resident #30's quarterly Restraint Safety Device Elimination assessment dated [DATE] revealed Resident #30 utilized side rails for turning and repositioning while in bed. Review of Resident #30's medical record failed to reveal a physician's order for the use of side rails. Review of Resident #30's comprehensive care plan failed to revealed Resident #30 had been care planned for the use of side rails. An observation on 07/07/2025 at 9:30 a.m. revealed Resident #30 sitting in bed with upper quarter side rails in use bilaterally. (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An observation on 07/08/2025 at 8:00 a.m. revealed Resident #30 awake in bed with upper quarter side rails in use bilaterally. During an interview on 07/08/2025 at 8:00 a.m., Resident #30 reported he uses the upper side rails to position in bed. During an interview on 07/08/2025 at 4:00 p.m., S8CNA (Certified Nursing Assistant) acknowledged Resident #30 had upper quarter side rails in use and reported Resident #30 used the side rails for mobility. During an interview on 07/08/2025 at 4:15 p.m., S9LPN (Licensed Practical Nurse) acknowledged Resident #30 did not have a physician's order for the use of upper side rails and had not been care planned for the use of side rails. During an interview on 07/08/2025 at 4:20 p.m., S3MDS Coordinator, acknowledged Resident #30 had not been care planned for the use of bed rails and should have been. During an interview on 07/08/2025 at 4:30 p.m., S2DON (Director of Nursing) acknowledged Resident #30 did not have a physician's order in place for the use of side rails.

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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. Based on observation, record review, and interview the facility failed to ensure an infection prevention and control program was maintained to help prevent the development and transmission of communicable diseases and infections for 1 (#53) of 1 (#53) resident observed for wound care. Findings: Review of the facility's Wound Care policy dated 01/09/2022 revealed in part: The purpose of this procedure is to provide guidelines for the care of wounds to promote healing. A clean technique is used for routine pressure ulcer dressing changes, unless otherwise ordered by the physician. Review of Resident #53's medical record revealed an admission date of 03/02/2022 with diagnoses that included, in part, Stage 3 sacrococcygeal pressure wound, unpecified protein-calorie malnutrition, nutritional anemia, heart failure, and Alzheimer's disease. Review of Resident #53's medical record revealed a physician order dated 06/15/2025: Cleanse Stage 3 pressure ulcer to coccyx with wound cleanser. Pat dry. Apply skin prep to periwound. Allow to dry. Apply Triad hydrophilic wound drg (dressing) to periwound. Apply Medihoney to wound bed. Cover with Medihoney and calcium alginate ag+ (silver) and wound drg daily until resolved - one time a day. Review of Resident #53's medical record revealed a care plan for Stage 3 pressure ulcer to sacrococcygeal with interventions that included, in part, follow facility policies/protocols for the prevention/treatment of skin breakdown. Observation of Resident #53's wound care to sacrococcygeal wound on 07/09/2025 at 8:50 a.m. revealed S6 Treatment Nurse adjusted her face mask with her right hand and failed to change her gloves prior to applying skin prep and prior to using fingers of the same hand to apply Triad cream to the periwound. During an interview on 07/09/2025 at 11:50 a.m. S6 Treatment Nurse reported she did not remember touching her mask and continuing wound care with the same gloves during Resident #53's wound care. S6 Treatment Nurse further reported gloves should have been changed after touching her mask during wound care.