

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195365	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER Maison DE Lafayette		STREET ADDRESS, CITY, STATE, ZIP CODE 2707 Kaliste Saloom Road Lafayette, LA 70508	

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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47123</p> <p>Based on record review and interview, the facility failed to ensure a comprehensive Minimum Data Set (MDS) assessment was completed timely for 1 (#1) out of 7 (#1, #2, #3, #R1, #R2, #R3, #R4) total sampled residents.</p> <p>Findings:</p> <p>A request was made on 04/03/2025 to S3RA (Regional Administrator) for a policy regarding MDS completion and submission time frames. A policy was not provided by the time of survey exit.</p> <p>Review of CMS's (Centers for Medicare and Medicaid Services) RAI Version 3.0 Manual- RAI OBRA (Omnibus Budget Reconciliation Act)-required Assessment Summary revealed that Assessment Reference Date for an Admission Comprehensive Assessment should be completed no later than the 14th calendar day of the resident's admission.</p> <p>Findings:</p> <p>Review of Resident #1's progress notes revealed he was hospitalized on [DATE] and readmitted on [DATE]. Further review of Resident #1's progress notes revealed he was hospitalized again on 02/27/2025 and readmitted on [DATE].</p> <p>Review of Resident #1's electronic clinical record failed to reveal that a comprehensive MDS assessment was completed and transmitted within 14 days after the resident was readmitted to the facility after each hospitalization .</p> <p>On 04/03/2025 at 11:00 a.m., a request was made to S3RA for an interview with the MDS nurse. S3RA stated that an interview could not be conducted unless questions were submitted in writing as a formal request.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>47123</p> <p>Based on interview and record reviews, the facility failed to develop a plan of care after a fall for 1 (Resident #3) of 7 (#1, #2, #3, #R1, #R2, #R3, #R4) sampled residents.</p> <p>Findings:</p> <p>Review of Resident #3's Discharge Minimum Data Set with an Assessment Reference Date of 03/02/2025 revealed, in part, section J had yes to falls.</p> <p>Review of Resident #3's Nursing Progress note dated 02/13/2025 8:11p.m., read in part .Summoned to resident's room by CNA (Certified Nursing Assistant), who was doing rounds. Upon entering resident's room he was noted lying in supine position on floor next to bed. When assisted to bed facial grimace noted, although he denied pain.</p> <p>Review of Resident #3's Nursing Progress note dated 02/18/2025 8:19 p.m., read in part . I the writer was in the middle of going to give resident his HS (Hours sleep) medications, when I noticed Resident #3 on floor laying down in supine position , head beneath bed. I called another Agency Nurse to assisted resident back into bed. Resident was cover in feces and he stated he was going to use bathroom</p> <p>Review of Resident #3's Plan of Care revealed, in part, Resident #55 was at risk for falls r/t (related to) rhabdomyolysis, falls, muscle weakness, abnormal gait/mobility, unsteadiness on feet, muscle wasting/atrophy, cognitive deficit, Dementia, femur fracture. I have fall with femur fracture prior to admission, 02/13/2025- I had a fall OOB (out of bed), and 02/18/2025 I had a fall in my room. Interventions read in part . call bell within reach when in bed/room, reinforce and re-educate me on the importance of safety, please keep my assistive devices within reach as needed/ordered, I need to be toileted before bed.</p> <p>On 04/02/2025 at 9:34 am, a joint interview was conducted with S2RN (Registered Nurse), and S1RN. S1RN stated she S2RN was their quality nurse and she was the one who would update care plans for residents after falls. S2RN reviewed Resident #3's medical records and confirmed the resident had two falls on 02/13/2025 and 02/18/2025. She then reviewed the fall from 02/18/2025 and stated the updated intervention stated bed in lowest position, call light within reach. S2RN agreed that this intervention was already in place and was a standard nursing of care, she stated the intervention was not resident specific this was already applied to the resident.</p>		