STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195365	A. Building B. Wing	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maison DE Lafayette	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)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to provide the resident or RP (Responsible Party) with written notice which specifies the duration of the bed-hold policy at the time of transfer to the hospital for 1 resident (#2) out of 3 (#1, #2, #3) sampled residents. Findings: Review of the facility's policy titled Transfer or Discharge, Preparing a resident for , with a last revised date of December 2016, read in part: The business office is responsible for .b. Informing the resident, or his or her representative (sponsor) of our facility's readmission appeal rights, bed- holding policies , etc; . Review of the facility's Emergency Transfer Log for March 2025 revealed Resident #2 was transferred to the hospital on [DATE] and returned to the facility on [DATE]. Further review of the Emergency Transfer Log revealed the written notification to resident portion of the log was blank. On 05/14/2025 at 9:04 a.m., a review of the Emergency Transfer Log was conducted with S12SSD (Social Services Director). She stated that she was unaware that she had to send written notification at the time of Resident #2's transfer to the hospital about the duration of the bed hold or the payment policy to the resident or RP. On 05/14/2025 at 11:15 a.m., an interview was conducted with S2ADMAsst (Administrative Assistant). She stated that she provided written notification to the RP or resident of the bed hold policy and provided the notification that she sends to the RP upon transfer to the hospital. A review of the document titled Bed Hold Agreement was conducted with S2ADMAsst and revealed the notice did not provide information to the resident or RP that explained the duration of the bed-hold. S2ADMAsst confirmed that the agreement did not have information that explained the duration of the bed-hold.

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure that the minimum data set (MDS) assessment accurately reflected the status of 1 (Resident #3) of 3 (Residents #1 - #3) sampled residents. Findings: Resident #3 was admitted to the facility on [DATE], with diagnoses which included, but were not limited to metabolic encephalopathy, cerebral infarction, memory deficit following cerebral infarction, and hemiplegia and hemiparesis following infarction affecting right dominant side. During an interview with Resident #3 on 05/13/2025 at 9:09 a.m., she stated that she experienced pain from her pressure ulcer but had been receiving pain medication which helps with the pain. Review of Resident #3 Physician Orders, revealed an order written on 06/20/2024 for Tylenol 8 hour oral tablet extended release 650 milligram (mg) (Acetaminophen) Give 1 tablet by mouth two times a day. Review of Resident #3's quarterly MDS with an assessment reference date (ARD) of 03/19/2025, revealed in Section J0100 that the resident did not receive any scheduled pain medications. On 05/13/2025 at 10:17 a.m., an interview and review of Resident 3#'s quarterly MDS assessment with ARD of 03/19/2025 was conducted with S3MDS and S4MDS. S4MDS stated she completed the assessment and confirmed that she did not code the resident for receiving pain medication. S3MDS confirmed that Resident #3 received pain medication during the look back period of her quarterly MDS assessment and it should have been coded yes for receiving pain medication.

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide ADL (Activities of Daily Living) care for dependent residents by failing to ensure rounding was conducted every two hours for 1 (#2) resident out of 3 (#1,#2,#3) sampled residents. Findings: Review of Resident #2's medical record revealed she was admitted to the facility on [DATE] and had diagnoses including unspecified dementia and urinary tract infection. Review of section GG- Functional Abilities of Resident #2's MDS (Minimum Data Set) assessment dated [DATE] revealed the resident could not walk ten feet and required substantial or maximal assistance for toileting. Review of section H- Bowel and Blader revealed the resident was always incontinent of bowel and bladder. On 05/12/2025 at 8:05 a.m., a phone interview was conducted with Resident #2's family member. She stated that the CNAs were not rounding on the resident every two hours, and her mom was left soiled for several hours before being changed. On 05/12/2025 at 3:50 p.m., a follow up interview was conducted with Resident #2's family member who provided video footage from the resident's electronic monitoring device in her room. The device was positioned facing the resident's bed, with visualization of the resident in bed. The surveyor observed the following: On 05/11/2025, staff was observed entering the resident's room at 3:50 p.m., and performed peri-care. Staff did not perform peri-care again until 8:30 p.m. Further review of the video evidence revealed staff did not round or return to perform peri-care for Resident #2 until 05/12/2025 at 12:00 a.m. On 05/13/2025 at 10:28 a.m., an interview was conducted with S7CNA(Certified Nursing Assistant) who stated that the CNAs were to round every two hours on the residents. She further stated that during two hour rounds, she ensured residents were clean, briefs were not soiled, provided peri- care, ensure residents had hydration, and that the residents' needs were met. On 05/13/2025 at 1:27 p.m., an interview was conducted with S1ADM (Administrator) who stated that the facility's staff was instructed to round every two hours. S1ADM could not provide video evidence from the facility's camera footage of CNAs conducting two hour rounds on Resident #2.