

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195369	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Our Lady of Prompt Succor Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 954 E Prudhomme St Opelousas, LA 70570	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51503</p> <p>Based on interview, observations, and record review, the facility failed to ensure a resident was treated with respect and dignity and cared for in a manner that promoted maintenance or enhancement of his or her own quality of life by failing to apply a privacy cover to an indwelling catheter urinary drainage bag for 1 (#37) of 32 sampled residents.</p> <p>Findings:</p> <p>Review of Resident #37's medical record revealed an admitted [DATE], with diagnoses that included in part . Dementia with Agitation, Alzheimer's Disease, Disorder of Kidney and Ureter, Acute Kidney Failure, and Encounter for Fitting and Adjustment of Urinary Device .</p> <p>Review of Resident #37's Quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 11/23/2024 revealed a BIMS score of 99, which indicated severe cognitive impairment. Resident #37 required extensive assistance with two person physical assistance for bed mobility and toilet use. Resident #37 used an indwelling urinary catheter for urine elimination.</p> <p>Review of Resident #37's current clinical physician's orders revealed an order date 12/18/2024 to change the resident foley catheter 22FR (French) monthly.</p> <p>On 01/06/2025 at 9:28 a.m., Resident #37 was observed lying in bed with the door open. From the doorway and hallway, the resident's indwelling catheter urinary drainage bag was viewed with 100-200ml (milliliters) yellow urine in the collection bag. Closer observations at the resident's bedside revealed her indwelling catheter urinary bag was without a privacy cover.</p> <p>On 01/06/2025 at 10:18 a.m., in an interview and observation with S1DON (Director Of Nursing). S1DON approached Resident #37's doorway and stated, I know what is wrong, her catheter bag should not be like that. S1DON confirmed the resident's urinary catheter drainage bag had yellow urine in it, and it did not have a privacy cover. S1DON also confirmed that the urinary catheter bag should have a privacy cover to maintain the resident's dignity.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47354</p> <p>Based on observations, interview and record review the facility failed to assess 1 (#55) of 1 (#55) residents investigated to self-administer medication out of a finalized sample of 32 residents. The right to self-administer medications was the responsibility of the interdisciplinary team to assess and determine that this practice was clinically appropriate.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Medications - Self-Administration without a review or revision date revealed in part: A resident who wishes to self-administer medications may do so after evaluation of competency by the care plan committee and upon approval and orders from the attending physician. 1.) The attending physician must write or give a verbal for the resident to self-administer medications and/or to keep at bedside. 2.) The resident must be evaluated by the care plan committee and be determined to be cognitively and physically competent to self-administer medications. This evaluation will be documented and maintained in the resident's chart.</p> <p>Review of Resident #55's EMR (Electronic Medical Record) revealed an admitted [DATE] with diagnoses that included; Mild Intermittent Asthma with Status Asthmaticus, Hypertensive Heart Disease, and Anemia.</p> <p>Review of Resident #55's January 2025 Physician's Orders failed to reveal an order for self-administration of medications.</p> <p>Review of Resident #55's EMR failed to reveal an evaluation or assessment had been completed by the care plan committee to determine the resident's physical and/or cognitive ability to self-administer medications.</p> <p>Review of Resident #55's January 2025 EMAR (Electronic Medication Administration Record) revealed Resident #55 had been administered Umeclidinium Br Aero Powder Breath Actuator (Incruse Ellipta) inhaler 62.5mcg/inh (micrograms per inhalation) on the morning of 01/06/2025 at 5:00 a.m.</p> <p>On 01/06/2025 at 10:25 a.m., an observation was made of Resident #55's room. A box containing an oral inhaler, with a label that read Resident #55's name and Incruse Ellipta 62.5mcg/inh was observed on the resident's nightstand. An interview was done with S6LPN (Licensed Practical Nurse) at that time. S6LPN observed the inhaler on Resident #55's nightstand. She confirmed the resident was not approved for self-administration of medication and confirmed it should not had been left at the resident's bedside.</p> <p>On 01/08/2025 at 11:15 a.m., a concurrent record review and interview was conducted with S5MDS (Minimum Data Set) who confirmed that residents who self-administer medications should have a Medications Self-Administration assessment that should be in the resident's EMR as well as a physician's order. S5MDS reviewed Resident #55's EMR and confirmed that she did not have a Medication Self-Administration assessment nor did she have a physician's order to do so. S5MDS confirmed Resident #55 should not have any medications left in her room.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47354</p> <p>Based on record review and interview, the facility failed to accurately code the resident's Minimum Data Set (MDS) assessment for antibiotic use for 1 (#65) of 32 sampled residents whose records were reviewed.</p> <p>Findings:</p> <p>A review of Resident #65's EMR (Electronic Medical Record) revealed an admitted [DATE] with diagnoses that included Pneumonitis, Urinary Tract Infection, and Sepsis.</p> <p>A review of Resident #65's December 2024 Physician's Orders revealed an order for Levofloxacin (an antibiotic) 500mg (milligrams) via g-tube (gastrostomy tube) one time a day for infection for 10 days.</p> <p>A review of resident #65's EMAR (Electronic Medication Administration Record) for December 2024 revealed he received Levofloxacin 500mg once daily from 12/17/2024 through 12/27/2024.</p> <p>Further review of resident #65's medical record revealed a Quarterly MDS assessment with an ARD (Assessment Reference Date) of 12/22/2024, read in part . Section N. Medications .High Risk Drug Classes Use and Indication .antibiotics were not indicated.</p> <p>On 01/08/2025 at 11:20 a.m., a concurrent record review and interview was conducted with S5MDS. S5MDS confirmed Resident #65 received an antibiotic during the timeframe of 12/17/2024 through 12/27/2024. She reviewed the referenced MDS, and confirmed the antibiotics were not indicated on the assessment and should have been.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51503</p> <p>Based on interview, observations, and record review, the facility failed to ensure residents unable to carry out activities of daily living (ADL) received the necessary services to maintain good grooming and personal hygiene for 2 (#1 and #27) out of 32 sampled residents.</p> <p>Findings:</p> <p>Review of a facility policy with an unknown date titled, Activities of Daily Living (ADLs) read in part .3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene .</p> <p>Review of a facility policy with an unknown date titled, Nail Care read in part .1. Routine cleaning and inspection of nails will be provided during ADL care on an ongoing basis .2. Routine nail care, to include trimming and filing .</p> <p>Resident #1</p> <p>Review of Resident #1's medical record revealed an admitted [DATE], with diagnoses that included in part . Hemiplegia and Hemiparesis Following Other Cerebrovascular Disease Affecting Left Non-Dominant Side, Contracture Left Wrist, and Contracture Left Hand.</p> <p>Review of Resident #1's Annual MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 10/11/2024 revealed a BIMS (Brief Interview of Mental Status) score of 9, which indicated moderate cognitive impairment. Resident #1 required extensive assistance with two person physical assist for bed mobility and total dependence with 2 person physical assist for transfers.</p> <p>Review of Resident #1's care plan revealed in part .the resident requires assistance with all ADLs, such as .grooming .related to decreased mobility initial date of 11/13/2022.</p> <p>On 01/06/2025 at 10:30 a.m., in an interview and observation with Resident #1 revealed the resident's nails on both hands were long and dirty fingernails with a brown substance underneath the nails. Resident #1 stated he would like his fingernails cleaned, and he likes them trimmed short.</p> <p>On 01/06/2025 at 10:43 a.m., in an observation and interview with S1DON (Director of Nursing) of the resident dining area, S1DON observed and confirmed Resident #1 had long and dirty fingernails with brown substance under nails on both hands. S1DON stated the resident's fingernails should be cleaned and cut short, but they were not.</p> <p>Resident #27</p> <p>Review of Resident #27's medical record revealed and admitted [DATE] with diagnoses that included in part . Dementia in Other Diseases Classified Elsewhere, Mild, With Other Behavioral Disturbance, Type 2 Diabetes Mellitus Without Complications, and Muscle Weakness (Generalized) .</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #27's Quarterly MDS with an ARD of 10/25/2024 revealed a BIMS score of 3, which indicated severe cognitive impairment. Resident #27 required extensive assistance with 2 person physical assistance with bed mobility and total dependence with 2 persons for transfer.</p> <p>Review of Resident #27's care plan revealed the resident was care planned for an ADL self-care performance deficit related to activity intolerance. Interventions include in part .required extensive assistance with .ADLS .initial date of 08/01/2024.</p> <p>On 01/06/2025 at 10:10 a.m., Resident #27 was observed sitting in her geri-chair in the day area. She was observed with black and grey colored facial hair to her upper lip and chin.</p> <p>On 01/06/2025 at 10:22 a.m., an interview and observation was conducted with S1DON. S1DON confirmed that Resident #27 had facial hair present on her lip and chin. S1DON confirmed the resident should have had her facial hair shaven this morning during her ADL care, but it was not.</p> <p>On 01/06/2025 at 11:09 a.m., in an interview with S7CNA (Certified Nursing Assistant), she confirmed that she was taking care of Resident #27 this morning and familiar with her care. S7CNA explained that in regards to facial hair, all CNAs were taught to shave facial hair during a resident's ADL care. S7CNA explained that S1DON did not allow female residents to remain with facial hair. S7CNA stated she had given the resident a bed bath this morning and did not notice the facial hair on Resident #27's lip and chin.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>39319</p> <p>Based on observations, record review, and interview, the facility failed to ensure that medications were stored and labeled properly in accordance with current accepted professional principles by:</p> <ol style="list-style-type: none"> 1. having loose medications at the bottom of a drawer in the medication cart; and 2. staff failing to conduct and record daily temperature on the medication refrigerator in the medication storage room. <p>Findings:</p> <p>Review of the facility's policy, with no revision date, titled Medications-Storage read, The facility shall store all drugs and biologicals in safe, secure, and orderly manner .Policy Interpretation and Implementation .2. The nursing staff shall be responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner.</p> <p>1. On 01/07/2025 at 01:40 p.m., an observation was conducted of the medication cart on Hall A nurse's station with S2LPN (Licensed Practical Nurse). One peach and one white colored pill was observed on the bottom of the first large drawer in the medicine cart. During the observation, S2LPN confirmed that loose pills should not be in the bottom of any drawer on the cart.</p> <p>On 01/07/2025 at 01:54 p.m., an interview was conducted with S1DON (Director of Nursing) who confirmed there should not be loose pills in the bottom of the medication drawers on the medication cart and the pills should have been removed and discarded.</p> <p>2. On 01/08/2025 at 11:15 a.m., an observation was conducted with S3LPN of the medication room on the Hall B nurse's station. Review of the medication refrigerator logs for November 2024 through December 2024 revealed missing temperatures on the following dates: 11/15/2024 through 11/29/2024, 12/01/2024, 12/04/2024, 12/10/2024, 12/14/2024, and 12/23/2024.</p> <p>On 01/08/2025 at 11:30 a.m., an interview was conducted with S1DON who confirmed the nursing staff on the night shift should check and record the temperatures for the medication refrigerators daily.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>39319</p> <p>Based on observations, record review and interview, the facility failed to store food in accordance with professional standards for food service safely as evidenced by the nursing staff failing to conduct and record daily temperatures for the resident snack/supplement refrigerator in the medication storage room.</p> <p>Findings:</p> <p>Review of the facility's policy with no revision date titled Refrigerators & Snack/Supplements Handling read in part, .Food kept on the nursing units must be maintained as indicated below:</p> <p>a. Refrigerator temperatures must be checked and recorded daily, maintaining temperature between 32-40 degrees Fahrenheit .</p> <p>On 01/08/2025 at 11:15 a.m., an observation was conducted with S3LPN of the medication room on the Hall B nurse's station. Review of the resident's snack/supplement refrigerator temperature logs for November 2024 through December 2024 revealed missing temperatures on the following dates: 11/01/2024, 11/02/2024, 11/03/2024, 11/12/2024, 11/13/2024, 11/14/2024, 11/16/2024, 11/17/2024, 11/18/2024, 11/20/2024, 11/21/2024, 11/22/2024, 11/23/2024, 11/25/2024, 11/26/2024, 11/27/2024, 11/28/2024, 11/29/2024, 12/01/2024. 12/04/2024, and 12/10/2024.</p> <p>On 01/08/2025 at 11:30 a.m., an interview was conducted with S1DON who confirmed the nursing staff on the night shift should check and record the temperatures for the resident's snack/supplement refrigerators daily.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17364</p> <p>Based on observation, record review, and interview, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections for 2 (#86, #37) out of 32 sampled residents as evidenced by failing to ensure:</p> <ol style="list-style-type: none"> 1. staff removed PPE (Personal Protective Equipment) prior to exiting a resident's room that was on enhanced barrier precautions for Resident #86; and 2. failing to maintain a resident's urinary catheter in a sanitary manner for Resident #37. <p>Findings:</p> <ol style="list-style-type: none"> 1. <p>Review of the facility's policy and procedure titled Enhanced Barrier Precautions dated May 2023 read in part, Policy: It is the policy of this facility to implement enhanced barrier precautions (EBP) for the prevention of transmission of multidrug-resistant organisms (MDRO). Definitions: Enhanced barrier precautions refer to the use of gown and gloves for use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices) . 47. Implementation of Enhanced Barrier Precautions- a. Gowns and gloves will be available outside of the resident's room . c. A trash can will be positioned inside the resident room and near the exit for discarding PPE (Personal Protective Equipment) after removal, prior to exit of the room .</p> <p>Resident #86</p> <p>Review of Resident #86's electronic clinical record revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included Hemiplegia and Hemiparesis following Cerebrovascular Disease, Diabetes, Dysphagia, Gastrostomy, and Hypertensive Heart Disease without Heart Failure.</p> <p>Review of the resident's physician's orders for January 2025 revealed the resident had a PEG (Percutaneous Endoscopic Gastrostomy) tube in place.</p> <p>On 01/06/2025 at 9:35 a.m., S4CNA (Certified Nursing Assistant) was observed performing personal care to Resident #86. S4CNA was observed leaving the resident's room without removing gloves and then was observed getting items off of the linen cart wearing those same gloves. Enhanced Barrier Precaution sign was posted next to the resident's room door.</p> <p>On 01/06/2025 at 9:45 a.m., an interview was conducted with S3LPN (Licensed Practical Nurse). She confirmed the CNA should have removed the gloves prior to leaving out of the resident's room.</p> <p>51503</p> <ol style="list-style-type: none"> 2. <p>(continued on next page)</p>		

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