STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195369	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Lady of Prompt Succor Nursing Facility	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)
F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Post nurse staffing information every day. Based on observations and interview, the facility failed to ensure staffing information that was posted daily was accurate and current. The facility's census was 112.Findings:On 02/23/2026 at 8:20 a.m., an observation of the daily posted staffing information revealed a date of 02/20/2026. On 02/23/2026 at 1:39 p.m., a second observation of the daily posted staffing information remained unchanged with a date of 02/20/2026.On 02/23/2026 at 4:15 p.m., a third observation of the daily posted staffing information remained unchanged with a date of 02/20/2026. An interview was conducted at this time with S2HR. S2HR stated she posts the staffing information from the day prior and not the current date. S2HR also affirmed that no staffing information was posted for the weekend dates.

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
	195369	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Lady of Prompt Succor Nursing Facility	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, policy review, personnel file review, and interviews, the facility failed to treat each resident with respect and dignity in a manner and in an environment that promotes maintenance of his or her quality of life for 1 (#44) out of a finalized sample of 38 residents. Findings: A review of the facility's policy, Resident Rights, with a last review date of 08/20/2025, revealed in part: 5. Respect and dignity. The resident has a right to be treated with respect and dignity. A review of the facility's policy, Promoting/Maintaining Resident Dignity, with a last review date of 08/20/2025, revealed in part: Compliance Guidelines: 10. Speak respectfully to residents; avoid discussions about residents that may be overheard. A review of Resident's [NAME] of Rights Acknowledgment signed by Resident #44's representative on 02/12/2026, revealed in part: 9.The right to be treated courteously, fairly, and with the fullest measure of dignity. A review of Residents Rights In-Service on 07/23/2025, revealed S3CNA completed an in-service on Resident Rights including in part, The resident has a right to be treated with respect and dignity. A review of S3CNA's personnel file revealed a job summary for Nursing Assistant completed by S3CNA on 07/23/2025, revealing in part, Qualifications: 5. Is courteous in working with residents, families, and employees. Review of Resident #44's Electronic Health Record revealed the resident was admitted to the facility on [DATE] with diagnoses which included in part, chronic inflammatory demyelinating polyneuritis and type 2 diabetes mellitus with diabetic polyneuropathy. Review of Resident #44's BIMS (Brief Interview of Mental Status) on 02/23/2026 revealed a BIMS score of 5, which indicated the resident's cognition was severely impaired. On 02/23/2026 at 9:00 a.m., an interview was conducted with Resident #44 and his wife and roommate, Resident #43. Resident #44 stated that last night at around 1:30 a.m. to 2:00 a.m., a staff member had just exited his room when he (the resident) made the statement son of b***h due to his pain. The staff member (later identified as S3CNA) walked back into the room and accused him of calling her a b***h. He stated that he tried to tell her that he did not call her that, and he was just making the statement son of a b***h. He said the staff argued with him, left the room, and returned with another staff member, and continued to accuse him of calling her a b***h with an attitude. Resident #44 stated this made him feel aggravated. Resident #43 confirmed Resident #44's statement as she stated she was a witness to the incident. Review of Resident #43's admission MDS (Minimum Data Set) assessment dated [DATE] revealed a BIMS (Brief Interview of Mental Status) score of 15, which indicated the resident's cognition was intact. A review of a statement dated 02/23/2026 by S12LPN revealed in part, At approximately 1:40 a.m., S3CNA approached the nursing station requesting that I speak with Resident #44. She reported that as she was exiting his room, he called her a b***h. I then spoke with Resident #44 regarding the allegation. Due to both parties going back and forth and in an effort to prevent further escalation, I asked S3CNA to exit the room. On 02/24/2026 at 12:34 p.m., a phone interview was conducted with S3CNA. S3CNA stated that she did have an altercation with Resident #44. She stated that when she walked out of Resident #44's room she heard him call her a b***h. She then reported the incident to S12LPN and they returned together to the resident's room, along with S13CNA. She stated that S12LPN and herself confronted Resident #44 about what he said. She stated they went back and forth angrily on both sides, herself and Resident #44. When questioned about protocol regarding confronting disrespectful behavior from a resident, she stated that it was not the protocol for her to confront the behavior with the resident. On 02/24/2026 at 3:19 p.m., an interview was conducted with S1DON. She confirmed that at no time should a CNA (Certified Nursing Assistant) confront or argue with a resident about disrespectful behavior. On 02/25/2026 at 8:40 a.m., a phone interview was conducted with S12LPN. She confirmed that on the night shift of 02/22/2026, S3CNA reported that she overheard Resident #44 call her a b***h as she was walking out of the room. S12LPN stated that she returned to the room with S3CNA (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195369	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Lady of Prompt Succor Nursing Facility	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and S13CNA to ask about the situation. She stated that S3CNA was trying to get her point across to the resident that she heard what he called her. S12LPN confirmed that it was not proper protocol for S3CNA to confront a resident. On 02/25/2026 at 8:49 a.m., an interview was conducted with S13CNA. She stated that on the night shift of 02/22/2026, she was asked by S12LPN to enter Resident #44's room to talk to him about S3CNA reporting that he called her son of a b***h. She stated while S12LPN was asking him about the incident, S3CNA entered the room and she was just making her point of what she heard. S13CNA confirmed that it was not protocol for a CNA to confront a resident about disrespectful behavior like what occurred in this incident. On 02/25/2026 at 2:47 p.m., an interview was conducted with S14ADM. She confirmed that a CNA should report a residents' disrespectful behavior to a supervisor and should not confront or argue with a resident about it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195369	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Lady of Prompt Succor Nursing Facility	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure that an injury of unknown origin was reported immediately, but not later than two (2) hours to State Survey Agency after discovering or learning of the injury for 1 (#10) of 5 residents (#5, #8 #10, #74, #98) investigated for accidents. Findings:Review of the facility's policy with a review date of 08/20/25 titled Abuse Prevention and Investigation, read in part; IV. Identification of Abuse, Neglect and Exploitation. B. Possible indicators of abuse include, but are not limited to. 3. Physical injury of a resident, of unknown source.; VII. Reporting/ Response. 1. Reporting of all alleged violations to the Administrator, state agency. within specified timeframes: a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or results in serious bodily injury. Serious Bodily Injury means an injury. requiring medical intervention. Review of Resident #10's electronic medical records revealed he was admitted to the facility on [DATE] with diagnoses that included, but were not limited to, vitamin D deficiency, major depressive disorder, anxiety, unspecified intellectual disabilities. Review of Resident #10's annual MDS (Minimum Data Set) with a review date of 06/02/2025 revealed in Section C0100 indicated: Should brief interview for mental status be conducted; No resident is rarely/ never understood. On 02/24/2026 at 10:10 a.m., an interview was conducted with S9LPN. S9LPN stated that on 02/23/2025 at approximately 6:35 a.m., she read the results of the x-ray that was completed on 02/22/2025 for Resident #10. S9LPN confirmed, she called S4ADON at approximately 6:40 a.m. and notified her of Resident #10's x-ray results which read fracture of 5th metatarsal of right hand. On 02/24/2026 at 10:18 a.m., an interview was conducted with S4ADON. S4ADON stated that she was notified by telephone of Resident #10's x-ray results at approximately 06:38 a.m. by S9LPN. S4ADON stated she immediately notified S1DON and S14ADM. On 02/24/2026 11:30 a.m., an interview was attempted with Resident #10. Resident #10 was non interviewable due to his cognitive state. This surveyor observed Resident #10 had a splint with an ace bandage wrapped around his right hand that extended approximately six to eight inches down his forearm. On 02/24/2026 at 1:00 p.m., and interview was conducted with S14ADM. S14ADM confirmed an x-ray was performed on 2/22/2025 of Resident #10's right hand. On 02/23/2025 at approximately 6:35 a.m., the facility read the results of the x-ray that revealed a fracture of the 5th metatarsal. S14ADM stated Resident #10 was transported to the hospital on [DATE] due to the fractured 5th metatarsal. S14ADM stated the facility was not sure of how the injury occurred. S14ADM stated the resident was not able to communicate with staff and therefore could not determine origin of injury from Resident #10. S14ADM stated an investigation was ongoing in the facility and no staff member was able to confirm how this injury occurred. S14ADM confirmed that the facility was unable to determine how the injury occurred to Resident #10's hand and had not reported it to the state agency.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195369	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Lady of Prompt Succor Nursing Facility	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)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure that an injury of unknown origin was reported immediately, but not later than two (2) hours to State Survey Agency after discovering or learning of the injury for 1 (Resident #1) of 3 (Residents #1, #2, #3) sampled residents. The deficient practice had the potential to affect a total census of 126 residents. Findings:Resident #6Review of Resident #6's completed Level I PASARR form, dated 11/16/2024, revealed it was completed prior to the resident's admission to the nursing home. Section III Mental Illness section revealed a question that read, Do you suspect the applicant has, or has the applicant ever been diagnosed as having a mental illness? The response checked was no, indicating the resident did not have a mental illness.Review of Resident #6's nursing home admission record revealed she was initially admitted to the facility on [DATE] with diagnoses that included but were not limited to: major depressive disorder, recurrent, unspecified onset date 12/19/2024. Further review of her admission record also revealed a readmission date of 01/03/2025 with diagnoses that included but were not limited to: major depressive disorder, single episode, severe with psychotic features onset date 01/03/2025. Review of Resident #6's care plan revealed in part: Altered mood, thought processes, and behavior related to underlying psychiatric illness and cognitive impairment as evidenced by history of major depressive disorder, recurrent, unspecified, psychotic features, & personal history of other mental and behavioral disorders.Further review of Resident #6's medical record revealed no evidence that a referral was submitted to the appropriate state-designated authority for Level II PASARR evaluation and determination. On 02/25/2026 at 8:44 a.m., an interview and record review was conducted with S4ADON. S4ADON confirmed there was only a Level I PASARR in Resident #6's medical record that was completed on 11/16/2024 which was prior to Resident #6's admission date of 12/19/2024. S4ADON confirmed Resident #6's medical record did not include a Level II PASARR submitted by the facility. On 02/25/2026 at 9:14 a.m., an interview was conducted with S5SSD. S5SSD stated that she was responsible for PASARRs along with S6ASSD. S5SSD confirmed that Resident #6's medical record revealed a diagnosis of major depressive disorder, recurrent, unspecified with an onset date of 12/19/2024; and major depressive disorder, single episode severe with psychotic features with an onset date of 01/03/2025. S5SSD confirmed that the facility did not submit a Level II PASARR for Resident #6, but the facility should have.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195369	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Lady of Prompt Succor Nursing Facility	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews and interviews, the facility failed to implement a comprehensive person-centered plan of care and follow physician's orders for 2 (Resident #3 and Resident #74) out of 38 sampled residents as evidenced by failing to: 1. implement the comprehensive plan of care for keeping the resident's call light in reach and bed in the lowest position for Resident #3, and2. implement the comprehensive plan and physician's order for two person assistance when transferring Resident #74. Findings:Resident #3 Resident #3 was admitted to the facility on [DATE] with the following diagnoses including, but not limited to: dementia with psychotic disturbance, atrial fibrillation, long term (current) use of anticoagulants and repeated falls. Review of Resident #3's February 2026 physician's orders revealed an order dated 10/24/2025, ensure bed is in lowest position. Review of Resident #3's care plan revealed the resident was at risk for falls r/t (related to) decreased mobility, poor safety judgement. Interventions in part were to: Ensure bed is in lowest position; keep call light within easy reach. Resident at risk for bleeding and bruising related to AC (anticoagulant) therapy related to atrial fibrillation with an intervention to take precautions to avoid falls. Further review of Resident #3's care plan revealed Resident #3 had an ADL (Activities of Daily Living) deficit related to impaired balance.history of falls, psychotropic medications and poor safe awareness at times. Interventions in part were: Staff to provide the appropriate amount of assistance with ADLs to maintain adequate level of functioning and to encourage the resident to use bell to call for assistance. Review of Resident #3's daily tasks revealed S7CNA documented the task of ensuring the resident's bed was in lowest position for safety as completed on 02/25/2026 at 8:57 a.m. On 02/25/2026 at 9:50 a.m., Resident #3 was observed in bed. The resident's bed was observed not in the lowest position and his call bell was wrapped around his right upper side rail with the button hanging off the rail not in the resident's reach. On 02/25/2026 at 10:25 a.m., an interview was conducted with S8LPN who was familiar with Resident #3 and verified the resident attempts to get out of bed at times and had periods of confusion. She confirmed S7CNA provided morning care for Resident #3 earlier today. At this time, S8LPN observed the resident in bed with his bed not in the lowest position and his call bell was out of reach. S8LPN confirmed the resident's bed should have been in the lowest position and his call bell should have been within his reach. On 02/25/2026 at 2:25 p.m., an interview was conducted with S1DON who verified Resident #3's bed should have been in the lowest position and his call bell should be within reach due to resident having poor safety awareness and history of falls. Resident #74 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195369	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Lady of Prompt Succor Nursing Facility	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #74's Electronic Health Record revealed the resident was admitted to the facility on [DATE] with diagnoses which included, but were not limited to unspecified sequelae of cerebral infarction and unspecified dementia. Review of Resident #74's Order Summary Report which contained the resident's physician orders revealed an order dated 03/12/2025, Assist times 2 with transfers. Review of Resident #74's most recent Care Plan Report, revealed in part Focus- The resident has an ADL (Activities of Daily Living) self-care performance deficit r/t (related to) Activity Intolerance, Confusion, Dementia. Interventions- Requires Assist Times 2 with all transfers initiated 03/12/2025. Review of a nurse's note for Resident #74 dated 02/16/2026 at 1:35 p.m. by S15LPN, revealed in part, Notified per staff that resident got skin tear this a.m. transferring from bed to wheelchair with assist times one. Review of a statement by S16CNA dated 02/16/2026, revealed in part, I was assisting Resident #74 to transfer from bed to wheelchair. She is a one person assist. During the transfer she bumped her lower, lateral, right leg on wheelchair. On 02/25/2026 at 11:09 a.m., an interview was conducted with S16CNA. She stated on 02/16/2026, she was assisting Resident #74 with transferring from the bed to the wheelchair when she bumped her leg on her wheelchair and obtained a skin tear. She stated she was the only staff member assisting with the transfer because Resident #74 was a one person assist. On 02/25/2026 at 12:41 p.m., an interview and record review was conducted with S4ADON. She confirmed that on 02/16/2026, Resident #74 should have been transferred by two staff members according to her physician order and care plan, when she bumped her leg on her wheelchair. On 02/25/2026 1:14 p.m., an interview was conducted with S1DON. She confirmed that on 02/16/2026, Resident #74 should have been transferred by two staff members according to her physician order and care plan, when she bumped her leg on her wheelchair.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195369	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Lady of Prompt Succor Nursing Facility	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interviews, the facility failed to maintain an accurately documented medical record in accordance with accepted professional standards and practices as evidenced by failing to accurately document the use of a CPAP (Continuous Positive Airway Pressure) machine in the resident's EHR (Electronic Health Record) for 1 (#16) out of a census of 112 residents.Findings:Record review revealed Resident #16 was admitted to the facility on [DATE] with diagnoses which included, and not limited to: sleep apnea, chronic obstructive pulmonary disease, asthma, and stage 3 chronic kidney disease.Record review of Resident #16's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed her BIMS (Brief Interview for Mental Status) score was 11, meaning the resident had moderate problems with thinking and memory.On 02/23/2026 at 9:30 a.m., an observation and interview with Resident #16 revealed she had a CPAP machine on her night stand. Resident #16 stated she had been refusing to use it for the past two months. Record review of Resident #16's MAR (Medication Administration Record) read in part, CPAP at Hours of Sleep: Personal CPAP Settings Preset. Further review of this document revealed the nurses were documenting from 02/01/2026 to 02/23/2026 that they were putting the CPAP on for the resident every evening and taking it off in the morning. On 02/24/2026 at 11:32 a.m., Resident #16's son stated his mother had not used the CPAP machine since she had been admitted to the facility. On 02/24/2026 at 4:30 p.m., S1DON confirmed that after she talked with Resident #16, her family, and reviewed the resident's MAR, the resident's record was inaccurate. She stated the nurses should not have documented use of the CPAP on the resident's MAR because the resident was not wearing her CPAP.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195369	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Lady of Prompt Succor Nursing Facility	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record and policy review, the facility failed to maintain an effective infection prevention and control program, by failing to ensure:1. Staff wore appropriate Personal Protective Equipment (PPE) while providing incontinence care to a resident on enhanced barrier precautions (EBP) for Resident #39; and 2. Resident #63's urinary catheter drainage bag avoided contact with the floor.Findings:Resident #39 Record review of the facility's policy last reviewed 08/20/2025, titled Enhanced Barrier Precautions read in part, It is the policy of the facility to implement enhanced barrier precautions (EBP) for the prevention of transmission of multidrug-resistant organisms (MDRO). EBP refers to the use of gown and gloves for use during high-contact resident activities for residents known to be colonized or infected with a MDRO. Implementing of EBP-a. Gowns and gloves will be available immediately near the residents room.High Contact residents care activities: d. providing hygiene, f. Changing briefs or assisting with toileting. Record review revealed Resident #39 was admitted to the facility on [DATE]. She had diagnoses that were included, but not limited to, extended spectrum beta lactamase resistance (ESBL), dementia, aphasia, age related physical debility, and chronic kidney disease. Record review of Resident #39's physician's orders dated 02/2026 read in part, Contact Isolation related to ESBL. All care provided in provided room. Record review of Resident #39's Care Plan read in part, the resident has a urinary tract infection with ESBL (Extended Spectrum Beta Lactamase Resistance) in her urine. All care provided in room. The resident is incontinent of bladder. Perineal care provided every 2 hours and as needed .1/29/26: ESBL in Urine. On 02/23/2026 at 10:45 a.m., an observation revealed a sign on the side of Resident #39's door which read in part, Enhanced Barrier Precaution.Wear gloves and gown for the following high-contact resident care activities .Dressing.Providing hygiene.changing briefs or assisting with toileting. At this time it was observed that no PPE was on or near Resident #39's door. At 10:50 a.m., an observation inside the resident's room revealed S15CNA and S16CNA were providing incontinent care to Resident #39 without wearing gowns and gloves. On 02/23/2026 at 11:00 a.m., an interview was conducted with S17LPN who confirmed Resident #39 was on EBP for ESBL in her urine and the staff was to wear a gown and gloves when providing incontinent care to the resident. On 02/23/2026 at 11:30 a.m., an interview was conducted with S15CNA who confirmed Resident #39 was on EBP and the staff was to wear a gown and gloves when providing incontinent care and did not. On 02/25/2026 at 3:54 p.m., an interview with S10RN/IP who was responsible for the facility's infection prevention program. S10RN/IP confirmed that Resident #39 was on EBP for ESBL in her urine. She confirmed the staff were to wear a gown and gloves when providing incontinent care to the resident as required by the facility's policy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195369	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Lady of Prompt Succor Nursing Facility	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #63 Review of a facility policy titled, Indwelling Urinary Catheters, with a last reviewed date of 07/16/2025, revealed in part, The urine collection bag must be kept below the level of the resident's bladder at all times including during transfers and during bathing and bag contact with floor must be avoided. Review of Resident #63's clinical record revealed she was admitted to the facility on [DATE] with diagnoses which included, in part, retention of urine and extended spectrum beta lactamase (ESBL) resistance. On 02/24/2026 at 12:15 p.m., an observation was made of Resident #63 in her room. Resident #63's indwelling catheter drainage bag was covered with a privacy bag. The bottom half of the privacy bag containing the indwelling catheter drainage bag was noted making contact with the floor. On 02/25/2026 at 11:23 a.m., a second observation was made of Resident #63 in her room. Resident #63's indwelling catheter drainage bag was covered with a privacy bag. The privacy bag containing the urinary catheter drainage bag was noted resting on the floor. On 02/25/2026 at 12:28 p.m., a third observation was made of Resident #63 in her room. Resident #63's indwelling catheter drainage bag was covered with a privacy bag. The privacy bag containing the urinary catheter drainage bag was noted resting on the floor. On 02/25/2026 at 12:29 p.m., a concurrent observation and interview was conducted with S9LPN. S9LPN confirmed that Resident #63's privacy bag containing the urinary catheter drainage bag was resting on the floor and it should not have been. On 02/25/2026 at 12:48 p.m., an interview was conducted with S10RN/IP who was responsible for the facility's infection prevention program. S10RN/IP confirmed that the Resident #63's privacy bag containing the urinary catheter drainage bag should not have been resting on the floor in Resident #63's room.