

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER Grand Cove Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1525 W McNeese St. Lake Charles, LA 70605	

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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>Based on record review and interview, the facility failed to ensure that the resident's quarterly MDS (Minimum Data Set) assessment was completed and submitted to CMS (Center for Medicare and Medicaid Services) in a timely manner for 1 (#44) of 5 (#29, #41, #44, #46, #56) residents investigated for resident assessments in a final sample of 30 residents.</p> <p>Findings:</p> <p>Review of Resident #44's electronic medical record revealed a quarterly MDS assessment with an Assessment Reference Date (ARD) of 05/06/2025. Review of the MDS assessment signature page revealed the assessment had been completed and signed on 06/05/2025.</p> <p>On 06/11/2025 at 3:30 p.m., an interview was conducted with S7MDS who stated she was responsible for Resident #44's MDS assessments. S7MDS reviewed Resident #44's quarterly MDS with an ARD of 05/06/2025 and confirmed the assessment had not been completed in the CMS required timeframe of 14 days.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER Grand Cove Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1525 W McNeese St. Lake Charles, LA 70605	

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 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>Based on record review and interview, the facility failed to accurately code the resident's Minimum Data Set (MDS) assessment for use of antiplatelet medication for 1 (#56) out of 30 sampled residents.</p> <p>Findings:</p> <p>Review of Resident #56's Quarterly MDS with an ARD (Assessment Reference Date) of 02/12/2025 revealed, in part: Section N- Medications High Risk Drug Classes E. Anticoagulant, Is taking- checked Yes .I. Antiplatelet, Is taking- checked No.</p> <p>Review of Resident #56's electronic medication administration record (EMAR) for February 2025 revealed he had taken Plavix, an antiplatelet medication.</p> <p>On 06/11/2025 at 12:45 p.m., an interview and record review was conducted with S7MDS. She verified that Resident #56 was administered Plavix, an antiplatelet medication during the lookback period for his Quarterly MDS with an ARD of 02/12/2025. S7MDS confirmed that Resident #56's Quarterly MDS was coded incorrectly as him taking an anticoagulant instead of an antiplatelet medication.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER Grand Cove Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1525 W McNeese St. Lake Charles, LA 70605	
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to develop and implement a comprehensive person-centered care plan for 2 (#9, #41) out of a final sample of 30 residents. The deficient practice had the potential to affect a total census of 84 residents.</p> <p>Findings:</p> <p>Resident #9</p> <p>Review of Resident #9's EMR (Electronic Medical Record) revealed an admission date of 03/24/2025 and diagnoses that include Hemiplegia following Cerebral Infarction affecting right dominant side, Type 2 Diabetes Mellitus, and Morbid Obesity.</p> <p>Review of Resident #9's Quarterly MDS (Minimum Data Set) dated 03/28/2025 indicated Resident #9 was dependent on staff for personal hygiene.</p> <p>On 06/09/2025 at 10:30 a.m., an observation was made of Resident #9 unshaven with long unkempt facial hair and fingernails that were long, curling under with brown debris under them.</p> <p>On 06/11/2025 at 8:37 a.m., an interview was conducted with S8LPN (Licensed Practical Nurse). S8LPN confirmed the resident had unkempt facial hair and fingernails. She stated the resident refuses ADL (activities of daily living) care almost on a daily basis. S8LPN confirmed this has been reported to administration to address.</p> <p>On 06/11/2025 at 1:51 p.m., a concurrent records review and interview was conducted with S7MDS. S7MDS viewed Resident #9's resident centered care plan. S7MDS confirmed that the Resident #9's care plan failed to identify and address the resident's refusals of ADL care and confirmed this information should be addressed in the care plan and was not.</p> <p>Resident #41</p> <p>Review of Resident #41's EMR revealed an admission date of 11/23/2022 with diagnoses that included Hemiplegia following Cerebral Infarction affecting right dominant side, Hemiplegia following Cerebral Infarction affecting left side, and Type 2 Diabetes Mellitus.</p> <p>Review of Resident #41's Quarterly MDS dated [DATE] indicated Resident #41 required substantial to maximal assistance from staff for personal hygiene.</p> <p>On 06/09/2025 at 10:00 a.m., an observation was made of Resident #41 with fingernails that were long and curling under.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER Grand Cove Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1525 W McNeese St. Lake Charles, LA 70605	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on observation, interview, and record review, the facility failed to provide pharmaceutical services that ensured accurate administration of medication to meet the needs of 1 (#72) of 6 residents observed during medication administration. The deficient practice had the potential to effect the facility census of 84 residents.</p> <p>Findings:</p> <p>On 06/11/2025 at 9:40 a.m., S10LPN (Licensed Practical Nurse) was observed during medication pass. During her preparation for medication administration for Resident #72, S10LPN stated that the prescribed Carbidopa-Levodopa ER Tablet 25-100 mg (milligrams) orders on her computer indicated Resident #72 was to take 1 tablet PO (by mouth) TID (three times per day) but that the instructions on the medication blister pack read to take 2 tablets PO TID. In that moment, S10LPN reviewed Resident #72's physician's orders on her computer and read from the prescribed Carbidopa-Levodopa order, take 1 tablet PO TID. S10LPN returned to the Carbidopa-Levodopa blister pack and read, take 2 tabs PO TID. S10LPN then removed a round, bright orange sticker from a drawer on her medication cart and applied it to the top of the Carbidopa-Levodopa blister pack. The nickel-sized decal read, Direction Change See Chart. S10LPN stated in addition to her reporting this to the DON (Director of Nursing) as soon as possible, this would help to flag the medication. S10LPN also verified that this blister pack was the only blister pack in the medication cart that contained Resident #72's Carbidopa-Levodopa medication. Resident #72's medication was contained in a plastic pill cup and was counted, identified, and noted to include only one Carbidopa-Levodopa 25-100 mg tablet. This observation was confirmed by S10LPN, and on 06/11/2025 at 9:47 a.m., Resident #72 was observed swallowing his medication, including only one Carbidopa-Levodopa 25-100 mg tablet.</p> <p>Review of Resident #72's physician's orders indicated he was prescribed Carbidopa-Levodopa Tablet Extended Release 50-200 MG (milligrams) on 05/15/2025. The orders read, Give 1 tablet by mouth three times a day for Parkinson's disease.</p> <p>A review of Resident #72's June 2025 electronic Medication Administration Record (eMAR) was conducted. An entry on page 3 read, Carbidopa-Levodopa ER Tablet Extended Release 50-200 MG. Give 1 tablet by mouth three times a day for Parkinson's disease -Start Date- 05/15/2025. S10LPN's initials were noted as having given the morning dose on 06/11/2025. There was no note of irregularity to indicate there was conflict between the orders and administration of the medication on Resident #72's eMAR.</p> <p>On 06/11/2025 at 10:38 a.m., an interview with record review with S2DON (Director of Nursing) was conducted. S2DON was asked to verify orders regarding Resident #72's Carbidopa-Levodopa medication regimen. S2DON reviewed physician's orders and eMAR for Resident #72's prescribed medication on her computer, as well as a photo of the Carbidopa-Levodopa blister pack from which the morning dose was taken. S2DON confirmed Resident #72's physician's orders, as well as his eMAR, read to administer 1 Carbidopa-Levodopa 50-200 mg tablet three times a day. S2DON then verified that the medication blister pack instructed to administer 2 Carbidopa-Levodopa 25-100 mg tablets by mouth, three times each day. S2DON stated she understood the complication, as physician's orders read to administer one each of the 50-200 mg tablets of Carbidopa-Levodopa, but the blister pack in the medication cart contained 25-100 mg tablets and read to admin 2 each, in order to total the prescribed dose of 50-200 mg.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER Grand Cove Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1525 W McNeese St. Lake Charles, LA 70605	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and interview, the facility failed to serve food in accordance with professional standards for food service safety as evidenced by failing to ensure:</p> <ol style="list-style-type: none"> 1. dietary staff with facial hair utilized a hair restraint to prevent hair from contacting food; 2. dietary staff utilized gloves when handling and preparing food; and, 3. dietary staff utilized proper sanitary procedures when serving ice with a ice scoop. <p>These deficiencies had the potential to affect the entire census of 80 residents who consumed food and beverages prepared in the kitchen.</p> <p>Findings:</p> <p>A review of the facility's policy titled Employee Work Practice, with a revised date of 05/2018 and annual policy review date of 01/30/2025, read in part: Policy: Food service employees shall follow sanitary practices to prevent the spread of food borne illness. Procedure: 2. Proper Work Attire a. maintain their hair and skin to prevent the transfer of pathogens to food and food equipment .c. ii. Wears a clean hat or other hair restraint (hair net, hat, surgical cap and/or beard restraint) in the food production area. The restraint must cover all hair and prevent the hair from contacting exposed food.</p> <p>A review of the facility's policy titled Hand Sanitation Practices, with a revised date of 05/2018 and annual policy review date of 01/30/2025, read in part: Procedure: 6. Use of gloves a. gloves are worn to protect food by creating a barrier between the hands and food but should be used only when doing one task.</p> <p>On 06/09/2025 at 10:40 a.m., an observation of pureed food preparation was done with S4DC (Dietary Cook). S4DC was observed preparing the pureed food without the use of gloves nor did he have his facial hair covered with a restraint.</p> <p>On 06/09/2025 at 11:15 a.m., an observation of S5DC measuring temperature at the steam table for lunch meal was conducted. S5DC was observed not wearing gloving while taking food temperatures.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER Grand Cove Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1525 W McNeese St. Lake Charles, LA 70605	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/09/2025 at 11:30 a.m., an observation of S6DA (Dietary Aide) was conducted while scooping ice from the icemaker and putting ice into glasses of a red drink. As S6DA scooped ice into the glasses of red drink, she tapped the ice in the red drinks with the back of the ice scoop. Red drink was then observed dripping from the back of the ice scoop. Without cleaning the scoop, S6DA then reached into icemaker to get another scoop of ice. S3DM (Dietary Manager) informed S6DA, the scoop needed to be cleaned before reaching for more ice.</p> <p>On 06/09/2025 at 11:45 a.m., a 2nd observation was made of S4DC in the kitchen area without the use of a hair restraint to cover his facial hair.</p> <p>On 06/09/2025 at 11:50 a.m., an interview was conducted with S3DM. She confirmed all of the above findings. S3DM confirmed that all persons should have hair restraints to cover all hair, including facial hair, while in the kitchen area. S3DM also confirmed that staff should wear gloves when handling food and the ice scoop should not touch anything while serving ice without cleaning the scoop before returning to the ice bin.</p>		