STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195385	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
J. Michael Morrow Memorial Nursing Home	883 Main Street Arnaudville, LA 70512

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** 39319 Based on observation, interviews and record review, the facility failed to ensure S12LPN immediately reported, but no later than 2 hours, an allegation of resident mistreatment to Administration made by a resident for 1 (#105) out of 48 final sampled residents. This deficient practice has the potential to affect all the residents that reside in the facility. The total census was 143 residents. Findings: Resident #105 was admitted to the facility on [DATE]. Her diagnosis include in part the following: Paroxysmal atrial fibrillation (Primary), Anxiety disorder, Hypertension, Acute kidney failure with tubular necrosis Bipolar disorder, Muscles weakness, and Lack of coordination. Review of the resident's annual MDS dated [DATE] revealed the resident had a BIMS (Brief Interview of Mental Status) score of 10, suggesting moderate cognitive impairment. Further review of Resident #105's MDS revealed that the resident required extensive assistance with one person physical assist for bed mobility, transfers and toileting. Review of the facility's abuse/neglect policy was conducted on 07/30/2024 at 11:22 a.m. The policy read in part the following .residents of (facility name) shall be free from mistreatment, neglect, abuse and exploitation. Further review revealed in part the following: Identification technically, all residents are subject to abuse and this is always stressed. Residents who are monitored more closely include those with dementia, non-verbal, bed bound, have little or no family, verbally or physically aggressive residents, and confused residents .nursing staff reports to their respective supervisors any suspicious bruising of residents . On 07/29/2024 at 10:11 a.m., Resident #105 was observed lying in bed. She smiled when greeted. Both forearms were observed with moderate to excessive bruising. Bandages were observed on the right forearm and left hand. Resident #105 was asked why her arms had so much bruising. She stated, That the staff at night are too rough when they are turning me. (continued on next page)

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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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the nurse's progress note dated 06/29/2024 at 7:53 a.m.-late entry for 6/28/2024- 7pm-7am- read the following, res. (resident) noted with combative behavior when attempting to give res. care. Verbal foul language noted. Attempting to hit CNA (Certified Nurse Assistant) and calling CNA racist names. Left res. alone to calm down. Went back 2 hrs (hours) later. Res. Calmed down a little bit. Attempting to talk res. not to hit CNAs and to try to let this staff to give her care with soiled attends (incontinent brief). Res. did calm enough for 2 CNAs staff to change her soiled attend and change her into her pjs (pajamas). Res. continued to use her verbal language to scream at staff. Will cont. (continue) to monitor. Review of the nurse's progress note date 06/29/2024 at 16:17 (4:17 p.m.) read in part the following, (Name) CNA came to me at 1540 pm (3:40 p.m.) to let me know that the resident had 2 skin injuries that were found. The two skin injuries were told to be located on the resident's right forearm along with what the CNA called a popped blister to the resident's left hand 4th finger . Review of the nurse's progress noted dated 06/29/2024 at 16:25 (4:25 p.m.) read in part the following, At 1605 pm (4:05 p.m.) went to the resident's room to assess the injuries noted per the 2 CNA's. The injury to the resident's right forearm was an open skin tear with no flap able to be appropriated to its position. The wound was dry and pink. The right forearm skin tear measured 15mm x 8mm. The second wound to the resident's left hand 4th finger was a 8mm x 5mm scabbed area of dried blood. Asked the resident how the skin injuries happened and she stated that it was when they were trying to get her dressed for bed last night. The resident stated that she (was) thrown around roughly. It was reported from the previous shift that the resident became verbally and physically combative and began to cuss and hit the staff. On 07/31/2024 at 10:30 a.m., an interview was conducted with S12LPN. He stated that on 06/29/2024, the nurse working the night before reported to him that the resident was being combative with staff that night. He confirmed that later that afternoon on 06/29/2024, the CNA reported they had found two skin tears on the resident's arms and one on the resident's left 4th finger. He stated when he assessed the resident's arms, there was a skin tear to the resident's right forearm and the left 4th finger. When asked if he knew how the skin injuries occurred, he stated it could have happened when the resident was flailing her arms around at the night staff but could not be sure because the nurse did not report that the resident had sustained any injuries. When asked if a resident had an injury because staff was too rough with that resident, S12LPN stated, That would be a reportable incident. At that time, a review of the nurse's progress note dated 06/29/2024 at 4:25 p.m. written by S12LPN was conducted. When asked why did he not report the incident when the resident reported to him that she had been thrown around roughly and that's was why she had three skin injuries. He also confirmed that he did not inform anyone in Administration about what the resident had told him. S12LPN stated he documented incorrectly and it was not what he meant to imply. On 07/31/2024 at 1:15 p.m., a review of the nurse's progress notes dated 06/28/2024 and 06/29/2024 was conducted with S2DON. S2DON was asked should S12LPN have reported to Administration that Resident #105 was found with multiple skin injuries and that the resident reported that the night staff was too rough with her. S2DON stated, No. She stated she didn't believe that's what had happened and that S12LPN must have incorrectly documented what the resident told him. S2DON was asked if this was acceptable practice for a nurse. S2DON agreed this was not acceptable practice. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 07/31/2024 at 1:55 p.m., an interview was conducted with S1ADM and S13ADM. When asked if S12LPN should have reported that Resident #105 told him that she was mistreated by the night CNAs on the 7:00 p.m. to 7:00 a.m. shift on 06/28/2024 and that the resident was found with multiple skin injuries on the following day. They both stated that they didn't think that is what had happened. They both agreed that S12LPN must have incorrectly documented in the resident's record about what the resident told him.

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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** 49176 Based on record review and interview, the facility failed to complete a new Level 1 PASARR (Preadmission Screening and Resident Review) for a resident with a newly diagnosed mental disorder for 1 (#26) of 1 (#26) resident investigated for PASARR in a final sample of 48 residents. Findings: A review of Resident #26's medical record revealed she was admitted to the facility on [DATE]. Further review revealed she was diagnosed with Schizoaffective Disorder on 03/20/2022. A review of Resident #26's care plan read in part .Psych-Paranoid Schizophrenia Dx (diagnosis) Schizoaffective D/O (disorder), start date 03/22/2022. Further review of Resident #26's record revealed a Level 1 PASARR (Preadmission Screening and Resident Review) dated 02/18/2022. Review of Level 1 PASARR, Section III Mental Illness revelaed that no mental illness was checked. On 07/31/2024 at 12:20 p.m., an interview and review of Resident #26's diagnosis list was conducted with S11SSD. She confirmed that Resident #26 had a new diagnosis of Schizoaffective Disorder on 03/20/2022 and that a Level I PASARR had not been re-submitted for this new diagnosis and should have been.

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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** 47251 Based on observations, record review, and interviews, the facility failed to provide necessary care and services that is in accordance with professional standards of practice by facility to ensure oxygen was delivered at the ordered rate for 1 (Resident #28) out of 1 resident investigated for respiratory care. Findings: A review of Resident #28's electronic medical record revealed he was admitted to the facility on [DATE] with diagnoses that included, but not limited to Hypertensive Heart Disease with Heart Failure and Unspecified Atrial Fibrillation. A review of Resident #28's Quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 07/04/2024 revealed he had a BIMS (Brief Interview for Mental Status) of 06, indicating his cognition was severely impaired. A review of Resident #28's current physician orders revealed an order that read in part . Oxygen at 2L (Liters) per nasal cannula every day and night with an order start date of 06/28/2024. On 07/29/2024 at 10:35 a.m., an observation was made of Resident #28 lying in bed with oxygen in place per nasal cannula. The oxygen setting was observed at 1L. On 07/29/2024 at 10:40 a.m., an observation was made with S9LPN (Licensed Practical Nurse) of Resident #28's oxygen setting. S9LPN confirmed that Resident #28's oxygen setting was on 1L and should have been set to 2L.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47251 Based on observations, interviews, and record reviews, the facility failed to ensure the nursing staff demonstrated specific competencies and skill sets necessary to provide care to meet the residents' needs safely to attain or maintain the highest practicable physical well-being for 1 (#83) of 48 sampled residents. This was evidenced when S10LPN (Licensed Practical Nurse) left Resident #83's medication at the bedside and did not confirm the resident swallowed the medication. Findings: On 7/31/2024, a review of the facility's policy title, Administering Oral Medications with a review date of 02/12/2024 read in part 15. Stay with resident until you have confirmed that resident has swallowed all their medications. Review of the facility's policy titled, Self-Medication Administration with a review date of 01/2024 read in part 1. Resident will be able to self-administer medications when cognition (Brief Interview for Mental Status 13-15) is intact with an active MD (Medical Doctor) order. Review of Resident #83's Electronic Health Record (EHR) revealed the resident was admitted to the facility on [DATE] with diagnoses that included, but not limited to, Unspecified, Age Related Osteoporosis without current Pathological Fracture and Polyosteoarthritis, Unspecified. Review of the Resident #83's Quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 05/09/2024 revealed she had a BIMS of 10, which indicated she was moderately cognitively impaired. On 07/29/2024 at 10:00 a.m., an observation was made of Resident #83. A medication cup with a pill was observed on her bedside table. Resident #83 stated that the night nurse had left her pill and instructed her to take it after she ate breakfast. On 07/29/2024 at 10:02 a.m., an observation was made with S9LPN who confirmed that Resident #83 had medication left at her bedside. She removed the medication and went into the medication room and stated the medication was Fosamax that should have been given at 5:00 a.m. by the night nurse. On 07/29/2024 at 10:15 a.m., an interview was conducted with S2DON (Director of Nursing). She stated medications should not be left at the bedside unless there was an order from the physician. On 07/30/2024 at 4:35 p.m., a second interview was conducted with S2DON. She confirmed Resident #83 did not have an order to self-administer medications, and S10LPN should not have left Resident #83's medication at her bedside.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. 41419 Based on observations, interviews, and record review, the facility failed to ensure staff prepared food in a form to meet individual needs of the residents who were on a pureed diet. This had the potential to affect the 21 residents who were on a pureed diet. Findings: Review of the back of the Instant Food Thickener can read in part Mildly thick 1 tablespoon (TBSP) water and 2 1/2 teaspoon (TSP) orange juice or 2% milk. Moderate 1 tbsp - 1 tsp water and 1 tbsp for milk or juice, extremely thick 1 tbsp and 2 tsp water and 1 tbsp and 2 tsp juice or 2% milk?) On 07/29/2024, a review of the facility's policy titled Food Service Policy, with no revision date, read in part . 1. pour cut up meat in food processor with gravy and puree for 2 minutes. 2. Pour meat in pan; using a skimmer to check for lumps of meat. 3. put meat back in food processor and puree for 1 minute for second time. 4. then serve On 07/29/2024 at 9:43 a.m., S5C (Cook) was observed pureeing beans for lunch. S5C was observed adding Instant Food Thickener to the beans without using a measuring device. S5C stated she had been preparing the diet for so long, she didn't need to measure. At 9:58 a.m., S5C added six more shakes of the thickener to the beans. S5C stated that she was trying to achieve a moderate thickness. At 10:00 a.m., S5C was observed pureeing sausage. She placed six links of sausage inside the blender and added four cups of water to the blender. S5C stated she followed the instructions on the Food Service Policy. A review of the Food Service policy was conducted with S5C. S5C confirmed the policy did not state how much liquid to add with the meat. She was then observed shaking the can of instant food thickener four times in the pureed sausage. S5C could not say how much of thickener was added. On 07/29/2024 at 10:20 a.m., an interview was conducted with S7DM (Dietary Manager) and S8RD (Registered Dietician). Both confirmed that S5C should have measured the instant food thickener according to manufactures recommendations, and should have followed the pureed recipe.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 41419 Based on policy review, observations, and interviews, the facility failed to store food in accordance with professional standards for food service and ensure sanitary conditions were maintained in the kitchen by failing to: 1. ensure staff practiced appropriate hand hygiene and glove use; 2. maintain the appropriate temperature on the line for liquids. This deficient practice had the potential to affect the 142 residents who consumed food and beverages from the kitchen. Findings: On 07/29/2024, review of the facility's policy titled Preventing Foodborne Illness-Employee Hygiene and Sanitary Practices no revise date was noted read in part .Food services employees shall follow appropriate hygiene and sanitary procedures to prevent the spread of foodborne illness. Policy Interpretation and Implementation: 6. Employees must wash their hands: f. After handling soiled equipment; h. After engaging in other activities that contaminate the hands. On 07/29/2024 at 9:57 a.m., an observation of the preparation of the pureed meals was conducted with S5C (Cook). S5C was observed with blue gloves on while she was preparing the pureed meal. Upon further observation, S5C went to a large gray trash can with a lid in the kitchen, and attempted to discard trash by lifting the garbage can lid. Pans were on top of the garbage can lid which made the trash can lid hard to lift. S5C put the trash on top of the lid. S5C was then observed returning to the pureed blender with the same soiled blue gloves, and continued prepping the meal. On 07/29/2024 at 10:10 a.m., S6C was observed at the prep table with blue gloves on while she prepared cornbread. S6C then went to the gray trash can, lifted the lid, and disposed of the empty cornbread package. S6C returned to the prep table, and continued to prepare the cornbread without changing her gloves or performing hand hygiene. On 07/29/2024 at 10:15 a.m., an interview was conducted with S5C who confirmed she should have performed hand hygiene, and changed her gloves after she touched the trash can lid. On 07/29/2024 at 10:16 a.m., an interview was conducted with S6C who confirmed she should have changed her gloves after she disposed of trash. On 07/29/2024 at 10:20 a.m., an interview was conducted with S7DM (Dietary Manager) and S8RD (Registered Dietician). They both confirmed that after coming into contact with the trash can and the trash can lid, S5C and S6C should have removed their soiled gloves, performed hand hygiene, and then donned new gloves. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 07/29/2024 at 11:05 a.m., an observation was conducted of S7DM on the lunch line. She checked the temperatures of cold liquids on the line which were a red colored drink, and lemonade. The temperature of the red colored drink was 53 degrees fahrenheit, and lemonade was 49 degrees fahrenheit. An immediate interview was conducted with S7DM who confirmed that the liquids were not cool enough, and the temperature should have been 41 degrees Fahrenheit or below.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 41419 Based on observation and interview, the facility failed to maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections, as evidenced by failing to ensure biohazard soiled laundry were not stored on the floor of the contaminated side of the laundry department. Findings: On 07/30/2024, a review of the facility's policy titled Handling Soiled Linen with a last reviewed date of 05/2024, read in part: Linens are handled, stored, processed, and transported so as to prevent the spread of infection. Policy Explanation and Compliance Guidelines .h. Red bags will be transported to laundry and placed in receptacle. i. In the event the receptacle was being disinfected red biohazard bags will be placed in a designated area away from regular linen. On 07/30/2024 at 8:45 a.m., a tour was conducted of the facility's laundry department. Five red biohazard bags were observed on the floor of the contaminated side of the laundry department. On 07/30/2024 at 8:47 a.m., an observation of the laundry department and interview was conducted with S3HSKSup (Housekeeping Supervisor). S13HSK confirmed red biohazard bags were not to be left on the floor on the contaminated side of the laundry room. She stated that the biohazard linen should have been placed inside of a bin, and washed last. On 07/30/2024 at 8:55 a.m., an interview was conducted with S4IP (Infection Preventionist). S4IP confirmed that biohazard soiled laundry should have been placed inside a bin and not left on the floor.