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	08/20/2025

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

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observations, interview and record review, the facility failed to provide a clean, comfortable and homelike environment. This was evidenced by failing to clean 4 (#81, #91, #95, and #121) of 4 (#81, #91, #95, and #121) residents' wheelchairs who were reviewed for environment out of a total sample of 47 Residents.Findings:On 08/19/2025, a review of the facilities Policy titled, Wheelchair Sanitization with a revision date of 06/05/2025, read in part, Purpose: to clean equipment to prevent spreading of disease or germs weekly or more if needed. Once resident is not using wheelchair, whip down all parts of equipment with Oxivir wipes. Wheelchair is to be brought outside to be pressure washed per maintenance staff monthly. Wheelchair can be brought to shower, spray with disinfectant, rinse, dry thoroughly and return to resident. On 8/19/2025 at 11:01 a.m., observations of Residents #81 and #91's wheelchairs were made with S3LPN (Licensed Practical Nurse). Residents' #81 and #91 wheelchair frames were dirty and grimy. S3LPN confirmed the findings, and stated the wheelchairs should have been cleaned on a schedule daily by a designated CNA (Certified Nursing Assistant). On 08/19/2025 at 11:20 a.m., an observation of Resident #95's wheelchair was made with S5CNA. Resident #95's wheelchair frame was dirty and grimy. S5CNA confirmed the findings of Resident #95's wheelchair. On 08/19/2025 at 11:30 a.m., an observation of Resident #121's wheelchair revealed the frame was dirty and grimy. S4LPN confirmed the findings. On 08/19/2025 at 11:45 a.m., S2DON (Director of Nursing) observed Residents #81, #91, #95 and #121 wheelchairs and confirmed the frames where dirty and grimy. She stated it was the facility's policy for maintenance to pressure wash the wheelchairs weekly.

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 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 a Level II PASARR (Pre-admission Screening and Resident Review) was obtained for 1 (Resident #76) out of 2 (Resident #5, Resident #76) residents who were investigated for PASARR out of a total sample of 47 residents.Findings:Review of the facility's policy titled, Resident Assessment-Coordination with PASARR Program, with a last reviewed date of 01/07/2025, indicated the following: 4. The Social Services Director shall be responsible for keeping track of each resident's PASARR screening status, and referring to the appropriate authority.Review of Resident #76's admission record revealed that she was admitted to the facility on [DATE].Review of Resident #76's Level I PASARR screening dated 12/23/2020 revealed no diagnosis of a mental illness.Further review of Resident #76's admission record, under diagnosis information, revealed a diagnosis of bipolar disorder with an onset date of 10/31/2022.On 08/20/2025, a review of Resident #76's electronic health record was conducted. There was no documentation that a Level II PASARR had been completed for the resident.On 08/20/2025 at 11:57 a.m., an interview was conducted with S1SSD (Social Services Director). S1SSD failed to provide documented evidence that a Level II PASARR was submitted. S1SSD confirmed that Resident #76 should have had a Level II PASARR submitted.On 08/20/2025 at 12:20 p.m., a second interview was conducted with S1SSD. S1SSD stated that she recalled submitting a review to OBH (Office of Behavior Health) for Level II PASARR for Resident #76. S1SSD stated that OBH responded back on 11/13/2024 and requested additional information about Resident #76 to complete the Level II PASARR. S1SSD confirmed that she had not submitted the additional information requested by OBH to complete the Level II PASARR and she should have.

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on record reviews, observations and interviews the facility failed to ensure resident's CPAP (Continuous Positive Airway Pressure) machines were clean and sanitary for 2 (#32, #73) of 2 (#32, #73) residents investigated for respiratory care. Findings:Record review of the facilities Policy titled, C-pap Cleaning revised date of 05/25/2025, read in part, CPAP.Clean with Vinegar, rinse well, allow to air dry: this is to be done weekly and PRN (as needed). Empty reservoir, rinse well with soap and water, and wipe down and allow to air dry daily. Wipe down outside of machine and under reservoir with antibacterial wipe weekly and PRN. Record review of Resident #32's physician orders with a start date of 07/01/2024, read in part, CPAP using home settings daily at bedtime: Nurse to check that reservoir is clean prior to applying at bedtime. Record review of Resident #73's physician orders with a start date of 07/06/2024, read in part, CPAP Blended with 02 (Oxygen) at 2 Liters per minute to be worn daily at bedtime using home setting: Nurse to check that reservoir is clean prior to applying. Every Night Shift. On 08/19/2025 at 11:01 a.m., an observation with S3LPN (Licensed Practical Nurse) of Resident # 32 and #73's CPAP machine revealed the exterior of the machine and the interior of the reservoir was dirty. On 08/19/2025 at 11:28 a.m., observations of Resident #32 and #73's CPAP machines was conducted with S2DON (Director of Nursing) who confirmed the exterior body and interior of the machine's reservoir was dirty. She stated the nurses should have cleaned the machines weekly and as needed.