STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195398	A. Building B. Wing	08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Carroll Care Center, Inc	706 Ross Street Oak Grove, LA 71263

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 - Some	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** 18118 Based on record review and interview the facility failed to develop and implement a comprehensive person-centered care plan for each resident, that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs that are identified in the comprehensive assessment for 1 (#5) of 3 (#5, #6, and #61) residents reviewed for nutrition. The facility failed to document the supper meal intake percentages daily for resident #5. Findings: Review of the medical record for resident #5 revealed an admitted [DATE] with diagnoses including hypertension, diabetes mellitus, hypokalemia, insomnia, gout, polyneuropathy, reflux, dementia, anorexia, hyperlipidemia, and vitamin deficiency. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had severe cognitive impairment with daily decision making skills and required assistance with activities of daily living. Review of the current care plan revealed resident #5 had a potential for weight loss related to leaving 25% or more of food uneaten at most meals. Further review of the care plan revealed an intervention to document the resident's food intake with each meal. Review of the Meal Roster form for July 2024 and August 2024 revealed no documented evidence of the supper meal intake percentage daily for resident #5. On 08/14/2024 at 9:15 a.m., an interview with S2Director of Nursing (DON) confirmed the supper meal intake percentages were not documented on the Meal Roster form.

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
	195398	A. Building B. Wing	08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Carroll Care Center, Inc	706 Ross Street Oak Grove, LA 71263

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** 18118 Based on record review, and interview, the facility failed to ensure that nursing staff are able to demonstrate competency in skills necessary to care for resident needs for 1 (#5) of 5 (#3, #5, #15, #40 and #62) residents records reviewed. The facility failed by not having documentation of sites for administration of insulin. Findings: Review of the medical record for resident #5 revealed an admitted [DATE] with diagnoses including hypertension, diabetes mellitus, hypokalemia, insomnia, gout, polyneuropathy, reflux, dementia, anorexia, hyperlipidemia, and vitamin deficiency. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had severe cognitive impairment with daily decision making skills and required assistance with activities of daily living. Review of the current care plan dated 03/14/2024 revealed resident #5 had labile blood sugars related to diabetes. Further review of the care plan revealed an intervention to obtain finger stick blood sugars as ordered before meals and at bedtime. Review of the August 2024 physician orders revealed an order dated 05/22/2024 for finger stick blood sugars before meals and at bedtime and give sliding scale insulin with Novolog sliding scale 0-200 give 0 units, 201-250 give 4 units, 251-300 give 6 units, 301-350 give 8 units, 351-400 give 10 units, and if blood sugar level is greater than 401 call the physician. Review of the Medication Administration Record (MAR) revealed no documented evidence of the sites of administration for sliding scale insulin injections 47 times during the month of July 2024 and 6 times during the month of August 2024. On 08/14/2024 at 9:15 a.m., an interview with S2Director of Nursing (DON) confirmed the nurses failed to document the sites of administration for sliding scale insulin injections for July 2024 and August 2024.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195398	A. Building B. Wing	08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Carroll Care Center, Inc	706 Ross Street Oak Grove, LA 71263

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 - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19098 Based on observations, record reviews and interviews, the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of infection for 1 (#3) of 4 (#3, #37, #62, #68) residents on Enhanced Barrier Precautions (EBP). The facility failed to ensure staff wore proper Personal Protective Equipment (PPE) while providing incontinent care to Resident #3 who was on Enhanced Barrier Precautions. Findings: On 08/13/2024 at 11:19 a.m., record review for Resident #3 revealed an admitted [DATE]. Further review of the record revealed Resident #3 had diagnoses of hypertension, urinary tract infection, herpes viral vesicular dermatitis (fever blister), anorexia, anxiety disorder, disorder of urinary system, type 2 diabetes, chronic kidney disease (stage 3), depressive episodes, urgency of urination, Alzheimer's disease, and herpes zoster. Review of the quarterly Minimum Data Set, dated dated dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 99 (unable to assess). Review of the plan of care in part revealed: Chronic kidney disease- monitor for declining urine output, assess peripheral edema, Placed on contact precautions due to Multi Drug Resistant Organisms (MDRO), Chronic urinary tract infections (UTI) - will be free of negative effects of incomplete bladder emptying. Review of the record revealed on 07/27/2024 an order for a urinalysis with culture and sensitivity was ordered. The culture and sensitivity results showed Methicillin Resistant Staphylococcus Aureus (MRSA) and was susceptible to Vancomycin. On 08/14/2024 at 9:59 a.m., observation of resident #3's door revealed a sign was posted that the resident was on Enhanced Barrier Precautions (EBP). The EBP sign read: Everyone must: Cleanse their hands, including before entering and when leaving the room. Providers and staff must also: Wear gloves and gown for the following High-Contact Resident Care Activities. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195398	A. Building B. Wing	08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Carroll Care Center, Inc	706 Ross Street Oak Grove, LA 71263

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 - Some	Dressing Bathing/Showering Transferring Changing Linens Providing Hygiene Changing briefs or assisting with toileting Device Care or use: Central line, urinary catheter, feeding tube, tracheostomy Wound Care: any skin opening requiring a dressing. Do not wear the same gown and gloves for the care of more than one person. Further observation of the hallway revealed there was PPE such as gown and gloves on the hallway in close proximity to Resident #3's room. On 08/14/2024 at 10:00 a.m., observation of incontinent care to resident #3 performed by S4Certified Nurses Assistant (CNA) revealed she was already in resident #3's room. Further observation revealed S4CNA was not wearing any PPE. Observation of S4CNA revealed she transferred resident #3 from the geri chair to bed without wearing PPE. Further observation revealed S4CNA then donned gloves without washing her hands, opened resident #3's brief, and touched the container of wipes with same gloves. S4CNA proceeded to wipe resident #3 front to back, turn resident #3 on the right side, retrieve more wipes from the package, wipe the resident's buttocks and then apply a new brief all with the same gloves. Further observation of S4CNA revealed she proceeded to move the geri chair with the same gloves (that were worn to clean the resident with), transfer the resident into the chair, put the soft neck pillow behind the resident's neck, place pillows on the right and left side of resident #3 and place a blanket over resident #3 without ever changing the gloves she used to clean resident #3 with. Further observation revealed S4CNA then picked up the trash bag that contained the dirty brief and the container of wipes with the dirty gloves and proceeded to open the door. S4CNA placed the wipes on the hall cart with the same gloves. S4CNA confirmed at that time the wipes would be used on another resident. Interview with S4CNA at the end of the care confirmed the sign on the door said resident #3 was on EBP and she should have cleaned her hands before and after the procedure. She further confirmed she was supposed to wear gloves and a gown for the incontinent care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195398	A. Building B. Wing	08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Carroll Care Center, Inc	706 Ross Street Oak Grove, LA 71263

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 - Some	On 08/14/2024 at 10:20 a.m., review of the EBH policy and procedure dated March 2024 revealed in part: EBP are utilized to prevent the spread of multi-drug resistant organisms (MDROs). 1. EBP are used as an infection prevention and control intervention to reduce the spread of MDROs to residents. 2. EBP employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply. a. Gloves and gown are applied prior to performing the high contact care activity. b. PPE is changed before caring for another resident. 3. Examples of high contact resident care activities requiring the use of gown and gloves for EBP include: a. dressing b. bathing/showering c. transferring d. providing hygiene e. changing linens f. changing briefs or assisting with toileting 4. EBP are indicated (when contact precautions do not otherwise apply) for residents infected or colonized with the following: f. MRSA 6. EBP remain in place for the duration of the residents' stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at risk. 9. Staff are trained prior to caring for residents on EBP. 10. Signs are posted on the door or wall outside the resident room indicating the type of precautions and PPE required. 11. PPE is available outside of the resident rooms. 12. Resident, families and visitors are notified of the implementation of EBP throughout the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195398	A. Building B. Wing	08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Carroll Care Center, Inc	706 Ross Street Oak Grove, LA 71263

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 - Some	Review of the EBP tracking revealed resident #3 was placed on EBP on 08/13/2024 related to MRSA of the urine. On 08/14/2024 at 10:17 a.m., an interview with S3 Infection Control Nurse confirmed resident #3 had been on contact isolation due to a UTI, came off of contact isolation on 08/13/2024 and was immediately placed on EBP. S3 Infection Control Nurse further confirmed S4CNA should have worn a gown while performing incontinent care and she should have washed her hands and changed her gloves after providing the care. S3Infection Control Nurse further confirmed the wipes should not have been taken into the resident's room to provide the care and should have stayed on the hall cart.