

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195405	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Natchitoches Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 781 Highway 494 Natchitoches, LA 71457	

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 - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>36921</p> <p>Based on record reviews and staff interviews, the facility failed to ensure MDS (minimum data set) assessments were accurate for 1 (#3) of 3 (#1, #2 and #3) sample residents. The facility failed to ensure resident #3's MDS accurately reflected her skin conditions and nutritional status at the time of the ARD (assessment reference date).</p> <p>Findings:</p> <p>Review of resident #3's clinical records revealed most recent admission on 06/18/2024 entered from skilled nursing facility with diagnoses that include but not limited to congestive heart failure, Alzheimer's disease with late onset, vascular dementia, diabetes mellitus with diabetic neuropathy, peripheral vascular disease, acquired absence of other left toe, and essential hypertension.</p> <p>Review of resident #3's Quarterly MDS with ARD 10/16/2024 revealed Resident #3 was on a prescribed weight loss management. Further review of Resident #3's Quarterly MDS revealed nothing was entered for ulcers, wounds and skin problems.</p> <p>During an interview on 11/07/2024 at 10:45 a.m. S4 MDS nurse reported that she obtained information to complete a resident's MDS by reading the medical records and nurses' documentations. S4 MDS nurse reported the reason she coded physician-prescribed weight-loss regimen was due to resident #3 being on a diuretic. S4 MDS nurse reported she thought resident #3's wound had been resolved before the assessment reference date 10/16/2024 for the MDS, but it was not.</p> <p>Review of resident #3's Nurse's Notes dated 10/10/2024 documented by S5 LPN (Licensed Practical Nurse) revealed resident #3 had sores on her pinky toes, the left one looks worse than the right. Cleaned & applied a Band-Aid. Treatment nurse aware. Weekly Skin Inspection performed.</p> <p>During an interview on 11/07/2024 at 10:20 a.m. S5 LPN reported resident #3 did have wounds to her right lower leg and toes of her feet.</p> <p>Review of resident #3's November 2024 Physician Orders revealed the following orders:</p> <ol style="list-style-type: none"> 1. Lasix Oral Tablet 40mg (milligram) (Furosemide) Give 0.5 mg tablet by mouth one time a day for CHF (congestive heart failure). 2. Regular diet pureed text, regular, thin liquids consistency. <p>(continued on next page)</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
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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Clean laceration #12 to right lateral foot 5th toe with wound cleanser, pat dry, apply medihoney, cover with bordered gauze. One time a day every 2 days.</p> <p>4. Clean diabetic ulcer #11 to right medial calf with normal saline or wound cleanser, pat dry, apply steri-strips if needed, cover with bordered gauze one time a day every 3 days.</p> <p>Review of resident #3's Weekly Skin and Wound Evaluation dated 10/15/2024 revealed the wound is a laceration to the right medial calf. Acquired in house, exact date 10/07/2024.</p> <p>Review of resident #3's Foot Care Progress Note dated 10/09/2024 revealed chief complaint nail dystrophy. Due to resident pass medical history of type 2 diabetes with amputation of left toe and current right lower leg wound, resident is a high risk for foot complications/foot injuries/nail deformities.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36921</p> <p>Based on record reviews and interviews, the facility failed to ensure nursing staff provided nursing and related services to assure residents maintained the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by individual plans of care. The facility to notify the Registered Dietician (RD) in a timely manner when 1 (#1) of 2 (#1, #2) residents who received tube feedings order was changed to an equivalent tube feeding.</p> <p>Findings:</p> <p>Review of Resident #1's face sheet revealed an initial admitted [DATE] and a re-entry to facility on 07/01/2024 with the following medical diagnoses but not limited to cerebral infraction, gastrostomy status and ileus.</p> <p>Review of Resident #1's November 2024 Physician Orders revealed:</p> <p>9/26/2024: Enteral feed: two times a day Peptamen 1.5 @ 40ml (milliliters)/hr (hour) continuous will provide: 1440 kcals (kilocalories), 65 grams protein, 739 mls free water.</p> <p>11/4/2024: Enteral Feed: every day and night shift; Give Pivot 1.5 Equivalent till Peptamen is available</p> <p>Review of Resident #1's Quarterly MDS (Minimum Data Sets) dated 09/11/2024 revealed a BIMS (Brief Interview of Mental Status) of 14 indicating cognitively intact. Further review of Resident #1's Quarterly MDS revealed Resident #1 received nutrition by feeding tube and mechanically altered diet.</p> <p>Review of Resident #1's Nurses Notes revealed:</p> <p>11/03/2024 at 6:36 a.m. Resident Peptamen 1.5 tube feeding is out of stock. Per S2 NP (Nurse Practitioner) able to substitute Pivot 1.5 till Peptamen comes in. And inform the dietician.</p> <p>11/05/2024 at 2:44 p.m. Peptamen 1.5 remains out of stock. Pivot order has not arrived at this time. Consulted with Registered Dietician. Waiting on recommendation.</p> <p>11/5/2024 at 4:00 p.m. Peptamen 1.5 arrived at facility.</p> <p>During a telephone interview on 11/06/2024 at 3:30 p.m. S2 NP reported she was notified the facility was out of Peptamen 1.5 on 11/03/2024 and wanted to change the tube feeding order to an equivalent. S2 NP reported the nurse was given a telephone order to use the equivalent and to inform S3 Registered Dietician Resident #1 was receiving an equivalent.</p> <p>During a telephone interview on 11/06/2024 at 3:50 p.m. S3 Registered Dietician reported S1 DON called and notified her by email on 11/05/2024 that the facility was out of Peptamen and Resident #1 was receiving Pivot 1.5 as an equivalent.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/06/2024 at 4:30 p.m. S1 DON (Director of Nursing) reported the order for Pivot 1.5 was given by S2 NP on 11/3/2024 and S2 NP also told the nurse to inform the Registered Dietician. S1 DON reported the facility did not have a policy related to notifying the Registered Dietician about tube feedings orders. S1 DON reported S7 Clinical Coordinator should have informed S3 Registered Dietician that Resident #1 was receiving Pivot 1.5 for Peptamen 1.5 equivalent and did not when she returned to work on Monday 11/04/2024. S1 DON reported she notified S3 Registered Dietician by telephone and email on 11/05/2024 that the facility was out of Peptamen 1.5 and Resident #1 was receiving Pivot 1.5 as an equivalent.</p> <p>During a telephone interview on 11/07/2024 at 3:00 a.m. S6 LPN (Licensed Practical Nurse) reported on 11/03/2024 Resident #1 was out of tube feeding Peptamen 1.5. S6 LPN reported S2 NP was notified and a telephone order was received to start Pivot 1.5 at a continuous rate of 40 ml/hr and to inform the registered dietician. S6 LPN reported she did not notify S3 Registered Dietician that Resident #1 was receiving Pivot 1.5.</p>		