

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  02/12/2025
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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38373</p> <p>Based on record review and interview, the facility failed to ensure the resident's right to receive mail in a timely manner for 1 (#1) resident out of 3 (#1, #2, &amp; #3) sampled residents reviewed for resident rights.</p> <p>Findings:</p> <p>Review on 02/12/2025 of the facility's policy titled Mail and Electronic Communication revised on May 2017 revealed in part .4. Mail and packages will be delivered to the resident within 24 hours of delivery on premises or to the facility's post office box (including Saturday deliveries).</p> <p>Review of Resident #1's medical record revealed an admitted [DATE] with diagnoses that included in part . Type 2 DM, Unspecified Protein-Calorie Malnutrition, Metabolic Encephalopathy, and Unspecified Atrial Fibrillation.</p> <p>Review of Resident #1's Quarterly MDS with an ARD of 12/04/2024 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Review of the MDS revealed Resident #1 required setup or clean-up assistance with eating, substantial to maximal assistance with toileting hygiene, showering, rolling left and right, sitting to lying, lying to sitting on side of bed, sitting to standing, and with chair/bed to chair transferring.</p> <p>In an interview on 02/10/2025 at 9:15 a.m., Resident #1 stated in January 2025 S3Household Coordinator brought her a stack of mail, about 12 or 13 pieces of mail. Resident #1 stated the mail was date stamped when it was received by the facility and some of the mail was very old. Resident #1 stated she thought it was all of her mail for 2024. Resident #1 stated the mail included some bills and some letters from the company that sends her retirement check stating her retirement checks had not been cashed.</p> <p>In an interview on 02/10/2025 at 1:54 p.m., S3Household Coordinator stated she gave Resident #1 the mail S4Accounts Manager had given her. S3Household Coordinator stated she gave it immediately to Resident #1 when it was given to her.</p> <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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 195405
		If continuation sheet Page 1 of 2

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<p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 02/10/2025 at 2:00 p.m., S4Accounts Manager stated she began working at this facility about 5 months ago. S4Accounts Manager said there was a lot of mail piled up in the office when she started. S4Accounts Manager stated no one told her what to do with the mail, so she asked about four different people what to do because everyone's mail was piled up. S4Accounts Manager confirmed Resident #1 had about 6 pieces of mail, some of which were date stamped over 5 months ago, and said she gave it to her Household Coordinator to give to Resident #1.</p> <p>In an interview on 02/11/2025 at 12:00 p.m., S1Administrator acknowledged Resident #1's mail was not provided to the resident timely. S1Administrator stated it was because Resident #1 signed over her insurance benefits and handling of her trust fund to the facility and that they pay Resident #1's bills. S1Administrator acknowledged Resident #1 probably should get the mail addressed to her even if it was a bill or insurance information. S1Administrator acknowledged the facility had a timeline to get mail to the residents.</p>