

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  05/29/2025
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 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>Based on observation, record review and interview the facility failed to provide care and services that met professional standards of quality by failing to ensure nurse practitioner's orders were transcribed as ordered. The facility failed to transcribe a verbal wound care order for 1 (#2) of 3 (#1, #2, #3) sampled residents.</p> <p>Findings:</p> <p>Review of the facility's policy and procedure dated 01/09/2022 titled, Wound Care read in part . Wound Care Orders .; Each individual wound site requires a separate wound care order .; Orders should include; Wound location, Method for cleaning the wound, Primary Dressing . and Frequency of dressing change.</p> <p>Review of Resident #2's clinical record revealed an admit date of 02/10/2025, with diagnoses which included Type 2 Diabetes Mellitus With Foot Ulcer, Cerebral Infarction, Foot Drop- Left Foot; Muscle Wasting And Atrophy; Muscle Weakness and Abnormalities Of Gait And Mobility.</p> <p>Review of Resident #2's Care Plan revealed in part I have actual impairment to skin integrity of the right rear thigh r/t abrasion.</p> <p>Review of Resident #2's Physician's Orders revealed in part . Apply Nystatin powder to yeast on back of upper right thigh daily until healed; one time a day for yeast with a start date of 05/21/2025. There was no wound care order for the #16 Abrasion to the Rear Right Thigh.</p> <p>Review of Resident #2's Skin and Wound Evaluation dated 05/26/2025 revealed in part . #16-Abrasion; Type: Abrasion, Location: Rear Right Thigh; Acquired: In- House Acquired- date unknown; Exudate: Moderate Serosanguineous; Treatment: Cleaning Solution: Generic Wound cleanser; Primary Dressing: Other: Nystatin, Collagen; Secondary Dressing: Dry; Notes: area is cleaned with wound cleanser, pat dry nystatin and collagen is applied with a bordered gauze dressing to cover.</p> <p>Observation of wound care for Resident #2's right lower posterior thigh on 05/28/2025 at 8:51 a.m. with S4 LPN Treatment Nurse revealed Resident #2's right lower posterior thigh had a small, circular opened abrasion within a fungal area. S4 LPN Treatment Nurse cleaned the opened abrasion and fungal area with the normal saline soaked 4x4 gauze and then observed S4 LPN Wound Care Nurse wipe around Resident #2's open abrasion with a skin prep. S4 LPN Treatment Nurse then applied the nystatin powder to Resident #2's opened abrasion and fungal area and left the wound bed uncovered.</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
---	-------	-----------

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  05/29/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation of the back of Resident #2's right lower leg on 05/28/2025 at 1:56 p.m. with S1 DON and S3 RN Treatment Nurse revealed the fungal area and a small, circular opened abrasion. S3 RN Treatment Nurse revealed the fungal area was being treated with Nystatin powder only, the opened abrasion had no treatment orders.</p> <p>Interview with S3 RN Treatment Nurse on 05/28/2025 at 2:20 p.m. confirmed the wound documented as an abrasion to Resident #2's right rear thigh on the Wound Skin Evaluation dated 05/26/2025 was the same wound that we observed earlier for Resident #2. S3 RN Treatment nurse confirmed the orders from the Skin/ Wound Evaluation Assessment were not carried over to Resident #2's Physician orders and there were no active Physician orders for the opened abrasion to Resident #2's right rear thigh.</p> <p>Interview with S2 WCNP on 05/29/2025 at 11:10 a.m. revealed he was made aware of the opened abrasion to Resident #2's right rear thigh on 05/26/2025. S2 WCNP revealed that he gave a verbal wound care order to cleanse the open abrasion with Wound Cleanser, Apply Nystatin Powder and Collagen and cover with a dry dressing on 05/26/2025. S2 WCNP confirmed that the verbal order he gave was not transcribed in Resident #2's Physician orders and not implemented, but should have been.</p> <p>Interview with S1 DON and S3 RN Treatment Nurse on 05/29/2025 at 3:06 p.m. confirmed Resident #2's verbal wound care orders from S2 WCNP for the open abrasion to Resident #2's right rear thigh were not transcribed into Resident #2's Physician Orders, but should have been.</p>		

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  05/29/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation and interview the facility failed to follow infection control practices to prevent the development and transmission of infection. The facility failed to ensure staff prepared a clean work area prior to providing wound care and sanitize hands between glove changes for 1 (Resident #2) of 3 (#1,#2, and #3) sampled residents reviewed for infection control.</p> <p>Findings:</p> <p>Review of the facility's policy and procedure dated 01/09/2022 titled, Wound Care read in part . Steps in the Procedure; Prepare a clean, dry work area at bedside; Remove gloves, perform hand hygiene, reapply gloves.</p> <p>Review of Resident #2's clinical record revealed an admit date of 02/10/2025, with diagnoses which included Type 2 Diabetes Mellitus With Foot Ulcer, Cerebral Infarction, Foot Drop- Left Foot; Muscle Wasting And Atrophy; Muscle Weakness and Abnormalities Of Gait And Mobility.</p> <p>Review of Resident #2's Care Plan revealed in part Fungal Skin Infection with Interventions to include Administer anti-fungal medication as ordered. I am at risk for developing multi-drug resistant organism (MDRO) infections related to wound with Interventions to include Staff will perform proper hand hygiene.</p> <p>Review of Resident #2's Physician's Orders revealed in part . Apply Nystatin powder to yeast on back of upper right thigh daily until healed; one time a day for yeast with a start date of 05/21/2025.</p> <p>Observation of wound care for Resident #2's right posterior thigh on 05/28/2025 at 8:51 a.m. with S4 LPN Treatment Nurse revealed S4 LPN Treatment Nurse placed a barrier pad on Resident #2's side table. S4 LPN Treatment Nurse did not remove Resident #2's personal items from the side table or wipe down the side table prior to placing the pad on the side table. S4 LPN Treatment Nurse repositioned Resident #2 onto her left side to reveal Resident #2's small, circular opened abrasion. S4 LPN Treatment Nurse changed her gloves without sanitizing between removal of old gloves and application of the new gloves. S4 LPN Treatment Nurse proceeded with wound care and cleaned Resident #2's wound. S4 LPN changed her gloves, did not sanitize hands and then applied new gloves. S4 LPN Treatment Nurse proceed with wound care. S4 LPN Treatment Nurse removed her gloves, did not sanitize hands and donned new gloves. S4 LPN Treatment Nurse completed Resident #2's wound care.</p> <p>Interview with S4 LPN Treatment Nurse on 05/28/2025 at 9:02 a.m. confirmed that S4 LPN Treatment Nurse did not remove Resident #2's personal items from the side table and did not wipe down the table prior to placing the barrier pad before Resident #2's wound care treatment, but should have. S4 LPN Treatment Nurse confirmed that she did not sanitize her hands after removing her gloves in between applying new gloves during Resident #2's Wound Care treatment, but should have.</p> <p>Interview with S1 DON on 05/29/2025 at 3:04 p.m. confirmed S4 LPN Treatment Nurse should have removed Resident #2's personal items from and wiped down the side table prior to placing the barrier pad, but did not. S1 DON confirmed S4 LPN Treatment Nurse should have sanitized her hands in-between each glove change throughout Resident #2's wound care, but did not.</p>		