

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195413	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Lake Charles Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Ernest Street Lake Charles, LA 70601	

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 - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47354</p> <p>Based on record review and interview, the facility failed to accurately code the resident's Minimum Data Set (MDS) assessment for use of antibiotics for 1 (#11) of 63 sampled residents whose records were reviewed. The deficient practice had the potential to affect a facility census of 127 residents.</p> <p>Findings:</p> <p>A review of Resident #11's EMR (Electronic Medical Record) revealed an admitted [DATE] with diagnoses that included Encephalopathy and Urinary Tract Infection.</p> <p>A review of resident #11's MAR (Medication Administration Record) for April 2024 revealed she received Xifaxan (an antibiotic) from 04/12/2024 through 04/30/2024.</p> <p>Further review of resident #11's medical record revealed a Discharge MDS with an ARD (Assessment Reference Date) of 04/24/2024, read in part .Section N. Medications .High Risk Drug Classes Use and Indication .antibiotics was not indicated.</p> <p>On 05/07/24 at 1:30 p.m., an interview was conducted with S2MDS (Minimal Data Set). S2MDS confirmed Resident #11 received an antibiotic during the timeframe of 04/12/2024 through 04/30/2024. She reviewed the referenced MDS, confirmed the antibiotics were not indicated and should have been.</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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47354</p> <p>Based on observation, interviews, and record review the facility failed to ensure that a resident's enteral feeding was properly labeled for 1 (#71) out of 1 (#71) resident investigated for tube feeding. This deficient practice had the potential to affect the 4 residents in the facility who received tube feedings.</p> <p>Findings:</p> <p>On 05/08/2024, a review of the facility's policy titled Enteral Feedings-Safety Precautions, with a reviewed date of 01/25/2024, read in part .Preventing errors in administration 2. On the formula label document initials, date and time the formula was hung.</p> <p>A review of Resident #71's clinical record revealed an admitted [DATE] with diagnoses that included Dysphagia Following Cerebral Infarction and Encounter for Attention to Gastrostomy.</p> <p>A review of Resident #71's current Physician's Orders revealed a diet order for Enteral feed of Isosource (formula) 1.5 at 57 ml /hr. (milliliters per hour) continuously.</p> <p>On 05/06/2024 at 11:23 a.m., an observation of Resident #71's enteral feeding delivery system revealed a disposable enteral feeding bag containing a light brown liquid infusing at 57 ml/hr. The disposable bag contained no label with the contents of the bag, the date and time, the contents were placed in the bag, nor the initials of who initiated the feeding.</p> <p>On 05/06/2024 at 11:23 a.m., during an interview and observation of Resident #71's enteral feeding delivery system with S3LPN (Licensed Practical Nurse), she confirmed the disposable bag did not have a label indicating the contents of the bag. She stated the bag should have a label with the date, time, contents of the bag, and initials of the nurse that completed the task. She reported the enteral feedings for Resident #71 were changed on the night shift.</p> <p>On 05/07/2024 at 1:55 p.m., an interview was conducted with S8DON (Director of Nursing). She confirmed disposable enteral feeding bags should be dated, timed, initialed, and labeled with the contents of the bag when the bag was prepared for the resident.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>49784</p> <p>Based on observation, interview, and record review, the facility failed to follow the recipe in order to meet the nutritional needs of the residents as evidenced by kitchen staff failing to:</p> <ol style="list-style-type: none"> 1) Use the appropriate recipe to prepare a pureed food item 2) Ensure the appropriate sized scoops were used to serve pureed and non-mechanically altered foods. <p>This deficient practice had the potential to contribute to an unpleasant dining experience, decreased intake, altered nutritional needs and weight loss for the 15 residents who consumed pureed diets and the 113 residents that consumed non mechanically altered meals from the kitchen. 128 residents consumed meals from the facility's kitchen.</p> <p>Findings:</p> <p>On 05/08/2024, a review of the facility's policy Kitchen Weights and Measures,, with a last review date of 01/2024, revealed in part: Policy Statement: Food services staff will be trained in proper use of cooking and serving measurements to maintain portion control. Policy Interpretation and Implementation: 1. Cook and Food Services staff will be trained in weights and measures, volume and weights, appropriate utensil use, and food can sizes. 6. Staff will be trained in the appropriate measurement and type of serving utensil to use for each food. Signs or posters explaining coded measurement indicators (e.g., color-coded) on utensils will be prominently displayed for reference.</p> <ol style="list-style-type: none"> 1. Review of the recipe for pureed butter rice revealed whole milk was the required liquid to be used. <p>Review of the recipe for pureed instant rice revealed water was the required liquid to be used.</p> <p>On 05/06/2024 at 10:15 a.m., an observation of S4DC preparing pureed foods was performed. S4DC prepared a container of butter rice utilizing the recipe for pureed instant rice instead of pureed butter rice. S4DC used water instead of the required liquid of milk.</p> <p>On 05/08/2024 at 10:30 a.m. an interview with S6RD was conducted. The menu for pureed butter rice was reviewed. She confirmed that the butter rice prepared on 05/06/2024 should have been pureed with milk and not water.</p> <ol style="list-style-type: none"> 2. Review of recipes for 05/06/2024 food items revealed the following listed the utensils required for correct sized portions: <p>White beans and ham- 6 oz (ounce) spoodle</p> <p>Steamed rice - #8 dipper (4oz)</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Mixed vegetables (substituted for green beans) - #8 scoop (4oz)</p> <p>Pureed mixed vegetables (substituted for green beans) - #12 scoop (2 2/3 oz)</p> <p>Pureed white beans and ham- 6 oz spoodle</p> <p>Pureed rice- #8 scoop (4oz)</p> <p>On 05/06/2024 at 11:07 a.m., an observation was made of the kitchen staff serving meal trays. An interview with S5DS was conducted. S5DS provided menus of each food item served at this mealtime. Individual menus were reviewed, which indicated specific serving utensils to be used. The following utensils were used instead of the utensils listed on each recipe.</p> <p>White beans and ham- #8 gray scoop (4oz)</p> <p>Steamed rice- #12 [NAME] scoop (2 2/3 oz)</p> <p>Mixed vegetables (substituted for green beans) used - Red slotted scoop (2 oz)</p> <p>Pureed mixed vegetables (substituted for green beans) - #16 Blue scoop (2 oz)</p> <p>Pureed white beans and ham- Red scoop (2 oz)</p> <p>Pureed rice- #16 Blue scoop (2 oz)</p> <p>Review of recipe for 05/07/2024 food item revealed the following utensils required for correct sized portions:</p> <p>Bell Pepper Casserole -6 oz spoodle</p> <p>On 05/07/2024 at 11:30 a.m. an observation of the meal service was performed with S6RD. S6RD provided menus of each food item served at this mealtime. Individual menus were reviewed which indicated specific serving utensil to be used. The following utensils were used compared to the indicated utensils listed on each menu.</p> <p>Bell pepper casserole with tomatoes- #8 grey scoop (4oz)</p> <p>Bell pepper casserole without tomatoes - #8 grey scoop (4oz)</p> <p>On 05/06/2024 at 02:44 p.m., a phone interview with S6RD was conducted. She reported that recipes are used on an as needed basis for preparation of food or reviewed at the time of a new menu cycle. Kitchen staff have a book with recipes that they can refer to for measurements, but they are familiar with what serving utensil to use for preparation and what scoops to use for serving. She stated the sign for scoop measurements is located on the steam table. She further stated that S7PM and/or S5DS were responsible for monitoring the scoops used in serving food.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 05/07/2024 at 11:45 a.m., an interview was conducted with S5DS and S4DC. Both confirmed that the scoops used to serve the two bell pepper casseroles on 05/07/2024 were not the appropriate size as listed on the recipe.</p> <p>On 05/08/2024 at 10:30 a.m., a face to face interview with S6RD was conducted during which the surveyor observations of the incorrect utensil size use on 05/06/2024 and 05/07/2024 were discussed. S6RD confirmed that appropriate sized serving utensils were not used for those two days during lunch meal service. She stated that the serving sizes were inadequate. The scoop sign posted on the kitchen bulletin board was reviewed with S6RD, and she verified that this was the sign the staff should utilize for proper serving utensils.</p> <p>On 05/08/2024 at 03:00 p.m., an interview with S7PM was conducted. S7PM reported that she had been working at the facility for two years. She stated she or the S5DS are responsible for ensuring the correct serving scoops were being used.</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47354</p> <p>Based on record review and interview, the facility failed to ensure the facility-wide assessment included a detailed review of facility Cuban population's ethnic, cultural, and/or preferred language factors that may potentially affect the care provided by the facility. This deficient practice affected 1 resident (#61) with a potential to affect a census of 127 residents currently residing in the facility.</p> <p>Findings:</p> <p>On 05/08/2024, a review of the facility's policy, Facility Assessment, with a revision date of 01/25/2024 revealed in part, the following: Policy Statement: A facility assessment is conducted annually to determine and update our capacity to meet the needs of and competently care for our resident during day-to-day operations . Policy Interpretation and Implementation: . 3. The facility assessment includes a detailed review of the resident population. This part of the assessment includes: d. Religious, ethnic or cultural factors that affect the delivery of care and services, such as: .</p> <p>(4) Language translation requirements.</p> <p>Review of the Facility assessment dated [DATE] with an assessment date of 01/18/2024 failed to identify any resident population of Cuban descent, Spanish as a preferred language nor the use of an interpreter.</p> <p>Review of Resident #61's record revealed he was admitted to the facility on [DATE] with diagnoses that included Coronary Artery Disease, Hypertension, and Diabetes Mellitus.</p> <p>Review of Resident #61's MDS (Minimal Data Set) dated 03/27/2024, Section N revealed ethnicity of Cuban and the preferred language of Spanish.</p> <p>On 05/08/2024 at 10:00 a.m., a review of the facility's assessment was conducted with S1ADM (Administrator). He confirmed that Resident #61 was Cuban and his preferred language was Spanish. He also confirmed that the facility's assessment failed to include any ethnic, cultural factors, or language perforation that affected the delivery of his care.</p>		