

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195425	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Patterson Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 910 Lia St Patterson, LA 70392	

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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>Based on observations and interview, the facility failed to post nurse staffing information at the beginning of each shift daily as required.</p> <p>Findings:</p> <p>Observation on 05/06/2025 at 10:45PM revealed the facility's posted nurse staffing information was dated 05/05/2025.</p> <p>Observation on 05/06/2025 at 3:02PM revealed the facility's posted nurse staffing information was dated 05/05/2025.</p> <p>Observation on 05/08/2025 at 9:28AM revealed the facility's posted nurse staffing information was dated 05/07/2025.</p> <p>Observation on 05/08/2025 at 11:32AM revealed the facility's posted nurse staffing information was dated 05/07/2025.</p> <p>In an interview on 05/08/2025 at 11:33AM, S2Director of Nursing (DON) S2DON acknowledged the nurse staffing information should have been posted on 05/06/2025 and 05/08/2025 as required.</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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>Based on observations, interviews, and record reviews, the facility failed to provide a diet to meet a resident's needs for 1 (Resident #3) of 2 (Resident #2, and Resident #3) sampled residents observed during dining.</p> <p>Findings:</p> <p>Review of the facility's Therapeutic Diet policy and procedure last reviewed on 06/12/2024 revealed, in part, therapeutic diets were prescribed by the attending physician to support the resident's treatment and plan of care and in accordance with his or her goals and preferences.</p> <p>Review of the facility's Assistancess with Meals policy and procedure reviewed on 05/21/2024 revealed, in part, a resident shall receive assistance with meals in a manner that meets the individual needs of each resident. Further review revealed residents who could not feed themselves will be fed with attention to safety, comfort, and dignity.</p> <p>Review of Resident #3's Electronic Medical Record (EMR) revealed, in part, Resident #3 had a diagnosis of oropharyngeal phase dysphagia (a swallowing problem that occurs in the mouth and throat.)</p> <p>Review of Resident #3's Speech Therapy evaluation dated 04/23/2025 revealed, in part, the speech therapist made diet recommendations, which included, Resident #3 was to receive heavily iced liquids.</p> <p>Review of Resident #3's Diet Order and Communication form dated 04/23/2025 revealed, in part, Resident #3 was to receive heavily iced liquids.</p> <p>Review of Resident #3's May 2025 Physician's orders revealed, in part, an order dated 02/14/2025 for Resident #3 to receive a regular diet with heavily iced liquids.</p> <p>Observation on 05/05/2025 at 12:06PM revealed S9Certified Nursing Assistant (CNA) offered Resident #3 a sip of an unknown yellow liquid that contained no ice. Further observation revealed after swallowing a sip of the unknown yellow liquid, Resident #3 cleared her throat and made a slight cough.</p> <p>Observation on 05/05/2025 at 12:10PM revealed S9CNA offered Resident #3 a sip of an unknown yellow liquid that contained no ice. Further observation revealed after swallowing a sip of the unknown yellow liquid, Resident #3 coughed once and cleared her throat.</p> <p>Observation on 05/05/2025 at 12:12PM with S10Speech Therapist (ST) revealed Resident #3's above mentioned glass with an unknown yellow liquid contained no ice.</p> <p>In an interview on 05/05/2025 at 12:12PM, S10ST confirmed Resident #3's above mentioned glass with an unknown yellow liquid was not heavily iced as ordered, and should have been as per Resident #3's prescribed diet.</p> <p>In an interview on 05/05/2025 at 12:18PM, S11Licensed Practical Nurse (LPN) indicated staff should be following a resident's physician's prescribed diet order.</p> <p>(continued on next page)</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/06/22025 at 9:39AM, S3Registered Dietician (RD) indicated Resident #3 should have received heavily iced liquids on 05/05/2025 as ordered by Resident #3's physician.</p> <p>In an interview on 05/06/2025 at 2:10PM, S2Director of Nursing (DON) indicated S9CNA should have been following the physician's prescribed diet order.</p>