

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  06/10/2025
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 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on interviews and record reviews, the facility failed to ensure documentation was complete and accurate for residents' activities of daily living (ADL) for 3 (Resident #1, Resident #2, Resident #3) of 3 (Resident #1, Resident #2, Resident #3) sampled residents investigated for ADLs.</p> <p>Findings:</p> <p>Review of the facility's Charting and Documentation policy, dated July 2017, revealed, in part, all services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record.</p> <p>Resident #1</p> <p>Review of Resident #1's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/18/2025 revealed Resident #1 required supervision and set up help with transfer. Further review of Resident #1's MDS revealed Resident #1 required partial to moderate assistance with personal hygiene.</p> <p>Review of Resident #1's Care Plan with a documented goal date of 06/19/2025 revealed, in part, Resident #1 had an ADL self-care performance deficit. Further review revealed Resident #1 required supervision or touch assistance with chair/bed-to-chair transfers and partial to moderate assistance with personal hygiene.</p> <p>Review of Resident #1's March 2025 Documentation Survey Report revealed, in part, the following:</p> <p>-Personal Hygiene: no documented evidence personal hygiene assistance was provided on the 6:00AM - 6:00PM shift on 03/21/2025; and,</p> <p>-Transfers: no documented evidence transfer assistance was provided on the 6:00AM - 6:00PM shifts on 03/12/2025, 03/13/2025, 03/21/2025, or on the 6:00PM - 6:00AM shifts on 03/13/2025, 03/14/2025, and 03/31/2025.</p> <p>Review of Resident #1's April 2025 Documentation Survey Report revealed, in part, the following:</p> <p>-Personal hygiene: no documented evidence personal hygiene assistance was provided on the 6:00AM - 6:00PM shifts on 04/02/2025 or on the 6:00PM - 6:00AM shift on 04/05/2025 and 04/11/2025; and,</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
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<p>F 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>-Transfers: no documented evidence transfer assistance was provided on the 6:00AM - 6:00PM shift on 04/01/2025, or on the 6:00PM - 6:00AM shifts on 04/04/2025 and 04/11/2025.</p> <p>In an interview on 06/09/2025 at 2:55PM, S3MDS Coordinator confirmed Resident #1's transfer and personal hygiene assistance was not documented as provided on the above mentioned dates. S3MDS Coordinator further indicated the Certified Nursing Assistants (CNAs) were responsible for documentation of assistance provide to Resident #1 for transfers and personal hygiene.</p> <p>Resident #2</p> <p>Review of Resident #2's MDS with an ARD of 05/23/2025 revealed Resident #2 was dependent for transfers. Further review of Resident #2's MDS revealed Resident #2 required partial to moderate assistance with personal hygiene.</p> <p>Review of Resident #2's Care Plan with a documented goal date of 08/29/2025 revealed, in part, Resident #2 had an ADL self-care performance deficit. Further review revealed Resident #2 required total assistance of 2 staff persons for transfers.</p> <p>Review of Resident #2's May 2025 Documentation Survey Report revealed, in part, the following:</p> <p>-Personal Hygiene: no documented evidence personal hygiene assistance was provided on the 6:00AM - 6:00PM shifts on 05/02/2025, 05/16/2025, 05/17/2025, 05/18/2025, and 05/31/2025 or on the 6:00PM - 6:00AM on 05/21/2025; and,</p> <p>-Transfers: no documented evidence transfer assistance was provided on the 6:00AM - 6:00PM shifts on 05/02/2025, 05/16/2025, 05/17/2025, 05/18/2025, and 05/31/2025 or on the 6:00PM - 6:00AM shift on 05/21/2025.</p> <p>Review of Resident #2's June 2025 Documentation Survey Report revealed, in part, the following:</p> <p>-Personal Hygiene: no documented evidence personal hygiene assistance was provided on the 6:00AM - 6:00PM shifts on 06/04/2025 and 06/05/2025; and,</p> <p>-Transfers: no documented evidence transfer assistance was provided on the 6:00AM - 6:00PM shifts on 06/04/2025 and 06/05/2025.</p> <p>Resident #3</p> <p>Review of Resident #3's MDS with an ARD of 03/21/2025 revealed Resident #3 was dependent for transfers and personal hygiene.</p> <p>Review of Resident #3's Care Plan with a documented goal date of 06/30/2025 revealed, in part, Resident #3 had an ADL self-care performance deficit and required assistance with transfers and personal hygiene.</p> <p>Review of Resident #3's May 2025 Documentation Survey Report revealed, in part, the following:</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>-Personal Hygiene: no documented evidence personal hygiene assistance was provided on the 6:00AM - 6:00PM shifts on 05/03/2025, 05/12/2025, 05/13/2025, 05/16/2025, 05/17/2025, 05/21/2025, 05/22/2025, 05/26/2025, 05/27/2025, 05/30/2025 or on the 6:00PM - 6:00AM shifts on 05/20/2025, 05/30/2025, and 05/31/2025; and,</p> <p>-Transfers: no documented evidence transfer assistance was provided on the 6:00AM - 6:00PM shifts on 05/03/2025, 05/12/2025, 05/13/2025, 05/14/2025, 05/16/2025, 05/17/2025, 05/18/2025, 05/21/2025, 05/22/2025, 05/26/2025, 05/27/2025, and 05/30/2025 or on the 6:00PM - 6:00AM shifts on 05/02/2025, 05/20/2025, 05/30/2025, and 05/31/2025.</p> <p>Review of Resident #3's June 2025 Documentation Survey Report revealed, in part, the following:</p> <p>-Personal Hygiene: no documented evidence personal hygiene assistance was provided on the 6:00AM - 6:00PM shifts on 06/1/2025 and 06/04/2025; and,</p> <p>-Transfers: no documented evidence transfer assistance was provided on the 6:00AM - 6:00PM shifts on 06/01/2025 and 06/04/2025.</p> <p>In an interview on 06/10/25 at 11:29AM, S2Director of Nursing (DON) indicated the CNA staff were responsible for ADL documentation. S2DON confirmed Resident #1's, Resident #2's, and Resident #3's transfer and personal hygiene assistance was not documented as provided on the above mentioned dates and should have been documented.</p>		