STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195425	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Patterson Healthcare Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview and record reviews, the facility failed to accurately document the administration of a resident's medication for 1 (Resident #1) of 3 sampled residents reviewed for accurate documentation.Findings:Review of Resident #1's record revealed, in part, an order for Miconazole 2% cream (an antifungal medication) to be applied topically two times a day with a start date of 04/29/2026 and an end date of 05/09/2026.Review of Resident #1's April 2026 electronic Treatment Administration Record (eTAR) revealed, in part, Miconazole 2% cream was scheduled for administration from 04/20/2026 in the PM to 04/30/2026 in the PM. Further review of Resident #1's April 2026 eTAR revealed Miconazole 2% cream was not documented as administered on 04/20/2026 in the PM and 04/30/2026 in the PM.Review of Resident #1's May 2026 eTAR revealed, in part, Miconazole 2% cream was scheduled for administration from 05/01/2026 in the AM to 05/09/2026 in the AM. Further review of Resident #1's May 2026 eTAR revealed Miconazole 2% cream was not documented as administered on 05/02/2026 in the AM, 05/03/2026 in the AM, 05/04/2026 in the PM, 05/05/2026 in the PM, 05/07/2026 in the PM and 05/08/2026 in the PM.In an interview on 05/26/2026 at 2:36PM, S2Director of Nursing (DON) indicated Resident #1's Miconazole 2% cream was administered as ordered but was not documented as administered on the above documented dates, and should have been.

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