STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195458	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gueydan Memorial Guest Home	1201 Third St Gueydan, LA 70542

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the assessment accurately reflected the resident's status for 3 (#2, #13, and #42) residents out of 29 sampled residents. Findings: Resident #2 Review of Resident #2's Electronic Health Record (EHR) revealed the resident was admitted to the facility on [DATE] with a diagnoses which included, but were not limited to, type 2 diabetes mellitus with diabetic neuropathy. Review of Resident #2's Quarterly Minimum Data Set (MDS) with an assessment reference date of 07/01/2025 revealed Section N0415 (J) Hypoglycemic was coded no which indicated the resident did not receive a hypoglycemic in the 7 day look back period. Review of Resident #2's Medication Administration Record (MAR) revealed that Lantus and Novolog were administered 06/25/2025 through 07/01/2025. On 08/26/2025 at 4:02 p.m., an interview and review of Resident #2's MDS with an assessment date of 07/01/2025 was conducted with S4MDS. S4MDS confirmed that yes should have been coded for section N0415 (J) Hypoglycemic and was not. Resident #13 Review of Resident #13's Electronic Health Record revealed the resident was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, dementia in other diseases classified elsewhere with behavioral disturbance and repeated falls. Review of Resident #13's Quarterly MDS with an assessment reference date of 07/25/2025 revealed Sections P0200 (A) Bed alarm and P0200 (B) Chair alarm were coded as not used which indicated the resident did not utilize a bed or chair alarm during the 7 day look back period. Review of Resident #13's physician's order revealed an order dated 01/24/2024 for clip alarm to resident at all times due to poor safety awareness, q (every) 1 hour checks. Review of Resident #13's July 2025 MAR revealed that that her clip alarm was in place at all times for the entire month. On 08/26/2025 at 4:15 p.m., an interview and review of Resident #13's MDS dated [DATE] was conducted with S4MDS. S4MDS confirmed that the resident used a chair alarm and a bed alarm for the month of July 2025. She confirmed Sections P0200 (A) Bed alarm and P0200 (B) Chair alarm should have been coded as used and were not. Resident #42 Review of Resident #42's EHR revealed the resident was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, type 2 diabetes mellitus without complications and depression, unspecified. Review of Resident #42's significant change in status MDS with an assessment reference date of 05/28/2025 revealed section I5800 Depression (other than bipolar) was coded no indicating the resident did not have an active diagnosis of depression. Section N0415 (J) Hypoglycemic- including insulin was coded no indicating the resident did not receive a hypoglycemic during the 7 day look back period. Review of Resident #42's May 2025 MAR revealed from 05/22/2025 through 05/28/2025 the resident was administered Sertraline for depression and Glimepiride and Pioglitazone as hypoglycemics. On 08/27/2025 at 11:20 a.m. an interview and review of Resident #42's MDS dated [DATE], was conducted with S4MDS. S4MDS confirmed that yes should have been coded for sections section I5800 Depression (other than bipolar). She further confirmed that yes should have been coded for Section N0415 (J) Hypoglycemic.

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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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and policy review, the facility failed to ensure that a resident's enteral feeding was properly labeled for 1 (#5) out of 1 (#5) resident investigated for tube feeding.Findings:On 08/25/2025, a review of the facility's policy titled, Enteral Tube Feeding via Continuous Pump, with a last review date of August 2025, revealed in part.Purpose: The purpose of this procedure is to provide a guideline for the use of a pump for enteral feedings.Initiate Feeding:.5. On the formula label document initials, date and time the formula was hung/administered, and initial that the label was checked against the order. Review of Resident #5's electronic health record revealed she was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, muscle wasting and atrophy, dysphagia, and gastrostomy status. Review of Resident #5's August 2025 physician's orders revealed an order dated 07/30/2025 that read in part.Enteral Feed Order every shift.Osmolite 45 ml (milliters) q (every) hour. On 08/25/2025 at 10:47 a.m., an observation of Resident #5's tube feeding bag and administration set revealed the formula bag had no label. On 08/25/2025 at 11:04 a.m., an interview and observation was conducted with S5LPN (Licensed Practical Nurse) who stated that tube feeding bags should be labeled with resident's name, date, time, rate, and nurse's initial. An observation was made with S5LPN of Resident #5's tube feeding, who confirmed the resident's tube feeding bag was not labeled, and should have been.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview, the facility failed to provide necessary care and services in accordance with professional standards of practice by failing to ensure oxygen was delivered at the ordered rate for 1 (#18) out of 1 (#18) resident investigated for respiratory care.Findings:On 08/25/2025, a review of the facility's policy titled, Oxygen Administration, with a last review date of August 2025, revealed in part.Purpose: The purpose is to provide guidelines for safe oxygen administration. Oxygen shall only be administered by physician order.Steps in the Procedure.4. Turn on the oxygen. Start the flow of oxygen at the rate order by physician. Review of Resident #18's electronic health record revealed she was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, chronic obstructive pulmonary disease and pneumonia. Review of Resident #18's Annual MDS (Minimum Data Set) assessment with an ARD (Assessment Reference Date) of 07/02/2025 revealed she had a BIMS (Brief Interview for Mental Status) score of 15, indicating she was cognitively intact. Review of Resident #18's August 2025 physician's orders revealed an order dated 03/24/2025 for O2 (oxygen) at 2L (liters) per NC (nasal cannula) QHS (every night) and PRN (as needed). On 08/25/2025 at 11:41 a.m., an observation was made of Resident #18 in the dining room with oxygen on and in place per nasal cannula. The oxygen setting was observed at 4L.On 08/25/2025 at 11:49 a.m., an observation and record review was conducted with S3LPNTX (Licensed Practical Nurse/Treatment Nurse). S3LPNTX observed Resident #18's oxygen setting at 4L. She then reviewed Resident #18's August 2025 physician's orders and confirmed the oxygen should be at 2L. She confirmed the oxygen rate was incorrectly set on 4L and should have been on 2L as per the physician's orders. On 08/27/2025 at 12:09 p.m., an interview was conducted with Resident #18 who stated she does not touch the machine at all.

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and interviews, the facility failed to ensure: 1. Resident #13 was assessed for the risk of entrapment from assist bars. 2. Informed consent was obtained from the resident or the resident's representative prior to installation of assist bars for Resident #13. The deficient practice occurred for 1 (Resident #13) of 29 sampled residents. Findings: A review of the facility's policy, Bed Safety and Bed Rails, with a last review date of August 2025, revealed in part: Use of Bed Rails, The resident assessment to determine risk of entrapment includes, but is not limited to : a. medical diagnosis, conditions, symptoms, and/or behavioral symptoms; b. size and weight; c. sleep habits; d. medications; e. acute medical or surgical interventions; f. underlying medical conditions; g. existence of delirium; h. ability to toilet self safely; i. cognition, j. communication; k. mobility (in and out of bed); and i. risk of falling. 8. Before using bed rails for any reason, the staff shall inform the resident or representative about the benefits and potential hazards associated with bed rails and obtain informed consent. The following information will be included in the consent: a. The assessed medical needs that will be addressed with use of bed rails; b. The resident's risks from the use of bed rails and how these will be mitigated; c. The alternative that were attempted but failed to meet the resident's needs; and d. The alternatives that were considered but not attempted and the reasons. Review of Resident #13's Electronic Health Record revealed the resident was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, dementia in other diseases classified elsewhere with behavioral disturbance, repeated falls, and osteoarthritis. Review of Resident #13's Quarterly MDS (Minimum Data Set) assessment dated [DATE] revealed a BIMS (Brief Interview of Mental Status) score of 2, which indicated the resident's cognition was severely impaired. Further review revealed that Resident #13 required substantial/maximal assistance with bed turning left and right and was dependent with chair to bed transfers. Review of Resident #13's care plan revealed in part: 5. Resident #13 has an ADL (Activities of Daily Living) self-care performance/functional abilities deficit r/t (related to) Dx (Diagnosis) Osteoarthritis. Resident #13 requires assistance with ADL functioning. Bed mobility: Resident #13 needs assistance of 2 staff for reposition while in bed. May use assist bars x 2 as needed to assist with bed mobility. On 08/26/2025 at 2:00 p.m., an observation of Resident #13 was made, with her in bed, both left and right upper assist bars in the raised position. Review of Resident #13's medical record revealed no evidence of assessment for the risk of entrapment from assist bars nor consent from the resident or the resident's responsible party for the use of assist bars. On 08/27/2025 at 11:26 a.m., an interview and record review was conducted with S1DON (Director of Nursing). S1DON confirmed that the side rail assessment for Resident #13 did not include assessing for the risk of entrapment. She further confirmed that informed consent was not obtained from Resident #13's responsible party nor the resident, prior to the use of assist bars.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observations, interviews, and record review, the facility failed to provide pharmaceutical services, including accurately documenting controlled medication reconciliation in 1 (Med (medication) Cart 1) of 2 (Med Cart 1 and Med Cart 2) med carts for Resident #43. Findings:A review of the facility's policy titled, Controlled Substances with a last review date of 08/2025, read in part, The facility complies with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of controlled medication. The policy also indicated general guidelines, Controlled substance inventory is monitored and reconciled to identify loss or potential diversion in a manner that minimizes the time between loss/diversion and detection/follow up.A review of Resident #43's electronic medical record revealed she was admitted to the facility on 0721/2022 with a diagnosis that included in part, Anxiety Disorder.A review of Resident #43's physician's orders revealed a start date of 08/16/2025: Lorazepam Oral Tablet 1 mg (milligram) *Controlled Drug* Give 1 tablet by mouth every 4 hours as needed for Anxiety.A review of Resident #43's Lorazepam Oral Tablet 1mg administration details in the EHR (electronic health record) revealed the controlled drug was administered on 08/27/2025 at 8:34 a.m. A review of the facility's form labeled, Individual Resident's Narcotic Record, for Resident #43 failed to reveal the administration of Lorazepam Oral Tablet 1 mg on 08/27/2025 at 8:34 a.m.On 08/27/2025 at 9:20 a.m., a controlled drug count and interview was conducted with S2LPN (Licensed Practical Nurse). A review of Resident #43's Individual Resident's Narcotic Record, for Lorazepam Oral Tablet 1mg give 1 tablet by mouth every 4 hours as needed stated that 30 tablets were supposed to be in the blister pack. Blister pack reviewed with S2LPN for Resident #43's Lorazepam Oral Tablet 1 mg which revealed 29 tablets. S2LPN stated she administered Resident #43's Lorazepam Oral Tablet 1 mg this morning, and forgot to sign it off on the resident's Individual Resident's Narcotic Record. She confirmed that she should have documented on Resident #43's Individual Resident's Narcotic Record, as soon as she administered the medication and she did not. On 08/27/2025 at 10:02 a.m. an interview was conducted with S1DON (Director of Nursing). She confirmed after a narcotic/controlled medication is administered it is to be documented on the resident's Individual Resident's Narcotic Log immediately.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on interviews, observations, and record review the facility failed to ensure medications were stored properly in accordance with currently accepted professional principles as evidenced by: 1. failing to discard an expired medication in 1 (Med (medication) Cart 1) of 2 (Med Cart 1 and Med Cart 2) med carts, 2. failing to discard 2 expired medications in 1 (Med Room) of 1 (Med Room), and 3. failing to ensure food was stored separately from medications. Findings:A review of the facility's policy titled, Storage of Medications with a last review date of 08/2025, read in part, The facility stores all drugs and biologicals in safe, secure, and orderly manner. The policy also indicated general guidelines, Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed. Medications are stored separately from food. On 08/27/2025 at 9:03 a.m., observation was conducted of Med Cart 1 with S2LPN (Licensed Practical Nurse) which revealed the following: 1 Linzess 72 mcg (microgram) bottle with an expiration date of 06/05/2025.On 08/27/2025 at 9:20 a.m., an observation and interview was conducted with S2LPN who confirmed the expiration date on the Linzess 72 mcg bottle was 06/05/2025, and it should have been discarded and not in the med cart.On 08/27/2025 at 9:25 a.m., observation was conducted of the Med Room with S2LPN which revealed the following: 1 Trazadone 100 mg (milligram) blister packet with an expiration date of 04/29/2025. 1 Mirtazapine 15 mg blister packet with an expiration date of 06/14/2025. 1 bottle of Orange Juice in the Medication Only refrigerator. On 08/27/2025 at 9:35 a.m., an observation and interview was conducted with S2LPN who confirmed the expiration date on the Trazadone 100 mg blister packet's expiration date was 04/29/2025, and the Mirtazapine 15 mg blister packet's expiration date was 06/14/2025, and both medications should have been discarded and not in the med room. She also confirmed that food items should not be in the same refrigerator as medications.On 08/27/2025 at 10:02 a.m., an interview was conducted with S1DON (Director of Nursing). She confirmed that no expired medications should be in any med carts or in the med room. She confirmed that food items should not be in the same refrigerator as medications.

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the designated interdisciplinary team member obtained the most recent hospice plan of care, and the physician recertification of the terminal illness for 1 (#9) of 1 (#9) resident investigated for hospice care.Findings:On 08/27/2025, a review of the facility's policy titled Hospice Program, read in part: Policy Statement: Hospice services are available to residents at the end of life. Policy Interpretation and Implementation.11.Our facility has designated S1DON (Director of Nursing) to coordinate care provided to the resident by our facility staff and the hospice staff.she is responsible for the following.d. Obtaining the following information from the hospice: 1. The most recent hospice plan of care specific to each resident.3. Physician certification and recertification of the terminal illness specific to each resident.Resident #9 was admitted to the facility on [DATE], with diagnoses that included, but were not limited to atherosclerotic heart disease of native coronary artery without angina pectoris, chronic diastolic (congestive) heart failure, and acute kidney failure.Review of Resident #9's quarterly Minimum Data Set (MDS) dated [DATE], revealed in Section J1400. Prognosis that he had a chronic disease that may result in a life expectancy of less than 6 months.Review of Resident #9's physician orders revealed an order written on 01/20/2025 to admit to hospice service. Further review revealed no order to discharge the resident from hospice service.Review of the Resident #9's medical records revealed no current hospice certification or plan of care. The last certification period and plan of care were dated 04/10/2025 to 07/18/2025.On 08/26/2025 at 4:15 p.m., an interview and review of Resident #9's hospice records was conducted with S3LPN/TX (Licensed Practical Nurse/Treatment Nurse). She confirmed that the resident did not have a current certification and plan of care in his records.On 08/27/2025 at 2:47 p.m., an interview was conducted with S1DON. She stated that she was responsible for obtaining Resident #9's hospice certification and plan of care from the hospice provider. S1DON confirmed that she was aware that the current certification and plan of care were not in the facility and stated that they should have been.