STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195466	A. Building B. Wing	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lasalle Nursing Home	139 Ninth Street Jena, LA 71342

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview and record review, the facility failed to develop a comprehensive person-centered care plan consistent with the resident rights that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for 2 (Resident #5 and Resident #16) of 19 sampled residents. The facility failed to ensure Resident #5's and Resident #16's care plan was developed to address advance directives and/or code status.Findings:Review of a facility policy on 12/09/2025 at 12:49 p.m. titled, Comprehensive Care Plan revised on 01/22/2018 revealed the following in part.Purpose: Ensure that each resident will have a person centered comprehensive care plan developed and implemented to meet his or her preferences and goals, and address the residents' medical, physical, mental, and psychosocial needs.Resident #5Review of Resident #5's medical record revealed an admission date of 07/29/2021, with diagnoses that included in part .Cardiomyopathy, Unspecified; Encounter for Palliative Care; Hemiplegia and Hemiparesis following Cerebral Infarction affecting Left Non-Dominant Side; Unspecified Dementia. Review of Resident #5's current physician orders revealed in part.07/29/2021 (start date): DNR (Do Not Resuscitate)Review of Resident #5's care plan with a next review date of 12/08/2025 revealed no information addressing advanced directives and/or code status.Resident #16Review of Resident #16's medical record revealed an admission date of 04/17/2024, with diagnoses that included in part.Hemiplegia and Hemiparesis following Cerebral Infarction affecting Right Dominant Side, Cognitive Communication Deficit, Abnormalities of Gait and Mobility, and Dry Eye Syndrome of Bilateral Lacrimal Glands.Review of Resident #16's current physician orders revealed in part.04/17/2024 (start date): Full CodeReview of Resident #16's care plan revealed no information addressing advanced directives and/or full code status.In an interview on 12/09/2025 at 11:08 a.m., S3 Care Plan Coordinator revealed she is responsible for completing and updated all resident's care plans. S3 Care Plan Coordinator and S4 MDS LPN each reviewed both Resident #5's and Resident #16's care plans and confirmed the above findings. S3 Care Plan Coordinator confirmed both Resident #5 and Resident #16 should have had a care plan that addressed advanced directive and/or code status but did not

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195466	A. Building B. Wing	12/10/2025

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review the facility failed to maintain an infection control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections by failing to store clean linen and hygiene products properly. This failed practice had the potential to affect all residents who received a whirlpool bath. Findings:Review of facility's policy on 12/10/2025 at 1:35 p.m. titled Linens with a revision date of 03/27/2023 revealed the following part.1. Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Observation of Bath 1 on 12/10/2025 at 11:37 a.m. revealed 4 unidentified deodorants on a shelf and multiple folded towels on a bench. Observation of Whirlpool X, Whirlpool Z, Shower X, Shower Z, and Bath 2 on 12/10/2025 from 11:44 a.m. until 11:58 a.m. revealed all of these areas had more than one folded towel stored on benches and uncovered shelves. In an interview on 12/11/2025 at 1:12 p.m., S7 CNA revealed she uses the 4 different unidentified roll on deodorants in Bath W on different residents and she uses the folded linen on the bench in Bath W for the residents receiving whirlpools. S7 CNA stated she brings a stack of clean linen into Bath W and uses them throughout the day on residents that she is providing whirlpools to on that day.In an interview on 12/10/2025 at 1:23 p.m. S2 DON confirmed staff shouldn't be using multiple unidentified roll on deodorants on multiple residents and should not have had multiple linens in the showers, baths or whirlpools while bathing different residents.