

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Amelia Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 903 Center Street Lafayette, LA 70501	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50950</p> <p>Based on observations, interviews and record review, the facility failed to ensure a resident's plan of care was implemented for 1 (Resident #51) out of 32 sampled residents. The facility failed to ensure Resident #51's splint was applied on her left hand.</p> <p>Findings:</p> <p>A review of Resident #51's Admission Record revealed she was admitted to the facility on [DATE] with diagnoses that included in part, cerebral infarction.</p> <p>A review of Resident #51's Order Summary Report revealed a physician's order, dated 02/06/2025 that read, left hand splint to be worn during the day, take off at night and for showers.</p> <p>A review of Resident #51's Care Plan Report revealed a care plan intervention initiated on 02/07/2025 that read, left hand splint to be worn during the day, take off at night and for showers.</p> <p>On 03/18/2025 at 9:27 AM, an observation was made of Resident #51 in her room. No splint was observed on her left hand.</p> <p>On 03/18/2025 at 10:07 AM, a second observation was made of Resident #51 in her room. No splint was observed on her left hand. A concurrent interview and observation was conducted with S5CNA (Certified Nursing Assistant), S5CNA confirmed there was no splint on Resident #51's left hand.</p> <p>On 03/18/2025 at 10:40 AM, an observation and interview was conducted with S3LPN (Licensed Practical Nurse). S3LPN confirmed that Resident #51's splint was not on her left hand and it should have been.</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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Post nurse staffing information every day.</p> <p>47123</p> <p>Based on observation and interviews the facility failed to post nurse staffing information on a daily basis that included the total number and actual hours worked by the licensed and unlicensed personnel directly responsible for resident care per shift. The facility's census was 91.</p> <p>Findings:</p> <p>On 03/19/2025 at 11:29 AM, an observation was made of the daily nursing staffing information posted next to the staff time clock near the dining room and nurse's station which were in the central area of the building. The posting failed to include the total projected hours and actual hours worked by the licensed and unlicensed personnel directly responsible for resident care.</p> <p>On 03/19/2025 at 12:30 PM, an interview was conducted with S7WC (Ward Clerk). She stated she fills out the Nursing Staffing Information paper and the only place it is posted at is the bulletin board in the front near the time clock.</p> <p>On 03/19/2025 at 12:33 PM, a concurrent observation and interview was conducted with S2DON (Director of Nursing). She confirmed the posting did not include the total projected hours or actual hours worked by the licensed and unlicensed personnel directly responsible for resident care.</p>