

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  04/08/2026
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to ensure the State Ombudsman Office was notified of a resident discharge for 1 (#87) out of 1 discharge record reviewed. Findings: Review of Resident #87's electronic health record revealed he was admitted to the facility on [DATE] for short term respite care. His diagnoses included, but were not limited to: hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side, spastic hemiplegia affecting right dominant side, bipolar disorder, major depressive disorder, recurrent moderate, and anxiety disorder. Review of the facility's Notice of Transfer or Discharge form revealed Resident #87 was discharged from the facility on 02/23/2026. There was no evidence the State Ombudsman Office was notified of a resident's discharge. On 04/07/2026 at 3:55 p.m., an interview with S6SSD was conducted. She stated only residents who were emergency transfers are listed on the Emergency Transfer Log. She stated for the non-emergent discharges, the nurses would give her a slip to inform her of the discharge and she informs the State Ombudsman Office via email. At that time, S6SSD reviewed her emails and stated she was not able to provide a copy of the email sent to the State Ombudsman Office notifying them of Resident #87's discharge. 04/07/2026 at 4:20 p.m., a second interview with S6SSD was conducted. S6SSD stated that she was unaware that she needed to send a copy of the written Notice of Transfer for non-emergency discharges to the State Ombudsman Office after a resident was discharged .</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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, observations and interview, the facility failed to ensure that a resident's enteral feeding was properly labeled for 1 (#2) out of 1 (#2) sampled residents reviewed for tube feeding. Findings: Review of the facility's policy titled, Enteral Tube Feeding via Continuous Pump, with a last review date of January 2026, revealed under the heading Initiate Feeding read, in part.5. On the formula label document initials, date and time the formula was hung/administered. Review of Resident #2's electronic health record revealed he was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, dysphagia, severe protein calorie malnutrition, and encounter for attention to gastrostomy. Review of Resident #2's April 2026 physician's orders revealed an order dated 02/26/2025 that read in part. Enteral Feed Order every night shift. Change feeding administration set daily, label the formula container, syringe and administration set with resident's name, date, time and nurse's initial. On 04/06/2026 at 9:27 a.m., an observation of Resident #2's tube feeding bag and administration set revealed the formula bag had no label. On 04/06/2026 at 9:48 a.m., an interview was conducted with S5LPN who stated that tube feeding bags should be labeled with the resident's name, date, time, and nurse's initial. An observation was made with S5LPN of Resident #2's tube feeding. She confirmed the resident's tube feeding bag was not labeled, and should have been.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record and policy review, the facility failed to provide respiratory care consistent with professional standards of practice, by failing to label a nebulizer tubing and mask with a date, and store the mask in a bag when not in use for 1(#5) of 1 residents investigated for respiratory care. Findings: On 04/08/2026, a review of the facility's policy titled, The Facility Oxygen Administration which was last reviewed on 01/2026, read in part: Purpose: The purpose of this procedure is to provide guidelines for safe oxygen administration . Steps in the Procedure .19. When not in use oxygen tubing will be stored in a plastic bag with date. 20. Change oxygen tubing weekly and label with date. 21. When not in use, store nasal cannula or mask in bag. Review of Resident #5's Electronic Health Record (EHR) revealed she was admitted to the facility on [DATE] with diagnoses that included, but were not limited to, primary lateral sclerosis, atherosclerotic heart disease of native coronary artery without angina pectoris and essential primary hypertension. Review of Resident #5's quarterly minimum data set (MDS) dated [DATE] revealed in part: Section C0500 that the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating her cognition was intact. Review of Resident #5's physician orders revealed an order written on 06/02/2025, which read, change nebulizer tubing and mask q (every) week on Friday pm (afternoon) if used. Date and initial tubing every night shift every Fri (Friday). Review of Resident #5's electronic Medication Administration Record (eMAR) revealed S4LPN administered Albuterol Sulfate Nebulization Solution to the resident on 04/06/2026 at 1:52 p.m., On 04/06/2026 at 9:24 a.m., an observation and an interview was conducted with Resident #5. A nebulizer mask attached to tubing was laying across the top of the resident's refrigerator. The tubing and/or mask were not labeled with a date, and were not stored in a bag. Resident #5 stated the nurse took it off her and placed it on her refrigerator. Review of Resident #5's electronic Medication Administration Record (eMAR) revealed S4LPN administered Albuterol Sulfate Nebulization Solution to the resident on 04/07/2026 at 8:28 a.m. On 04/07/2026 at 10:50 a.m., a second observation and an interview was conducted with Resident #5. A nebulizer mask attached to tubing was laying across the resident's refrigerator. It was not labeled or stored in a bag. The resident stated the nurse placed her tubing with mask on her refrigerator after she gave her treatment. On 04/07/2026 at 10:56 a.m., an observation, review of Resident #5's eMAR, and an interview was conducted with S4LPN. She confirmed the resident's nebulizer tubing was not dated or initialed and was not in a bag. She stated the night nurse must have given the resident a treatment and not labeled or stored the tubing and mask. A review of the resident's eMAR with S4LPN revealed S4LPN signed for the nebulizer treatment on 04/06/2026 at 1:52 p.m., and on 04/07/2026 at 8:28 a.m. S4LPN confirmed she gave the treatments and did not label the tubing with a date or stored it in a bag, but should have. On 04/08/2026 at 4:36 p.m. an interview was conducted with S2IC who was responsible for the facility's infection control program. She stated that the facility's policy was to label nebulizer tubing with the date and store the mask in a bag when not in use. On 04/08/2026 at 5:00 p.m., the oxygen policy was reviewed with S7ADON. She stated the policy for oxygen tubing and mask storage was the same for nebulizer tubing and mask storage and that staff should follow the policy.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure the nurse maintained infection control practices while administering wound care treatments for 1 resident (#40) out of 2 residents reviewed for wound care in a sample of 32 residents. Findings: Review of the facility's policy titled, Handwashing/Hand Hygiene, with a revision date of December 2025, read in part: Hand hygiene is indicated: d. before moving from work on a soiled body site to a clean body site on the same resident;.h. after glove removal. Review of Resident #40's Electronic Health Record (EHR) revealed the resident was admitted to the facility on [DATE] with diagnoses including, but not limited to, cerebral infarction and pressure ulcer of sacral region stage 4. Review of Resident #40's current physician's orders revealed the following orders: -Dakins (1/4 strength) External Solution 0.125 % (Sodium Hypochlorite) Apply to sacrococcygeal topically every day shift for pressure wound. Cleanse, apply collagen, calcium alginate then cover with a dressing. Ordered on 02/17/2026. -Mupirocin External Ointment 2% (Mupirocin) Apply to left knee abrasion. Clean with wound cleanser or NS (Normal Saline), apply with collagen, cover with a dry dressing. Ordered on 02/17/2026. On 04/07/2026 at 9:31 a.m., an observation was made of S3TN perform the resident's wound care. During wound care, S3TN removed the soiled dressing to Resident #40's knee. S3TN removed her used gloves and put on clean gloves. She did not perform hand hygiene between glove changes. She then pat the resident's wound with dry gauze, changed her gloves, and did not perform hand hygiene prior to putting on new clean gloves. S3TN applied Mupirocin to the resident's wound, removed her used gloves, put on clean gloves, but did not perform hand hygiene between glove changes. She then applied a clean dressing to the resident's knee. S3TN proceeded to perform wound care to Resident #40's sacrococcygeal wound. She applied clean gloves and removed the resident's soiled dressing. S3TN removed her used gloves, put on clean gloves, and did not perform hand hygiene between glove changes. She then cleaned the resident's sacrococcygeal wound, removed her gloves, and did not perform hand hygiene. S3TN applied clean gloves, cleaned the resident's wound a second time, and removed her gloves. She then put on clean gloves and did not perform hand hygiene between glove changes. She pat the resident's wound dry with dry gauze, removed her used gloves, and put on clean gloves. She did not perform hand hygiene prior to putting on the clean gloves. On 04/07/2026 at 10:00 a.m., an interview was conducted with S3TN. S3TN confirmed that she did not sanitize her hands between glove changes during Resident #40's wound care and knew she was supposed to, but she forgot. On 04/08/2026 at 4:36 p.m., an interview was conducted with S2IC who was responsible for overseeing infection control at the facility. S2IC stated the facility's policy was to perform hand hygiene before applying and after removing gloves during wound care and anytime gloves were used for resident care.</p>		