

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2024
NAME OF PROVIDER OR SUPPLIER  Heritage Manor of Houma		STREET ADDRESS, CITY, STATE, ZIP CODE  852 Centurion Lane Houma, LA 70360	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47081</b></p> <p>Based on record reviews and interviews, the facility failed to ensure the Skilled Nursing Facility Advance Beneficiary Notice (SNFABN), form Centers for Medicare and Medicaid Services (CMS)-10055, was completed prior to the discontinuation of Medicare Part A services (short term skilled nursing care and/or rehabilitation) for 2 (Resident #364 and Resident #365) of 3 (Resident #364, Resident #365, and Resident #366) sampled residents reviewed for termination of Medicare Part A services.</p> <p>Findings:</p> <p>Review of the facility's Traditional Medicare Beneficiary Notices for the Skilled Nursing Facility (SNF) policy, dated 03/2019, revealed, in part, the SNF was required to issue a SNFABN (CMS Form CMS-10055) before providing extended care items or services that Medicare was not expected to pay. The notice must be issued at least three days prior to terminating services, when the resident had days remaining in the benefit period and would remain in the facility under custodial care.</p> <p>Review of Resident #364's Skilled Nursing Facility Beneficiary Protection Notification Review, form CMS-20052, completed by the facility, revealed, in part, Resident #364's last day of Medicare Part A Services was on 01/11/2024.</p> <p>Review of Resident #364's record revealed, in part, a facility discharge date of [DATE].</p> <p>There was no documented evidence, and the facility was unable to present any documented evidence, Resident #364 had a signed CMS-10055 form prior to Medicare Part A services being terminated by the facility on 01/11/2024.</p> <p>Review of Resident #365's Skilled Nursing Facility Beneficiary Protection Notification Review, form CMS-20052, completed by the facility revealed, in part, Resident #365's last day of Medicare Part A services was on 06/12/2024.</p> <p>Review of Resident #365's record revealed, in part, a facility discharge date of [DATE].</p> <p>There was no documented evidence, and the facility was unable to present any documented evidence Resident #365 had a signed CMS-10055 form prior to Medicare Part A services being terminated by the facility on 06/12/2024.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2024
NAME OF PROVIDER OR SUPPLIER  Heritage Manor of Houma		STREET ADDRESS, CITY, STATE, ZIP CODE  852 Centurion Lane Houma, LA 70360	
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 07/17/2024 at 2:20 p.m., S5AccountsManager confirmed Resident #364 and Resident #365 did not have form CMS-10055 completed prior to Medicare Part A services being terminated by the facility.</p> <p>In an interview on 07/18/2024 at 10:17 a.m., S1Administrator confirmed that Resident #364 and 365 did not have form CMS-10055 completed and should have.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2024
NAME OF PROVIDER OR SUPPLIER  Heritage Manor of Houma		STREET ADDRESS, CITY, STATE, ZIP CODE  852 Centurion Lane Houma, LA 70360	

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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>17453</p> <p>34060</p> <p>Based on record reviews and interviews, the facility failed to provide a bed-hold notice upon hospital transfer for 2 (Resident #46 and Resident #49) of 2 (Resident #46 and Resident #49) residents investigated for hospitalization s.</p> <p>Findings:</p> <p>Review of the facility's Bed Hold Policy last revised on 11/2023 revealed, in part, when a resident was transferred to the hospital, a copy of the completed form (notice) was to be provided to the resident, specifying the duration of the bed-hold according to the state plan and the facility's policy regarding bed-hold periods.</p> <p>Resident #46</p> <p>Review of Resident #46's clinical record revealed Resident #46 had an emergency transfer to the hospital on 05/24/2024.</p> <p>Review of Resident #46's Bed Hold Agreement revealed it was signed and not dated.</p> <p>Resident #49</p> <p>Review of Resident #49's clinical record revealed Resident #49 had an emergency transfer to the hospital on 07/13/2024.</p> <p>Review of Resident #49's Bed Hold Agreement revealed it was signed and not dated.</p> <p>In an interview on 07/17/2024 at 1:32 p.m., S5Accounts Manager (AM) indicated Resident #46 and Resident #49's Bed Hold Agreements were signed upon admission, but were not dated. S5AM further indicated when a resident was admitted to the hospital, she called the resident or the resident's representative on the seventh day following the hospitalization to review the bed hold policy.</p> <p>In an interview on 07/17/2024 at 2:22 p.m., S1Administrator indicated the bed hold policy was signed upon admission, and when it was possible a resident would re-sign the bed hold policy upon transfer to the hospital. S1Administrator further indicated if the resident was sent to the emergency room , the facility should call the resident representative in regards to the bed hold policy.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2024
NAME OF PROVIDER OR SUPPLIER  Heritage Manor of Houma		STREET ADDRESS, CITY, STATE, ZIP CODE  852 Centurion Lane Houma, LA 70360	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47081</p> <p>Based on interviews and record review, the facility failed to ensure a resident with a diagnosis of schizoaffective disorder was referred to the appropriate state agency for a Preadmission Screening and Resident Review (PASARR) Level II evaluation as required for 1 (Resident #57) of 1 (Resident #57) sampled residents reviewed for PASARR.</p> <p>Findings:</p> <p>Review of Resident #57's Electronic Medical Record (EMR) revealed, in part, Resident #57 was diagnosed on [DATE] with schizoaffective disorder. Further review of Resident #57's EMR revealed, in part, no evidence that a Level II evaluation was completed.</p> <p>There was no documented evidence and the facility did not present any documented evidence of completing a Level II PASARR evaluation as required for Resident #57.</p> <p>In an interview on 07/16/2024 2:05 p.m., S6Assistant Administrator confirmed that the facility did not have documentation that a Level II evaluation was completed for Resident #57 after a new mental disorder diagnosis.</p> <p>In an interview on 07/18/2024 at 10:20 a.m., S1Administrator confirmed the facility did not have documentation that a Level II evaluation was completed for Resident #57. S1Administrator further indicated Social Services should have referred Resident #57 for a Level II evaluation.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2024
NAME OF PROVIDER OR SUPPLIER  Heritage Manor of Houma		STREET ADDRESS, CITY, STATE, ZIP CODE  852 Centurion Lane Houma, LA 70360	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47081</b></p> <p>Based on record reviews and interviews, the facility failed to ensure a Level 1 Pre-Admission Screening and Resident Review (PASARR) was accurately completed to reflect a resident's mental illness for 1 (Resident #57) of 1 (Resident #57) sampled residents reviewed for PASARR.</p> <p>Findings:</p> <p>Review of Resident #57's face sheet revealed, in part, an admitted [DATE] with a diagnoses of major depressive disorder.</p> <p>Review of Resident #57's Minimum Data Set with an Assessment Reference Date of 05/31/2024 revealed, in part, Resident #57 required daily antidepressant medications.</p> <p>Review of Resident #57's Level 1 PASARR assessment completed on 07/02/2018 revealed, in part, Resident #57 was documented to not have been diagnosed with a mental illness. Further review revealed no psychiatric diagnosis was selected/identified on the above mentioned assessment.</p> <p>In an interview on 07/17/2024 at 10:29 a.m., S7Admissions Coordinator indicated Resident #57's Level 1 PASARR was not verified for accuracy and should have been.</p> <p>In an interview on 07/17/2024 at 12:41 p.m., S6Assistant Administrator confirmed Resident #57's preadmission Level 1 PASARR was inaccurate and the accuracy was not verified upon admission.</p> <p>In an interview on 07/18/2024 at 10:20 a.m., S1Administrator confirmed Resident #57's Level I PASARR was not verified for accuracy and should have been.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2024
NAME OF PROVIDER OR SUPPLIER  Heritage Manor of Houma		STREET ADDRESS, CITY, STATE, ZIP CODE  852 Centurion Lane Houma, LA 70360	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>30587</p> <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on record reviews, observations, and interviews, the facility failed to ensure a resident was assisted for oral care as needed for 1 (Resident #7) of 1 (Resident #7) sampled residents reviewed for activities of daily living.</p> <p>Findings:</p> <p>Review of Minimum Data Set (MDS) Assessment Reference Date (ARD) 06/06/2024 revealed a Brief Interview for Mental Status (BIMS) score of 15 (score of 13-15 indicated the resident was cognitively intact). Further review revealed Resident #7 required setup or clean-up assistance with oral hygiene.</p> <p>Review of Resident #7's care plan with a goal date of 09/15/2024 revealed, in part, Resident #7 needed assistance with oral hygiene with an intervention to assist Resident #7 as needed with oral hygiene.</p> <p>Observation on 07/15/2024 at 10:29 a.m. revealed Resident # 7 had an unknown thick white and gray substance on her teeth.</p> <p>Observation on 07/16/2024 at 2:20 p.m. revealed Resident #7 had an unknown thick white and gray substance on her front teeth.</p> <p>Observation on 07/17/2024 at 1:35 p.m. revealed Resident #7 had an unknown thick white and gray substance on her teeth.</p> <p>Review of Resident #7's Personal Hygiene Activities of Daily Living documentation revealed no documented evidence, and the facility was unable to present any documented evidence, Resident #7 had oral care provided on the following dates: 06/18/2024, 06/22/2024, 06/21/2024, 06/23/2024 through 06/28/2024, 07/01/2024, 07/02/2024, 07/04/2024, 07/09/2024, 07/10/2024, 07/14/2024, and 07/15/2024.</p> <p>In an interview on 07/17/2024 at 1:35 p.m., Resident #7 indicated she only gets to brush her teeth when she complains to staff, and then the staff will set her up with the supplies to brush her teeth. Resident #7 further indicated she might get to brush her teeth twice a week at the most.</p> <p>In an interview on 07/17/2024 at 2:55 p.m., S10Certified Nursing Assistant (CNA) indicated the staff has to set Resident #7 up for oral care and monitor Resident #7 during oral care. S10CNA indicated oral care for Resident #7 should be completed on the morning shift and after supper on the evening shift. S10CNA further indicated care for Resident #7's teeth should be documented under oral care when completed.</p> <p>In an interview on 07/18/2024 at 9:21 a.m., S2Director of Nursing (DON) indicated the facility did not have any further documentation to present that Resident #7 had received oral care as required.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2024
NAME OF PROVIDER OR SUPPLIER  Heritage Manor of Houma		STREET ADDRESS, CITY, STATE, ZIP CODE  852 Centurion Lane Houma, LA 70360	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>30587</p> <p>Based on observation and interviews, the facility failed to maintain the facility's ice machine in a sanitary manner for 1 (Ice Machine f) of 4 (Ice Machine c, Ice Machine d, Ice Machine e, and Ice Machine f) ice machines observed during kitchen observations.</p> <p>Findings:</p> <p>Observation on 07/16/2024 at 12:45 p.m. of Ice Machine f revealed the grate at the bottom of the ice machine had an unknown white and gray substance, and a thin shiny film under the grate. Further observation revealed the outlet, where the ice/water exited the machine, had a brown unknown substance in the outlet.</p> <p>In an interview on 07/16/2024 at 1:05 p.m., S9Dietary Manager indicated she was not aware of who was responsible for the cleaning of Ice Machine f. S9Dietary Manager further indicated Ice Machine f was not clean or sanitary, and was being used by residents and staff.</p> <p>In an interview on 07/16/2024 at 1:25 p.m., S8Maintenance indicated ice machines should be cleaned once a month; however, he had failed to clean the outlet or bottom grate of Ice Machine f for over a month and a half. S8Maintenance further indicated the grate and outlet of Ice Machine f needed to be cleaned and was not clean and sanitary at the present time.</p> <p>In an interview on 07/16/2024 at 2:05 p.m., S1Administrator indicated he had seen Ice Machine f and confirmed the machine was in need of a thorough cleaning and was not sanitary.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2024
NAME OF PROVIDER OR SUPPLIER  Heritage Manor of Houma		STREET ADDRESS, CITY, STATE, ZIP CODE  852 Centurion Lane Houma, LA 70360	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>17453</p> <p>Based on record review, observations, and interviews, the facility failed to ensure staff cleaned the shower chairs between resident use with an approved disinfectant for 2 (Shower Room a and Shower Room b) of 2 (Shower Room a and Shower Room b) shower rooms observed for infection control practices.</p> <p>Findings:</p> <p>Review of the facility's Whirlpool and Tub Cleaning procedure dated 08/2021 revealed, in part, the shower chair should be sprayed with an approved disinfectant. Further review revealed the approved disinfectant should sit on the surface for 3 minutes, and the surface should be wiped with a clean damp cloth. Further review revealed the shower chair should be cleaned and disinfected between each use.</p> <p>In an interview on 07/15/2024 at 10:02 a.m., S4Certified Nursing Assistant (CNA), assigned to Shower Room b, indicated Virex was the approved disinfectant to be used to clean the shower chair between resident use. S4CNA presented the surveyor with a bottle of cleaner which was labeled as heavy duty floor cleaner which was identified as the cleaner that staff used to clean shower chairs. S4CNA indicated the bottle labeled as heavy duty floor cleaner was the cleaner she used to clean the shower chairs between resident use.</p> <p>In an interview on 07/15/2024 at 10:17 a.m., S3CNA, assigned to Shower Room a, indicated Virex was the approved disinfectant to be used to clean the shower chair between resident use, but Virex was not available in Shower Room a. S3CNA further indicated she had worked in all of the shower rooms in the facility, and the approved disinfectant had not been available.</p> <p>In an interview on 07/15/2024 at 12:15 p.m., S2Director of Nurses (DON) confirmed Virex was the approved disinfectant to be used to clean the shower chair between resident use.</p> <p>On 07/15/2024 at 12:15 p.m. S2DON accompanied the surveyor to Shower Room a and Shower Room b and confirmed Virex was not available in the shower rooms. S2DON confirmed the bottle of cleaner in Shower Room b was labeled as heavy duty floor cleaner.</p> <p>In an interview on 07/15/2024 at 12:17 p.m., S1Administrator confirmed Virex should be used to disinfect the shower chair between resident use.</p>