

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER Riviere DE Soleil Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7408 Hwy 1 Mansura, LA 71350	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</p> <p>Based on observations, interviews, and record review the facility failed to ensure that each Resident was treated with respect and dignity and in an environment that promoted maintenance or enhancement of his or her quality of life for 1 (Resident #1) out of 3 (Resident #1, Resident #2, and Resident #3) sampled Residents, by failing to ensure she was free of facial hair and by failing to honor her food choices.</p> <p>Findings:</p> <p>Review of the facility's policy titled Dignity with a revision date of 02/2021 revealed in part .Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem.</p> <p>Policy Interpretation and Implementation</p> <ol style="list-style-type: none"> Residents are treated with dignity and respect at all times. The facility culture supports dignity and respect by honoring resident goals, choices, preferences, values and beliefs. When assisting with care, residents are supported in exercising their right, for example, residents are: groomed as they wish to be groomed (hair styles, nails, facial hair, etc.). <p>1. Review of Resident #1's medical record revealed she was admitted to the facility on [DATE], with diagnoses that included: Type 2 Diabetes Mellitus, Pressure Ulcer of Sacral Region Stage 3, Chronic Kidney Disease Unspecified, Dysphagia following Cerebral Infarction, and Malignant Neoplasm of Unspecified Ovary.</p> <p>Review of Resident #1's Quarterly MDS with an ARD of 08/23/2024, revealed she had a BIMS score of 5 (indicating severe cognitive impairment). The MDS revealed Resident #1 required substantial/maximal assistance with oral hygiene, bathing, dressing and personal hygiene; and dependent for toileting hygiene. Partial/moderate assistance with eating. Resident #1's MDS coded for with no behaviors.</p> <p>Review of Resident #1's care plan revealed she required assistance with personal hygiene, eating, grooming/dressing, and bathing as needed.</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
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation and interview on 10/17/2024 at 10:20 a.m. revealed Resident #1 noted to have long chin hair approximately half an inch long. S2 CNA revealed she had just bathed Resident #1, and had not offered to remove Resident #1's facial hair. S3 LPN entered the room and confirmed Resident #1 had long chin hair approximately half an inch long.</p> <p>2. Review of Resident #1's current physician's orders read in part .Ice Cream one time a day for weight loss, administer with lunch tray.</p> <p>Telephone interview on 10/21/2024 at 8:21 a.m. with Resident #1's Responsible Party, revealed Resident #1 did not like ice cream.</p> <p>Observation on 10/21/2024 at 11:33 a.m. revealed, Resident #1 had two bowls of ice cream with her lunch tray.</p> <p>Interview on 10/21/2024 at 1:05 p.m. with S2 CNA revealed Resident #1 did not eat the ice cream at lunch time, and that Resident #1 didn't like ice cream.</p> <p>Interview on 10/21/2024 at 2:25 p.m. with S4 RN Clinical Coordinator revealed, she was aware of Resident #1's dislike of dairy products.</p> <p>Interview on 10/21/2024 at 2:53 p.m. with S1 DON revealed, she was aware of Resident #1's dislike of dairy products, but continued to serve different flavors to Resident #1 due to the Registered Dietician's recommendation to give ice cream with lunch tray.</p> <p>Telephone Interview on 10/21/2024 at 3:23 p.m. with S5 Registered Dietician revealed she was not aware of Resident #1's dislike of ice cream. S5 Registered Dietician revealed ice cream was not listed on Resident #1's diet order details.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</p> <p>Based on observation, interview, and record review the facility failed to ensure that all Residents who were unable to carry out ADLs (Activities of Daily Living) received necessary services to maintain good grooming and personal hygiene. The facility failed to provide trimmed nails and oral care to dependent Residents for 1 (Resident #1) of 3 (Resident #1, Resident #2, and Resident #3) sampled Residents.</p> <p>Findings:</p> <p>Review of the facility's policy titled Activities of Daily Living (ADLs), Supporting with a revision date of 03/2018 revealed in part .</p> <p>Policy Statement</p> <p>Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs).</p> <p>Residents who are unable to carry out Activities of Daily Living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.</p> <p>Review of Resident #1's medical record revealed she was admitted to the facility on [DATE] with diagnoses which included: Type 2 Diabetes Mellitus, Pressure Ulcer of Sacral Region Stage 3, Chronic Kidney Disease Unspecified, Dysphagia following Cerebral Infarction, Malignant Neoplasm of Unspecified Ovary and Aphasia following Cerebral Infarction.</p> <p>Review of Resident #1's Quarterly MDS with an ARD of 08/23/2024 revealed she had a BIMS score of 5 (indicating severe cognitive impairment). The MDS revealed Resident #1 required substantial/maximal assistance with oral hygiene, bathing, dressing and personal hygiene; and dependent for toileting hygiene. Resident #1's MDS coded with no behaviors.</p> <p>Review of Resident #1's care plan revealed she required assistance with personal hygiene, grooming/dressing, and bathing as needed with approaches that included assist me with bed mobility, toileting, eating, personal hygiene, grooming/dressing, and bathing as needed.</p> <p>Observation and interview on 10/17/2024 at 10:20 a.m. revealed Resident #1 lying in bed fully dressed. Resident #1 noted to have a dried brown substance around her mouth and fingernails approximately one inch long. S2 CNA revealed she had just bathed Resident #1. S2 CNA revealed the dried brown substance around Resident #1's might have been food. S3 LPN entered room and confirmed Resident #1 had a dried brown substance around her mouth and fingernails were long. S3 LPN asked Resident #1 if she would like her nails cleaned and trimmed and Resident #1 shook her head yes.</p> <p>Telephone interview on 10/21/2024 at 8:21 a.m. with Resident #1's Responsible Party revealed the facility had not notified her of Resident #1 ever refusing nail care.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</p> <p>Based on interview and record review the Facility failed to ensure that a Resident maintains acceptable parameters of nutritional status, such as usual body weight or desirable weight range for 2 (Resident #1 and Resident #3) of 3 (Resident #1, Resident #2, and Resident #3) sampled Residents.</p> <p>Findings:</p> <p>Review of the Facility policy titled: Weight Assessment and Intervention, with a revision date of 03/2022 revealed in part .</p> <p>Policy Statement:</p> <p>Resident weights are monitored for undesirable or unintended weight loss or gain.</p> <p>Policy Interpretation and Implementation:</p> <p>Weight Assessment</p> <p>1. Residents are weighed upon admission and readmission to the facility, as well as weekly x 4 after admission and readmission.</p> <p>5. The threshold for significant unplanned and undesired weight loss will be based on the following criteria:</p> <p>A. 1 month - 5% weight loss is significant; greater than 5% is severe.</p> <p>B. 3 months - 7.5% weight loss is significant; greater than 7.5% is severe.</p> <p>C. 6 months - 10% weight loss is significant; greater than 10% is severe.</p> <p>Review of the Weight Assessment and Intervention policy revealed there were no additional instructions for obtaining weights after instructions listed in #1 above.</p> <p>Resident #1</p> <p>Review of Resident #1's medical record revealed she was admitted to the facility on [DATE], with diagnoses that included: Anorexia, Type 2 Diabetes Mellitus, Pressure Ulcer of Sacral Region Stage 3, Chronic Kidney Disease Unspecified, Dysphagia following Cerebral Infarction, Malignant Neoplasm of Unspecified Ovary, and Aphasia following Cerebral Infarction.</p> <p>Review of Resident #1's Quarterly MDS, with an ARD of 08/23/2024, revealed she had a BIMS score of 5 (indicating severe cognitive impairment). The MDS revealed Resident #1 required partial/moderate assistance with eating.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's care plan (with no review date listed), revealed in part . I am at risk for a nutritional problem related to diagnoses: Anorexia, Dysphagia, and Diabetes, and poor appetite at times. Approaches included: Monitor/record/report to MD PRN if exhibit signs and symptoms of significant weight loss: 3 pounds in 1 week, >5% in 1 month, >7.5% in 3 months, >10% in 6 months.</p> <p>Review of Resident #1's weights revealed the following:</p> <p>08/19/2024 = 131.5 pounds (return from the hospital on 08/17/2024).</p> <p>09/05/2024 = 125 pounds (6.5 pound/4.9% weight loss in 2 weeks).</p> <p>Review of Resident #1's medical record revealed Resident #1 was not weighed upon readmission to the facility from a hospital stay, and was not weighed weekly times four upon readmission to the facility on [DATE], as directed in the Facility's Weight Assessment and Intervention Policy.</p> <p>Review of the Registered Dietician's Progress Note dated 09/05/2024, revealed in part . Ensure clear 4 ounces BID added on this date.</p> <p>Interview on 10/21/2024 at 2:41 p.m. with S1 DON, revealed the facility's procedure was to weigh all new admissions and readmissions within 24 hours of returning to the facility; record the weight, and then weigh weekly for four weeks. S1 DON confirmed Resident #1 should have been weighed on 08/17/2024 or 08/18/2024 (within 24 hours of returning from the hospital), and was not weighed until 08/19/024. S1 DON confirmed Resident #1's weight on 08/19/2024 was 131.5 pounds, and that she was not weighed again until 09/05/2024. S1 DON stated Resident #1's weight was 125 pounds, a 6.5 pound and 4.9% weight loss in 16 days. S1 DON confirmed Resident #1 was not weighed weekly when she returned from the hospital.</p> <p>Resident #3</p> <p>Review of Resident #3's medical record revealed he was admitted to the facility on [DATE], with diagnoses which included: Heart Failure, Hypertension, Anemia, Major Depressive Disorder, Unspecified Atrial Fibrillation, Chronic Kidney Disease Stage 3, Hyperlipidemia, and Transient Cerebral Ischemic Attack Unspecified.</p> <p>Review of Resident #3's Admission MDS with an ARD of 09/04/2024, revealed a BIMS score of 11 (indicating moderate cognitive impairment). The MDS revealed Resident #3 required setup or clean-up assistance with eating.</p> <p>Review of Resident #3's care plan (with no review date listed), revealed in part .I have a potential for a nutritional problem related to poor appetite at times with approaches that included: Monitor/record/report to MD PRN if exhibit signs and symptoms of significant weight loss: 3 pounds in 1 week, >5% in 1 month, >7.5% in 3 months, >10% in 6 months.</p> <p>Review of Resident #3's weights revealed the following:</p> <p>08/23/2024 = 148.8 pounds (admission weight)</p> <p>09/05/2024 = 145 pounds</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>10/11/2024 = 136.2 pounds</p> <p>Review of the Registered Dietician's Progress Note dated 10/11/2024 read in part .Trigger for significant weight loss noted. Current weight 136.2 pounds (10/11/2024) 8.8 pounds weight loss in the past month. House supplement 4 ounces once daily added on this date. Recommend add double desserts to meals.</p> <p>Interview on 10/21/2024 at 2:41 p.m. with S1 DON, confirmed Resident #3's weight on 09/04/2024 was 145 pounds, and he was not weighed again until 10/11/2024. Resident #3's weight on 10/11/2024 was 136.2 pounds, a 8.8 pound and 5.9% weight loss in 36 days. S1 DON revealed the facility's procedure was to weigh all new admissions and readmissions within 24 hours of returning to the facility; record the weight, and then weigh weekly times four weeks. S1 DON confirmed Resident #3 had not been weighed weekly for four weeks, but should have been.</p>