

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195493	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Kinder Retirement and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13938 Hwy 165 Kinder, LA 70648	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>51096</p> <p>Based on observation, record review and interview, the facility failed to maintain an accurate account of controlled drugs for 2 residents (#5 and #6) of 7 sampled residents (#1, #2, #3, #4, #5, #6 and #7). The facility had a total census of 73 residents.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled, Medications-Controlled Substances revealed in part .Policy Statement. The facility shall comply with all laws, regulations, and other requirements related to handling, storage, disposal and documentation of Schedule II and other controlled substances. Policy Interpretation and Implementation. Shift Change Controlled Drug Count. 8. The nurse coming on duty and the nurse going off duty must make the count together.</p> <p>Resident #5:</p> <p>Observation of the locked controlled medication drawer and log book on Medication Cart B with S3 LPN on 03/12/2025 at 10:00 a.m., revealed Resident #5's Clonazepam 1mg tablet blister package card with a total of 55 tablets remaining. The controlled medication log book revealed 56 tablets were documented as remaining. S3 LPN confirmed the number of tablets remaining in Resident #5's Clonazepam 1mg blister package did not match the number that was recorded in the log book, and it should have.</p> <p>Resident #6:</p> <p>Observation of the locked controlled medication drawer and log book on Medication Cart B with S3 LPN on 03/12/2025 at 10:00 a.m., revealed Resident #6's Lorazepam 0.5 mg tablet blister package with a total of 15 tablets remaining. The controlled medication log book revealed 16 tablets were documented as remaining. S3 LPN confirmed the number of tablets remaining in Resident #6's Lorazepam 0.5 mg tablet blister package did not match the number that was recorded in the log book, and it should have.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with S1 DON on 03/12/2025 at 3:45 p.m., revealed that S3 LPN did not count the controlled medications at shift change. S1 DON confirmed that the controlled substance count is to be conducted by both the off-going and oncoming nurses at the beginning and end of their shifts and it had not been completed. S1 DON confirmed controlled medications are to be documented electronically and on paper in the log book when administering the medication to the resident and it had not been completed.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>51096</p> <p>Based on observation and interview, the facility failed to ensure that items in the Medication Carts were properly stored by:</p> <ol style="list-style-type: none"> 1. Having loose pills in all 3 medication carts. 2. Failing to remove discontinued controlled medications from Medication Cart B. <p>There was a total of 73 residents residing in the facility.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled, Medications-Controlled Storage revealed in part .</p> <p>Policy Statement. The facility shall store all drugs and biologics in a safe, secure and orderly manner. Policy Interpretation and Implementation. Medication Containers. 1. Drugs shall be stored in the packaging, containers or other dispensing systems in which they are received. Maintaining Storage and Preparation Areas. 2. The nursing staff shall be responsible for maintaining medication storage . in a clean, safe, and sanitary manner. Unusable Drugs or Biologicals. The facility shall not use discontinued drugs . All such drugs shall be returned to the dispensing pharmacy or destroyed.</p> <p>Observation of Medication Cart C with S2 RN on 03/12/2025 at 9:43 a.m., revealed two loose pills in the medication cart. Observed one circular white pill with no identified markers and one circular white pill with an S and a U printed on it. S2 RN confirmed that loose pills should not be in the medication cart.</p> <p>Observation of Medication Cart B with S3 LPN on 03/12/2025 at 10:00 a.m., revealed four loose pills in the medication cart. Observed one oblong-shaped white pill with L484 printed on it, one white circular pill with no identified markers, one circular black pill with no identified markers, and one peach colored circular pill with no identified markers. Observation of the locked controlled medication drawer on Medication Cart B with S3 LPN revealed Resident #4's Tramadol 50mg pill bottle wrapped in Resident #4's controlled medication log count sheet. Review of Resident #4's Tramadol medication log sheet revealed a discontinue date of 02/27/2025 with 83 pills remaining in the bottle. Observed Resident #7's Lyrica 75mg blister package card wrapped in Resident #7's log count paper which revealed a date of 02/04/2025 with 3 pills remaining on the card. S3 LPN confirmed that Resident #4's 50 mg Tramadol and Resident #7's 75mg Lyrica were no longer in use and should have been removed from the medication cart and disposed of properly.</p> <p>Observation of Medication Cart A with S4 LPN on 03/12/2025 at 10:15 a.m., revealed two loose pills in the medication cart. Observed one blue circular pill and one small white circular pill with ZD over 15 printed on one side of the pill.</p> <p>(continued on next page)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with S1 DON on 03/12/2025 at 3:45 p.m. confirmed that all medication carts should be clean and never have loose pills. S1 DON confirmed that Resident #4's and Resident #7's controlled medications were discontinued and should have been pulled from the medication cart within the same shift they were discontinued and were not.</p>