

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 08/06/2025
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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents with an order for psychotropic medication were not subjected to chemical restraints for 7 (#9, #12, #13, #24, #25, #60, and #73) of 11 (#5, #8, #9, #10, #12, #13, #24, #25, #26, #60, and #73) residents reviewed for unnecessary medications. The facility failed to: Ensure PRN orders for psychotropic medication were limited to 14 days for Residents #9, #12, #13, #25, #60, and #73; and Ensure Resident #24 was free from chemical restraints imposed for discipline or convenience. Resident #12</p> <p>Review of Resident #12's medical record revealed an admission date of 07/17/2025 with diagnoses which included Spinal Stenosis and Pain.</p> <p>Review of Resident #12's physician's orders revealed the following, in part...</p> <p>07/17/2025 Morphine Sulfate 30mg tablet by mouth every 12 hours as needed for pain. The order had no end date and was last revised on 07/17/2025.</p> <p>07/17/2025 Hydrocodone-Acetaminophen 10-325mg tablet by mouth every 8 hours as needed for pain. The order had no end date and was last revised on 07/17/2025.</p> <p>Further record review revealed no documentation by the physician regarding the rationale for continued use of PRN psychotropic medications after 14 days.</p> <p>Resident #24</p> <p>Review of Resident #24's medical record revealed on admission date of 01/25/2016 with diagnoses which included Anxiety and Schizoaffective Disorder, Bipolar Type.</p> <p>Review of Resident #24's physician's orders revealed Buspirone 10mg by mouth three times a day for being combative with staff and excessive pacing related to Anxiety Disorder, dated 10/04/2024.</p> <p>Interview with S5 LPN on 08/06/2025 at 8:35 a.m. revealed Resident #24 had a history of being combative with staff. S5 LPN confirmed "his Buspar is for combativeness";</p> <p>Resident #60</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: 195493	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #60's medical record revealed an admission date of 07/15/2025 with diagnoses which included Fracture of Left Clavicle and Non-displaced Fracture of Left Humerus.</p> <p>Review of Resident #60's physician's orders revealed, in part...Oxycodone 5mg by mouth every 6 hours as needed for moderate to severe pain, dated 07/15/2025. The order had no end date and was last revised on 07/15/2025.</p> <p>Further record review revealed no documentation by the physician regarding the rationale for continued use of the PRN psychotropic medication after 14 days.</p> <p>Review of Resident #13's medical record revealed a readmission date of 10/04/2024 with diagnoses that included End Stage Renal Disease, Anxiety Disorder, and Osteoarthritis.</p> <p>Review of Resident #13's current medication orders revealed an order for Alprazolam 0.5 mg (a medication given to treat anxiety) with directions to Give 1 tablet by mouth every 12 hours as needed for Anxiety related to anxiety disorder, unspecified for 60 Days. The order had a start date of 07/16/2025 and an end date of 09/14/2025.</p> <p>Further review of Resident #13's current physician's orders revealed a PRN order for Tramadol 50 mg (an opioid medication given to treat pain) with a start date of 06/26/2025 and an indefinite or unspecified end date. The directions for the Tramadol order read, "Give 1 tablet by mouth every 6 hours as needed for Pain related to primary generalized osteoarthritis."</p> <p>Review of the 07/14/2025 Medication Regimen Review by the pharmacist revealed the following, in part...PRN Alprazolam 0.5mg po q 12 hours prn anxiety started on 06/29/2025. Has no limits. Nursing notified to clarify this.</p> <p>Review of Resident #13's medical record revealed there was no rationale provided for the continuation of Alprazolam and Tramadol by the attending physician or prescribing practitioner to extend the orders past 14 days.</p> <p>Resident #9</p> <p>Review of Resident #9's medical record revealed an admission date of 06/17/2024 with diagnoses that included in part: Pain, Unspecified and Other Acute Osteomyelitis, Right Ankle and Foot.</p> <p>Review of Resident #9's 08/2025 current physician's orders revealed the following in part:</p> <p>04/15/2025-Hydrocodone-Acetaminophen 5-325mg (an opioid used to treat pain), give 1 tablet by mouth every 4 hours as needed for breakthrough pain</p> <p>04/15/2025-Hydromorphone HCL (Hydrochloride) oral tablet 2mg (an opioid used to treat pain), give 2mg by mouth every 4 hours as needed for shortness of breath/air hunger/severe pain</p> <p>(continued on next page)</p>		

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 08/06/2025
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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #9's order entry report for Hydrocodone-Acetaminophen 5-325mg PRN and Hydromorphone HCl 2mg PRN revealed a start date of 04/15/2025 and no end date. Further record review revealed no documentation by the physician of a rationale or an evaluation of Resident #9 for continued use of both PRN psychotropic medications after 14 days of use.</p> <p>Resident #25</p> <p>Review of Resident #25's medical record revealed an admission date of 02/10/2025, with diagnoses that included in part... Chronic Obstructive Pulmonary Disease, Acquired Absence of Right Leg Below Knee, Pain, Muscle Spasm, and Hereditary and Idiopathic Neuropathy.</p> <p>Review of Resident #25's current physician orders reveal an order for Norco oral tablet 5-325mg (Hydrocodone-Acetaminophen) 1 tablet by mouth every 4 hours as need for pain related to pain (start date: 02/10/2025).</p> <p>In an interview on 08/06/2025 at 1:40 p.m., S2 DON confirmed she was unaware of the need for reassessment of a PRN psychotropic medications after a 14-day period.</p> <p>On 08/06/2025, a review of the facility's undated policy titled "Medications-Use of Psychotropic Drugs" revealed in part... 5. PRN orders for psychotropic drugs are limited to 14 days, except as provided if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days. He or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. 6. PRN orders for antipsychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.</p> <p>Resident #73</p> <p>Review of Resident #73's medical record revealed a readmission date of 04/30/2024 with diagnoses that included in part .Hypertensive Heart Disease with Heart Failure and Anxiety Disorder.</p> <p>Review of Resident # 73's current physician's orders revealed an order for Lorazepam 0.5mg (a medication given to treat anxiety) with directions to "Give 1 tab po q 6 hours prn Anxiety related to Anxiety Disorder, Unspecified for 60 Days." The order had a start date of 06/17/2025 and an end date of 08/16/2025.</p> <p>Review of the Pharmacist's Medication Regimen Review dated 06/17/2025 revealed in part...;</p> <ul style="list-style-type: none"> &middot; PRN Lorazepam completed & discontinued on 06/10/2025 &middot; PRN Lorazepam 0.5mg po q6h prn Anxiety x's 60days reordered on 06/17/2025 <p>Review of the Resident #73's medical record revealed there was no rationale or documentation provided for the continuation of Lorazepam by the attending physician or prescribing practitioner to extend the order past 14 days.</p> <p>(continued on next page)</p>

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 08/06/2025
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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 08/06/2025 at 1:42 p.m., S2DON acknowledged multiple sampled residents currently had PRN psychotropic medication orders at this time that exceeded the 14 day limit. S2DON stated she was unaware PRN psychotropic medication orders could not extend past 14 days and stated she thought the orders could remain in place for up to 60 days.</p>

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 08/06/2025
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>(continued on next page)</p>

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 08/06/2025
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on interview and record review, the facility failed to ensure pain management was provided to a resident who requires such services, consistent with professional standards of practice and the comprehensive person-centered care plan for 1 (Resident #25) of 2 (Resident #9 and Resident #25) sampled residents reviewed for pain. The facility failed to ensure Resident #25, who reported pain, received a thorough pain assessment and medication or interventions to alleviate the pain. Findings: Review of an undated facility policy on 08/06/2025 at 9:47 a.m. titled, Pain Management revealed the following in part. To help the resident attain his or her highest practicable level of well-being through effective interventions for pain. Pain is subjective and complex experience. All pain is real regardless of its cause and must be treated even then the cause remains unknown. Ask the resident about pain regularly. Assess pain systematically. Believe the resident and family in their reports of pain and what relieves it. Choose appropriate pain control options for the resident, family and setting. Deliver interventions in a timely, logical, and coordinated fashion. Enable residents to control their course of treatment to the greatest extent possible. 5. For residents that are identified as having pain, further assessment will be completed and if needed, physician orders requested, and finally, a care plan developed to include medication, potential side effects from medications and other interventions that may be effective in controlling the resident's pain. Review of Resident #25's medical record revealed an admission date of 02/10/2025, with diagnoses that included in part. Chronic Obstructive Pulmonary Disease, Acquired Absence of Right Leg Below Knee, Pain, Muscle Spasm, and Hereditary and Idiopathic Neuropathy. Review of Resident #25's Quarterly MDS with an ARD of 05/16/2025 revealed a BIMS score of 13, which indicated intact cognition and received opioids. Resident #25 used a manual wheelchair and was independently able to wheel himself 150 feet. Resident had no behaviors related to medication refusal. Review of Resident #25's current physician orders revealed an order for Norco oral tablet 5-325mg (Hydrocodone-Acetaminophen) 1 tablet by mouth every 4 hours as need for pain related to pain (start date: 02/10/2025). Review of Resident #25's care plan with an initiated date of 02/10/2025, revealed the following in part. Focus: The resident has pain related to amputation. Interventions: Administer analgesia medication as per orders; Give 1/2 hour before treatments or care; Evaluate the effectiveness of pain interventions; Review for compliance, alleviating of symptoms, dosing schedules, resident satisfaction with results, impact on functional ability and impact on cognition; Monitor/document for probable cause of each pain episode; and Remove/limit causes where possible. Review of Resident #25's 06/2025 EMAR revealed the last dose of Norco 5-325mg was received on 06/21/2025. Resident had no documentation of medication refusals. Review of Resident #25's medical record revealed the last assessment for pain level summary was on 06/21/2025. Review of Resident #25's medical record revealed Resident #25 complained of pain on 07/07/2025 at 12:01 p.m., 07/08/2025 at 9:33 a.m., 07/16/2025 at 12:04 p.m., 07/17/2025 at 11:04 p.m., 07/21/2025 at 1:28 p.m., 07/22/2025 at 6:35 p.m., 07/25/2025 at 9:34 a.m., 07/27/2025 at 6:59 p.m., 07/31/2025 at 5:45 p.m., 08/04/2025 at 6:15 p.m., and 08/05/2025 at 5:41 p.m. In an interview on 08/06/2025 at 9:41 a.m., Resident #25 revealed he attended therapy for about 1 month and his pain worsened due to working with therapy. Resident #25 stated he reported to multiple nurses about his pain level and was told by nursing staff they would call the physician. Resident #25 stated he has not received anything for pain in the last month and has stopped asking because it was no use and the nurses did not listen to his reports of pain. Resident #25 stated he knew he had physician orders for pain medications and did not understand why the nurses do not offer him these medications. In a telephone interview on 08/06/2025 at 12:59 p.m., S6 LPN revealed that Resident #25 has occasionally complained of pain to her in the past month. S6 LPN stated that yesterday (08/06/2025) she documented Resident #25 had complained of pain but she did not administer his PRN Norco as ordered for pain nor had she completed a pain assessment. In an interview on 08/06/2025 at 1:40 p.m., S2 DON revealed after nurses are made aware of a residents complaints of pain, she expected the nurse to perform a full and complete pain assessment, document the finding's, verify the current physician's orders for pain interventions (including medications), administer medications as ordered, and reassess for effectiveness. S2 DON confirmed that nursing staff should have completed an assessment of Resident #25's pain and administered PRN Norco as ordered but did not.</p>		