STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195499	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Frances Nsg & Rehab Center	417 Industrial Drive Oberlin, LA 70655

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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on interview and record review, the facility failed to ensure their grievance policy and procedure was followed for 1 (Resident #20) of 1 resident reviewed for missing personal property. The facility failed to initiate a grievance for Resident #20 regarding the reported missing money. Total sample size was 47. Findings:Review of the facility's undated policy titled, Grievances/Complaints read in part.1. Any resident, his or her representative (sponsor), family member, or appointed advocate may file a grievance or complaint to the facility other entity that hears grievances concerning treatment, medical care, behavior of other residents, staff members, theft of property, and other concerns regarding their LTC facility stay without fear of threat or reprisal in any form.4. Upon receipt of a grievance and/or complaint, the grievance official will ensure prompt investigation and resolution of the allegations. Review of Resident #20's medical record revealed an admission date of 09/10/2025, with diagnoses that included, in part.Type 2 Diabetes with Hyperglycemia, Hypertensive Heart Disease with Heart Failure, Hyperlipidemia, Peripheral Vascular Disease, and Dementia. Review of a Quarterly MDS with an ARD of 02/20/2026 revealed Resident #20 had a BIMS score of 15, which indicated intact cognition. Review of the facility grievance logs from November 2025 through April 2026 revealed there were no documented grievances initiated or completed for Resident #20 related to the reported missing money. On 05/04/2026 at 11:23 a.m., an interview with Resident #20 revealed that $220.00 had been stolen from his room approximately two weeks prior. Resident #20 stated he informed S1Admin and S3DON regarding the missing money. Resident #20 further reported he had experienced missing money in the past, which the facility had previously replaced. Resident #20 stated, as of today, he had not been informed of the findings of any investigation related to the most recent complaint and his missing money was not replaced. On 5/6/2026 at 8:55 a.m., an interview with S3DON confirmed she was aware Resident #20 had reported missing money; however, S3DON stated she does not handle missing item investigations and indicated S1Admin was responsible for initiating the grievance and addressing Resident #20's concerns. On 5/6/2026 at 9:03 a.m., an interview with S1Admin revealed he was aware that Resident #20 reported missing money approximately one month prior. S1Admin stated that he replaced Resident #20's money because the missing funds could not be located. S1Admin confirmed that a grievance was not initiated regarding the missing money reported one month prior, but acknowledged that one should have been completed. S1Admin further confirmed he was currently aware of Resident #20's more recent allegation regarding missing money and acknowledged a grievance was not initiated, but should have been.

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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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, and record review, the facility failed to ensure residents who are unable to carry out ADLS (Activities of Daily Living) received the necessary services to maintain grooming for 1 (Resident #64) of 3 residents reviewed for ADL care. The total sample size was 47.Review of facility undated policy titled, Activities of Daily Living (ADLs) revealed in part. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.Review of Resident #64's medical record revealed an admission date of 09/26/1986, with diagnoses that included, in part. Unspecified Vision Loss, Unspecified Intellectual Disabilities, and Communication Deficit.Review of Resident #64's Significant Change MDS with ARD 04/10/2026 revealed the resident had a BIMS score of 4, which indicated severe cognitive impairment. Resident #64 required substantial/maximal assistance with showering/bathing and all personal hygiene/grooming.On 05/04/2026 at 10:18 a.m., observation revealed Resident #64 sitting up in the facility's day room in a wheelchair. Resident observed with facial hair on the bilateral sides of the face, chin, and upper lip. Facial hair observed is more than sparse and approximately as long as a grain of rice. The resident was female and non-interviewible.On 05/05/2026 at 10:02 a.m., observation revealed Resident #64 sitting up in the facility's day room in a wheelchair. Resident observed with facial hair on the bilateral sides of the face, chin, and upper lip. Facial hair is more than sparse and approximately as long as a grain of rice. On 05/05/2026 at 10:45 a.m., observation revealed Resident #64 sitting up in a wheelchair in the facility dining room. Resident observed with full facial hair on the bilateral sides of the face, chin, and upper lip.On 05/05/2026 at 2:14 p.m., observation revealed Resident #64 sitting up in a wheelchair in the facility's day room. Resident observed with full facial hair on the bilateral cheeks, lip, and chin. In an interview on 05/06/2026 at 12:00 p.m., S4CNA confirmed when she arrived to her shift, Resident #64's face was very hairy with thick facial hair, and should have been shaven previously. In an interview on 05/06/2026 at 11:45 a.m., S2CorporateRN confirmed that Resident #64 is a non-interviewible, female resident and that it was unacceptable for Resident #64 to have thick facial hair.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation and interview, the facility failed to ensure the planned menus were followed to meet the nutritional needs of the residents that required mechanically altered diets. The facility failed to provide bread or bread substitute for 2 (#68 and #69) of 2 residents who received mechanically altered diets. Findings:Resident #68Review of Resident #68's Quarterly MDS with an ARD of 03/25/2026 revealed Resident #68 had a BIMS score of 99, indicating an assessment could not be completed. Resident #68 required a mechanically altered diet. Resident #69Review of Resident #69's Quarterly MDS with an ARD of 03/19/2026 revealed Resident had a BIMS score of 9, indicating moderate cognitive impairment. Resident #69 required a mechanically altered diet. On 05/04/2026 at 11:10 a.m., observation of two lunch trays for Resident #68 and #69, who were prescribed mechanical soft diets revealed the following:1. Resident #68, who was prescribed a mechanical soft diet, did not receive cornbread or a substitute for bread with her lunch meal. 2. Resident #69, who was prescribed a mechanical soft diet, did not receive cornbread or a substitute for bread with his lunch meal. On 05/04/2026 at 11:12 a.m., an interview with S5DM revealed residents who received mechanical soft diets were not served cornbread, but instead were to receive an additional scoop of mashed potatoes as a substitute. S5DM observed the lunch meal trays for Resident #68 and Resident #69 and confirmed both residents did not receive cornbread per the planned menu, or the additional mashed potatoes as the substitute, but should have.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to store food in accordance with professional standards for food service safety by failing to ensure open food items stored in the pantry and refrigerator were properly sealed and labeled with an open date. This deficient practice had the potential to affect all 44 residents who received meals served from the kitchen. Findings:Review of an undated policy titled Storage: Dry Food read in part.Dry food storage pertains to those foods not likely to support bacterial growth in their normal state.Procedure:2. Keep all containers tightly closed from insects, rodents, and dust. Dry foods can become contaminated, even if they don't need refrigeration. An observation on 05/04/2026 at 9:18 a.m. of the facility pantry and refrigerator revealed the following:1. One package of vanilla wafers was observed open to air.2. One gallon of mayonnaise was observed opened without a date indicating when the item was opened.3. Two plastic cereal containers were labeled with an open date of 04/14/2025.4. One plastic cereal container was labeled with an open date of 11/20/2025.5. One plastic cereal container was labeled with an open date of 02/25/2025. On 05/04/2026 at 09:25 a.m., S5DM stated the cereal was used daily and the plastic containers are refilled frequently. S5DM confirmed the dates listed on the cereal containers were inaccurate and should have been updated when new cereal was added. S5DM further confirmed the package of vanilla wafers was left open to air, but should have been sealed properly. S5DM confirmed the gallon of mayonnaise had been opened and did not contain an opening date, but should have.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and an interview, the facility failed to ensure a resident's medical record was accurately documented in accordance with accepted professional standards and practices. The facility failed to ensure activities of daily living tasks performed for Resident #2 were accurately documented in the resident's medical record. Findings:Review of an undated policy titled Documentation read in part.The purpose of charting and documentation is to provide:1. A complete account of the resident's care, treatment, response to the care, signs, symptoms, etc. for the continuity of care, treatment decisions, and to support services provided for payment. Review of Resident #2's medical record revealed an initial admit date of 05/06/2024 and a re-entry date of 03/27/2025, with diagnoses that included in part:., Displaced Intertrochanteric Fracture of the Right Femur, Type 2 Diabetes, Severe Protein Calorie Malnutrition, Dementia, Viral Hepatitis C, and Cirrhosis of the Liver. Review of Resident #2's MDS with an ARD of 02/02/2026 revealed Resident #2 had a BIMS score of 6, indicating severe cognitive impairment. Resident #2 required substantial/ maximum assistance with ADLs. On 5/5/2026 at 10:10 a.m., an interview with S11CNA revealed she had worked approximately 4-5 shifts at the facility without being provided login credentials to access residents' medical records. S11CNA stated she was unable to document the ADL care she provided to residents and relied on other CNAs who had not performed the care to complete the documentation in the medical record. S11CNA reported S6LPN/CNASup was aware of the login issues. On 5/5/2026 at 10:19 a.m., an interview with S6LPN/CNASup revealed that the facility had been experiencing ongoing issues with agency staff login credentials. S6LPN/CNASup stated the issue had existed for months and confirmed S1Admin was aware of the problem. S6LPN/CNASup further acknowledged that staff members with login access were documenting care for other staff who did not have login credentials, even though they did not provide care to those specific residents. On 05/05/22026 at 10:32 a.m., an interview with S7LPN confirmed the facility had been experiencing ongoing issues with obtaining login credentials for agency staff. S7LPN reported that staff members with login access were documenting care on behalf of other staff who did not have login credentials. On 05/05/2026 at 11:10 a.m., an interview with S8CNA revealed her login credentials had not functioned for the previous couple months. S8CNA stated she notified S7LPN/CNASup of the issue. S8CNA reported that due to her inability to access the electronic documentation system, other facility staff documented the ADL care she provided to the residents. On 5/6/2026 at 2:48 p.m., an interview with S10CNA revealed she worked full time at the facility and had functioning login credentials. S10CNA confirmed she documented ADL care on 05/04/2026, which she did not personally provide, for an agency CNA who did not have login credentials. S10CNA stated she did not verify whether the care had actually been provided to the residents prior to documenting the care in the medical record. On 05/06/2026 at 4:48 p.m., S3DON acknowledged awareness that facility CNAs were documenting care in the residents' electronic medical records on behalf of agency CNAs who did not have access to the medical record system. Both S2CorporateRN and S3DON confirmed that when the individual documenting care in the medical record did not actually provide the care to the resident, the medical record would not be considered accurate.