

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195504	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/16/2024
NAME OF PROVIDER OR SUPPLIER  Plantation Oaks Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  110 Maple Street Wisner, LA 71378	

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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>43405</p> <p>Based on observation and interview, the facility failed to ensure the most recent state inspection results since the last annual survey were available for resident review.</p> <p>Findings:</p> <p>An observation on 09/09/2024 at 7:35 a.m. revealed the results of the last annual survey results 10/04/2023 posted by the front entrance, but the last complaint survey dated 07/08/2024 was not posted.</p> <p>An interview with S1Administrator on 09/10/2024 at 12:45 p.m. confirmed the most recent state inspection results from 07/08/2024 were not posted for resident review.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>18118</p> <p>Based on observations and interviews, the facility failed to maintain a safe, clean, comfortable and homelike environment for 4 (#7, #22, #46 and #55) of 8 (#1, #2, #7, #12, #22, #46, #51 and #55) resident rooms/bathrooms observed. The failed practice was evidenced by the resident rooms/bathrooms listed above being in need of cleaning along with the laundry room being in need of cleaning with cleaning supplies being stored directly on the floor of the laundry room.</p> <p>Findings:</p> <p>Resident #7</p> <p>On 09/09/2024 at 2:12 p.m., and 09/10/2024 at 1:35 p.m., observations of resident #7's room revealed a wash cloth was in between the air vents and the air conditioner vents contained dirt and grime.</p> <p>Resident #22</p> <p>On 09/09/2024 at 10:16 a.m., an observation of resident #22's room revealed the air conditioner vents contained grime and debris and had a paper towel in between the vents. On 09/10/2024 at 1:40 p.m., observation of resident #22's room revealed the air conditioner vents contained a black substance.</p> <p>Resident #55</p> <p>On 09/09/2024 at 3:27 p.m., an observation of resident #55's room revealed the air conditioner vents contained grime and debris noted in the vents, and a black substance was on the inside of the bathroom door frame.</p> <p>On 09/10/2024 at 1:45 p.m., an observation of resident #55's room revealed the air conditioner vents contained grime and debris.</p> <p>On 09/10/2024 at 1:25 p.m., an observation/interview was conducted with S1Administrator. S1Administrator confirmed the above listed rooms were in need of cleaning.</p> <p>40238</p> <p>On 09/09/2024 at 9:30 a.m., an observation of resident #46's bathroom revealed there was feces on the toilet seat with brown splatter stains on the walls. Observation of the air conditioner unit in resident #46's room revealed there was a black mold and dirt around the perimeter of the air conditioning unit.</p> <p>On 09/10/2024 at 10:00 a.m., an observation of resident #46's bathroom revealed there was feces on the toilet seat with brown splatter stains on the walls. Observation of the air conditioner unit in resident #46's room revealed there was a black mold and dirt around the perimeter of the air conditioning unit.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/10/2024 at 1:13 p.m., an observation of the laundry room revealed there was black mold on the wall behind the washing machine and cleaning supplies were being stored directly on the floor.</p> <p>On 09/10/2024 at 1:25 p.m., an observation/interview was conducted with S1Administrator. S1Administrator confirmed the above listed rooms were in need of cleaning. S1Administrator also confirmed the laundry room was in need of cleaning and the cleaning supplies should not have been stored directly on the floor.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40238</p> <p>Based on observations, record review and interview the facility failed to ensure the resident's plan of care was implemented for 1 (#11) of 1 (#11) resident reviewed for urinary catheters. The failed practice was evidenced by resident #11 not having his urinary catheter bag covered in a privacy bag when outside of his room.</p> <p>Findings:</p> <p>Record review revealed resident #11 was admitted to the facility on [DATE] with diagnoses that included: hemiplegia, epilepsy, traumatic brain dysfunction, fractures and other multiple trauma, cognitive communication deficit, lack of coordination, cerebral infarction, and depression. The record review revealed resident #11 had a suprapubic urinary catheter upon admission. Further review of the record revealed a quarterly Minimum Data Set (MDS) assessment dated [DATE]. The cognitive pattern section of the MDS data recorded a Brief Interview of Mental Status score (BIMS) of 15 which indicated resident #11 had no cognitive impairment.</p> <p>Review of active orders for September 2024 revealed the following:</p> <p>24 French/10 cubic centimeter (cc) suprapubic catheter.</p> <p>The facility's undated policy and procedure related to catheter drainage bag covers revealed in part:</p> <p>Catheter drainage bags will be covered at all times when resident is out of his/her room.</p> <p>On 09/09/2024 at 11:25 a.m., resident #11 was observed propelling himself down the hall in his wheelchair with his catheter bag exposed (not stored in a privacy bag) while hanging underneath his wheelchair.</p> <p>On 09/09/2024 at 2:15 p.m., resident #11 was observed propelling himself down the hall in his wheelchair with his catheter bag exposed (not stored in a privacy bag) while hanging underneath his wheelchair.</p> <p>On 09/10/2024 at 2:17 p.m., an interview with S2Director of Nursing (DON) confirmed resident #11 should have a privacy bag covering his urinary catheter bag while in a wheelchair out of his room.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43405</p> <p>Based on observation and interview, the facility failed to ensure a resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility for 1 (#53) of 3 (#33, #44, and #53) residents reviewed for limited range of motion.</p> <p>Findings:</p> <p>Review of resident #53's record revealed an admitted [DATE] with diagnoses including Alzheimer's disease, abrasion to the right knee, urinary tract infection, dysphagia, history of falling, aphasia, bilateral primary osteoarthritis of the knee, cognitive communication deficit, pneumonia, and anorexia.</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 3 indicating severe cognitive impairment. Further review of the MDS revealed resident requires assistance with all Activities of Daily Living.</p> <p>An observation of resident #53 on 09/09/2024 at 9:15 a.m. revealed the resident was sitting up in a high back wheelchair with both of her feet dangling and not touching the floor.</p> <p>An observation of resident #53 on 09/10/2024 at 1:40 p.m. revealed the resident was sitting up in high back wheelchair with both of her feet dangling, not touching the floor.</p> <p>An interview on 09/10/2024 at 1:56 p.m. with S2Director of Nursing (DON) confirmed resident #53's feet were dangling while up in her high back wheelchair. S2DON further confirmed that resident #53 was not properly positioned while up in her wheelchair.</p>		

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<p>F 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40238</b></p> <p>Based on observations, interviews and record review, the facility failed to ensure residents who require colostomy services received care consistent with the comprehensive person-centered care plan. The failed practice was evidenced by 1 (#11) of 1 (#11) resident reviewed for colostomy care by not having colostomy bags available in accordance with his plan of care.</p> <p>Findings:</p> <p>Record review revealed resident #11 was admitted to the facility on [DATE] with diagnoses that included: hemiplegia, epilepsy, traumatic brain dysfunction, fractures and other multiple trauma, cog communication deficit, lack of coordination, cerebral infarction, and depression.</p> <p>The record review revealed resident #11 had a colostomy to his left side upon admission. Further review of the record revealed a quarterly Minimum Data Set (MDS) dated [DATE]. The cognitive pattern section of the MDS data recorded a brief interview of mental status score (BIMS) of 15 which indicated resident #11 had no cognitive impairment.</p> <p>Review of active orders for September 2024 revealed the following:</p> <p>Clean ostomy area with soap and water, pat dry, apply skin prep to skin surrounding ostomy site and apply new colostomy bag as needed for fullness or detachment.</p> <p>Review of resident #11`s care plans revealed an active care plan related to ostomy care that required a new colostomy bag to be applied daily.</p> <p>On 09/09/2024 at 10:23 a.m., an observation of resident #11 revealed he had colostomy with a gallon sized plastic storage bag secured with tape covering the ostomy site. Resident #11 reported the facility did not have the correct size colostomy bags available for over a week. Resident #11 reported the facility had been using the same bag over a week so he made his own colostomy bag and it was working fine.</p> <p>On 09/10/2024 at 2:17 p.m., an interview with S2Director of Nursing (DON) confirmed resident #11 did not have new colostomy bags available at the facility for the past week.</p>

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 18118</p> <p>Based on record reviews, observations, and interviews, the facility failed to ensure residents were assessed for the risk of entrapment from bed rails and reviewed the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation for 2 (#7, and #44) of 2 (#7, and #44) residents reviewed for accident hazards.</p> <p>Findings:</p> <p>Resident #7</p> <p>Review of the medical record for resident #7 revealed an admitted [DATE] with diagnoses including spinal stenosis, cerebral infarction, muscle wasting and atrophy, heart disease, cardiomegaly, spondylosis without myelopathy, and cognitive communication deficit.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed resident #7 had a Brief Interview for Mental Status (BIMS) score of 4, which indicated severe cognitive impairment for daily decision making.</p> <p>Review of the September 2024 physician's orders revealed an order date of 07/16/2024 with a start date of 08/01/2024 revealed assist bar to the left side of bed to aide in bed mobility every shift.</p> <p>Review of the care plan dated 07/31/2024 for resident #7 revealed activities of daily living (ADL) deficit for decline with bed mobility and transfers revealed assist bar to the left side of bed to aid in mobility.</p> <p>Review of the September 2024 Medication Administration Record (MAR) revealed the documented evidence that resident #7 had an assist bar to the left side of the bed to aide in bed mobility every shift.</p> <p>Observations of resident #7's room on 09/09/2024 at 12:45 p.m., 09/10/2024 at 3:00 p.m. and on 09/16/2024 at 11:05 a.m. revealed one assist bar was in the raised position on the left side of the bed.</p> <p>Review of the medical record revealed no documented evidence the facility assessed resident #1 for the risk of entrapment from bed rails prior to installation, and reviewed the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.</p> <p>On 09/16/2024 at 1:30 p.m. an interview with S2Director of Nursing (DON) confirmed the facility did not have an assessment to address the risk for entrapment from bed rails, did not review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>43405</p> <p>Resident #44</p> <p>Review of resident #44's record revealed an admitted [DATE] with diagnoses including aphasia following cerebral infarction, vascular dementia, functional quadriplegia, and hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side.</p> <p>Review of the September 2024 Physician's Orders revealed an order dated 08/01/2024 for resident #44 to have 2 assist bars at all times for bed mobility.</p> <p>Review of resident #44's Quarterly MDS assessment dated [DATE] revealed a BIMS score of 6 indicating severe cognitive impairment. Further review of the MDS revealed resident required extensive to total assistance with 2 person physical assistance with activities of daily living.</p> <p>Review of resident #44's care plan dated 01/13/2022 revealed late loss activity of daily living deficit with potential for decline, and interventions included vanderlift for all transfers with 2 person assist and manual transfer with 2 person physical assistance.</p> <p>Review of the September 2024 MAR revealed the documented evidence that resident #44 had 2 assist bars at all times for bed mobility every shift.</p> <p>Observations of resident #44 on 09/09/2024 at 9:50 a.m., 09/10/2024 at 10:10 a.m., and 09/16/2024 at 10:55 a.m. revealed resident was lying in bed with 2 assist bars in the raised position.</p> <p>Review of the medical record revealed no documented evidence the facility assessed resident #44 for the risk of entrapment from bed rails prior to installation, and reviewed the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.</p> <p>On 09/16/2024 at 1:30 p.m. an interview with S2DON confirmed the facility did not have an assessment to address the risk for entrapment from bed rails, did not review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>43405</p> <p>Based on record review and interviews, the facility failed to ensure there was sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services. The facility had extremely low weekend staff from April 1, 2024 through June 30, 2024.</p> <p>Findings:</p> <p>Review of the Payroll-Based Journal (PB&amp;J) Staffing Data Report for the facility triggered extremely low weekend staff for Quarter 3 from April 1, 2024-June 30, 2024.</p> <p>An Interview with S4Business Office Manager (BOM) on 09/16/2024 at 12:15 p.m. confirmed the facility had low staffing during April 1, 2024 - June 30 2024.</p> <p>Review of the facility's April 2024 weekend staffing pattern and timesheets revealed insufficient staff for the following dates: 04/06/2024, 04/07/2024, 04/14/2024, 04/20/2024, 04/21/2024, 04/27/2024, and 04/28/2024.</p> <p>Review of May 2024 weekend staffing pattern and timesheets revealed insufficient staff for the the following dates:</p> <p>05/12/2024 and 05/26/2024.</p> <p>Review of June 2024 weekend staffing pattern and timesheets revealed insufficient staff for 06/02/2024.</p> <p>An interview with S4BOM on 09/16/2024 at 12:15 p.m. confirmed the facility had low staffing for the dates listed above that did not meet the required staffing hours.</p>

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>18118</p> <p>Based on observation and interview, the facility failed to ensure nurse staffing data requirements was posted daily in a prominent location readily accessible to residents and visitors. This deficient practice had the potential to affect any of the 58 residents residing in the facility.</p> <p>Findings:</p> <p>On 09/09/2024 at 8:00 a.m., an observation of the facility revealed the surveyor was unable to locate the daily staffing posted in a visible area for residents and visitors.</p> <p>On 09/09/2024 at 11:00 a.m., an interview with S2Director of Nursing (DON) revealed the daily staffing form was located behind the nurses' station in a binder.</p> <p>On 09/09/2024 at 11:05 a.m., an observation of the nurses' station revealed the daily staffing data form was located in a black binder behind the nurses' station and not accessible to residents or visitors.</p> <p>On 09/16/2024 at 2:10 p.m., S2DON revealed the staffing data should have been posted in an area visible to residents and visitors.</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43405</p> <p>Based on record review and interview, the pharmacist failed to identify and report irregularities to the attending physician and the facility's medical director and director of nursing for 1 (#4) of 5 (#4, #12, #21, #32, and #46) sampled residents reviewed for unnecessary medications.</p> <p>Findings:</p> <p>Review of resident #4's record revealed an admitted [DATE] with diagnoses including chronic kidney disease, orthostatic hypotension, fibromyalgia, type 2 diabetes mellitus, chronic atrial fibrillation, and hypertension.</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 15 indicating cognitively intact.</p> <p>Review of resident #4's September Physician's Orders revealed an order dated 08/01/2024 for Midodrine Hydrochloride (HCL) 10 milligrams (mg) tablet give 1 tablet by mouth (po) 3 times a day for orthostatic hypertension, if systolic blood pressure is above 120- do not administer.</p> <p>Review of the August 2024 Medication Administration Record (MAR) revealed Midodrine was documented as administered as follows: (outside of the parameters-systolic blood pressure was above 120 indicating to hold medication)-</p> <p>1 time on 8:00 a.m. dose;</p> <p>2 times on noon dose; and</p> <p>12 times on 8:00 p.m. dose.</p> <p>Review of the September 2024 MAR for resident #4 revealed Midodrine was documented as administered as follows: (outside of the parameters systolic blood pressure was above 120 indicating to hold medication)-</p> <p>1 time on 8:00 a.m. dose;</p> <p>1 time on noon dose; and</p> <p>2 times on the 8:00 p.m. dose.</p> <p>Review of the Consultant Pharmacist Monthly Report revealed the pharmacist performed a Medication Regimen Review (MRR) for resident #4 on 09/02/2024. There was no documented evidence that the pharmacist identified any issues with the administration of Midodrine outside of the parameters for resident #4 for August 2024.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview on 09/16/2024 at 9:30 a.m. with S2Director of Nursing (DON) confirmed the facility's pharmacy consultant did not identify an irregularity with the administration of Midodrine outside of the parameters for resident #4 in August 2024.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43405</b></p> <p>Based on record review and interview, the facility failed to ensure each resident's drug regimen must be free from unnecessary drugs for 1 (#4) of 5 (#4, #12, #21, #32, and #46) residents reviewed for unnecessary medications.</p> <p>Findings:</p> <p>Review of resident #4's record revealed an admitted [DATE] with diagnoses including chronic kidney disease, orthostatic hypotension, fibromyalgia, type 2 diabetes mellitus, chronic atrial fibrillation, and hypertension.</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 15 indicating cognitively intact.</p> <p>Review of resident #4's September Physician's Orders revealed an order dated 08/01/2024 for Midodrine Hydrochloride (HCL) 10 milligrams (mg) tablet give 1 tablet by mouth (po) 3 times a day for orthostatic hypertension, if systolic blood pressure is above 120- do not administer.</p> <p>Review of the August 2024 Medication Administration Record (MAR) revealed Midodrine was documented as administered as follows: (outside of the parameters-systolic blood pressure was above 120 indicating to hold medication)-</p> <p>1 time on 8:00 a.m. dose;</p> <p>2 times on noon dose; and</p> <p>12 times on 8:00 p.m. dose.</p> <p>Review of the September 2024 MAR for resident #4 revealed Midodrine was documented as administered as follows: (outside of the parameters-systolic blood pressure was above 120 indicating to hold medication)-</p> <p>1 time on 8:00 a.m. dose;</p> <p>1 time on noon dose; and</p> <p>2 times on the 8:00 p.m. dose.</p> <p>An interview on 09/16/2024 at 9:30 a.m. with S2Director of Nursing (DON) revealed Midodrine was administered to resident #4 on the above dates for August and September 2024. S2DON confirmed Midodrine should not have been administered on the above dates related to being outside of the parameters for administration.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195504	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/16/2024
NAME OF PROVIDER OR SUPPLIER  Plantation Oaks Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  110 Maple Street Wisner, LA 71378	

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>13974</p> <p>Based on observation, interview, and record review, the facility failed to ensure it prepared food in accordance with professional standards by using hot water to thaw frozen meat.</p> <p>Findings:</p> <p>On 09/16/2024 at 9:30 a.m., observation in the kitchen revealed S3Dietary was thawing frozen sausage in a sink with hot running water. Interview with S3Dietary confirmed she was using hot water to thaw the sausage.</p> <p>On 09/16/2024 at 11:30 a.m., an interview with S1Administrator confirmed the staff should not have thawed meat using hot water.</p> <p>According to the United States Department of Agriculture (USDA) Safe Defrosting Methods dated 2013 revealed there are three safe ways to thaw food: in the refrigerator, in cold water, and in the microwave. The USDA also instructed perishable foods should never be thawed on the counter, or in hot water.</p>