

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195507	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER Heritage Manor of Ville Platte		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 W. Main Street Ville Platte, LA 70586	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the MDS assessments accurately reflected the resident's status for 1 (Resident #1) of 3 sampled residents.</p> <p>Findings:</p> <p>Review of Resident #1's medical record revealed an admission date of 03/07/2025, with diagnoses including, in part . Cerebrovascular Accident and Dysphagia.</p> <p>Review of Resident #1's admission MDS with ARD of 03/14/2025 revealed, in part . a BIMS score of 3, indicating severe cognitive impairment.</p> <p>Review of Resident #1's Discharge Return Anticipated MDS with an ARD 04/03/2025 revealed, in part . Resident #1 did not have a mechanically altered diet.</p> <p>Review of Resident #1's Medicare 5-Day End of Part A Stay MDS with an ARD of 04/08/2025 revealed, in part .Resident #1 did not have coughing or choking during meals or when swallowing medications.</p> <p>Review of Resident #1's physician's orders revealed, in part .</p> <ol style="list-style-type: none"> 1. <p>a mechanical soft diet was ordered on 04/02/2025,</p> <ol style="list-style-type: none"> 2. <p>a pureed diet with nectar consistency for aspiration pneumonia was ordered on 04/07/2025, and</p> <ol style="list-style-type: none"> 3. <p>a chest x-ray (CXR) was ordered after Resident #1 choked while eating lunch on 04/02/2025</p> <p>Review of Resident #1's current comprehensive care plan revealed, in part .</p> <ol style="list-style-type: none"> 1. <p>Pureed diet with nectar consistency, created on 05/12/2025 with an initiation date of 04/07/2025, and</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2.</p> <p>Diagnosis of Aspiration Pneumonia, created on 05/12/2025 with an initiation date of 04/07/2025.</p> <p>Review of a facility report titled, Incidents by Incident Type, revealed Resident #1 had a Choking Incident on 04/02/2025. Resident #1's Choking Incident Report dated 04/02/2025 revealed, in part .resident choked while eating lunch and the Heimlich Maneuver was performed. The provider was notified and orders were to obtain a CXR and downgrade the Resident #1's diet to mechanical soft.</p> <p>Interview with S4MDS on 05/28/2025 at 3:25 p.m. confirmed Resident #1's Discharge Return Anticipated MDS with an ARD of 04/03/2025 did not indicate a mechanically altered diet, but should have. S4MDS confirmed Resident #1's Medicare 5-Day End of Part A Stay MDS with an ARD of 04/08/2025 did not indicate coughing or choking during meals, but should have.</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>Based on observation, interview, and record review, the facility failed to ensure a baseline care plan was developed within 48 hours of admission for 1 (Resident #1) of 3 sampled residents.</p> <p>Findings:</p> <p>Review of the facility's policy entitled, Care Plan Process with a revision date of 12/2024, revealed, in part . the baseline care plan shall be developed within 48 hours of a resident's admission.</p> <p>Review of Resident #1's medical record revealed an admission date of 03/07/2025 with diagnoses including, in part . Cerebrovascular Accident and Dysphagia.</p> <p>Review of Resident #1's Baseline Care Plan revealed an effective date of 03/10/2025 at 3:06 p.m.</p> <p>Interview with S2DON on 05/28/2025 at 9:36 a.m. revealed Resident #1 was admitted to the facility on Friday, 03/07/2025 and the Baseline Care Plan was developed on Monday, 03/10/2025. S2DON confirmed Resident #1's Baseline Care Plan was not developed within 48 hours of admission to the facility, but should have been.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>F657: CARE PLAN TIMING AND REVISION</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's comprehensive care plan was revised after a quarterly assessment for 1 (Resident #3) of 3 sampled residents.</p> <p>Findings:</p> <p>Review of the facility's policy entitled, Care Plan Process with a revision date of 12/2024 revealed, in part .A well developed and executed assessment and care plan re-evaluates the resident's status at prescribed intervals using the RAI and then modifies the individualized care plan as appropriate and necessary.</p> <p>Review of Resident #3's medical record revealed an admission date of 10/17/2019, with diagnoses including, in part . Huntington's Disease, Altered Mental Status, Cognitive Communication Deficit, and Repeated Falls.</p> <p>Review of Resident #3's Quarterly MDS with an ARD of 03/25/2025 revealed, in part .a BIMS score of 15, which indicated intact cognition. Resident #3 had no fractures.</p> <p>Review of Resident #3's current comprehensive care plan revealed, in part .Acute Non-displaced Fracture at the tip of the nasal bones, initiated on 02/09/2025 and revised on 02/24/2025.</p> <p>Interview with S4 MDS on 05/28/2025 at 3:25 p.m. revealed Resident #3 was care planned for an active diagnosis of an Acute Non-displaced Fracture at the tip of the nasal bones.</p> <p>Interview with S5 MDS on 05/28/2025 at 3:38 p.m. revealed Resident #3's comprehensive care plan was not revised after the Quarterly MDS with an ARD of 03/25/2025. S5 MDS confirmed Resident #3's care plan should have been revised following the Quarterly MDS with an ARD of 03/25/2025 to reflect a history of a nasal fracture, but was not.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on observation, interview, and record review, the facility failed to provide services that met professional standards of quality for 1 (Resident #3) of 3 sampled residents. The facility failed to ensure a swallowing assessment was completed for a resident who exhibited difficulty swallowing and coughing during meals.</p> <p>Findings:</p> <p>Review of the facility's policy entitled Therapy Screenings, revised 10/2019, revealed, in part .residents are to be screened when there is a referral from another discipline, or a change in function. High-risk residents (those who have had previous treatment or have a medical condition which may contribute to decreased function or impairment) are to be re-screened. A nurse who notes a functional decline in the long-term resident should complete a Nursing Therapy Progress Note. The therapy department should coordinate the therapy screening procedure to ensure completion within 48 hours.</p> <p>Review of Resident #3's medical record revealed an admission date of 10/17/2019, with diagnoses including, in part . Huntington's Disease, Altered Mental Status, and Cognitive Communication Deficit.</p> <p>Review of Resident #3's Quarterly MDS with an ARD of 03/25/2025 revealed, in part .a BIMS score of 15, indicating intact cognition.</p> <p>Review of Resident #3's orders revealed, in part .ST three times per week for 90 days for skilled services, ordered on 04/07/2025</p> <p>Review of Resident #3's current comprehensive care plan revealed, in part .Resident #3 was at risk for impaired communication related to diagnosis of aphasia, revised on 03/24/2025. Interventions included ST consult as needed, initiated on 03/14/2025.</p> <p>Review of Resident #3's progress notes revealed, in part .</p> <p>On 04/16/2025 Resident #3 was coughing during breakfast. The Nurse Practitioner was notified and a CXR was ordered.</p> <p>On 05/27/2025 Resident #3 started coughing during lunch. Resident stated it went down the wrong way.</p> <p>Review of Resident #3's ST Notes revealed, in part .05/26/2025, 04/17/2025, and 04/16/2025 notes per S6SLP revealed no documentation regarding swallowing evaluation, difficulty swallowing, coughing, or choking.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation in the facility's dining room on 05/27/2025 at 11:52 a.m. revealed Resident #3 was intermittently coughing while eating lunch. A nearby resident stated She's having trouble with her food and indicated to Resident #3. Resident #3's face was reddened and she was coughing. Review of Resident #3's meal ticket revealed she was served a regular diet. Resident #3 nods affirmatively when asked if she is having difficulty swallowing her food. Multiple residents were turned in their chairs, observing Resident #3 and expressing concern. A resident provided Resident #3 with a napkin. This surveyor notified S2DON Resident #3 was having difficulty swallowing and was coughing while eating her food. S2DON stated she has Huntington's. S2DON and S3LPN stood by the chair of Resident #3. S2DON told nearby residents She's coughing. She's okay. At 11:57 a.m. Resident #3 resumed consuming her regular diet. Occasional coughing noted.</p> <p>Observation of the facility's dining room on 05/28/2025 at 11:40 a.m. revealed Resident #3 had been served a mechanical soft diet.</p> <p>Interview of S9LPN on 05/28/2025 at 11:48 a.m. revealed Resident #3 had difficulty swallowing last week. Stated swallowing difficulty was due to a diagnosis of Huntington's Disease.S9LPN stated ST had recommended a mechanical soft diet this am.</p> <p>Interview with S6SLP and S7RehabD on 05/29/2025 at 10:15 a.m. revealed S6SLP was notified last week by nursing staff that Resident #3 was having some problems swallowing. S6SLP stated she did not evaluate Resident #3's ability to swallow because she had already had her 3 visits for the week. S7RehabD stated a resident could have an extra visit if nursing staff reported the resident was having difficulty swallowing. S7RehabD stated a resident with difficulty swallowing should have an evaluation of their swallowing by ST. S7RehabD confirmed Resident #3 did not have an extra visit or evaluation of her swallowing when nursing staff reported she was having difficulty swallowing. S6SLP stated Yesterday I passed her in the hall and noticed she was having trouble swallowing her pills, so we downgraded her diet to mechanical soft. S6SLP stated a swallowing evaluation had not been provided for Resident #3.</p> <p>Review of Resident #3's Multidisciplinary Screening Form dated 05/23/2025 reveals, in part .resident coughs, difficulty swallowing, and drools. ST to continue monitoring current diet, aspiration risk, and potential diet change during ST sessions.</p> <p>Interview with S6SLP on 05/29/2025 at 11:10 a.m. revealed Resident #3 did not receive ST services or ST evaluation on 05/23/2025. S6SLP confirmed the Multidisciplinary Screening Form was completed on 05/23/2025 with information reported by nursing staff. S6SLP confirmed Resident #3 was not seen by ST until 05/28/2025.</p>		