

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 10/30/2024
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38894</p> <p>Based on interview and record review the facility failed to provide services that met professional standards for 2 (Resident #7 and Resident #19) of 33 residents reviewed by failing to administer medications properly.</p> <p>Findings:</p> <p>Review of the facility policy titled Administration of Medications with a revision date of 01/2024 revealed the following in part: Topical Medications - Purpose: Application of medication to the skin; Supplies: Topical Medication; As Indicated: Measuring Device; and Procedure: 2. Verify the physician order, comparing the medication label to the order verify the following: b. Right Dosage; 11. Apply the topical medication according to the directions.</p> <p>Resident #7</p> <p>Review of Resident #7's Face Sheet revealed an initial admitted [DATE] and a readmitted [DATE]. Resident #7 had the following diagnoses including: Pneumonia, unspecified organism; MRSA, unspecified site and UTI.</p> <p>Review of Resident #7's 10/2024 Physician Orders revealed the following:</p> <p>10/18/2024 - Zyvox Oral Tablet 600 mg po BID for UTI until 10/28/2024.</p> <p>Review of Resident #7's 10/2024 e-MAR revealed the following including:</p> <p>10/18/2024 - Zyvox Oral Tablet 600 mg give 1 tablet po BID for UTI until 10/28/2024. Resident #7 did not receive a dose of Zyvox on the evening of 10/21/2024.</p> <p>Interview on 10/30/2024 at 2:30 p.m. with S3ADON/IP confirmed Resident #7 was not given the evening dose of Zyvox and should have been.</p> <p>Resident #19</p> <p>Review of Resident #19's EHR revealed an admitted on 09/23/2022 with the following diagnoses including: Osteoarthritis; Low Back Pain; Other lack of Coordination; and Pain.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 195507
		If continuation sheet Page 1 of 13

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 10/30/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #19's 10/2024 Physician Orders revealed the following:</p> <p>08/01/2024 - Voltaren Arthritis Pain External Gel 1% apply to bilateral extremities topically BID related to Pain, Unspecified.</p> <p>Review of Resident #19's 10/2024 EMAR revealed there was no specific dosage for Voltaren noted on the EMAR.</p> <p>Review of the Voltaren Packaging Insert revealed the following in part . You should always use the dosing card to measure out the correct dose.</p> <p>Interview on 10/30/2024 at 11:09 a.m. with S16 LPN confirmed there was no dosage for Voltaren Gel on Resident #19's MD orders or EMAR. S16 LPN stated she did not measure the gel when applying. S16 LPN stated it was always done that way as long as she had given Resident #19's medications.</p> <p>Interview on 10/30/2024 at 2:00 p.m. with S7 Corporate RN confirmed that there should be a dosage specified on the order and EMAR for Voltaren.</p>

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 10/30/2024
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47004</p> <p>Based on observation, interview, and record review, the facility failed to provide the necessary care and services to provide a necessary communication aid for 1 (#80) of 1 Resident reviewed for communication. The total sample size was 33. Findings:</p> <p>Review of the facility's policy on 10/29/2024 at 10:27 a.m. titled Communication-Interpreter/Translation Services dated 06/2018 read in part . Purpose: To ensure effective communication with potential and current residents. Auxiliary aids will be provided as necessary to communicate with residents that have impaired sensory, manual, or sensory skills. The following is a list of auxiliary aids which may be available within the nursing home: Flash cards, Communication boards/books.</p> <p>Review of Resident #80's Electronic Health Record revealed the Resident was admitted to the facility on [DATE] with diagnoses that included in part . Dysphagia, Primary Generalized Osteoarthritis, Gastrostomy Status, and Hypertensive Heart Disease with Heart Failure.</p> <p>Review of Resident #80's Significant Change MDS with an ARD date of 10/13/2024 revealed Resident #80 had BIMS of 15 (Cognitively Intact). Resident #80 was dependent on staff for eating, oral hygiene, toileting, dressing, and transferring. Resident #80 required Substantial/ Maximal assistance from staff for personal hygiene.</p> <p>Review of Resident #80's Comprehensive Person Centered Care Plan revealed Resident had a communication deficit with unclear speech noted. Goal: Resident will be able to make needs known.</p> <p>Interview and observation on 10/28/2024 at 10:05 a.m. with Resident #80 revealed he had difficulty speaking and communicating his needs. Observation of Resident #80's room at that time revealed there was no communication aid/board to assist in communication with resident. Resident #80 shook his head no when surveyor asked if he could write down what he was trying to communicate. Resident #80 shook his head no when surveyor asked if he had a communication board to point to his needs. Resident #80 shook head yes when surveyor asked if he had trouble communicating his needs to staff.</p> <p>Observation on 10/28/2024 at 5:00 p.m. of Resident #80's room revealed there was no communication aid to assist in communication with resident.</p> <p>Interview on 10/29/2024 at 9:29 a.m. with S6 LPN revealed Resident #80 had difficulty speaking. S6 LPN stated she had trouble understanding Resident #80's needs most of the time. S6 LPN confirmed Resident #80 did not have a communication board, or any type of communication aid in his room to assist with communication. S6 LPN revealed Resident #80 would benefit from a communication board to assist in communication, because he was unable to write down his wants or needs.</p>		

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 10/30/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28889</p> <p>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 good grooming and personal hygiene for 3 (#16, #24, and #80) of 4 (#16, #24, #32, and #80) Residents reviewed for ADL's. The total sample size was 33. Findings:</p> <p>Review of the facility's policy on 10/29/2024 at 10:27 a.m. titled Resident Quality of Care dated 08/2024 read in part . The policy of the facility is to establish a minimum acceptable level of daily care which shall include and involve the maximum utilization of the resident's capabilities; while providing the necessary assistance to accomplish the following: Partial bath- by resident, if able, assisted by staff, or performed completely by staff daily or as often as indicated by the physical condition of the resident. This shall include: Washing face, hands, axilla, and perineal/rectal area. Oral hygiene, dental care. Hair care including shampoo as needed. Nail care. Skin Care.</p> <p>Resident #16</p> <p>Record review revealed Resident #16 was admitted to the facility on [DATE] with the following diagnosis that included: Muscle Weakness, Anorexia, Gastrostomy, and Type 2 Diabetes Mellitus.</p> <p>Review of Resident #16's Quarterly MDS with ARD of 09/24/2024 revealed a BIMS of 99 indicating severe cognitive impairment. Resident #16 was dependent on staff for personal hygiene and bathing.</p> <p>Review of Resident #16's care plan with a target date of 12/24/2024 revealed resident needed assistance with ALDs due to hemiplegia.</p> <p>Observations on 10/28/2024 at 1:08 p.m. and 10/29/2024 at 9:41 a.m. revealed Resident #16 was lying in bed, noticeable facial hair.</p> <p>Interview on 10/29/2024 at 9:50 a.m., with S10 LPN, revealed the CNAs are responsible for removing hair from the chin during ADL care. S10 LPN revealed Resident #16's bath days were Monday, Wednesday, and Friday. S10 LPN revealed Resident #16's facial hair should have been removed on Monday (10/28/2024). S10 LPN revealed there were no reports of Resident #16 refusing to have hair removed from her face.</p> <p>Interview on 10/29/2024 at 10:00 a.m., with S11 CNA, revealed Resident #16 received a bed bath on Monday (10/28/2024). S11 CNA confirmed Resident #16's facial hair was not removed on her bath day, because she forgot.</p> <p>Interview on 10/29/2024 at 10:05 a.m. with S3 ADON/IP confirmed Resident #16 had facial hair. S3 ADON/IP revealed Resident #16's facial hair should have been removed on her bath day and/or as needed.</p> <p>Resident #24</p> <p>(continued on next page)</p>		

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 10/30/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review revealed Resident #24 was admitted to the facility on [DATE] with diagnoses that included: Cerebrovascular Disease, Shortness of Breath, Repeated Falls, Overactive Bladder, Anxiety Disorder, and Muscle Weakness.</p> <p>Review of Resident #24's Quarterly MDS with ARD of 10/17/2024 revealed Resident #24 had a BIMS of 3 indicating severe cognitive impairment. Resident #24 was dependent on staff for personal hygiene and bathing.</p> <p>Review of Resident #24's care plan with a target date of 01/17/2025 revealed Resident #24 needed assistance with ALDs due to muscle weakness.</p> <p>Review of Resident #24's Physician Orders revealed:</p> <p>10/14/20024 fingernail/toenail care monthly, clean and trim as needed.</p> <p>Observation on 10/28/2024 12:53 p.m. revealed Resident #24 was eating lunch. Resident #24's fingernails were long with a thick brown substance under the nailbed.</p> <p>Observation on 10/29/2024 at 8:16 a.m. revealed Resident #24 was eating breakfast. Resident #24's fingernails were long with a thick brown substance under the nailbed.</p> <p>Interview on 10/29/2024 at 8:40 a.m. with Resident #24 revealed he wanted he wanted his fingernails cleaned and cut.</p> <p>Interview on 10/29/2024 at 8:44 a.m. with S12 CNA revealed Resident #24's fingernails were long and dirty. S12 CNA revealed Resident #24's fingernails should have been clean during ADL care.</p> <p>Interview on 10/29/2024 at 8:50 a.m. with S10 LPN confirmed Resident #24 fingernails were long and dirty. S10 LPN revealed the CNAs were responsible for cleaning and cutting fingernails. S10 LPN revealed there were no reports of Resident #24 refusing to have his fingernails cut.</p> <p>Observation on 10/30/2024 at 8:40 a.m. with S2 DON of Resident #24's finger nails revealed the fingernails were long, and had a thick brown substance under his nails. S2 DON confirmed Resident #24's fingernails needed to be cleaned and trimmed.</p> <p>47004</p> <p>Resident #80</p> <p>Review of Resident #80's Electronic Health Record revealed the Resident was admitted to the facility on [DATE] with diagnoses that included in part . Dysphagia, Primary Generalized Osteoarthritis, Gastrostomy Status, and Hypertensive Heart Disease with Heart Failure.</p> <p>Review of Resident #80's Significant Change MDS with an ARD date of 10/13/2024 revealed Resident #80 had BIMS of 15 (Cognitively Intact). Resident #80 was dependent on staff for eating, oral hygiene, toileting, dressing, and transferring. Resident #80 required Substantial/ Maximal assistance from staff for personal hygiene.</p> <p>(continued on next page)</p>		

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 10/30/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #80's Comprehensive Person Centered Care Plan revealed Resident had an ADL self-care deficit related to muscle weakness, limited range of motion, and intervertebral disorder with radiculopathy.</p> <p>Review of Resident #80's active 10/2024 physician orders revealed:</p> <p>Fingernail/Toenail care monthly, clean and trim as needed every day shift.</p> <p>Interview and observation on 10/28/2024 at 10:05 a.m. with Resident #80 revealed thick 1/2 inch nails in length, with the right thumb nail approximately 1 inch in length. Resident #80 stated he would like his nails trimmed.</p> <p>Interview and observation on 10/28/2024 at 4:33 p.m. with Resident #80 revealed his nails were thick and approximately 1/2 inch in length, with the right thumb nail approximately 1 inch in length. Resident #80 stated he would like his nails trimmed.</p> <p>Interview on 10/28/2024 at 4:50 p.m. with S5 LPN confirmed Resident #80's nails needed to be cleaned and trimmed. S5 LPN stated S4 Treatment Nurse was responsible for trimming nails at least monthly, and she was unsure why Resident #80's nails had not been trimmed.</p> <p>Interview on 10/28/2024 at 5:00 p.m. with S4 Treatment Nurse revealed she was responsible for trimming resident's nails. Observation of Resident #80's finger nails with S4 Treatment Nurse confirmed Resident #80's nails needed to be trimmed, and had not been.</p>		

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 10/30/2024
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>28889</p> <p>Based on observation, record review, and interview, the facility failed to ensure menus were followed in order to meet the nutritional needs of residents who required a puree diet. The facility failed to follow the recipe in regards to ingredients of the meal for 6 of 6 (#7, #30, #36, #40, #87, and #99) sampled residents who received a puree diet.</p> <p>Findings:</p> <p>Review of the facility's policy dated 05/2018 titled: Preparation and Service of Pureed Diets read in part . After preparation of all food items the cook, will use the specified serving, portion out the needed amount of food to puree from the stock of regular or therapeutic food items.</p> <p>Review of the recipe for 10 servings of pureed rotisserie chicken revealed the following:</p> <ul style="list-style-type: none"> -10 4 oz. rotisserie chicken -3 tablespoon and 1/2 teaspoon of food thickener bulk -1 1/2 cup and 1 tablespoon of chicken stock <p>Review of the recipe for 10 servings of pureed broccoli cauliflower blend revealed the following:</p> <ul style="list-style-type: none"> -10 1/2 cup of broccoli cauliflower blend -3 tablespoon and 1teaspoon food thickener bulk <p>Interview on 10/29/2024 at 9:00 a.m. with S8 Dietary Manager confirmed the facility had 6 residents who received a pureed diet.</p> <p>Observation on 10/29/2024 at 9:05 a.m. revealed S9 Dietary [NAME] prepared pureed rotisserie chicken without measuring the chicken according to the recipe. S9 Dietary [NAME] revealed she never measured food items. S9 Dietary [NAME] added an unmeasured amount of water and unmeasured amount of food thickener to the rotisserie chicken. S9 Dietary [NAME] then prepared pureed broccoli cauliflower blend. S9 Dietary [NAME] did not measure the broccoli cauliflower before adding to the blender.</p> <p>Interview on 10/29/2024 at 9:30 a.m., with S8 Dietary Manager revealed water was used when preparing pureed foods. S8 Dietary Manager confirmed S9 Dietary [NAME] did not follow the recipe for preparing pureed rotisserie chicken or pureed broccoli cauliflower, but should have.</p> <p>Interview on 10/30/2024 at 10:00 a.m. with S2 DON confirmed S9 Dietary [NAME] should have followed the recipe to prepare pureed rotisserie chicken and pureed broccoli cauliflower blend.</p>		

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 10/30/2024
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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>38894</p> <p>Based on record review and interview the facility failed to accurately submit mandatory direct care staffing information, based on payroll, to Centers for Medicare & Medicaid Services (CMS) for Fiscal Year (FY) Quarter 3 2024 (April 1- June 30). Findings:</p> <p>Review of the PBJ (Payroll Based Journal) Staffing Report for FY Quarter 3 2024 (April 1- June30) revealed the facility triggered for Excessively Low Weekend Staffing.</p> <p>Review of the Facility's Nursing/Ancillary Personnel Staffing Pattern Reporting Form dated 10/30/2024 for the triggered dates on the FY Quarter 3 2024 (April 1- June 30) PBJ Staffing Report revealed the facility provided more hours than required of nursing coverage.</p> <p>Interview on 10/30/2024 at 10:50 a.m. with S1 Administrator revealed that an employee of the facility failed to enter staffing information for agency staff working in the facility. S1 Administrator stated the staff member no longer worked in the facility and he now performs the task.</p>		

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 10/30/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38894</p> <p>Based on observation, interview and record review the facility failed to establish and maintain an infection prevention program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections for 2 (Resident #5 and Resident #7) of 33 residents reviewed for infection control. The facility failed to follow proper infection control practices during wound care for Resident #5 and failed to properly isolate Resident #7, as ordered. Findings:</p> <p>Resident #5</p> <p>Observation on 10/28/2024 at 1:07 p.m. revealed Resident #5 lying in bed. She had a wound vac in progress and stated she had a wound to her bottom. Resident #5 was on Enhanced Barrier Precautions due to wound, catheter, and tube feeding.</p> <p>Observation on 10/28/2024 at 4:13 p.m. revealed S4 Treatment Nurse arrived at Resident #5's room. S4 Treatment Nurse entered room wearing gloves only and no gown. S4 Treatment Nurse exited after a few moments and stated she would have to change Resident #5's wound vac and was going to gather her supplies.</p> <p>Observation on 10/28/2024 at 4:28 p.m. revealed in progress wound care to Resident #5. A paper drape was noted to Resident #5's bedside table with supplies placed onto drape. S4 Treatment Nurse, S13 RN and a CNA (who assisted with Resident #5's positioning) all put on gowns and gloves. At 4:28 p.m., Resident #5 was assisted to a right side-lying position by the CNA. S13 RN removed soiled under pad from beneath Resident #5 and placed the soiled linen on the foot of the bed. S4 Treatment Nurse removed dressing and wound vac apparatus while wearing gloves and gown. At 4:31 p.m., S4 Treatment Nurse removed soiled gloves and then removed a new pair of gloves from the box on Resident #5's bed side table. S4 Treatment Nurse asked for hand sanitizer from the treatment cart in hall outside Resident #5's room. Hand sanitizer was obtained and S4 Treatment Nurse applied hand sanitizer and placed the bottle on the bed side table. As S4 Treatment Nurse was putting on gloves, one of the gloves came in contact with her gown. At 4:36 p.m., S4 Treatment Nurse applied skin prep to skin around Resident #5's wound. At 4:37 p.m., S13 RN wearing gloves while lifting and observing supplies placed onto drape sheet, changed gloves without application of hand sanitizer. At 4:38 p.m., S13 RN exited room and quickly returned, wiping a pair of scissors with ungloved hands and a sanitary wipe. S4 Treatment Nurse and S13 RN then used the scissors to cut a dressing for application to skin around wound. Scissors were placed directly onto bedside table, not on wound care field. Dressing was applied. At 4:42 p.m. S13 RN, wearing gloves, picked up scissors from uncovered surface of bedside table and used scissors to cut sponge-like product, which was then inserted into wound. Scissors were placed onto drape. At 4:44 p.m., S4 Treatment Nurse applied wound cover/clear dressing. S4 Treatment Nurse picked up scissors from the drape sheet and used them to cut a small opening in clear dressing overlying sponge-like wound packing. Scissors placed onto uncovered bedside table. Additional sponge-like product applied and covered with clear dressing. At 4:37 p.m., S4 Treatment Nurse picked up scissors from uncovered surface of bedside table and used to cut small opening in clear dressing. Tube inserted into opening and wound vac connected.</p> <p>(continued on next page)</p>		

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 10/30/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #5's EHR revealed an admitted [DATE] with the following diagnoses including: Pressure Ulcer of Sacral Region, Stage 2 and Pressure Ulcer of Sacral Region, Stage 3.</p> <p>Review of Resident #5's 10/2024 Nurse Notes revealed the resident went to the Wound Care Center on a weekly basis for wound care/monitoring. Resident #5 had a wound vac in place to sacral area.</p> <p>Interview on 10/30/2024 at 2:18 p.m. with S4 Treatment Nurse and S13 RN revealed they were in agreement with findings in regard to inappropriate infection control methods used during wound care when reviewing wound care notes from 10/28/2024.</p> <p>Resident #7</p> <p>Review of a Facility Policy dated 08/21 titled Isolation-Guidelines revealed the following including: Isolation procedures are designed to protect other residents, personnel, and visitors from the spread of a confirmed or suspected infection or contagious disease. Residents should be isolated or isolation procedures instituted whenever there is a risk of spreading infection. The methods used for controlling the infection's spread are determined by the characteristics of the pathogen. The mode used for infection control is determined by the usual route of excretion of the pathogen and its site or entry into the body. The health care team and visitors should be instructed on the importance and necessity of maintaining isolation techniques before entering the resident's room.</p> <p>Observation on 10/28/2024 at 11:00 a.m. revealed there was a sign on Resident #7's door that stated she was on Enhanced Barrier Precautions (EBP) and Isolation for Contact and Droplet Precautions. Start date of EBP was 10/21/2024. End date was 10/28/2024. There was signage that indicated that Resident #7 had a roommate. There was EBP supplies which included gloves, shoe covers and regular mask (not N95) hanging on Resident #7's room door. There were gowns noted in the inside of the resident's room.</p> <p>Review of Resident #7's Face Sheet revealed an initial admitted [DATE] and a readmitted [DATE]. Resident #7 had the following diagnoses including: Pneumonia, unspecified organism; and UTI.</p> <p>Review of Resident #7's 10/28/2024 MD Orders revealed the following including:</p> <p>10/11/2024 at 11:07 a.m. - Strict Isolation for droplet/contact precautions above standard precautions with private room, N95 mask, disposable dishes, related to MRSA, to prevent further spread of disease. Resident to remain in private room. All services provided in room to resident every shift for MRSA until 10/18/2024.</p> <p>10/21/2024 - Contact/Droplet Isolation precautions above standard precautions with N95 mask, disposable dishes (if applicable), related to MRSA, to prevent further spread of disease. Resident to remain in room. All services provided in room to resident every shift for MRSA until 10/28/2024 23:59.</p> <p>Review of Resident #7's 10/2024 EMAR revealed documentation that the resident was not on isolation from 10/21/2024 - 10/23/2024.</p> <p>Review of Resident #7's 10/2024 Nursing Notes revealed the following including:</p> <p>(continued on next page)</p>		

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 10/30/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>10/11/2024 at 11:44 a.m. - Doxycycline Hyclate Oral Capsule 100 mg 1 cap po BID related to MRSA, unspecified site until 10/18/2024.</p> <p>10/11/2024 at 5:30 p.m. - Resident up to wheelchair eating supper in dining room on memory care unit. Continues antibiotic related to Pneumonia.</p> <p>10/11/2024 at 5:39 p.m. - Doxycycline Hyclate Oral Tablet 100 mg give 1 tablet po related to MRSA, unspecified site for 7 days.</p> <p>10/12/2024 at 1:30 p.m. - Antibiotic remains in progress due to Pneumonia</p> <p>10/12/2024 at 11:00 p.m. - Continue Antibiotic for Pneumonia</p> <p>10/13/2024 at 12:40 p.m. - Antibiotic remains in progress due to Pneumonia</p> <p>10/13/2024 at 11:34 p.m. - Continue Antibiotic for Pneumonia</p> <p>10/18/2024 at 1:00 a.m. - Readmit to facility, dx: UTI, Hypotension, Hypothermia</p> <p>10/18/2024 at 5:00 a.m. - Zyvox 600 mg initial dose started tonight</p> <p>10/18/2024 at 1:40 p.m. - Resident readmitted to facility, admit diagnosis, UTI, Hypotension.</p> <p>10/20/2024 at 11:43 a.m. - Resident remains on Antibiotic for UTI</p> <p>10/20/2024 at 7:01 p.m. - Antibiotic therapy in progress d/t UTI</p> <p>10/20/2024 at 10:50 p.m. - Resident on Antibiotic for UTI</p> <p>10/21/2024 at 3:01 p.m. - At 11:45 a.m. Resident awake, alert and stable up to wheelchair in memory care unit dining area eating lunch. Tolerated meds well along with antibiotic therapy of Zyvox 600 mg BID related to dx: UTI.</p> <p>10/21/2024 at 5:25 p.m. - Resident up to wheelchair in dining room inside memory care unit.</p> <p>10/22/2024 at 10:38 a.m. - At 8:30 a.m. Resident awake, alert and stable up to wheelchair in memory care unit dining area eating breakfast. Tolerated meds well along with antibiotic therapy of Zyvox 600 mg BID related to dx: UTI</p> <p>10/22/2024 at 12:13 p.m. - Resident gaining former roommate back. Resident and Resident's RP made aware (Communication Note)</p> <p>10/23/2024 at 2:41 p.m. - At 8:30 a.m. Resident awake, alert and stable up to wheelchair in memory care unit dining area eating breakfast. Tolerated meds well along with antibiotic therapy of Zyvox 600 mg BID related to dx: UTI</p> <p>10/23/2024 at 7:58 p.m. - Antibiotic therapy in progress due to UTI</p> <p>(continued on next page)</p>		

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 10/30/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>10/24/2024 - 2:06 a.m. - Antibiotic therapy remains in progress for UTI/MRSA. Remains in contact isolation</p> <p>10/24/2024 at 6:51 p.m. - Antibiotic therapy in progress due to UTI</p> <p>10/25/2024 at 2:58 a.m. - Antibiotic therapy remains in progress for UTI/MRSA. Remains in contact isolation</p> <p>10/25/2024 at 4:58 p.m. - At 8:00 a.m. Resident awake, alert, and stable up to wheelchair in memory care unit dining area eating breakfast. Tolerated meds well along with Antibiotic therapy of Zyvox 600 mg BID related to dx: UTI</p> <p>10/25/2024 at 6:00 p.m. - Continues Antibiotics related to UTI. Contact Precautions remains in place</p> <p>10/26/2024 at 4:02 p.m. - Antibiotic in progress for UTI</p> <p>10/26/2024 at 11:00 p.m. - Antibiotic for UTI</p> <p>10/27/2024 at 8:15 a.m. - Antibiotic remains in progress related to UTI</p> <p>10/27/2024 at 4:41 p.m. - Antibiotic in progress for UTI</p> <p>10/27/2024 at 11:00 p.m. - Resident on Antibiotic for UTI</p> <p>10/28/2024 at 10:44 a.m. - At 8:00 a.m. Resident awake, alert and stable up to wheelchair in memory care unit dining area eating breakfast. Tolerated meds well along with final dose of Zyvox 600 mg BID related to dx: UTI</p> <p>Review of the facility 10/28/2024 census revealed that Resident #7 had a roommate.</p> <p>Interview on 10/28/2024 at 10:45 a.m. with S14 CNA revealed Resident #7 was on isolation and that all staff /visitors were to wear full PPE including gown, gloves, mask, and shoe covers when entering Resident #7's room. C14 CNA stated she wore a regular mask, not a N95 mask when entering Resident #7's room.</p> <p>Interview on 10/28/2024 at 11:00 a.m. with S15 LPN revealed that Resident #7 was on contact/droplet isolation. S15 LPN stated that staff was to wear gowns, gloves, masks, and foot covers when entering room. She stated that Resident #7 had a roommate and that the roommate did not wear PPE when in the room with Resident #7. S15 LPN stated Resident #7's roommate was allowed to come in and out of Resident #7's room without practicing infection control measures; and mix with other residents in the memory care unit. S15 LPN stated that she was unsure of why the roommate did not have to follow isolation procedures and staff did, but stated that the S2 DON instructed her that it was okay for Resident #7 to have a roommate while on isolation. S15 LPN stated that she did not wear an N95 mask when providing care to the resident, but wore a regular mask</p> <p>(continued on next page)</p>		

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 10/30/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 10/28/2024 at 2:00 p.m. with S2 DON revealed that according to the facility policy, if Resident #7 was able to perform self-care she could not have a roommate. She stated that since all care was provided by staff that the policy allowed Resident #7 to have a roommate.</p> <p>Interview on 10/30/2024 at 2:30 p.m. with S3 ADON/IP and S13 RN confirmed the above MD orders for isolation were not followed as ordered and should have been.</p>		