STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195508	A. Building B. Wing	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Francisville Nursing and Rehab, LLC	15243 LA Hwy 10 Saint Francisville, LA 70775

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 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42681 Based on record reviews and interviews, the facility failed to ensure each resident had the right to be free from physical abuse by another resident for 2 (#1 and #3) of 3 (#1, #2, and #3) sampled residents reviewed for abuse. The facility failed to ensure Resident #1 and Resident #3 were free from physical abuse by Resident #2. This deficient practice resulted in an actual harm on 11/22/2024, at 3:56 p.m., when Resident #2, a resident know with physically abusive behaviors towards other residents, physically punched Resident #1 in the face and neck multiple times resulting in Resident #1 being evaluated and treated at a local hospital with diagnostic testing. Resident #1 experienced physical pain, facial swelling, and bloody drainage from the nose as a result of this incident. The facility implemented corrective actions which were completed prior to the State Agency's investigation, thus it was determined to be a Past Noncompliance Harm. Findings: Cross Reference F656 Review of the facility's policy titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, revised April 2021, revealed the following, in part: Policy Interpretation and Implementation 1. Protect residents from abuse by anyone including but not limited to .other residents. Resident #1 Review of Resident #1's Clinical Record revealed he was admitted to the facility on [DATE], with diagnoses which included Hypertensive Heart Disease and Stroke with Left Sided Weakness. Review of Resident #1's Quarterly Minimum Date Set (MDS) with an Assessment Reference Date (ARD) of 10/08/2024 revealed in part, a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195508	A. Building B. Wing	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Francisville Nursing and Rehab, LLC	15243 LA Hwy 10 Saint Francisville, LA 70775

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 0600 Level of Harm - Actual harm Residents Affected - Few	Resident #2 Review of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE], with diagnoses which included Dementia with Behavioral Disturbances and Psychotic Disorders. Review of Resident #2's Admission MDS with an ARD of 10/08/2024 revealed, in part, a BIMS of 5, which indicated the resident had severe cognitive impairment. Review of Resident #2's Plan of Care, dated 09/30/2024, and updated 11/22/2024, revealed in part: Focus: Behavior Management History of sun downing, confusion, wandering, delusional, hallucinations, cursing, yelling/screaming, takes items from others, refusal of meds at times. 11/04/2024 verbal altercation with peer. 11/06/2024 pushed a peer causing her to fall. Interventions: emergency room Evaluation, Psych NP evaluation, Medications adjusted. 1:1 Observation, and 11/19/2024 stepped down to line of sight observation. Review of the facilities incident report dated 11/22/2024, revealed the following in part: On 11/22/2024 at 3:56 p.m. Resident #2 entered the room of Resident #1. Resident #1 told Resident #2 to leave his room. Resident #2 pushed the door open and hit Resident #1 in the face and neck. Resident #1 was sent to the local emergency room . Resident #2 sustained no injuries and was transported to emergency room for evaluation. Review of Resident #2's Nurses' Note dated 11/22/2024 at 7:30 p.m., revealed the following, in part: S3LPN: This nurse was in a room with another resident. I was called down to Resident #1's room. I was informed that Resident #2 had tried to go into Resident #1's room. When Resident #1 tried to close the door, Resident #2 hit Resident #1. Residents were separated. Received order to send residents out for evaluation. On 12/16/2024 at 2:23 p.m., an interview was conducted with Resident #1. He stated on 11/22/2024, Resident #2 entered his room and appeared confused. He stated he made an attempt to redirect Resident #2. Resident #1 stated he was closing his bedroom door when Resident #2 pushed the door open and punched him 3 or 4 times in the face and neck. Resident #1 further stated staff came in the room and removed Resident #2 immediately. Resident #1 stated he had a bloody nose and swollen lip after the incident. He further stated he was given an ice pack for his face, pain medication, and was sent to the emergency room where a CT scan was done of his head. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195508	A. Building B. Wing	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Francisville Nursing and Rehab, LLC	15243 LA Hwy 10 Saint Francisville, LA 70775

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 0600 Level of Harm - Actual harm Residents Affected - Few	On 12/16/2024 at 2:30 p.m., an interview was conducted with S3LPN. S3LPN confirmed she was the nurse on duty when the incident occurred with Resident #1 and Resident #2 on 11/22/2024. She confirmed Resident #2 had behavioral issues which included becoming agitated. She stated on 11/22/2024 Resident #2 punched Resident #1 in the face, causing blood to come from his nose and a cut on his upper lip. S3LPN stated this was abuse. She stated Resident #2 and Resident #1 were separated immediately. She stated Resident #1 was given an ice pack, Tylenol for pain, and sent to the emergency room for further evaluation. She stated Resident #2 was sent to the emergency room to be evaluated for behaviors on 11/22/2024 and did not return to the facility. She further stated she has had in-services on Wandering Residents, Behavior De-escalation techniques, Identifying Behaviors and Abuse upon hire and on 12/01/2024. S3LPN was able to verbalize processes correctly. On 12/17/2024 at 1:50 p.m., an interview was conducted with S7LPN. She confirmed on 11/22/2024 Resident #2 hit Resident #1. She confirmed Resident #1 had a bloody nose and swollen lip and she provided an ice pack and pain medication to Resident #1 following the incident. She confirmed Resident #2 hitting Resident #1 in the face and neck was physical abuse. She further stated she has had in services on Wandering Residents, Behavior De-escalation techniques, Identifying Behaviors and Abuse upon hire and on 12/01/2024. S7LPN was able to verbalize processes correctly. On 12/18/2024 at 9:35 a.m., an interview was conducted with S5CNA. S5CNA stated he was assigned to care for Resident #2 on 11/22/2024. S5CNA stated Resident #2 was to be in line of sight observations at all times, which meant to keep eyes on Resident #2. He stated he was called away assist another resident and when Resident #2 was out of his line of sight, Resident #2 punched Resident #1. S5CNA confirmed Resident #2 punching Resident #1 in the face was physical abuse. He stated following the incident he was immediately asked to provide a written statement of events and was sent home until the facility's investigation was completed. He stated he was later terminated on 11/26/2024. He stated he was in-serviced, in October 2024 upon hire, on Identifying Behaviors and Abuse. On 12/18/2024 at 12:00 p.m., an interview was conducted with S6SW. She confirmed a transfer summary indicated Resident #2 was discharged from the facility as of 11/29/2024. Resident #3 Review of the Clinical Record revealed Resident #3 was admitted to the facility on [DATE], with diagnoses which included Major Depressive Disorder and Heart Failure. Review of the Quarterly MDS with ARD dated 10/09/2024 revealed Resident #3 had a BIMS score of 14, which indicated she was cognitively intact. Review of facilities incident report dated 11/06/2024 at 8:30 p.m. revealed, in part: At 7:25 p.m. Resident #2 entered Resident #3's room and pushed Resident #3's left shoulder causing her to lose her balance and fall. Resident #3 complained of pain to the right hip, x-ray was ordered, and Resident #2 was placed on 1:1 observation. On 12/16/2024 at 2:10 p.m., an interview was conducted with Resident #3. She stated on 11/06/2024 Resident #2 entered her room, she asked Resident #2 to leave, Resident #2 pushed her on the shoulder causing her to fall. She stated Resident #2 was immediately removed from her room. She was given pain medication and had an x-ray done of her right hip and right elbow. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195508	A. Building B. Wing	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Francisville Nursing and Rehab, LLC	15243 LA Hwy 10 Saint Francisville, LA 70775

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 0600 Level of Harm - Actual harm Residents Affected - Few	On 12/17/2024 at 1:30 p.m., an interview was conducted with S1DON. She stated on 11/06/2024 Resident #2 went into Resident #3's room, and when she asked him to leave he pushed her on the shoulder causing her to fall down. S1DON confirmed this was resident to resident abuse. S1DON stated Resident #3 was evaluated with x-ray of right hip and right elbow, and was given pain medication as needed. S1DON stated Resident #2 was sent to the emergency room for behaviors and was placed on 1:1 observations upon return to the facility on [DATE]. On 12/18/2024 at 1:32 p.m., an interview was conducted with S1DON. S1DON confirmed Resident #2 pushing Resident #3 causing her to fall and Resident #2 punching Resident #1 was physical abuse. S1DON confirmed S5CNA was aware Resident #2 was to be in line of site at all times prior to leaving the resident unsupervised. S1DON confirmed S5CNA was terminated following the incident that occurred on 11/22/2024. She further on 11/22/2024 a poll was conducted with all CNAs to determine understanding of line of sight supervision and Resident #2's plan of care was updated due to additional behaviors. She stated an in-service was conducted on all nursing staff on supervision and posttest competencies was completed on 12/01/2024. On 12/18/2024 at 3:30 p.m., an interview was conducted with S2ADM. S2ADM confirmed Resident #2 pushing Resident #3 causing her to fall, and Resident #2 punching Resident #1 is abuse. S2ADM confirmed S5CNA was terminated following the incident that occurred on 11/22/2024. He confirmed on 11/22/2024 a poll was conducted with all CNAs to determine understanding of line of sight supervision and Resident #2's plan of care was updated due to additional behaviors. S2ADM stated an in-service was conducted on all nursing staff on supervision and posttest competencies was completed on 12/01/2024. He stated a prevention plan was implemented for behaviors on 11/22/2024 with an expected completion date of 02/15/2025. S2ADM provided documentation the facility initiated an effective Plan of Correction on 11/8/2024, which included: 1. Problem identified: Resident #2 was on direct line of sight supervision due to previous altercation with Resident #3 on 11/06/2024, and left unattended by the CNA on 11/22/2024. Resident #2 got into a physical altercation with Resident #1. 2. Plan of action with projected completion date of: 12/01/2024 Immediate Action: Residents were separated, assessed, and first aid provided. Resident #2 resumed 1:1 supervision until being sent out to the emergency room for evaluation. Facility performed audit to identify all residents with behaviors that could or do affect others. Completed 10/15/2024. Assessment and social history by Director of Social Services on Resident #2 to identify potential causes of behaviors, needs, triggers, or Post Traumatic Stress Disorder. Completed 10/14/2024. Corporate review of Care Plans and behavior residents identified by staff. All care plans were updated by team. Completed 11/15/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195508	A. Building B. Wing	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Francisville Nursing and Rehab, LLC	15243 LA Hwy 10 Saint Francisville, LA 70775

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 0600 Level of Harm - Actual harm Residents Affected - Few	In-service education on: Wandering Residents, Behavior De-escalation techniques, Identifying Behaviors. Completed 11/17/2024. In-service Staff Supervision and when to report, with written posttest. Completed 12/01/2024. CNA Poll and written statements to determine understanding of Supervision. Completed on 11/22/2024. Plan was revised on 11/22/2024 due to additional behaviors that occurred on 11/22/2024. In-service education on supervision, and posttest competencies. Completed 12/01/2024. S3LPN was verbally educated to report non-compliance with supervision to S1DON. S5CNA was terminated on 11/26/2024 due to failure to follow procedures. Resident #2 never returned to facility and was discharged from facility on 11/29/2024. Plan reviewed and it was determined that Plan of Correction was effective, resolved 12/01/2024. QAPI on behavior interventions initiated on 11/22/2024. Expected completion date 02/15/2025. Throughout the survey from 12/16/2024 to 12/18/2024, observations, interviews, and record reviews revealed the above listed actions were implemented. Random staff interviews revealed staff received training on the facility's abuse policy and procedure and were given questionnaires testing their knowledge. Observations were made throughout the survey with no abuse identified. Observations, interviews, and record review, revealed monitoring had begun with no further issues identified. 47732

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195508	A. Building B. Wing	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Francisville Nursing and Rehab, LLC	15243 LA Hwy 10 Saint Francisville, LA 70775

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 0656 Level of Harm - Actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42681 Based on record review and interviews, the facility failed to implement the comprehensive person centered care plan for 1 (#2) of 3 (#1, #2, and #3) residents reviewed. The facility failed to maintain line of sight supervision per Resident #2's care plan. This deficient practice resulted in an actual harm on 11/22/2024 at 3:56 p.m., when S3LPN noticed S5CNA failed to maintain line of sight supervision per the care plan on Resident #2, a resident with known physical behaviors towards other residents. During this time, Resident #2 physically assaulted Resident #1. Resident #1 was evaluated and treated at a local hospital with diagnostic testing. Resident #1 experienced physical pain, facial swelling, and bloody drainage from the nose as a result of this incident. The facility implemented corrective actions which were completed prior to the State Agency's investigation, thus it was determined to be a Past Noncompliance Harm. Findings: Cross Reference F600 Review of the facility's policy, dated 07/2017, titled, Safety and Supervision of Residents, revealed the following, in part: Individualized, Resident Centered Approach to Safety: 4) Implementing interventions to reduce accident risks shall include: a. Communicating interventions to all relevant staff; b. Assigning responsibility for carrying out interventions; c. Providing training; and d. Ensuring interventions are implemented Review of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE] and had diagnoses, which included Dementia with Behavioral Disturbances and Psychotic Disorders. Review of Resident #2's Admission Minimum Date Set (MDS) with an Assessment Reference Date (ARD) of 10/08/2024 revealed in part, a Brief Interview for Mental Status (BIMS) score of 5, which indicated the resident had severe cognitive impairment. Review of Resident #2's Plan of Care, dated 09/30/2024, and updated 11/22/2024, revealed in part: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195508	A. Building B. Wing	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Francisville Nursing and Rehab, LLC	15243 LA Hwy 10 Saint Francisville, LA 70775

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 0656 Level of Harm - Actual harm Residents Affected - Few	Focus: Behavior Management History of sun downing, confusion, wandering, delusional, hallucinations, cursing, yelling/screaming, takes items from others, refusal of meds at times. 11/04/2024- verbal altercation with peer. 11/06/2024- pushed a peer causing her to fall. Interventions: 11/06/2024- emergency room Evaluation, Psych NP evaluation, Medications adjusted. 1:1 Observation. 11/19/2024 stepped down to line of sight observation. 11/22/2024- Resident #2 entered the room of a peer and hit peer. Resident separated immediately. Received order from NP to send Resident #2 for eval, 1:1 with staff until left building Review of the facilities incident report dated 11/22/2024, revealed the following in part: On 11/22/2024 at 3:56 p.m. Resident #2 entered the room of Resident #1. Resident #1 told Resident #2 to leave his room. Resident #2 pushed the door open, and hit Resident #1 in the face and neck. Resident #1 was sent to the local emergency room . Resident #2 sustained no injuries and was transported to emergency room for evaluation. Review of Resident #2's Nurses' Note dated 11/22/2024 at 7:30 p.m. revealed the following, in part: S3LPN: This nurse was in a room with another resident. I was called down to Resident #1's room. I was informed that Resident #2 tried to go into Resident #1's room. When Resident #1 tried to close the door, Resident #2 hit Resident #1. Residents were separated. Received order to send residents out for evaluation. On 12/17/2024 at 2:35 p.m., an interview was conducted with S3LPN. She stated on 11/22/2024 she was called from another resident's room because Resident #2 was hitting Resident #1. She stated Resident #2 was care planned to be line of sight supervision by staff after the resident pushed another resident down on 11/06/2024. S3LPN stated line of sight supervision meant keeping a resident in eye view and at arm's reach at all times. She stated, on 11/22/2024 prior to Resident #2's incident, she had to redirect S5CNA 4 to 5 times regarding keeping Resident #2 in line of sight supervision. She stated S5CNA was on his phone, standing in the hall not within arm's reach of Resident #2, and sitting outside when she had to redirect him. She stated she never notified S1DON of having to redirect S5CNA prior to Resident #2 assaulting Resident #1. She further stated she was in-serviced again on line of sight supervision and reporting non-compliance of line of sight supervision by S1DON on 11/22/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195508	A. Building B. Wing	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Francisville Nursing and Rehab, LLC	15243 LA Hwy 10 Saint Francisville, LA 70775

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 0656 Level of Harm - Actual harm Residents Affected - Few	On 12/18/2024 at 9:35 a.m., a telephone interview was conducted with S5CNA. He confirmed, on 11/22/2024, he was assigned to Resident #2 for line of sight supervision. He stated he understood line of sight to mean keep his eyes on the resident at all times. He confirmed he was not assigned to any other residents during his shift on 11/22/2024. He stated, on 11/22/2024, he took his eyes off of Resident #2 to assist another resident with care. He stated at that time, Resident #2 entered another resident's room and punched that resident in the face. He confirmed he should not have let Resident #2 out of his line of sight. He confirmed he was in-serviced on line of sight supervision prior to his shift on 11/22/2024. He stated he was immediately relieved of his assignment, asked to write a statement of what occurred, sent home until further investigation, and was later terminated on 11/26/2024. On 12/18/2024 at 11:38 a.m., an interview was conducted with S8CNA. S8CNA stated line of sight supervision meant keeping a resident in eye view and at arm's reach at all times. She confirmed she was in-serviced and took a test on supervision of residents in November 2024. On 12/18/2024 at 11:57 a.m. an interview was conducted with S9CNA. S9CNA stated line of sight supervision meant keeping a resident in eye view and at arm's reach at all times. She confirmed she was in-serviced and took a test on supervision of residents in November 2024. On 12/18/2024 at 1:32 p.m., an interview was conducted with S1DON. She stated, on 11/22/2024, she conducted an in-service with S5CNA regarding line of sight supervision prior to the start of his shift. She stated, after Resident #2 hit Resident #1 on 11/22/2024, S3LPN reported she previously had to redirect S5CNA regarding line of sight supervision. S1DON stated the physical abuse could have been prevented if she was made aware S5CNA required redirection to provide line of sight supervision. S1DON stated she immediately in-serviced all nursing staff on line of sight supervision and when to report non-compliance with supervision by polling staff and posttest. On 12/18/2024 at 4:02 p.m., an interview was conducted with S2ADM and S1DON. S2ADM and S1DON confirmed, on 11/22/2024, line of sight supervision was not maintained for Resident #2 and should have been. The facility had implemented the following actions to correct the deficient practice on 11/22/2024: 1. Immediate Action: S3LPN was verbally educated to report non-compliance with supervision to S1DON. 2. S5CNA relieved of duties on 11/22/2024 and later terminated post facility investigation. 3. Resident #2's care plan was revised on 11/22/2024 due to additional behaviors that occurred on 11/22/2024. 4. 11/22/2024 new education implemented with posttest competencies. Random poll conducted to evaluate effectiveness of education on types of supervision. 5. 11/22/2024 in-service nursing staff understanding on different types of supervision the facility provides for residents. 6. In-service staff on supervision and when to report, with written posttest. Completed 12/01/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195508	A. Building B. Wing	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Francisville Nursing and Rehab, LLC	15243 LA Hwy 10 Saint Francisville, LA 70775

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 0656 Level of Harm - Actual harm Residents Affected - Few	7. Continued daily monitoring of behaviors that could potentially affect others by DON or designee. Education materials added to new hire packets and annual competencies. 8. Initiated a QA for wandering/behavior preventions and intervention with a target completion date of 02/15/2025. Throughout the survey from 12/16/2024 to 12/18/2024, observations, interviews, and record reviews revealed the above listed actions were implemented. Random staff interviews revealed staff received training on the facility's safety and supervision policy and procedure and questionnaires testing their knowledge. Observations were made throughout the survey with no supervision concerns identified. Observations, interviews, and record review, revealed monitoring had begun