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	04/22/2026

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to ensure residents who were unable to carry out activities of daily living received incontinence care timely to maintain good personal hygiene for 2 (#2 and #4) of 6 residents reviewed for incontinence.Findings: Resident #2Review of Resident #2's Clinical Record revealed she was admitted to the facility on [DATE] and had diagnoses, which included Dementia With Psychotic Disturbance. Review of Resident #2's Quarterly MDS with an ARD of 04/01/2026 revealed she had a BIMS of 99, which indicated she was unable to complete the interview. Further review revealed she was always incontinent of bladder and bowel, was dependent on staff for toileting hygiene, and required substantial/maximal assistance for transfers. Review of Resident #2's current Care Plan revealed the following, in part:Problem: Incontinent of bowel and bladder.Interventions: Change soiled clothing after each incontinent episodeProblem: Activities of Daily Living self-care performance deficit related to incontinent of bowel and bladder.Interventions: Incontinent of bowel and bladder. Incontinent care during rounds and as needed. Review of Resident #2's Nurses' Notes dated 04/21/2026 through 04/22/2026 revealed no documentation she refused incontinence care. An observation was made of Resident #2 on 04/21/2026 at 3:30 p.m. She was seated in her wheelchair in the dining room. An observation was made of Resident #2 on 04/21/2026 at 4:30 p.m. She was seated in her wheelchair in the dining room. An observation was made of Resident #2 on 04/21/2026 at 5:35 p.m. She was seated in her wheelchair in the dining room. An observation was made of S10CNA entering the dining room on 04/21/2026 at 5:52 p.m. S10CNA wheeled Resident #2 from the dining room, down the hall to the common area, and placed her wheelchair near the television. S10CNA did not perform an incontinence care check for Resident #2. Resident #2 was observed in the common area until 7:54 p.m. No staff provided incontinence checks or care during this time. An observation was made of S6CNA and S11CNA transferring Resident #2 into bed on 04/21/2026 at 7:55 p.m. S6CNA and S11CNA provided incontinence care for Resident #2. Resident #2's brief was saturated with urine. Resident #2's shorts were saturated with urine. An interview was conducted with S6CNA on 04/21/2026 at 8:03 p.m. She confirmed Resident #2's incontinence brief and her shorts were saturated with urine. She stated she was unsure what time the day shift last changed Resident #2. She stated Resident #2 should have been changed at least every two hours and should not have been that saturated. An interview was conducted with S11CNA on 04/21/2026 at 8:06 p.m. She confirmed Resident #2 was overly saturated with urine through her brief and onto her shorts. She stated Resident #2 was not a heavy wetter and was usually dry when she put her to bed around 8:00 p.m. She stated Resident #2 could not have been changed timely with the amount of urine she had in her brief and on her clothing. An interview was conducted with S12CNA on 04/22/2026 at 9:35 a.m. She verified she was assigned to Resident #2 on 04/21/2026 from 6:00 a.m. to 6:00 p.m. She stated the last time she provided incontinence care to Resident #2 on 04/21/2026 was sometime before 3:30 p.m. She confirmed Resident #2 was incontinent of bowel and bladder. She stated incontinent care should be provided every 2 hours and as needed. An interview was conducted with S10CNA on 04/22/2026 at 10:00 a.m. She stated incontinent care should be provided to residents every 2 hours and as needed. She stated Resident #2 (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	was incontinent. She confirmed on 04/21/2026 at 5:52 p.m. she wheeled Resident #2 in her wheelchair from the dining room to the common area. She confirmed she did not perform an incontinence care check for Resident #2. Resident #4Review of Resident #4's Clinical Record revealed she was admitted to the facility on [DATE] and had diagnoses, which included Unspecified Sequelae of Unspecified Cerebrovascular Disease, Generalized Muscle Weakness, and Hemiplegia and Hemiparesis. Review of Resident #4's Quarterly MDS with an ARD of 01/21/2026 revealed she had a BIMS of 15, which indicated she was cognitively intact. Further review revealed she was frequently incontinent of bladder and bowel and was dependent on staff for toileting hygiene and transfers. Review of Resident #4's current Care Plan revealed the following, in part:Problem: Incontinent of bowel and bladder since admission.Interventions: Change soiled clothing after each incontinent episode and check at least every two hours and as needed for incontinence. Review of Resident #4's Nurses' Notes dated 04/21/2026 through 04/22/2026 revealed no documentation she refused incontinence care. An interview was conducted with Resident #4 on 04/21/2026 at 2:48 p.m. She was seated in her wheelchair in her room. She stated the night shift got her up daily. She stated S6CNA got her out of bed at 4:00 a.m. this morning. She stated she had not been changed since she got out of bed this morning, and she needed to be changed. She stated the day shift did not provide incontinence care every two hours or when she needed to be changed. She stated the day shift CNAs would not change her throughout the day and would only change her when they put her back to bed around 4:00 p.m. She stated she asked the CNAs to put two briefs on her before because she knew how long she would be sitting up without being changed. She stated she wanted the staff to check her for incontinence every two hours and change her when she needed. She stated she did not always know when she had urinated or had a bowel movement so she needed the staff to check. An observation was made of S7CNA and S8CNA transferring Resident #4 into bed on 04/21/2026 at 3:42 p.m. via the Hoyer lift. S7CNA and S8CNA provided incontinence care for Resident #4. Resident #4 had on a blue incontinence brief and a yellow incontinence brief. Both briefs were saturated with urine. Resident #4's pants were also saturated with urine. Resident #4 had a bowel movement. An interview was conducted with S8CNA on 04/21/2026 at 4:04 p.m. She stated she was assigned to Resident #4 today from 6:00 a.m. to 6:00 p.m. She stated she was assigned to Resident #4 each day she worked. She stated Resident #4 was always incontinent and required a Hoyer lift for transfers. She stated Resident #4 was transferred out of bed daily on the night shift. She confirmed Resident #4 was saturated with urine and was double briefed during incontinence care today. She confirmed Resident #4 was up in her wheelchair when she arrived for her shift this morning. She confirmed Resident #4 had not received incontinence care during her shift today until 3:42 p.m. She stated incontinence rounds should have been conducted every two hours. She stated Resident #4 had not refused any incontinence care today. She stated Resident #4 should not have been double briefed. She stated sometimes Resident #4 had two briefs on when she changed her. She stated, on each shift she worked, she never checked or changed Resident #4 before 1:00 p.m. An interview was conducted with S4LPN on 04/21/2026 at 4:55 p.m. She stated rounds should have been conducted on all residents every two hours. She stated rounds included checking for incontinence. She confirmed Resident #4 was incontinent. She stated she was unaware Resident #4 had not been changed from 4:00 a.m. until 3:42 p.m. today. She stated Resident #4 should have been changed every two hours. An interview was conducted with S6CNA on 04/21/2026 at 6:18 p.m. She confirmed she was the night shift CNA for Resident #4. She stated Resident #4 was incontinent of bladder and bowel. She stated incontinence rounds should have been conducted on all residents at least every two hours. She stated she transferred Resident #4 out of bed on her shift daily. She confirmed she double briefed Resident #4 this morning. She stated she should not have placed two briefs on any resident. She stated she was trying to prevent Resident #4's clothing from being soiled by 8:00 a.m. An observation was made of Resident #4 on 04/22/2026 at 7:53 a.m. She was seated in her room in her wheelchair. An interview was conducted with Resident #4 at that time. She stated the night shift got her out of bed with the (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Hoyer lift this morning at 4:00 a.m. She stated the CNAs changed her brief before they got her up. She stated she had not been changed since she got up. She stated she needed to be changed. Resident #4 stated she tracked time using her watch. An observation was made of Resident #4's watch on her wrist, which read accurate time. An observation was made of S8CNA and S9CNA transferring Resident #4 into bed to provide incontinence care on 04/22/2026 at 8:31 a.m. S8CNA and S9CNA placed Resident #4 into the bed with the Hoyer lift. Resident #4's urine soiled through her incontinence brief, pants, lift pad, and wheelchair cushion. An interview was conducted with S9CNA on 04/22/2026 at 8:43 a.m. She confirmed Resident #4's urine saturated through her incontinence brief, pants, lift pad, and wheelchair cushion. An interview was conducted with S8CNA on 04/22/2026 at 9:04 a.m. She confirmed Resident #4's urine saturated through her incontinence brief, pants, lift pad, and onto the wheelchair cushion. She confirmed she had to replace the wheelchair cushion. She stated she was unaware what time the night shift got Resident #4 out of bed. She stated Resident #4 should have been changed before breakfast. An interview was conducted with S5LPN on 04/22/2026 at 9:11 a.m. She stated Resident #4 was out of bed when she arrived for her shift at 6:00 a.m. She stated Resident #4 was incontinent and had to be transferred via Hoyer lift. She stated CNAs should have checked for incontinence every two hours. An interview was conducted with S3ADON on 04/22/2026 at 2:40 p.m. She stated she expected CNAs to make incontinence rounds every two hours and as needed. An interview was conducted with S2DON on 04/22/2026 at 3:32 p.m. She stated she expected CNAs to make incontinence rounds every two hours and as needed unless otherwise care planned. She confirmed Resident #2 was incontinent and required staff assistance for transfers. She confirmed Resident #4 was incontinent and required a Hoyer lift for transfers. She stated double briefing was pointless and unacceptable.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to provide sufficient nursing staff to attain or maintain each resident's highest practicable physical, mental, and psychosocial well-being, as determined by resident assessments and individual plans of care by failing to provide incontinence care timely for 1 (#4) of 6 residents reviewed for incontinence.Findings: Review of the facility's policy, revised August 2022, titled, Staffing, Sufficient and Competent Nursing revealed the following, in part:Policy statement: Our facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment.Policy Interpretation and Implementation:Sufficient Staff6. Staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care, the resident assessments and the facility assessment.7. Factors considered in determining appropriate staffing ratios and skills include an evaluation of the disease, condition, physical or cognitive limitation of the resident population, and acuity.8. Minimum staffing requirements imposed by the state, if applicable, are adhered to when determining staff ratios but are not necessarily considered a determination of sufficient and competent staffing. Review of the facility's Facility assessment dated 2026 revealed the following, in part:Function - Care Requirements:Types of care required-The resident population of the facility ranges from very high functioning with ADLs to very low functioning. The physical functioning of the residents has changed slightly with more residents needing 2 person or supervision versus 1 person assistance.Services required for the population currently are those of CNAs, LPNs, RNs.Staff/personnel required is the same as the minimum standard of 2.35 as per guidelines. Review of the facility's census dated 04/21/2026 revealed there were a total of 99 facility residents. Further review revealed there were 29 residents on Hall D, 40 residents on Hall E, and 30 residents on Hall F. Review of the facility's Daily Nursing Assignment Sheets for the day shift from 6:00 a.m. to 6:00 p.m. revealed the facility planned to staff 3 CNAs on each Halls D, E, and F. Review of Hall E's Assistance Required Sheet revealed there were 27 residents who were incontinent of bladder and 7 residents required transfers via the Hoyer lift. Review of the facility's Daily Nursing Assignment Sheet dated 04/21/2026 from 6:00 a.m. to 6:00 p.m. revealed S12CNA, S10CNA, and S8CNA were assigned to Hall E. Further review revealed no other CNAs were assigned to Hall E. Review of the facility's Daily Nursing Assignment Sheet dated 04/22/2026 from 6:00 a.m. to 6:00 p.m. revealed S9CNA, S13CNA, and S8CNA were assigned to Hall E. Further review revealed no other CNAs were assigned to Hall E. Review of Resident #4's Clinical Record revealed she was admitted to the facility on [DATE] and had diagnoses, which included Cerebrovascular Disease, Generalized Muscle Weakness, Anxiety Disorder, Hemiplegia and Hemiparesis, and Depression. Review of Resident #4's Quarterly MDS with an ARD of 01/21/2026 revealed she had a BIMS of 15, which indicated she was cognitively intact. Further review revealed she was frequently incontinent of bladder and bowel and was dependent on staff for toileting hygiene and transfers. Review of Resident #4's current Care Plan revealed the following, in part:Problem: Incontinent of bowel and bladder since admission.Interventions: Change soiled clothing after each incontinent episode and check at least every two hours and as needed for incontinence. An interview was conducted with Resident #4 on 04/21/2026 at 2:48 p.m. She stated the night shift CNA got her out of bed at 4:00 a.m. this morning. She stated she had not been changed since she got out of bed this morning and she needed to be changed. She stated the day shift did not provide incontinence care every two hours or when she needed to be changed. She stated the CNAs told her they were short staffed. An observation was made of S7CNA and S8CNA transferring Resident #4 into bed on 04/21/2026 at 3:42 p.m. via the Hoyer lift. S7CNA and S8CNA provided incontinence care for Resident #4. Resident #4 had on a blue incontinence brief and a yellow incontinence brief. Both briefs were (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	saturated with urine. Resident #4's pants were also saturated with urine. An interview was conducted with S8CNA on 04/21/2026 at 4:04 p.m. She stated she was assigned to Resident #4 today from 6:00 a.m. to 6:00 p.m. She explained she was assigned to Resident #4 each day she worked. She stated Resident #4 was always incontinent and required a Hoyer lift for transfers. She stated Resident #4 was transferred out of bed on night shift. She confirmed Resident #4 was saturated with urine and was double briefed during incontinence care today. She confirmed Resident #4 was up in her wheelchair when she arrived for her shift this morning. She confirmed Resident #4 had not received incontinence care during her shift today until 3:42 p.m. She stated Resident #4 was up in her wheelchair when she arrived for her shift at 6:00 a.m. every day. She stated, on the days she worked, she never checked or changed Resident #4 before 1:00 p.m. She stated she was assigned to 13 residents currently. She stated she ran non-stop all day trying to take care of every resident and was unable to meet the needs of the residents timely. She explained there was not enough staff on Hall E to check and change residents every two hours and as needed. She explained Resident #4 had to be transferred to bed with the Hoyer lift for incontinence care. She stated it was physically impossible for her to complete that every two hours and take care of all the other residents, which included incontinence care, feeding, showering, and addressing any additional needs. She stated she checked and changed other incontinent residents in her section two to three times during her twelve hour shifts. An interview was conducted with S10CNA on 04/21/2026 at 4:32 p.m. She confirmed she was assigned to Hall E today from 6:00 a.m. to 6:00 p.m. She stated incontinence rounds should have been conducted every two hours. She stated she was unable to check and change incontinent residents every two hours because there was not enough staff to meet the residents' needs timely. An observation was made of Resident #4 on 04/22/2026 at 7:53 a.m. She was seated in her room in her wheelchair. An interview was conducted with Resident #4 at that time. She stated the night shift got her out of bed with the Hoyer lift this morning at 4:00 a.m. She stated the CNAs changed her brief before they got her up. An observation was made of S8CNA and S9CNA transferring Resident #4 into bed to provide incontinence care on 04/22/2026 at 8:31 a.m. S8CNA and S9CNA placed Resident #4 into the bed with the Hoyer lift. Resident #4's urine saturated through her incontinence brief, pants, lift pad, and wheelchair cushion. An interview was conducted with S8CNA on 04/22/2026 at 9:04 a.m. She confirmed she was assigned to Resident #4 today from 6:00 a.m. to 6:00 p.m. She confirmed Resident #4's urine saturated through her incontinence brief, pants, lift pad, and onto the wheelchair cushion. She stated Resident #4 should have been changed before breakfast. She stated she had not had time to change Resident #4 prior to now. She stated Hall E needed more than 3 CNAs because they were not able to meet the residents' needs timely with 3 CNAs. An interview was conducted with S9CNA on 04/22/2026 at 9:28 a.m. She confirmed she was assigned to Hall E today from 6:00 a.m. to 6:00 p.m. She stated there were 3 CNAs assigned to Hall E. She stated she was not able to meet the residents' needs timely with 3 CNAs. She stated incontinence checks fell behind due to not being able to change all assigned residents timely. She stated there were multiple residents who required assistance of two staff members. She stated sometimes residents soiled their clothing with urine or bowel movement due to not being able to make rounds timely. She stated she also had to help in other sections for the residents who required 2-person assist. She stated the hall CNAs were responsible for showers/baths for their assigned residents. An interview was conducted with S13CNA on 04/22/2026 at 1:00 p.m. She confirmed she was assigned to Hall E today from 6:00 a.m. to 6:00 p.m. She stated there were 3 CNAs assigned to Hall E. She stated she was assigned to 12 residents. She stated 6 of the residents in her section required 2 person assistance. She stated 7 of her assigned residents were incontinent. She stated the hall CNAs were also responsible for their assigned residents' showers/baths. She stated incontinence rounds should have been conducted every two hours. She stated there were times when she was not able to complete all the assigned baths during her shift because she did not have time. She stated residents who required a Hoyer lift for transfers often had to wait because there had to be another staff member available to transfer them. She stated (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	sometimes all staff were busy, which led to the Hoyer lift residents not receiving incontinence checks/care every two hours as required. An interview was conducted with S3ADON on 04/22/2026 at 2:40 p.m. She stated she expected CNAs to make incontinence rounds every two hours and as needed. She stated she was responsible for CNA staffing. She stated she had a staffing spreadsheet she utilized to determine CNA staffing levels. She stated the staffing was based on the facility's census. She explained the CNAs were distributed into sections based on acuity. She stated with the current census, the facility staffed 3 CNAs on each hall for day shift. An interview was conducted with S2DON on 04/22/2026 at 3:32 p.m. She stated she expected CNAs to make incontinence rounds every two hours and as needed unless otherwise care planned. She confirmed there were 29 residents on Hall D, 40 residents on Hall E, and 30 residents on Hall F. She confirmed there were 3 CNAs assigned to Hall D, Hall E, and Hall F. She stated the acuity was evenly distributed between all halls. An interview was conducted with S1ADM on 04/22/2026 at 10:12 a.m. He stated the facility staffed nurses and CNAs by ensuring they were always at or above the required 2.35 hours per person, per day (PPD). He stated the CNA assignments were made based on the residents' acuity at that given time.