

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195508	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2024
NAME OF PROVIDER OR SUPPLIER  St Francisville Nursing and Rehab, L.L.C.		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>46308</p> <p>Based on interviews and observations, the facility failed to ensure that residents had a clean and safe environment for 1 (#36) of 2 (#36 and #65) residents reviewed for environment. The facility failed to ensure:</p> <ol style="list-style-type: none"> <li>1. The front face covering for Resident #36's air condition/heater unit was properly secured; and</li> <li>2. Resident #36's nightstand was not missing the third drawer.</li> </ol> <p>Findings</p> <p>On 03/18/2024 at 9:23 a.m., an observation was made of Resident #36's room. The air conditioner's front cover was detached and laying on the floor in front of the unit by the window. The night stand on the left side of his bed was missing the 3rd drawer.</p> <p>On 03/19/2024 at 8:08 a.m., an observation was made of Resident #36's room. The air conditioner's front cover was detached and laying on the floor in front of the unit by the window. The night stand on the left side of his bed was missing the 3rd drawer.</p> <p>On 03/19/2024 at 8:10 a.m., an observation was made with S3DON of Resident #36's room. She confirmed the air conditioner cover was detached and laying on the floor and the 3rd drawer missing from Resident #36's night stand. She said staff should have reported both of these to maintenance.</p> <p>On 03/19/2024 at 8:20 a.m., an interview was conducted with S3DON. She said staff should write environmental concerns in the maintenance log book to notify maintenance of any issues. She confirmed nothing had been written on the maintenance log for Resident #36's room.</p> <p>On 03/20/2024 at 2:12 p.m., an interview was conducted with S10MD. He said if staff saw something in a room needing fixed, they were to write it in the log book. He stated he checked the log book every other day. He said he also randomly checked rooms in the mornings when he clocked in. He said he was made aware of the detached air conditioning cover and the missing drawer for Resident #36's night stand yesterday and did not know how long they had been an issue.</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>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47191</p> <p>Based on interviews and record review, the facility failed to ensure residents' assessments accurately reflected the residents' status by failing to ensure a resident's Minimum Data Set was accurately coded for PASRR (Pre-admission Screening and Resident Review) for 2 (#27 and #52) of 4 (#13, #27, #42, and #52,) sampled residents reviewed for PASRR.</p> <p>Findings:</p> <p>Resident #27</p> <p>Review of Resident #27's clinical record revealed he was admitted to the facility on [DATE] with a 142 Form Notification of Medical Certification with an approval for admission by the state Level II Authority dated 02/07/2013.</p> <p>Review of Resident #27's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/10/2023 revealed Section A1500 PASRR: Has the resident been evaluated by Level II PASRR and determined to have a serious mental illness and/or mental retardation or a related condition, was coded as 0. No.</p> <p>Section A1510 Level II PASRR conditions was blank.</p> <p>Resident #52</p> <p>Review of Resident #52's clinical record revealed she was admitted to the facility on [DATE] with a 142 Form Notification of Medical Certification with an approval for admission by the state Level II Authority dated 10/11/2017.</p> <p>Review of Resident #52's Annual MDS with an ARD of 09/07/2023 revealed Section A1500 PASRR: Has the resident been evaluated by Level II PASRR and determined to have a serious mental illness and/or mental retardation or a related condition, was coded as 0. No.</p> <p>Section A1510 Level II PASRR conditions was blank.</p> <p>An interview was conducted with S3DON on 03/20/2024 at 3:25 p.m. She verified Resident #27's Form 142 indicated Resident #27 was approved for nursing home admission by Level II authority effective 02/07/2013. She reviewed Resident #27's annual MDS assessment dated [DATE]. S3DON confirmed Section A1500 should have been coded as 1-Yes, and was not. S3DON verified Resident #52's Form 142 indicated Resident #52 was approved for nursing home admission by Level II authority effective 10/11/2017. She reviewed Resident #52's annual MDS assessment dated [DATE]. S3DON confirmed Section A1500 should have been coded as 1-Yes, and was not.</p> <p>(continued on next page)</p>		

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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>An interview was conducted with S2CCO on 03/20/2024 at 3:35 p.m. She verified Resident #27's Form 142 indicated Resident #27 was approved for nursing home admission by Level II authority effective 02/07/2013. She reviewed Resident #27's annual MDS assessment dated [DATE]. S2CCO confirmed Section A1500 should have been coded as 1-Yes, and was not. She verified Resident #52's Form 142 indicated Resident #52 was approved for nursing home admission by Level II authority effective 10/11/2017. She reviewed Resident #52's annual MDS assessment dated [DATE]. S2CCO confirmed Section A1500 should have been coded as 1-Yes, and was not.</p> <p>50093</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46308</b></p> <p>Based on interviews and record review the facility failed to developed a comprehensive person-centered plan of care for 1 (#59) of 25 residents reviewed in the final sample. The facility failed to ensure interventions related to hydration for Resident #59 were reflected in the plan of care.</p> <p>Findings:</p> <p>Review of Resident #59's medical records revealed he was admitted to the facility on [DATE] with diagnoses including Dysphagia.</p> <p>Review of Resident #59's care plan revealed an entry for Nectar thick liquids on 04/19/2023, there was no documentation of interventions related to removing the water pitcher from Resident #59's room.</p> <p>On 03/19/2024 at 1:00 p.m., an interview was conducted with S6CNA. She said Resident #59 cannot have a water pitcher in his room because he will dump out the thickened liquids and replace it with regular water.</p> <p>On 03/19/2024 at 1:11 p.m., an interview was conducted with S5LPN. She said Resident #59 is on thickened liquids. She stated Resident #59 cannot have a water pitcher in his room because he will dump out the thickened liquids and replace it with regular water from the faucet.</p> <p>On 03/19/2024 at 1:20 p.m., an interview was conducted with S4MDS. She said she is responsible for updating the care plans after a resident has a change in care. She stated Resident #59 cannot have a water pitcher in his room because he will dump out the thickened liquids and replace it with regular water from the faucet. She reviewed Resident #59's care plan and confirmed Resident #59's care plan was not updated to reflect the interventions related to the water pitcher.</p> <p>On 03/19/2024 at 2:00 p.m., an interview was conducted with S3DON. She confirmed all resident's care plans should reflect the care they are receiving.</p>

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>46981</p> <p>Based on observation, interview, and record review, the facility failed to post the required nurse staffing information on a daily basis.</p> <p>Findings:</p> <p>Review of the facility's policy dated August 2022 and titled Posting Direct Care Daily Staffing Numbers revealed in part, the following:</p> <ol style="list-style-type: none"> <li>1. Within 2 hours of the beginning of each shift, the number of licensed nurses and the number of unlicensed nursing personnel directly responsible for resident care is posted in a prominent location and in a clear and readable format.</li> <li>2. The information recorded on the form shall include the following: <ol style="list-style-type: none"> <li>a. The name of the facility;</li> <li>c. The resident census at the beginning of the shift for which the information is posted;</li> <li>g. The actual time worked during that shift for each category and type of nursing staff.</li> </ol> </li> </ol> <p>An observation was made on 03/18/2024 at 8:10 a.m. of the posted staffing data near the nurse's station. Further review revealed it was dated 03/17/2024 with no documentation of name of facility, resident census, or actual hours worked.</p> <p>An interview was conducted on 03/18/2024 at 9:18 a.m. with S7ADON. She stated she was responsible for posting the facility's staffing at the beginning of each shift. She reviewed facility's report titled Nursing Assignment Sheet with a date of 03/17/2024. She confirmed this report was not posted per regulation for 03/18/2024, and revealed no documentation of the following information: 1. facility name, 2. census, 3. total number and actual hours worked per shift for licensed and unlicensed staff responsible for resident care.</p>		