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	04/16/2025

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47546 Based on observations and interviews the facility failed to ensure each resident was treated with respect and dignity in a manner and in an environment that promoted maintenance or enhancement of his or her quality of life for 1(#68) of 23 residents reviewed in the final sample. The facility failed to ensure Resident #68's urinary drainage bag remained covered in order to maintain his dignity. Findings: Review of the facility's policy titled, Quality of Life-Dignity with a revision date of 08/2009, revealed the following: Policy Statement - Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect, and individuality. Policy Interpretation and Implementations 1. Residents shall be treated with dignity and respect at all times. 2. Treated with dignity means the resident will be assisted in maintaining and enhancing his or her self-esteem and self-worth. 11. Demeaning practices and standards of care that compromise dignity are prohibited. Staff shall promote dignity and assist residents as needed by: a. Helping the resident to keep urinary catheter bags covered; Review of Resident #68's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included Paraplegia, Chronic Kidney Disease, Stage 2, Neuromuscular Dysfunction of Bladder, and Injury at Unspecified Level of Cervical Spinal Cord. A review of Resident #68's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/19/2025 revealed the resident had a BIMS (Brief Interview for Mental Status) score of 13 which indicated he was cognitively intact. (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

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	04/16/2025

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/15/2025 at 2:45 p.m. an observation was made of Resident #68 sitting in his room in his wheelchair with an uncovered urinary drainage bag. Drainage bag cover was observed on the floor next to the resident's wheelchair. On 04/15/2025 at 2:50 p.m. an observation was made of S13CNA entering Resident #68's room and exiting a few minutes later. On 04/15/2025 at 3:30 p.m. Resident #68 was observed outside on the smoking patio with uncovered urinary drainage bag hanging on his wheelchair. On 04/15/2025 at 3:35 p.m. an interview was conducted with S13CNA. She confirmed Resident #68's urinary drainage bag was uncovered and should have been covered. On 04/16/2025 at 2:03 p.m. an interview was conducted with S2DON. She confirmed staff should ensure resident urinary drainage bags are covered in order to maintain the resident's dignity.

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	04/16/2025

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** 43868 Based on interviews and record review, the facility failed to ensure a resident's right to be free from physical abuse and psychosocial harm for 1 (#75) of 2 (#46 and #75) residents reviewed for abuse. The facility failed to ensure Resident #75 was free from physical abuse and psychosocial harm by Resident #46. This deficient practice resulted in a psychosocial harm on 03/03/2025 at 12:12 p.m. when Resident #75 reported to S2DON she did not feel safe in her home after an incident where Resident #46 hit her on the head. Resident #75 did not want to leave her room on 03/04/2025 because she was afraid of Resident #46. Resident #75 reported to Resident #87 that she was being scared when Resident #46 returned from the hospital on 03/10/2025. As a result of the investigation, despite there not being a significant decline in mental or physical functioning for Resident #75, Resident #75 experienced psychosocial harm when she verbalized she was afraid of Resident #46 and wanted to stay in her room after Resident #46 hit her in the head. It could be determined a reasonable person would have experienced psychosocial harm as a result of Resident #46 hitting Resident #75 in the head, since a reasonable person would not expect to be treated in this manner in their own home or a health care facility. Findings: Review of the facility's policy titled Abuse, Neglect, Exploitation and Misappropriation Prevention Program, dated 2001 revealed, in part, the following: Policy Interpretation and Implementation: 1. Protect residents from abuse by anyone including, but not necessarily limited to: 2. Other Residents. Review of the facility's policy titled Recognizing Signs and Symptoms of Abuse/Neglect, dated 2001 revealed, in part, the following: All types of abuse .are strictly prohibited. Policy and Interpretation and Implementation 1. Abuse is defined as willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. 4. The following are signs and symptoms of abuse/neglect . a. Signs of physical abuse 1. Injuries that are non-accidental or unexplained d. Psychological or behavioral signs of abuse or neglect: (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	04/16/2025

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	1. Expression of fear of a person or place . Resident #46 Review of Resident #46's clinical record revealed she was admitted to the facility on [DATE] with diagnoses, which included, Paranoid Schizophrenia, Cognitive Communication Deficit, Bipolar Disorder and Unspecified Dementia. Review of Resident #46's quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 02/26/2025 revealed a BIMS (Brief Interview for Mental Status) score of 7, which indicated severe cognitive impairment. Review of the State Agency Report revealed the following: Event Occurred: 03/03/2025 at 9:55 a.m. Victim: Resident # 75 Accused: Resident # 46 Description: Resident #75 was observed standing in the lobby with her hand on the back of her head and stated she hit me and pointed at Resident #46. Resident #75 verbalized she was fearful of Resident #46. Review of Resident #46's nurses' notes revealed, in part, the following: 03/03/2025 at 10:00 a.m. Resident #46 walked up behind Resident #75 sitting on a couch and proceeded to hit Resident #75 on the head. Resident #46 stated, she is trying to kill everyone, and I am going to take care of her myself. Resident #46 was placed on one on one supervision. Resident #75 Review of Resident #75's clinical record revealed she was admitted on [DATE] with medical diagnoses, which included, Unspecified Dementia and Major Depressive Disorder. Review of Resident #75's quarterly MDS with an ARD of 02/26/2025 revealed she had a BIMS of 4, which indicated severe cognitive impairment. Review of Resident #75's nurses' notes revealed, in part, the following: 03/03/2025 at 11:07 a.m. Resident #75 reported to staff she was hit on the back of the head by Resident #46. Review of Resident #75's Nurse Practitioner notes revealed the following: 03/03/2025 Assessment/Plan: Resident #75 was seen today because she was hit in the back of the head by Resident # 46. Resident #75 verbalized she was fearful of Resident #46. (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	04/16/2025

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 04/15/2025 at 9:21 a.m., an interview was conducted with Resident #75. She stated she did not remember being hit on the head and could not recall the event. On 04/15/2025 at 9:21 a.m., an interview was conducted with S8LPN. She stated on 03/03/2025, staff reported Resident #46 hit Resident #75 in the head. She stated on 03/04/2025, Resident #75 was scared of Resident #46 and wanted to stay in her room. She stated on 03/10/2025 when Resident #46 returned from the hospital Resident #75 appeared nervous and asked her if Resident #46 was going to hurt her again. On 04/15/2025 at 1:17 p.m., an interview was conducted with Resident #87, a cognitively intact resident. She confirmed she shared a room with Resident #75. She stated on 03/03/2025, Resident #75 was sitting on the couch in the activity room and Resident #46 walked behind the couch and hit Resident #75 three times on the head with a closed fist. She stated Resident #75 told her she was scared Resident #46 would hurt her again when Resident #46 returned from the hospital on 03/10/2025. On 04/16/2025 at 11:25 a.m., an interview was conducted with S14DOO. He stated on 03/03/2025 he walked out of the conference room and into the activity room and saw Resident #75 holding her head. He stated Resident #75 pointed to Resident #46 and stated she hit me. On 04/16/2025 at 12:38 p.m., an interview was conducted with S7NP. She stated she was informed on 03/03/2025 that Resident #46 hit Resident #75 on the head. She stated she assessed Resident #46 and Resident #75 on 03/03/2025. She stated Resident #75 did not have any injuries but verbalized she was afraid of Resident #46 on 03/03/2025. On 04/16/2025 at 12:57 p.m., an interview was conducted with S2DON. She stated on 03/03/2025 it was reported Resident #46 hit Resident #75 on the head. She stated Resident # 75 had short term memory loss and was cognitively impaired. She stated initially Resident # 75 verbalized she was scared of Resident #46 but as time progressed, Resident #75 remembered less and less and was no longer fearful of Resident #46. She confirmed being hit on the head would be considered physical abuse and residents should feel safe in their home. On 04/16/2025 at 1:35 p.m., an interview was conducted with S1ADM. He stated he reviewed the video footage from 03/03/2025 and Resident #75 was sitting on the couch and Resident #46 walked behind her. He stated Resident #46's hand was open and he could not tell if she hit Resident #75. He stated Resident #75 then was seen holding her head with her hand and reported Resident #46 hit her on the head. He stated Resident #46 had an acute psychotic episode on 03/03/2025 and therefore he did not think it was physical abuse.

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	04/16/2025

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43868 Based on interviews and record review, the facility failed to ensure resident assessments accurately reflected the residents' status. The facility failed to ensure staff accurately coded the diagnoses of Post-Traumatic Stress Disorder for 2 of 2 (#40 and #87) residents reviewed for PTSD. Findings: Resident #40 Review of Resident #40's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included PTSD. Review of Resident #40's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/18/2024 revealed in part, the following: Section I: Active Diagnoses: Psychiatric/Mood Disorder I6100: PTSD was unchecked. Resident #87 Review of Resident #87's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses which included PTSD. Review of Resident #87's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/15/2025 revealed in part, the following: Section I: Active Diagnoses: Psychiatric/Mood Disorder I6100: PTSD was unchecked On 04/16/2025 at 8:24 a.m., an interview was conducted with S17MDS. She stated she was responsible for completing MDS assessments. She reviewed Resident #40 and #87's diagnoses list, and confirmed both had an active diagnosis of PTSD. S17MDS then reviewed Resident #40 and #87's aforementioned MDS assessments and confirmed the PTSD diagnosis was not marked as present and should have been. On 04/16/2025 at 1:30 p.m., an interview was conducted with S2DON. She stated she expected MDS nurses to complete all assessments to accurately reflect each residents' active diagnoses and current status. 52097

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	04/16/2025

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43868 Based on record review and interviews, the facility failed to ensure a resident received treatment and care in accordance with professional standards of practice by failing to ensure a resident received an appointment with an ENT specialist for 1 (#34) of 2 (#34 and #51) residents reviewed for hospitalization . Review of Resident #34's clinical record revealed he was admitted to the facility on [DATE] with diagnoses which included Traumatic Subdural Hemorrhage and Dysphonia. Review of Resident #34's physician orders revealed in part, the following: 02/18/2025 please refer to a private physician for evaluation of persistent hoarseness. Review of Resident #34's Nurse Practitioner Progress notes revealed in part, the following: 03/05/2025 Referral toa private physician was denied for evaluation. Will refer to a local ENT. An interview was conducted with S10WC on 04/16/2025 at 12:17 p.m. She stated she was informed by the nurses, DON, or NP for any new request for appointments. She reviewed Resident #34's physician order dated 02/18/2025 for a referral to a private physician for evaluation. She confirmed on the top of the physician order, in her writing, it stated referral was denied, does not meet internal guidelines. She stated her normal process was to notify the DON or NP, but stated she could not confirm she notified them of the denied referral. She stated she was notified on 04/10/2025 of the physician order to schedule an appointment for Resident #34 with a local ENT. An interview was conducted with S18NP on 04/16/2025 at 12:38 p.m. She reviewed Resident #34's Nurse Practitioner progress note dated 03/05/2025 and confirmed S19NP noted to refer to a local ENT. She confirmed an appointment should have been made at that time. She stated on 04/10/2025 when Resident #34 presented with shortness of breath, she reviewed Resident #34's clinical record and noted the ENT appointment had not been scheduled. She confirmed during this interview time she reached out to S19NP, and S19NP informed her she could not remember if she gave a verbal order for staff to schedule an ENT appointment on 03/05/2025. An interview was conducted with S2DON on 04/16/2025 at 12:57 p.m. She stated the NP should enter their own orders. She stated the appointment for Resident #34 should have been scheduled prior to 04/10/2025 but they were not aware of the request until 04/10/2025. She confirmed there was not a system in place to check Nurse Practitioner progress notes against physician orders.

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	04/16/2025

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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43868 Based on interviews and record review, the facility failed to ensure residents who are trauma survivors received trauma-informed care and services in accordance with professional standards of practice for 2 of 2 (#40 and #87) residents reviewed with a diagnosis of Post-Traumatic Stress Disorder (PTSD). Findings: Resident #40 Review of Resident #40's Clinical Record revealed he was admitted to the facility on [DATE] with a diagnosis of PTSD. Review of Resident #40's most recent Care Plan revealed Resident #40 was not care planned for PTSD. Review of Resident #40's Psychiatric Note dated 07/17/2024 revealed in part, the following: Nurse reported that Resident #40 has been actively and aggressively responding to internal stimuli, cursing to himself and agitated. He had been yelling at staff and peers, as well. Resident #87 Review of Resident #87's Clinical Record revealed she was admitted to the facility on [DATE] with a diagnosis of PTSD. Review of Resident #87's most recent Care Plan revealed Resident #87 was not care planned for PTSD. On 04/15/2025 at 1:17 p.m., an interview was conducted with Resident #87. She stated her diagnosis of PTSD was from her first husband raping her and her father having tortured and abused her. She stated taking off her clothes in front of males was a trigger and made her feel uncomfortable. On 04/15/2025 at 12:32 p.m., an interview was conducted with S16LPN. She confirmed she was assigned to Resident #40 care. She stated she was not aware of Resident #40 PTSD diagnosis nor interventions to prevent triggers and/or trauma reoccurrence. She stated Resident #40 should have been care planned for PTSD and interventions should have been established through the resident-centered care plan. On 04/16/2025 at 8:24 a.m., an interview was conducted with S17MDS. She stated she was responsible for MDS assessments and care plans. She reviewed Resident #40 and #87's diagnoses list, and confirmed the residents had an active diagnosis of PTSD. S17MDS then reviewed Resident #40 and #87's Care plan and confirmed they were not care planned for the management of PTSD and should have been. (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	04/16/2025

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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 04/16/2025 at 8:46 a.m., an interview was conducted S15SSD. She stated she completed the trauma assessment on admit and quarterly. She stated she was not aware Resident #87 had a history of sexual abuse and mental abuse. She confirmed she never asked Resident #87 why she had the PTSD diagnosis. She stated she did not know why Resident #40 had a diagnosis of PTSD due to being non-interviewable. She confirmed Resident #40 and #87 were not care planned for the management of PTSD and should have been. 52097

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	04/16/2025

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48333 Based on observations, interviews and record review the facility failed to ensure all drugs and biologicals were stored in accordance with currently accepted professional principles. The facility failed to ensure: 1. A multi dose vial of insulin was dated upon opening; and 2. Medication Cart #3 was kept locked when not under direct observation of authorized staff. This deficient practice had the ability to affect any of the 105 residents who received medications in the facility. Findings: Review of the facility's policy, titled Medication Labeling and Storage with a revised date of February 2023 revealed the following, in part: Medication Labeling: 5. Multi-dose vials that have been opened or accessed are dated . 1. On 04/14/2025 at 2:38 p.m., an observation was conducted of Refrigerator in Medication room [ROOM NUMBER] with S11LPN. Observed was an opened and undated multi-dose vial of insulin labeled with Resident #84's name. On 04/14/2025 at 2:40 p.m., an interview was conducted with S11LPN. She confirmed the observation of the opened multi-dose vial of insulin, and stated it should have been dated when opened and was not. 2. On 04/14/2025 at 2:56 p.m., an observation was conducted of Medication Cart #3 left unattended and unlocked in the hallway from 2:56 p.m., until S3LPN returned at 3:05 p.m. On 04/14/2025 at 3:06 p.m., an interview was conducted with S3LPN. She confirmed Medication Cart #3 was left unattended and unlocked while she performed resident care with the resident's door closed, and the cart should have been locked before she walked away. On 04/15/2025 at 2:34 p.m., an interview was conducted with S2DON. She confirmed she expected staff to label and date any multi-dose vial of medication such as insulin upon it being opened. She stated she expected staff to keep all medication carts locked when unattended.

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	04/16/2025

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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46975 Based on observation, record reviews, and interviews, the facility failed to ensure a referral was made to an oral surgeon as ordered for 1 of 1 (#92) resident reviewed for dental services. This deficient practice had the potential to affect any of the 105 residents residing at the facility. Findings: Review of Resident #92's Clinical Record revealed he was admitted to the facility on [DATE] and was diagnosed with a Bacterial Infection on 03/26/2025. Review of Resident #92's Quarterly MDS with an ARD of 02/05/2025 revealed he had a BIMS of 8, which indicated he was moderately cognitively impaired. Review of Resident #92's current Physician Orders revealed the following, in part: 03/31/2025: Please make patient an appointment with oral surgery and endodontist. Pt needs an extraction and a root canal. Ordered by S7NP. Review of Resident #92's current Care Plan revealed the following, in part: Focus: Oral care-has a broken tooth that traps food (more of an aggravation not pain). Interventions: Coordinate arrangements for dental care, transportation as needed/as ordered. Review of Resident #92's Nurse's Notes revealed the following, in part: 03/26/2025 at 2:31 p.m.: Resident returned back to facility via facility transportation from an appointment. Resident returned with an order for amoxicillin 500 mg capsule, take 1 capsule by mouth every 6 hours until finished for a tooth infection. Resident will need to be referred to oral surgery for extractions and local Endodontics for a root canal. Signed by S8LPN. Review of Resident #92's Nurse Practitioner Note dated 03/31/2025 revealed the following, in part: Assessment/Plan 1. Dental Abscess. Patient has been on Amoxicillin since 03/26/2025. Referral wrote for endodontist and oral surgery. Signed by S7NP. On 04/16/2025 at 2:30 p.m., an observation and interview was conducted with Resident #92. He was observed in the restroom brushing his teeth. He stated his tooth on the bottom left side of his mouth was broken. He stated food got stuck in it after he ate and aggravated him. He stated it also made him get a bad taste in his mouth, so he brushed his teeth throughout the day. He stated he wished it could be pulled so it would not bother him anymore. (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	04/16/2025

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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/16/2025 at 12:08 p.m., an interview was conducted with S10WC. She stated she was responsible for making follow up and referral appointments. She stated she was not aware Resident #92 had an order for a referral to oral surgery placed on 03/31/2025. She stated when a referral or follow up appointment needed to be made, the DON would print the order report and give it to her so she could schedule the appointment. She reviewed her printed orders and verified she had no order report for Resident #92's oral surgeon referral. S10WC confirmed she had not made the appointment for Resident #92 to have a tooth extraction and root canal. On 04/16/2025 at 12:51 p.m., an interview was conducted with S7NP. She verified she entered the order on 03/31/2025 for Resident #92 to see an oral surgeon for a root canal and tooth extraction. She stated she would have expected facility staff to have made the appointment when the order was placed. On 04/16/2025 at 1:15 p.m., an interview was conducted with S2DON. She stated when an order was placed for a referral or appointment, she ran an order report at the end of the day, then gave it to S10WC so she could schedule the appointment. She stated if S10WC did not have the printed order report for Resident #92's referral, she would have not known to make the appointment. She confirmed the order report should have been given to S10WC so Resident #92's oral surgeon appointment could have been made.

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	04/16/2025

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 48333 Based on observations, and interviews, the facility failed to store, distribute and serve food in sanitary conditions in accordance with professional standards for food service safety. The facility failed to ensure: 1. Opened food was properly labeled and dated in the refrigerator and freezer of the facility's kitchen; 2. Staff properly sanitized food thermometer when checking food temperatures to prevent cross contamination; 3. Ground beef was served at safe temperatures; and 4. The Air Conditioner (AC) in the kitchen remained in sanitary condition. This deficient practice has the potential to affect 104 residents who were served meals from the facility's kitchen. Findings: 1. Review of the facility's policy, titled Food Receiving and Storage with a revision date of November 2022, revealed the following, in part: Refrigerated/Frozen Storage: 1. all foods stored in the refrigerator or freezer are covered, labeled and dated. During the initial tour of the facility's kitchen with S4DM on 04/14/2025 at 09:30 a.m., the following observations were made of the refrigerator and freezer: 4 bags of green grapes unsealed, unlabeled, and undated 1 large box precooked pancakes opened, unlabeled, and undated 2 large boxes of frozen dough opened, unlabeled, and undated 1 large box of 4 ounce individual cups of vanilla ice cream opened, unlabeled, and undated 1 large box of frozen pie dough sheets opened, unlabeled, and undated 1 box of frozen beef patties opened, unlabeled, and undated 1 container of frozen sliced green onions was unsealed, unlabeled, and undated (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	04/16/2025

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1 three pound container of chocolate syrup opened, unlabeled, and undated 1 package of frozen waffles opened, unlabeled and undated On 04/14/2025 at 09:45 a.m., an interview was conducted with S4DM during the initial tour of the kitchen. She verified the above observations and acknowledged the facility failed to properly store foods. She confirmed all opened food products should be sealed, labeled, and dated. On 04/14/2025 at 10:40 a.m., an interview was conducted with S1ADM. He stated kitchen staff were expected to keep all opened items in the facility's refrigerator and freezer covered, labeled and dated. 2. On 04/14/2025 at 11:30 a.m., an observation was conducted of S5CK obtaining food temperatures prior to serving lunch. She had a coffee mug of ice water and a thermometer. S5CK dipped the thermometer into the ice water and without sanitizing the thermometer she inserted the thermometer into a ground beef patty. S5CK checked the temperature of the ground beef patty which was 95 degrees Fahrenheit, S5CK immediately checked the mashed potatoes without sanitizing the thermometer. On 04/15/2025 at 11:38 a.m., an interview was conducted with S4DM who confirmed the thermometer was not properly sanitized while checking food temperatures between the ground beef patty and the mashed potatoes on 04/14/2025, and should have been. On 04/15/2025 at 11:45 a.m., an interview was conducted with S1ADM. He confirmed he was at the doorway of the kitchen on 04/14/2025 and observed S5CK checking food temperatures. He confirmed she did not properly sanitize the thermometer when checking food temps, and should have. He confirmed that not propperly sanitizing the thermometer could cause cross contamination. 3. On 04/14/2025 at 11:30 a.m., an observation was conducted of S5CK obtaining food temperatures prior to serving lunch. She obtained the internal temperature of a ground beef patty which was 95 degrees Fahrenheit. She removed the ground beef patties from the warming table and placed them on the stove to reheat them. After reheating the ground beef patties, S5CK rechecked the temperatures which read 142 degrees Fahrenheit. On 04/14/2025 at 11:35 a.m., an observation was made of S5CK rechecking the internal temperature of the ground beef patties. The temperature read 142 degrees Fahrenheit. S5CKproceeded to serve residents the ground beef patties. On 04/14/2025 at 11:42 a.m., an interview was conducted with S5CK. She verbalized ground meat should reach an internal temperature of 160 degrees Fahrenheit or higher prior to serving. She confirmed the ground beef patty's temperature was 145 degrees Fahrenheit and should not have been served to residents and was. On 04/15/2025 at 11:45 a.m., an interview was conducted with S1ADM. He confirmed kitchen staff were expected to ensure internal food temperatures were appropriate prior to serving the food. (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	04/16/2025

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. During the initial tour of the facility's kitchen with S4DM on 04/14/2025 at 09:30 a.m., an observation was conducted of the kitchens air conditioner. The AC was a self- contained window unit. The front vent of the AC unit was covered in a thick fluffy gray substance. To the left of the AC unit was a plastic piece which ensured the unit fit in the window. The plastic piece was covered in a spotted black substance. On 04/14/2025 at 9:45 a.m., an interview was conducted with S4DM. She confirmed the AC unit should be maintained clean and sanitary, but was not. On 04/14/2025 at 10:40 a.m., an interview was conducted withS1ADM. He stated the AC in the kitchen should be cleaned by S6MS. He confirmed the AC should be maintained cleaned and sanitized, and was not.

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	04/16/2025

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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 48333 Based on record review and interview the facility failed to submit accurate payroll information for direct care staffing as required. Findings: Review of the Payroll Based Journal (PBJ) Staffing Data Report for Fiscal Year (FY) Quarter (QTR) 1 2025 dated 10/01/2024 through 12/31/2024 revealed triggers for the following: One Star Staffing Rating, Excessively Low Weekend Staffing, No Registered Nurse (RN) Hours, and Failed to have Licensed Nursing Coverage 24 Hours/Day. Further review of the PBJ staffing report revealed the triggers for No RN Hours and Failed to have Licensed Nursing Cover 24 Hours/Day had infraction dates of 12/01/2024 through 12/31/2024. On 04/16/2025 at 9:32 a.m., an interview was conducted with S1ADM. He stated he was responsible for uploading the PBJ reports. He confirmed he did not have a PBJ Final Validation Report for December 2024. He stated the codes for direct care staffing were not transferred over to the PBJ report accurately for December 2024, and should have been.

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	04/16/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45270 Based on observations, interviews, and record reviews the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of infection for 2 of 2 (#77 and #86) resident's reviewed for perineal care. The facility failed to ensure staff performed hand hygiene and proper glove use for Resident #77 and Resident #86 during perineal care. Findings: Review of the facility's policy titled, Perineal Care with a revision date of 02/2018, revealed the following, in part: Purpose: The purpose of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation . Steps in the Procedure: 2. Wash and dry your hand thoroughly. 7. Put on gloves. For a male resident: b. Wash perineal area starting with urethra and working outward. f. Continue to wash the perineal area including the penis, scrotum, and inner thighs. m. Wash and rinse the rectal area thoroughly, including the area under the scrotum, the anus, and the buttocks. 10. Remove gloves and discard . 11. Wash and dry your hands thoroughly. 12. Reposition the bed covers. 13. Place the call light within easy reach of the resident. 16. Wash and dry your hands thoroughly. Resident #77 Review of Resident #77's Clinical Record revealed he was admitted to the facility on [DATE]. Review of Resident #77's Care Plan revealed the following, 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	04/16/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Problem: 03/26/2025-Incontinence, incontinent of bowel and bladder. Intervention: Assist with perineal cleansing as needed. On 04/15/2025 at 9:00 a.m., an observation was made of S12CNA performing perineal care for Resident #77. Without performing hand hygiene, S12CNA donned clean gloves, closed the room door, picked up the bed remote, and elevated the head of the bed. S12CNA unfastened Resident #77's brief and stated Resident #77 had a bowel movement and urinated. Wearing the same gloves, S12CNA opened a clean brief, opened a pack of wipes, removed two perineal wipes and sprayed them with perineal spray. S12CNA cleaned urine and feces from Resident #77's perineal area. Wearing the same gloves, S12CNA removed two more perineal wipes from the pack of wipes and cleaned feces from Resident #77's perineal area. S12CNA removed the soiled brief, wiped crumbs off Resident #77's pad and placed the soiled brief in a trash can. Wearing the same gloves, S12CNA placed the clean brief underneath Resident #77, opened the nightstand drawers, opened a pack of barrier cream and applied to Resident #77's left hip. Resident #77 turned to his back, S12CNA positioned the clean brief and fastened the brief's left tab. S12CNA assisted Resident #77 to turn to the left side and fastened the brief's right tab. S12CNA removed the soiled gloves, adjusted the resident's pillow, his shirt and covered him with the bed linens. S12CNA picked up the bed remote, adjusted Resident #77's head of bed, lowered the bed to the floor, opened the room door, repositioned the resident's wheelchair and call light within reach. S12CNA removed the trash bag from the trash can, held it in her left hand and exited Resident #77's room. S12CNA walked down the hall to the soiled utility room and placed the trash bag in a yellow barrel and then sanitized her hands. On 04/15/2025 at 9:12 a.m., an interview was conducted with S12CNA. S12CNA confirmed the above observations and stated she should have performed hand hygiene and changed her gloves when going from dirty to clean. She confirmed she should not have touched items in the resident's room with soiled gloves or prior to performing hand hygiene. Resident #86 Review of Resident #86's Clinical Record revealed he was admitted to the facility on [DATE]. Review of Resident #86's Care Plan revealed the following, in part: Problem: 08/02/2024-Incontinence, always incontinent of bowel and bladder. Intervention: Check at least every 2 hours and PRN for Incontinence. Wash, rinse, and dry soiled areas. (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	04/16/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/15/25 at 9:30 a.m., an observation was made of S13CNA performing perineal care for Resident #86. S13CNA donned clean gloves and unfastened resident's brief and stated Resident #86 had a bowel movement and had urinated. With the same gloves S13CNA opened the perineal wipes and proceeded to clean urine and feces from Resident #86's perineal area. With the same gloves, S13CNA removed several more perineal wipes from the pack of wipes, sprayed them with perineal spray, and continued to clean feces from Resident #86's perineal area. Wearing the same gloves, S13CNA removed the soiled brief and placed it and the dirty pad in a trash can. With the same gloves, S13CNA opened a clean brief and placed the clean brief and clean pad under Resident #86. S13CNA positioned the clean brief and fastened the brief's tabs. Resident #86 was turned to his other side and S13CNA, wearing the same gloves, fastened the brief's second set of tabs. Wearing the same gloves, S13CNA continued to put clean clothes on Resident #86. Wearing the same gloves, S13CNA proceeded to change Resident #86's bed linens. On 04/15/2025 at 10:00 a.m., an interview was conducted with S13CNA. S13CNA confirmed the above observations and stated she should have performed hand hygiene and changed her gloves when going from dirty to clean. On 04/15/2025 at 2:00 p.m., an interview was conducted with S2DON. S2DON was made aware of the above findings. S2DON stated staff should perform hand hygiene before providing care, when going from dirty to clean, and at the end of care. S2DON stated staff should change their gloves after providing perineal care, when soiled, and prior to going to clean again. S2DON stated staff should not touch items in a resident's room with soiled gloves or prior to performing hand hygiene. 47546