

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195516	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER Camelot Leisure Living		STREET ADDRESS, CITY, STATE, ZIP CODE 6818 Highway 84 West Ferriday, LA 71334	

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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47004</p> <p>Based on observation and interview the facility failed to ensure that each Resident was treated with respect and dignity in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life for 2 (#32 and #19) of 2 Residents reviewed for dignity. The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Resident #32, who was seated at a table with another Resident, was served his meal at the same time; and 2. Resident #19 was free from facial hair. <p>Findings:</p> <p>Review of the facility's policy titled Quality of Life- Dignity dated 01/15/2025 read in part . Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect, and individually. 1. Residents shall be treated with dignity and respect at all times. 3. Residents shall be groomed as they wish to be groomed (hair styles, nails, facial hair, etc.).</p> <p>Resident #32</p> <p>Observation on 02/18/2025 at 11:58 a.m. revealed all residents seated in the dining room with the exception of Resident #32 had been served their lunch meal tray.</p> <p>Interview on 02/18/2025 at 11:58 a.m. with S15 CNA revealed Resident #32 had not been served lunch, because the kitchen did not prepare his tray. S15 CNA stated they had requested Resident #32's lunch tray several times from the kitchen, but were still waiting.</p> <p>Interview on 02/18/2025 at 12:05 p.m. with Resident #32 revealed he had been seated at table in dining room since 11:50 a.m., and had not received his lunch tray. Observation revealed Resident #32 was seated at the same table as a female resident, who had received her lunch tray, and was eating her meal. Resident #32 stated he was tired of waiting, and the kitchen always served his meal late.</p> <p>Observation on 02/18/2025 at 12:10 p.m. revealed S5 ADON presented to the kitchen and requested Resident #32's lunch tray. Kitchen staff replied they were working to prepare Resident #32's tray.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 02/18/2025 at 12:14 p.m. revealed S5 ADON received Resident #32's tray from the kitchen staff and served Resident #32 his tray.</p> <p>Interview on 02/18/2025 at 12:14 p.m. with S5 ADON revealed Resident #32 should not have had to wait that long to be served. S5 ADON confirmed all residents seated together at a table should be served at the same time, but had not.</p> <p>46773</p> <p>Resident #19</p> <p>Review of Resident #19's medical records revealed an admitted [DATE] with diagnoses that included: Dysarthria following Unspecified Cerebrovascular Disease, Hypoparathyroidism, Unspecified Cognitive Communication Deficit, Type 2 Diabetes Mellitus without complications, Major Depressive Disorder, Cerebral Infarction, and Dysphagia.</p> <p>Review of Resident #19's Quarterly MDS with ARD of 12/24/2024 revealed a BIMS of 13 indicating intact cognition. Resident #19 required partial to moderate assistance with personal hygiene.</p> <p>Observation and interview on 02/17/25 at 10:18 a.m. with Resident #19 revealed long facial hair to her chin and neck area. Resident #19 stated she did not like the long hair on her face, and had asked staff to shave her, but was told they are afraid to cut her.</p> <p>Observation and interview on 02/18/2025 at 11:20 a.m. with Resident #19 revealed long facial hair to her chin and neck area. Resident #19 stated she had been cleaned up this morning, but no one had shaved her. Resident #19 stated she would like to be shaved.</p> <p>Interview on 02/18/2025 at 11:29 a.m. with S10 LPN confirmed Resident #19's hair on her chin and neck are was long and needed to be shave, but had not been.</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46773</p> <p>Based on interview and record review, the facility failed to consult with the resident's physician when there was a significant change in the resident's physical status for 1 (#72) of 3 (#49, #71, and #72) closed records reviewed.</p> <p>Findings:</p> <p>Record Review on 02/20/2025 of the facility's policy dated 01/15/2025 titled Change in Resident's Condition or Status read in part Policy statement: Our facility shall promptly notify the resident, his or her attending Physician, and representative of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, residents rights, etc.) Policy: 1.The nurse will notify the resident's Physician or physician on call when they there has been a (an):</p> <p>a. Accident or incident involving the resident</p> <p>d. Significant change in resident's physical/emotional/mental condition.</p> <p>Review of Resident #72's medical record revealed an admitted [DATE] with diagnoses that included: Heart Failure, Coronary Angioplasty Implant and Graft, Essential Hypertension, Type 2 Diabetes Mellitus, and Dementia.</p> <p>Review of Resident #72's nurse's notes read in part .</p> <p>12/21/2024 at 12:10 p.m. S22 CNA called for assistance and stated Resident was fine one minute and talking then he began to twitch and became unresponsive. S21 Charge Nurse was notified and stated, He does this, he's been sent out for it before, but nothing was found wrong. It is because of his blood pressure. He does not need to be sent out to the hospital. He'll be fine. B/P 92/69, P 63, R16, O2 97. Resident came around/alert. S21 Charge Nurse feeding Resident #72. Resident responding/talking. Resident experienced syncope episode. Monitoring continued.</p> <p>Interview on 02/19/2025 at 4:16 p.m. with S2 DON revealed she was not made aware of the episode that occurred with Resident #72 on 12/21/204.</p> <p>Telephone interview on 02/19/2025 at 4:55 p.m. with S19 MD revealed he could not recall if he was notified of incident with Resident #72 on 12/21/2024, and could not say if he would have sent Resident #72 out for evaluation or not.</p> <p>(continued on next page)</p>

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 02/19/2025 at 4:45 p.m. with S20 LPN revealed she was the nurse that cared for Resident #72 on 12/21/2024. S20 LPN stated she was notified by S22 CNA that Resident #72 had a change in condition. S20 LPN stated she observed Resident #72 in bed with his eyes closed, and he was not responding to verbal stimuli, but was breathing. S20 LPN stated she notified S21 Charge Nurse and he was able to get a response from Resident #72 after a sternal rub. S20 LPN stated S21 Charge Nurse told her that Resident #72 had done this before, and that he did not need to be sent out to the hospital. S20 LPN stated that she did not notify the physician of the change in condition for Resident #72 on 12/21/2024.</p> <p>Interview on 02/20/2025 at 9:00 a.m. with S21 Charge Nurse revealed he was the charge nurse at the facility on 12/21/2024 and 12/22/2024. S21 Charge Nurse stated that he was notified by S20 LPN on 12/21/2024 that resident #72 was unresponsive. S21 Charge Nurse stated he went into the room and performed a sternal rub and Resident #72 responded. S21 Charge Nurse stated he did not call the physician because resident #72 was responsive and he felt that Resident #72 was at his baseline.</p> <p>Interview on 02/20/2025 at 9:29 a.m. with S22 CNA stated she went to change Resident #72 on 12/21/2024 and he was not moving, so she notified the nursing staff. S22 CNA stated after S21 Charge Nurse performed a sternal rub, Resident #72 became responsive. S22 CNA stated she was told that Resident #72 had had these episodes before. S22 CNA stated Resident #72 was sleepy, not eating, and was not acting like his normal self that day.</p> <p>Interview on 02/20/2025 at 11:05 a.m. with S2 DON revealed she could not confirm if the physician should have been called or not because S21 Charge Nurse made an assessment and determined that Resident #72 was at his baseline.</p>		

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>51596</p> <p>Based on observation, interview, and record review, the facility failed to ensure the security and confidentiality of medical records.</p> <p>Findings:</p> <p>On 02/20/2025, review of the facility's policy entitled Electronic Medical Records dated 12/23/2024 revealed, in part .computer screens with resident's information will be placed in privacy mode or covered when the employee is not present.</p> <p>Observation on 02/19/2025 at 9:02 a.m. revealed Cart A in Hall A with the electronic medical record (EMR) screen open and visible. There was no employee present. The surveyor remained with Cart A until a staff member approached Cart A. The staff member identified herself as S7LPN.</p> <p>An interview on 02/19/2025 at 9:15 a.m. with S7LPN confirmed she was currently using Cart A to provide medications to residents on Hall A. S7LPN confirmed the computer screen with resident's information was not closed when she was away from the medication cart, but should have been.</p> <p>An interview 02/19/2025 at 9:40 a.m. with S6ADON confirmed computer screens with resident information should be closed and not visible when staff was not present.</p> <p>An interview on 02/19/25 at 10:09 a.m. with S5ADON confirmed computer screens with resident information should be closed and not visible when staff was not present.</p>

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51596</p> <p>Based on interview and record review, the facility failed to complete a Discharge Minimum Data Set (MDS) assessment upon discharge for 1 (Resident #28) of 1 resident sampled for Resident Assessment.</p> <p>Findings:</p> <p>Record review revealed Resident #28 was admitted on [DATE] and discharged on [DATE].</p> <p>Review of Resident #28's MDS record revealed no Discharge MDS assessment.</p> <p>An interview on 02/19/2025 at 1:00 p.m. with S6ADON confirmed she was responsible for completion of MDS assessments. S6ADON confirmed she did not complete a Discharge MDS assessment when Resident #28 was discharged , but should have.</p> <p>An interview on 02/19/2025 at 2:52 p.m. with S6ADON revealed she had submitted a Discharge MDS assessment for Resident #28. She provided a CMS Submission Report dated 02/19/2025 at 3:46 p.m. which revealed, in part .Target date of 12/14/2024 .assessment completed late, more than 14 days after the Assessment Reference Date (ARD).</p>

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47004</p> <p>Based on record review and interview the facility failed to complete a significant change MDS within 14 calendar days after determining there was a significant change in residents status for 1 (#7) of 35 sampled resident's. Findings:</p> <p>Record Review of the facility's current policy titled MDS dated [DATE] read in part . Our facility will complete, conduct, and submit resident assessments in accordance with current federal and state submission timeframes.</p> <p>Record Review of Resident #7's medical record revealed an admitted [DATE]. Resident #7 had diagnoses that included in part . Parkinson's Disease, Unspecified Psychosis, and Depression.</p> <p>Record Review of a MDS State Optional Assessment with ARD of 12/17/2024 revealed Resident #7's BIMS was not assessed, due to being rarely understood. Resident #7 was dependent on staff with 2 person physical assistance required for Bed Mobility, Transfers, and Toileting, and 1 person physical assistance required for Eating.</p> <p>Record Review of Resident #7's paper chart revealed a written order dated 02/03/2025: Admit resident to hospice services.</p> <p>Record Review of Resident #7's Care Plan with target review date of 03/17/2025 revealed Resident had a psychosocial well-being problem related to anxiety with and intervention of: Hospice to visit resident. - Initiation date of 02/05/2025.</p> <p>Record Review of Resident #7's MDS assessments revealed no evidence that a significant change MDS had been completed, or was in progress, following her admission to hospice on 02/03/2025.</p> <p>Interview on 02/19/2025 at 1:23 p.m. with S6 ADON revealed she was responsible for resident care plan revisions and MDS assessments. S6 ADON revealed Resident # 7 was currently on hospice as of 02/03/2025. S6 ADON confirmed a Significant Change MDS had not been completed yet for Resident #7, and should have been within 14 days of her admission to hospice.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51596</p> <p>Based on observation, interview, and record review the facility failed to provide services that meet professional standards of quality. The facility failed to revise the care plan interventions to prevent development of a wound for 1 (Resident #43) of 3 residents (Resident #10, Resident #43, and Resident #223) sampled for skin conditions.</p> <p>Findings:</p> <p>Review of the facility's policy entitled Care Plans, Comprehensive Person-Centered dated 01/15/2025 revealed, in part, the Interdisciplinary Team (IDT) develops and implements a comprehensive, person-centered care plan for each resident. The care plan will describe the services that are furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change.</p> <p>Record review revealed Resident #43 was admitted on [DATE] with diagnoses including, in part, Hemiplegia and Hemiparesis following a Cerebral Infarction.</p> <p>Review of Resident #43's Quarterly MDS with ARD of 12/31/2024 revealed, in part, the resident had limited ROM to the upper and lower extremities on one side. The resident was dependent for eating, all hygiene, dressing, and transfers. Resident #43's primary diagnosis was Cerebrovascular accident (CVA) with Hemiplegia. Resident #43 was at risk for development of pressure injuries. Resident #43 was not receiving any therapies or treatments.</p> <p>Review of Resident #43's current physician orders revealed, in part, an order dated 05/01/2023 for the nurse to ensure nail care is performed daily.</p> <p>Review of Resident #43's 02/2025 Treatment Administration Record revealed, in part, daily documentation of nail care being ensured.</p> <p>Review of Resident #43's current Care Plan revealed, in part, risk for impaired skin integrity and need for preventative measures related to contractures and impaired mobility initiated on 03/09/2021. Interventions included, in part, assess skin over bony prominences, and skin checks per facility policy initiated on 04/05/2021. Resident #43 was not care-planned for use of a hand roll or other pressure relieving device related to contracture of hand.</p> <p>Review of Resident #43's progress notes revealed no documentation of current skin impairment.</p> <p>Observation of Resident #43 on 02/18/2025 at 12:06 p.m. revealed contracted right hand with no hand roll or other pressure prevention device.</p> <p>Observation of Resident #43 on 02/19/2025 at 09:02 a.m. accompanied by S7 LPN revealed purple discoloration to right palm where 5th digit presses into palm. Dark red substance crusted to right palm and between 3rd, 4th, and 5th digits of the right hand. Resident #43 resisted further examination. S7 LPN stated she did not think Resident #43 was care-planned for a hand roll.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation of Resident #43 on 02/19/2025 at 9:40 a.m. accompanied by S6 ADON, S8 LPN, and S5ADON revealed an open wound with reddish-pink drainage to the palm of resident's contracted right hand, where 5th digit pressed into palm. A dry, dark red substance was noted to the resident's palm and between the 3rd, 4th, and 5th digits of the right hand. S6 ADON confirmed Resident #43 did not have an order for a hand roll. She stated the facility attempted to use a hand roll in the past, but were unable because of how tightly Resident #43's right hand was clenched.</p> <p>An interview was conducted 02/19/2025 at 11:26 a.m. with S9 NP who confirmed there was a wound to Resident #43's right palm.</p> <p>Review of Progress Note dated 02/19/2025 at 09:15 p.m. per S9 NP revealed, in part, .due to right hand/fingers contracted, appears fingernail has caused skin tear to palm of hand.</p> <p>Review of Physician's Telephone Order for Resident #43 dated 02/19/2025 revealed an order to cleanse skin tear to palm of right hand with wound cleanser, pat dry, apply triple antibiotic ointment, apply rolled gauze to right hand as tolerated every day, Occupational Therapy (OT) to screen, and consult wound care.</p> <p>Review of Incident/Accident Reporting Form for Resident #43 dated 02/19/2025 revealed, in part, .on 02/19/2025 at 9:20 a.m. S6 ADON observed a skin tear to resident's right palm under resident's pinky finger . resident has contractures to right hand unable to apply hand roll. On 02/19/2025 at 11:20 a.m. S6 ADON noted, in part, the NP stated .appears to be a skin tear from .clenching hand.</p> <p>Review of Multidisciplinary Screen Form dated 02/19/2025 completed by OT revealed NP recommendation to place a 4x4 gauze under the 5th digit to prevent skin breakdown.</p> <p>Observation of Resident #43 on 02/20/2025 at 10:15 a.m. revealed a folded gauze to contracted right hand, between the 5th digit and the palm.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</p> <p>Based on observation, interviews and record review the facility failed to ensure the resident's environment remained as free of accidents/ hazards as possible for 1 (#13) resident reviewed for accidents. The facility failed to repair a crack in the parking lot's concrete which resulted in a fall for Resident #13. Total sample size was 35.</p> <p>Findings:</p> <p>Review of Resident #13's medical record revealed an admitted [DATE] with diagnoses which included in part .Chronic Systolic (Congestive) Heart Failure, Pain Unspecified, Cognitive Communication Deficit, Unspecified Lack of Coordination, and Muscle Weakness.</p> <p>Review of Resident #13's Quarterly MDS with ARD of 12/29/2024 revealed Resident #13 had a BIMS score of 9 indicating moderate cognitive impairment. Resident #13 required supervision or touching assistance for walking 10 feet and partial/moderate assistance for walking 150 feet. The MDS indicated Resident #13's ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor) should not be attempted due to a medical condition or safety concerns.</p> <p>Review of Resident #13's Care Plan with a target date of 04/15/2025 revealed in part .Resident is at risk for impaired vision with approaches that included: Keep environment free of small objects and clutter. Actual falls related to impaired balance, and unsteady gait with approaches that included in part .transfer per wheelchair to van, Physical Therapy to screen and staff education.</p> <p>Interview on 02/17/2025 at 9:15 a.m. with Resident #13 revealed she had fallen outside in the facility's parking lot.</p> <p>Review of an incident report dated 02/13/2025 at 9:10 a.m. by S6 ADON revealed in part .S25 CNA reported that Resident #13 had fallen outside in the parking lot. Resident #13 was ambulating per walker and stepped in a pot hole. I observed Resident #13 sitting on her knees in the parking lot over a pot hole. There was water in the pot hole. Redness noted to bilateral knees. Resident complained of 3/10 pain. Resident was assisted into a wheelchair out of the water.</p> <p>Review of a nurse's progress note dated 02/13/2025 at 9:12 a.m. revealed MD notified, new orders noted to send Resident to the emergency room for evaluation and treatment (X-Rays).</p> <p>Interview on 02/18/2025 at 12:59 p.m. with S2 DON revealed on 02/13/2025 at 9:10 a.m. S25 CNA and S26 CNA/Transportation were taking Resident #13 and another resident to a scheduled doctor's appointment. S2 DON revealed Resident #13 was ambulating to the nursing home van with a rolling walker. S2 DON revealed there was an uneven area of concrete in the parking lot filled with rain water, close to where the van was parked. S2 DON revealed Resident #13's rolling walker went into the uneven (cracked concrete) and fell to her knees. S2 DON revealed Resident #13 had redness to bilateral knees and was sent to the hospital for evaluation. S2 DON revealed Resident #2 had no injuries.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 02/18/2025 at 1:05 p.m. of the facility's front parking lot with S2 DON revealed a large area of cracked concrete which had created a hole. S2 DON confirmed at present the cracked uneven concrete in the front parking lot had not been repaired and was unsafe.</p> <p>Interview on 02/19/2025 at 11:03 a.m. with S1 Administrator revealed the cracked uneven area of the front parking lot of the facility had been repaired that morning (02/19/2025). S1 Administrator confirmed he and maintenance were responsible for checking the parking lot for any disrepair or hazards.</p> <p>Interview on 02/19/2025 at 11:15 a.m. with S4 Maintenance Supervisor revealed all employees were responsible for ensuring the parking lot was safe.</p> <p>Interview on 02/19/2025 at 2:39 p.m. with S25 CNA revealed on 02/13/2025 she was in the front parking lot of the facility when Resident #13 had fallen. S25 CNA revealed when she turned around Resident #13 was on her knees on the ground. S25 CNA revealed an employee had fallen in the same hole previously.</p> <p>Interview on 02/19/2025 at 2:49 p.m. with S26 CNA/Transportation revealed on 02/13/2025 he was assisting Resident #13 to the van in the front parking lot. S26 CNA/Transportation revealed Resident #13 stepped in a crack in the concrete and fell to her left knee then to her right knee.</p>		

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NAME OF PROVIDER OR SUPPLIER Camelot Leisure Living		STREET ADDRESS, CITY, STATE, ZIP CODE 6818 Highway 84 West Ferriday, LA 71334	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</p> <p>Based on observation, interview and record review the Facility failed to provide respiratory care consistent with professional standards for 3 (Resident #10, Resident #17 and Resident #273) of 35 residents reviewed for respiratory care. The Facility failed to ensure respiratory equipment was properly changed, labeled and stored.</p> <p>Findings:</p> <p>Review of a Facility Policy titled Oxygen Administration with a revision date of 12/02/2024, revealed in part .</p> <p>All safety precautions and care of equipment shall be performed according to recommended State and Federal guidelines and facility procedures.</p> <p>Prefilled humidifier bottles and nasal cannulas/masks will be changed every week and PRN. All tubing and bottles are to be labeled each week when changed. When the tubing I not being used, it should be stored properly in a zip lock bag. Humidifiers are not required but are permitted with oxygen flow of 1-2 LPM.</p> <p>Resident #273</p> <p>Review of Resident #273's medical record revealed an admitted [DATE] with diagnoses that included: Chronic Obstructive Pulmonary Disease, Pulmonary Fibrosis, Type 2 Diabetes Mellitus, and Human Immunodeficiency Virus.</p> <p>Review of Resident #273's Medication Administration Record dated 02/2025 revealed in part .Budesonide inhalation Suspension 0.5 MG/2ML (breathing treatment) 1 inhalation two times a day related to Chronic Obstructive Pulmonary Disease. Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML (breathing treatment) 1 inhalation three times a day related to Chronic Obstructive Pulmonary Disease.</p> <p>Review of Resident #273's care plan with a target date of 05/08/2025 revealed in part .Impaired Gas Exchange related to Chronic Obstructive Pulmonary Disease with approaches that included: Administer medications as ordered, Administer oxygen therapy as ordered.</p> <p>Observation and interview on 02/17/2025 at 9:57 a.m. revealed Resident #273 sitting in a recliner in her room. A nebulizer mask was lying uncovered on top of Resident #273's refrigerator. Resident #273 revealed she received breathing treatments via the nebulizer mask.</p> <p>Observation and interview on 02/17/2025 at 10:00 a.m. with S24 LPN revealed Resident #273 received breathing treatments via the nebulizer mask. S24 LPN confirmed Resident #273's nebulizer mask was lying on top of her refrigerator uncovered, and it shouldn't have been.</p> <p>51503</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #10</p> <p>Review of Resident #10's medical record revealed an admitted [DATE] with diagnoses that included in part . Dementia, Unspecified Severity, without Behavioral Disturbance, (Congestive) Heart Failure, Acute Respiratory Failure with Hypoxia, Dyspnea, and Shortness of Breath .</p> <p>Review of Resident #10's Modification of Quarterly and State Optional MDS with ARD of 11/12/2024 revealed a BIMS score of 14, which indicated cognition was intact, and resident received oxygen therapy. Resident #10 required total dependence with one person physical assist for bed mobility and required total dependence with two persons physical assist for transfers.</p> <p>Review of Resident #10's current physician orders revealed in part . -Change oxygen and nebulizer tubing weekly on Thursday every night shift with a start date of 01/30/2025 . -Oxygen per nasal cannula at 3LPM continuously every twelve hours related to acute respiratory failure with hypoxia with a start date of 09/01/2024 .</p> <p>Review of Resident #10's care plan with an initial date of 08/20/2024 revealed in part .a focus of altered respiratory status/difficulty breathing with interventions included change oxygen and nebulizer tubing weekly on Thursday, provide oxygen as ordered-oxygen per nasal cannula at 3LPM continuously with an initiated date of 08/20/2024.</p> <p>Observation and interview on 02/17/2025 at 10:50 a.m., revealed Resident #10 with oxygen in progress at 3 LPM, no humidified bottle attached to the oxygen and no date on the oxygen tubing. Resident stated she wears her oxygen at all times.</p> <p>Observation and interview on 02/18/2025 at 12:10 p.m., revealed Resident #10's oxygen in progress with no humidifier bottle attached and undated oxygen tubing. Observed an unopened, bagged humidifier bottle on the bedside table, not in use.</p> <p>Observation and interview on 02/18/2025 at 12:39 p.m. with S24 LPN stated Resident #10 had orders for continuous oxygen and sometimes she had a humidifier bottle and sometimes she does not. S24 LPN stated that the facility staff change out the oxygen tubing, label, and date the tubing and humidifier bottles when ordered. S24 LPN was not sure if Resident #10 required humidified oxygen. S24 LPN confirmed Resident #10 did not have a humidifier bottle for her continues oxygen and the oxygen tubing was not dated.</p> <p>In an interview on 02/19/2025 at 9:35 a.m., S2 DON revealed that oxygen/nebulizer tubing should be labeled and stored in a bag when not in use. The nursing staff change the nebulizer/oxygen tubing and label bags weekly on Thursdays. S2 DON stated that residents with oxygen orders of less than 2 liters per minute do not require a humidifier bottle for oxygen usage. S2 DON confirmed residents with orders oxygen therapy of 2 liters per minute or above required a humidifier bottle during oxygen therapy.</p> <p>In an interview on 02/19/2025 at 1:45 p.m., S2 DON confirmed Resident #10 should've had a humidifier bottle attached to her oxygen.</p> <p>Resident #17</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #17's medical record revealed an admitted [DATE] with diagnoses that included in part . Persistent Asthma with (Acute) Exacerbation, Anxiety Disorder, Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, and Acute Respiratory Failure with Hypercapnia .</p> <p>Review of Resident #17's Quarterly and State Optional MDS with ARD of 01/07/2025 revealed a BIMS score of 15, which indicated cognition was intact, and resident received oxygen therapy. Resident #17 required total dependence with one person physical assist for bed mobility and required total dependence with two persons physical assist for transfers.</p> <p>Review of Resident #17's current physician orders revealed in part . -Change oxygen and nebulizer tubing weekly on Thursday every night shift with a start date of 01/30/2025 . -Oxygen per nasal cannula at 2LPM continuously every twelve hours related to severe persistent asthma with acute exacerbation with a start date of 09/03/2024 . -Ipratropium-Albuterol Nebulization Solution 0.5-2.5(3)mg/3ml dose inhale orally four times a day related to severe persistent asthma with acute exacerbation with a start date of 09/03/2024 .</p> <p>Review of Resident #17's care plan with an initial date of 01/18/2025 and a next review date of 04/18/2025 revealed in part .a focus of impaired gas exchange related to ineffective air clearance with interventions included administer oxygen therapy as ordered and provide breathing treatment as ordered with an initiated date of 01/18/2025 .</p> <p>On 02/17/2025 at 10:15 a.m., observed Resident #17's oxygen tubing on the resident's bedroom floor, un-bagged, and unlabeled. Observed Resident #17's nebulizer mask placed directly on the bedside dresser drawer, un-bagged, and undated.</p> <p>In an interview and observation on 02/17/2025 at 10:20 a.m., S10 LPN confirmed Resident #17's oxygen tubing and nebulizer mask should be in a bag and that both the nebulizer and oxygen items should be stored/labeled correctly and was not.</p> <p>In an interview on 02/19/2025 at 9:35 a.m., S2 DON revealed that nursing staff are ordered to change the nebulizer/oxygen tubing and bags weekly on Thursdays. S2 DON confirmed that all oxygen and nebulizer tubing should be labeled and stored in a bag when not in use.</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>47004</p> <p>Based on observation and interview the facility failed to post nurse staffing information on a daily basis that included the resident census, and total number and actual hours worked by RNs, LPNs and CNA staff directly responsible for resident care per shift. The facility census was 64.</p> <p>Findings:</p> <p>Observation on 02/17/2025 at 12:30 p.m. revealed a form for Daily Nursing Census dated 02/17/2025 was posted on a bulletin board near the nurse's station. Daily staffing hours required, and daily staffing hours provided were not posted on the form.</p> <p>Observation on 02/18/2025 at 9:51 a.m. revealed a form for Daily Nursing Census dated 02/18/2025 was posted on a bulletin board near the nurse's station. Daily staffing hours required, and daily staffing hours provided were not posted on the form.</p> <p>Observation on 02/18/2025 at 12:49 p.m. revealed forms for Daily Nursing Census dated 02/10/2025-02/18/2025 did not have daily staffing hours required and daily staffing hours provided documented on the forms.</p> <p>Interview on 02/18/2025 at 12:55 p.m. with S2 DON to review 02/10/2025- 02/18/2025 Daily Nursing Census forms, S2 DON confirmed the facility did not post daily nursing hours required and daily nursing hours provided, only the total amount of nurses and CNA's scheduled for each shift. S2 DON confirmed the facility kept up with daily hours provided and required, but confirmed the facility did not post that information.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>51596</p> <p>Based on observation, interview, and record review the facility failed to ensure drugs were stored in accordance with currently accepted professional principles by:</p> <ol style="list-style-type: none"> 1. Failing to ensure an insulin vial was labeled with the date it was opened; 2. Failing to maintain accurate and complete documentation for medications in the emergency kit; 3. Having a loose pill in 1 (Cart A) of 1 medication cart checked for safe and secure storage; 4. Failing to ensure expired medications were not available for use; 5. Failing to document administration of controlled substances; 6. Failing to ensure a narcotic record included the strength of the medication; and 7. Failing to discard a controlled substance when it was discontinued. <p>Findings:</p> <p>Review of the facility's policy entitled Insulin Administration dated 01/15/2025 revealed, in part .if opening a new vial, record the expiration date and time on the vial, and follow the manufacturer's recommendations for expiration after opening. Lantus insulin vials expire 28 days after opening.</p> <p>Review of the facility's undated policy entitled Emergency Medication Kit revealed, in part .when an emergency or stat medication is needed, the nurse breaks the container's seal and removes the prescribed medication. The nurse records the name of the medication, strength, quantity taken, date, the name of the resident, name of the physician, and the nurse's signature. A new seal is placed on the kit after the replacement medication has been added.</p> <p>Review of the facility's policy entitled Administering Oral Medications revised on 01/15/2025 revealed, in part . select the drug from the unit dose drawer or stock supply. Check the label on the medication and confirm the medication name and dose with the medication administration record. Check the expiration date on the medication. Expired medication should be turned in to your supervisor for medication destruction.</p> <p>Review of the facility's policy provided on 02/19/2025 at 1:44 p.m. and entitled Controlled Substances dated 01/15/2025 revealed, in part .a resident's controlled substance record must include the name and strength of the medication, the number on hand, the time of administration, and the signature of the nurse administering the medication.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's policy provided on 02/19/2025 at 3:06 p.m. and entitled Controlled Substances dated 01/15/2025 revealed, in part .the DON shall investigate any discrepancies in narcotics reconciliation. When a controlled substance is discontinued, the nurse will bring the medication to the DON. The controlled medication will be placed into a locked closet until the medication is destroyed.</p> <p>#1</p> <p>Observation of the medication storage room on 02/19/2025 at 11:50 a.m. with oversight from S5 ADON revealed an opened undated vial of Lantus in the medication refrigerator. An interview was conducted with S5 ADON at this time. She confirmed vials of insulin should be labeled with the date they are opened and discarded 28 days after opening. S5 ADON confirmed the Lantus was not labeled with the date it was opened, but should have been.</p> <p>#2</p> <p>Observation of the facility's emergency kit (E-Kit) revealed the box was locked with seal/tag #0138033. Review of the facility's E-Kit Log dated February 2025 revealed, in part, the current tag # was #0138086/1143910 applied on 02/18/2025 by S2 DON. Further review of the E-Kit Log revealed documentation of the strength of the medication, quantity taken or added, and the name of the physician were not included on the log. An entry dated 02/12/2025 did not include the name of the medication removed. An interview was conducted with S5 ADON at this time who confirmed the tag # on the E-Kit should match the most recent tag # on the E-Kit Log. S5 ADON confirmed the tag on the E-Kit does not match the tag # documented on the E-Kit Log, but should. In interview was conducted with S2 DON at this time who confirmed she did document tag #0138086/1143910 on 02/18/2025 on the E-Kit log. S2 DON confirmed the tag on the E-Kit was not the same tag # documented on the E-Kit Log, but should be.</p> <p>#3</p> <p>Observation of Cart A on 02/19/2025 at 12:20 p.m. with oversight from S7 LPN and S5 ADON revealed half of an unidentified loose yellow tablet in the bottom of the 2nd drawer of the cart. An interview was conducted with S7 LPN at this time who confirmed there was half of an unidentified loose tablet in bottom of the 2nd drawer of the medication cart, but should not have been.</p> <p>#4</p> <p>Further observation of Cart A revealed one bottle of Latanoprost Ophthalmic Solution 0.005% with an open date of 10/29/2024, one bottle of Dorzolamide Ophthalmic Solution 2% with an open date of 11/30/2024, and one opened bottle of Brimonidine tartrate Ophthalmic Solution 0.2% without an open date. An interview was conducted with S5 ADON at this time who confirmed eye drops should be labeled with the date they are opened and discarded 28 days after opening. S5 ADON confirmed the Latanoprost Ophthalmic Solution 0.005% and Dorzolamide Ophthalmic Solution 2% were not discarded 28 days after opening, but should have been. S5 ADON confirmed the Brimonidine tartrate Ophthalmic Solution 0.2% was not labeled with the open date, but should have been.</p> <p>#5</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation of the Cart A narcotic storage drawer with oversight from S7 LPN and S5 ADON revealed one blister pack for Resident #55 containing 13 tablets of Lorazepam 0.5mg. Review of the narcotic record revealed one record for Resident #55 dated 02/21/2024 indicating 13 Lorazepam 0.5mg tablets remaining, and one record for Resident #55 dated 08/01/2024 indicating 13 Lorazepam 0.5mg tablets remaining. An interview was conducted with S5 ADON at this time who confirmed there were two narcotic records for Resident #55, indicating a total of 26 tablets of Lorazepam 0.5mg. S5 ADON confirmed there were 13 tablets of Lorazepam 0.5mg for Resident #55 and the narcotic record was incorrect for Resident #55.</p> <p>Further observation revealed one blister pack for Resident #41 containing 19 Norco 5/325mg tablets. The narcotic record for Resident #41 revealed 20 Norco 5/325mg tablets remaining. One blister pack was observed for Resident #67 containing 39 Norco 5/325mg tablets. The narcotic record for Resident #67 revealed there were 40 Norco 5/325mg tablets remaining. An interview was conducted with S7 LPN at this time who revealed she had provided one Norco 5/325mg tablet to Resident #41 and one Norco 5/325mg tablet to Resident #67 this am. S7 LPN confirmed she did not document the narcotic medications on the narcotic record when they were administered, but should have.</p> <p>#6</p> <p>The narcotic record for Resident #67 stated the name of the medication, Zolpidem, but did not include the strength. S5 ADON confirmed the strength of the medication should be documented on the narcotic record.</p> <p>#7</p> <p>An interview with S5 ADON on 02/19/2025 at 2:09 p.m. revealed the Lorazepam had been previously discontinued for Resident #55. She did not know the date the Lorazepam had been discontinued. S5 ADON confirmed when controlled substances were discontinued, they should be removed from the cart and the DON was responsible for returning them to the pharmacy. S5 ADON confirmed the Lorazepam for Resident #55 should not have been in Cart A.</p> <p>An interview was conducted on 02/19/2025 at 4:48 p.m. with S2 DON who confirmed the discontinued Lorazepam for Resident #55 should have been removed from Cart A, but was not.</p> <p>Review of Resident #55's current Order Summary Report revealed no current order for Lorazepam.</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47004</p> <p>Based on observations, interviews, and record review, the facility failed to provide sufficient support personnel to effectively carry out the functions of the food and nutrition services. The facility failed to ensure meals were served timely according to the meal times posted. This deficient practice had the potential to affect the 62 residents that received meals from the facility kitchen. Findings:</p> <p>Review of the facility's Meal Times revealed the following in part:</p> <p>Dining Room: Breakfast 07:30 a.m., Lunch 11:30 a.m., and Supper 4:30p.m.</p> <p>Hall Trays (Cart): Breakfast 7:45 a.m., Lunch 12:00 p.m , and Supper 5:00p.m.</p> <p>Review of the facility's policy titled Frequency of Meals dated 06/2003 read in part . 1. At least three meals or their equivalent are served daily, at regular times.</p> <p>Observation on 02/17/2025 at 12:35 p.m. revealed kitchen staff began to serve lunch to residents in the dining room. Observation revealed the lunch meal service began 1 hour and 5 minutes past the posted lunch meal service time.</p> <p>Resident #32</p> <p>Interview on 02/17/2025 at 1:45 p.m. with Resident #32 revealed the facility served lunch late, almost daily, around 1:00 p.m., or 1:30 p.m.</p> <p>Review of Resident #32's medical record revealed he was admitted to the facility on [DATE]. Resident #32 had diagnoses that included in part . Type 2 Diabetes Mellitus, Heart Failure, Hypertensive Heart Disease, Generalized Edema, Chronic Obstructive Pulmonary Disease, and Primary Generalized Osteoarthritis.</p> <p>Review of Resident #32's Annual MDS with ARD of 01/21/2025 revealed Resident had BIMS of 15, which indicated his cognition was intact.</p> <p>Interview on 02/18/2025 at 11:58 a.m. with S15 CNA, S16, CNA, S17 CNA, and S18 CNA who were present in the dining room during lunch meal service revealed CNA's stated lunch meal service was almost always served late. S15 CNA stated residents often waited a long time for lunch, and were almost always served between 1:00p.m. - 1:30p.m.</p> <p>46773</p> <p>Resident #26</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #26's medical records revealed an admitted [DATE] with a readmitted [DATE]. Resident #26 had diagnoses that included: Protein Calorie Malnutrition, Cognitive Communication Deficit, and Depressive Episodes.</p> <p>Review of Resident #26's Quarterly MDS with ARD 02/11/2025 revealed BIMS was not conducted because resident is rarely or never understood, and a mechanically altered diet was used for nutritional approach.</p> <p>Interview on 02/17/2025 on 2:35 p.m. with Resident #26's RP (responsible party) revealed that lunch had been consistently late for the past 6 weeks. RP stated lunch was served between 12:30 p.m. to 2:00 p.m.</p> <p>Observation on 02/19/2025 at 12:40 p.m. revealed Resident #26 was observed sitting in room in wheelchair. Lunch tray had not been delivered yet.</p> <p>Interview on 02/19/2025 at 12:42 a.m. with S23 RN revealed that lunch was being served a little later recently, and the halls was served lunch around 1:00 p.m. daily.</p> <p>Observation on 02/19/2025 at 1:04 p.m. revealed Resident #26's lunch tray was served to her in her room.</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>47004</p> <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview, and record review the facility failed to ensure that pureed foods were prepared by methods which conserved nutritional value for 11 (#6, #7, #10, #12, #15, #26, #30, #45, #55, #61, and #224) of 11 Residents who were ordered and served pureed diets. Findings:</p> <p>Record Review of the facility's current, undated policy titled Standardized Recipes read in part . Standardized recipes shall be developed and used in preparation of foods.</p> <p>Record Review of the facility's current, undated [NAME] Job Description read in part . Responsibilities: Follows menu and recipes to prepare food.</p> <p>Record Review of the facility's approved 2024 Fall/Winter Lunch Menu revealed the facility was on Week: 3, Day: Monday: Red beans and Sausage, Steamed Rice, Club Spinach, Cornbread, Caramel Sour Cream Cake for Dessert, and Beverage/Water. Alternate Menu item: Beef Patty (hamburger steak).</p> <p>Record Review of the facility's approved recipe for Pureed steamed rice read in part . Ingredients: Serving size 15: 11.25 1/2 cups Seamed Rice, 1 cup and 1 tablespoon of Whole Milk, and 1/2 cup and 1 tablespoon of Soft Margarine. Instructions: Prepare rice according to regular recipe. 2. Place food in processor, process until smooth adding 1.5 tablespoon of milk and 2.5 tablespoons of margarine per portion.</p> <p>Record Review of the facility's approved recipe for Pureed club spinach read in part . Ingredients: Serving size 15: 3 pounds of frozen chopped spinach, 9 1/2 oz. shredded cheddar mild cheese, 4 1/4 oz. bread crumbs, 2 tablespoon, 1 1/4 teaspoon of soft margarine, 1 3/4 cup of water or stock, 3 tablespoon and 2 1/2 teaspoons of food thickener. Instructions: Steam and drain spinach. Place a layer in greased pan. 2. Cover spinach with cheese. 3. Combine crumbs and margarine, sprinkle equal quantity over cheese in each pan. 4. Bake at 325F for 30 minutes or until internal temperature of 165F or higher for 15 seconds. 5. Prepare slurry (water or stock and food thickener) 6. Process until smooth using 1 oz. of slurry per portion.</p> <p>Record Review of the facility's approved recipe for Pureed hamburger steak read in part . Ingredients: Serving size 15: 15-6 oz. hamburger steak with 3 oz. of onion gravy, 1 3/4 cup and 2 tablespoon Stock beef/soup base, and 3 tablespoon, and 2 1/2 teaspoons of food thickener bulk. Instructions: Prepare hamburger steak according to regular recipe. 2. Prepare slurry (stock beef/soup, and food thickener). 3. Process until smooth adding 1 oz. slurry per portion.</p> <p>Observation on 02/17/2025 at 12:03 p.m. revealed S3 Dietary [NAME] prepared puree meal items: steamed rice, and spinach. S3 Dietary [NAME] was observed placing an unmeasured amount of rice into the blender with no other ingredients, and pureed the rice. S3 Dietary [NAME] then placed the prepared pureed rice onto the steamtable for serving. S3 Dietary cook was then observed preparing pureed spinach. S3 Dietary cook placed an unmeasured amount of spinach and placed in the blender, and added an unmeasured amount of food thickener to the blender as she pureed the spinach. S3 Dietary cook placed the prepared pureed spinach onto the steam table for serving. S3 Dietary [NAME] stated she did not refer to recipes when she prepared pureed food items, and stated she added an unmeasured amount of food thickener due to doing it by sight.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 02/17/2025 at 12:38 p.m. revealed S3 Dietary [NAME] prepared puree meal item: Beef Patty/Hamburger steak. S3 Dietary [NAME] was observed placing 6 hamburger patties into the blender, adding an unmeasured amount of water into the blender, and an unmeasured amount of food thickener to the blender. S3 Dietary [NAME] placed the prepared pureed beef patties onto the steam table for serving. Observation revealed S4 Maintenance Supervisor served the prepared pureed food items to residents who received pureed diets.</p> <p>Interview on 02/17/2025 at 12:38 p.m. with S3 Dietary [NAME] revealed she did not refer to recipes when she prepared the above puree meal items, and did not know if using water when preparing puree food items was appropriate. S3 Dietary [NAME] confirmed she had not been trained on referring to recipes when she prepared meals.</p> <p>Interview on 02/17/2025 at 2:20 p.m. with S4 Maintenance Supervisor, who was the acting dietary manager, confirmed dietary cooks were to refer to recipes when preparing meals.</p>

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51503</p> <p>Based on observation, interview, and record review, the facility failed to maintain a clean and sanitary kitchen to prevent the likelihood of foodborne illnesses and failed to store, prepare, and serve food in accordance with professional standards for food service safety. This deficient practice had the potential to effect all 64 residents who resided in the facility. The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Staff used approved chemicals/sanitizers during dishwashing; 2. Food items in the refrigerators were labeled and dated; 3. Maintenance of a clean freezer, in a safe operating condition, and food stored appropriately; 4. Food items in the pantry were labeled with an open date, stored in a sealed container, and expired foods were not available for use; 5. Food items in hot-warmer were covered and labeled until ready for serving; 6. Maintenance of a clean and sanitary kitchen at all times; 7. Staff are wearing hair restraints including beard restraints to prevent hair from contacting food; 8. Staff are practicing effective hand hygiene and glove usage during food preparation activities; and 9. Staff monitor food and refrigerator temperatures. <p>This deficient practice resulted in an immediate jeopardy situation on [DATE] at 12:17 p.m. when S3 Dietary [NAME] was observed using a bucket that contained a Clorox/Bleach solution for dishwashing of the blender during pureed meal preparation. S3 Dietary [NAME] was alerted by the survey team to dispose of meats/beef patties on two occasions during meal preparation. S3 Dietary [NAME] stated this was how she washed dishes normally to save time. Surveyors observed S3 Dietary [NAME] continue to prepare the meats in the same blender and then S3 Dietary [NAME] placed the meat on the serving/steam line for meal plating/serving. S1 Administrator intervened and the meats were disposed of properly on [DATE] at 12:20 p.m.</p> <p>S1 Administrator was notified of the Immediate Jeopardy on [DATE] at 5:07 p.m.</p> <p>The Immediate Jeopardy was removed on [DATE] at 1:29 p.m. as confirmed by onsite verification through observation and interview the facility implemented an acceptable Plan of Removal (POR) prior to the survey exit.</p> <p>Findings: (continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of an undated facility policy on [DATE] at 2:32 p.m. titled, Dishwashing in Three Compartment Sink revealed in part .utensils and dishes washed by hand will be cleaned and sanitized .</p> <p>Review of a facility policy on [DATE] at 2:32 p.m. titled, Food Storage with a revision date of ,d+[DATE] revealed in part .food storage area shall be maintained in a clean, safe, and sanitary manner. 1. Food storage shall be clean at all times .2. All packaged food or food items stored shall be kept clean .5. All foods stored in walk-in refrigerators and freezers shall be stored above the floor on shelves, racks, or other surfaces that facilitate thorough cleaning .8. The dietary manager, or his/her designee, will check refrigerators and freezers daily for proper temperatures. Records of such information are maintained .</p> <p>Review of an undated facility policy on [DATE] at 2:32 p.m. titled, Food Preparation and Service revealed in part .Food will be maintained at proper temperatures during service and transported in a sanitary manner .</p> <p>Review of an undated facility policy on [DATE] at 2:32 p.m. titled, Sanitation and Food Handling revealed in part .sanitary conditions will be maintained in the storage, preparation and distribution of food .personnel will observe personal cleanliness and exercise satisfactory food handing techniques .8. Employees must wash their hands: d. after touching other parts of the body .F. when going from a soiled job to a clean job .H. when returning to the kitchen for any reason .</p> <p>Usage of Chemicals</p> <p>1. On [DATE] at 12:17 p.m., S3 Dietary [NAME] was observed preparing pureed meals with the kitchen blender. After blending the white rice, she walked across the kitchen to the 3-compartment sink and cleaned/sanitized the blender to continue with meal preparation. Observed S3 Dietary [NAME] prepare spinach. After blending the spinach, S3 Dietary [NAME] was observed washing the blender with a rag she obtained from a red bucket near her blending station. S3 Dietary [NAME] stated the red bucket contained a Clorox/Bleach solution and she used the rag to wash her blender. She stated that this was her normal routine and she uses the Clorox/Bleach solution for most of her dishwashing to save time from walking across the kitchen to the 3-compartment sink. Surveyor observed S3 Dietary [NAME] put ,d+[DATE] beef patties into the same blender and began to blend the beef patties. S3 Dietary [NAME] was alerted by the survey team on two different occasions to dispose of the beef patties due to the usage of Clorox/Bleach solution during dishwashing. S3 Dietary [NAME] stated, I am going to do it anyways! Surveyor observed S3 Dietary [NAME] continue to blend the beef patties in the same blender and then S3 Dietary [NAME] placed the blended beef patties onto the serving/steam line for meal plating/serving. S1 Administrator was nearby in the Dietary Manager's office and was alerted by the survey team of the above findings.</p> <p>In an interview on [DATE] at 12:18 p.m., S1 Administrator stated the Clorox/Bleach solution in the red buckets (3 total buckets) were for cleaning of the kitchen countertops and shelving (not for dishwashing).</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>In an observation of and interview with S1 Administrator at [DATE] at 12:20 p.m., S1 Administrator counseled S3 Dietary [NAME] that the Clorox/Bleach solution was not for dishwashing and stated it should only be used for surface level disinfecting. S3 Dietary [NAME] confirmed she did use the Clorox/Bleach solution to wash the blender. S1 Administrator instructed S3 Dietary [NAME] to remove the pureed beef patties from the serving/steam line and dispose of them properly. Surveyor observed S3 Dietary [NAME] dispose of pureed beef patties. Surveyor observed S1 Administrator properly clean and sanitize the blender in the 3-compartment sink. S1 Administrator instructed S3 Dietary [NAME] to prepare a new batch of pureed beef patties.</p> <p>In an interview on [DATE] at 8:40 a.m., S4 Maintenance Supervisor revealed he was helping S1 Administrator manage the kitchen and dietary staff due to the Dietary Manager being out on FMLA since , d+[DATE]. At this time, a tour of the kitchen was conducted with S4 Maintenance Supervisor and revealed the following:</p> <p>Reach-In Refrigerator:</p> <p>2. Two bowls of unlabeled and undated peaches.</p> <p>Two bowls of unlabeled and undated pureed fruit cocktails.</p> <p>One bowl of unlabeled and undated assorted fruit (oranges/pears/peaches).</p> <p>Three opened gallon jug pitchers of unlabeled and undated red liquid.</p> <p>Walk-In Freezer:</p> <p>3. Observed freezer door was unable to be closed properly due to the frost build-up. Observed increased production of frost throughout walk-in freezer. Upon entrance of the walk-in freezer, observation of multiple cardboard boxes of food items covered with frost and unable to view item labels due to the excessive amounts of frost. Observed excessive frost accumulated on the freezer ceiling, walls, doorway, and flooring. Observed several boxes of food items stored directly on the walk- in freezer floor.</p> <p>During the tour, S4 Maintenance Supervisor stated that the walk-in freezer door was fixed/replaced recently and the frost accumulation is due to the staff not closing the freezer door properly.</p> <p>No documentation of walk-in freezer door repairs provided from S1 Administrator during the survey, as requested multiple times on [DATE] and [DATE].</p> <p>Dry Pantry:</p> <p>4. One undated, open to air, 50-pound bag of white rice.</p> <p>One undated, open to air, box of Quaker oats</p> <p>One undated, open to air, bag of corn flakes</p> <p>One opened and undated squeeze bottle of grape jelly with an expiration date of [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Hot Foods Warmer:</p> <p>5. Two large baking pans of uncovered and undated assorted cakes</p> <p>Kitchen Cleanliness:</p> <p>6. During kitchen tour, Surveyor observed dried brown grease stains on the kitchen floors; sticky floors, food particles on several areas of the kitchen floor, kitchen shelving, equipment, and counter tops; accumulation of dust and crumbs on sealed containers throughout the kitchen, meal prep area, and dry pantry area; dust, debris, and stains on the dishwashing station equipment, brown splatter marks on walls behind stove area; used foil observed in the stove from previous meals. Surveyor observed the inside of the stove contained baked on food accumulation on the walls, racks, and glass door, as well as an accumulation of dust, crumbs, and food stains on the clean dish rack.</p> <p>S4 Maintenance Supervisor confirmed all the above findings during kitchen tour.</p> <p>Hair Restraints:</p> <p>7. In an observation of and interview in the kitchen area of S11 Dietary [NAME] on [DATE] at 12:03 p.m., revealed S11 Dietary [NAME] had long curly beard/facial hair and no usage of a beard net. S11 Dietary [NAME] confirmed he does not wear a beard net and was unaware to wear a beard net since he was hired 4 months ago.</p> <p>In an observation of and interview in the kitchen area with S12 Dietary Aide on [DATE] at 12:05 p.m., revealed S12 Dietary Aide had a curly beard/facial hair and no usage of a beard net. S12 Dietary Aide confirmed he does not wear a beard net and was unaware to wear a beard net since he was hired 1 year ago.</p> <p>In an observation of S11 Dietary [NAME] on [DATE] at 12:30 p.m., revealed him walking throughout the kitchen and meal prep area with no beard net.</p> <p>Hand Hygiene:</p> <p>8. On [DATE] at 12:35 p.m., observed S12 Dietary Aide with gloves on assist with lunch meal plating. Surveyor observed S12 Dietary Aide with the same gloves begin to organize the clean plates, sort through the resident meal tickets, adjust clothing/pants, put hands on his hips, touch the lower bottom shelving behind him, and push the serving cart out of the kitchen/prep area into the resident dining area. Surveyor observed S12 Dietary Aide return from dining area with same gloves on. He then touched clean utensils, and grabbed a slice of cornbread with his gloved hand. No hand hygiene or change of gloves observed throughout all of the above tasks.</p> <p>Temperature Logs:</p> <p>9. On [DATE] at 12:26 p.m., observed S4 Maintenance Supervisor plate the lunch meal. Surveyor observed that S4 Maintenance had not measured the temperature of each food item and logged the temperatures prior to serving lunch.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 12:40 p.m., a review of Food Temperature Logs revealed missing temperature logs for the following dates:</p> <p>[DATE]-lunch</p> <p>[DATE]-lunch</p> <p>[DATE]-breakfast-lunch-dinner</p> <p>[DATE]-breakfast-lunch-dinner</p> <p>[DATE] breakfast-lunch</p> <p>[DATE] breakfast-lunch</p> <p>[DATE]-breakfast-lunch</p> <p>[DATE] breakfast-lunch</p> <p>[DATE] breakfast-lunch-dinner</p> <p>[DATE] breakfast-lunch-dinner</p> <p>On [DATE] at 12:40 p.m., a review of Refrigerator Temperature Record revealed missing temperature logs for the following dates:</p> <p>[DATE]</p> <p>[DATE]</p> <p>[DATE]</p> <p>[DATE]</p> <p>[DATE]</p> <p>[DATE]</p> <p>[DATE]</p> <p>In an interview on [DATE] at 12:45 p.m., S3 Dietary [NAME] stated the kitchen staff were supposed to monitor and log the food temperatures prior to serving meals and monitor/log the refrigerator/freezer temperature logs on each shift. S3 Dietary [NAME] confirmed the above dates were not logged; therefore, the temperatures were not checked.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>In an interview on [DATE] at 2:15 p.m., S4 Maintenance Supervisor confirmed he should have checked with S3 Dietary [NAME] to see if she measured food temperatures prior to serving lunch today, but he did not. S4 Maintenance Supervisor confirmed temperatures for food items should be taken prior to food being served to ensure the proper food temperature.</p> <p>In an interview on [DATE] at 2:20 p.m., S1 Administrator confirmed that the dietary staff should perform temperature checks and log all temperatures for each meal (breakfast, lunch, and dinner) prior to serving/plating the foods. S1 Administrator confirmed the above missing temperatures were not monitored or documented but should have been.</p> <p>In an interview on [DATE] at 2:25 p.m., S13 RD revealed she had been the facility RD since [DATE] and had the same concerns as the above survey findings. S13 RD stated when she first toured the kitchen in [DATE], she told the dietary staff not to use Clorox/Bleach and stated it would only be appropriate if they used a capful of Clorox/Bleach. However, the dietary staff were just free-pouring the Clorox/Bleach in the red buckets. S13 RD stated since [DATE], the walk-in freezer has always had excessive frost build-up. S13 RD confirmed the dietary staff should have worn beard nets when they have facial hair and always practice proper hand hygiene/gloving throughout their shift, especially when handling foods and food items.</p> <p>Plan of Removal :</p> <p>All 65 residents have the potential for illness or serious harm from the alleged deficiency F812.</p> <p>On [DATE] a cook used bleach to sanitize a food processor. Immediately the administrator called the dietary consultant to come in [DATE] and in-service and train the dietary staff to ensure regulatory compliance. After review of policy and procedures they did not require updating. The continuing education of current and new dietary staff will be done by the administrator, the administrator's designee, or the dietary consultant at monthly in-services. The administrator removed all bleach from dietary, and the facility on [DATE].</p> <p>On [DATE] the administrator immediately verbally in-serviced dietary staff present that bleach is not used to sanitize equipment, pots & pans, and cutlery. The 3 compartment sink was explained and how to check the proper level of sanitizer. On [DATE] the administrator called the dietary consultant to come [DATE] to in-service and train dietary staff on sanitary conditions in the kitchen and how to set up and check the sanitizer in the 3 compartment sink to ensure regulatory compliance. On [DATE] the administrator called 2 off duty dietary staff to verbally in-service them about not using bleach, and how to setup the 3 compartment sink and check the sanitizer. All dietary staff have been in-serviced as of [DATE]. Continuing education will be provided by the administrator, the administrator's designee, or the dietary consultant at monthly in-services for all dietary staff.</p> <p>The kitchen will be audited randomly to ensure there is no bleach in the kitchen, the audits will be done bi-weekly for the next 3 weeks and then weekly to monitor the kitchen that no bleach is present. This monitoring will be included in the current QAPI being done in the kitchen and reported quarterly in the QA meeting, the Administrator and Maintenance Supervisor will complete the random audits and weekly audits. Any dietary staff not following policies and procedures given in-services will be given written warnings up to and including termination.</p> <p>Correction Date: [DATE] at 1:29 p.m.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>51503</p> <p>Based on observation and interview the facility failed to ensure garbage and refuse were disposed of properly. This deficient practice had the potential to affect all 64 residents who resided in the facility.</p> <p>Findings:</p> <p>Review of a facility policy on 02/17/2025 at 2:32 p.m. titled, Garbage and Rubbish Disposal with an unknown original date and a revised date of 06/2023 revealed in part .Garbage and rubbish shall be disposed of in accordance with current state laws regulating such matters .5. Garbage and rubbish containing food wastes shall be stored so as to be inaccessible to vermin .8. Outside dumpsters provided by garbage pickup services must be kept closed and free of litter around the dumpster area .</p> <p>Observation on 02/17/2025 at 8:50 a.m. of the facility dumpster area accompanied by S4 Maintenance Supervisor revealed there were two facility dumpsters. Both dumpster's top lids were opened and both dumpster's side door was opened.</p> <p>Observed several bags of trash piled in both dumpsters. One dumpster's top lid was unable to close properly due to being broken completely off. Observed litter such as used gloves, paper products/trash, and metal pieces of a mechanical lift near the dumpster on the grounds.</p> <p>S4 Maintenance Supervisor confirmed the above findings during the tour of the dumpster area. S4 Maintenance Supervisor confirmed that the dumpster lids/doors should remain closed at all times, the dumpster area should be clean, and the trash should be picked up.</p> <p>In an interview on 02/17/2025 at 9:26 a.m., S1 Administrator stated he was unaware of the broken top lid on the dumpster. S1 Administrator confirmed the facility dumpsters should remain closed at all times when not in use.</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>51503</p> <p>Based on observation, record review and interview, the facility failed to administer its resources effectively to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This deficient practice had the potential to effect all 64 residents who resided in the facility. The facility failed to ensure the dietary department was practicing professional standards for food services.</p> <p>This deficient practice resulted in an immediate jeopardy situation on 02/17/2025 at 12:17 p.m. when S3 Dietary [NAME] was observed using a Clorox/Bleach solution for dishwashing of the blender, used during pureed meal preparation. S3 Dietary [NAME] stated this was how she washed dishes normally to save time. S3 Dietary [NAME] was advised by Surveyor to dispose of meats/beef patties on two occasions during meal preparation. Surveyor observed S3 Dietary [NAME] continue to prepare the meats in the same blender and then S3 Dietary [NAME] placed the meat on the serving/steam line for meal plating/serving. S1 Administrator intervened and the meats were disposed of properly on 02/17/2025 at 12:20 p.m.</p> <p>The deficient practice continued at a potential for more than minimal harm for all 64 residents who resided in the facility.</p> <p>S1 Administrator was notified of the Immediate Jeopardy on 02/17/2025 at 5:07 p.m.</p> <p>The Immediate Jeopardy was removed on 02/19/2025 at 1:29 p.m. as confirmed by onsite verification through observation and interview the facility implemented an acceptable Plan of Removal (POR) prior to the survey exit.</p> <p>Findings:</p> <p>Cross Reference F812</p> <p>Review of a facility policy on 02/20/2025 at 1:15 p.m. titled, Dietary Staff Competency with a date of 01/15/2025 revealed in part .Purpose: All dietary staff will be trained according to policy. 1. Provide all dietary employees with training upon hire and as needed. 2. Staff should be made aware of all safety precautions, nursing home policies, and necessary in-services regarding dietary equipment and meal services. 3. Dietary Supervisor will provide in-services to dietary staff as needed .</p> <p>Review of an undated facility policy on 02/20/2025 at 1:15 p.m. titled, Dietary Competency revealed in part . the Dining Services Manager will review each skill, observe staff demonstration, and sign each item on this list annually with each evaluation. The completed form will be placed in the employee file competencies included in part .Skill: purpose, emergency preparedness, food storage and handling, procedures, handwashing, food preparation, meal services, safety procedures, sanitary procedures, proper temperatures and recordings, storage, washing dishes, trash containers, operation, cleaning, and safety .</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Camelot Leisure Living		STREET ADDRESS, CITY, STATE, ZIP CODE 6818 Highway 84 West Ferriday, LA 71334	
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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>In an interview on 02/17/2025 at 8:40 a.m., S4 Maintenance Supervisor revealed the dietary manager had been out for several months so he had been helping S1 Administrator oversee the kitchen and dietary staff.</p> <p>In an observation of and interview in the kitchen area of S11 Dietary [NAME] on 02/17/2025 at 12:03 p.m., revealed S11 Dietary [NAME] had long curly goatee/facial hair and no usage of a beard net. S11 Dietary [NAME] confirmed he does not wear a beard net and he had not been made aware that he needed to wear a beard net since he was hired 4 months ago. S11 Dietary [NAME] stated no one has ever spoke to him about covering his beard/goatee hair. S11 Dietary [NAME] stated that no one has properly trained him. S11 Dietary [NAME] revealed that he was 'self-taught' and stated, To be completely honest, it's a s!@# show every day in this kitchen! S11 Dietary [NAME] stated that S1 Administrator nor S4 Maintenance Supervisor had ever trained him. S11 Dietary [NAME] stated he did not feel comfortable asking them for help because they do not listen and do not help the kitchen staff. S11 Dietary [NAME] stated that S14 Part-Time Dietary Manager comes weekly but had never taught him anything regarding his duties. S11 Dietary [NAME] reported that he worked by himself sometimes and often had little to no help.</p> <p>In an interview and observation on 02/17/2025 at 12:13 p.m., S3 Dietary [NAME] was observed preparing pureed meals in the kitchen blender. S3 Dietary [NAME] was observed free-pouring and unmeasured amount of powdered thickener. S3 Dietary [NAME] revealed this was how she normally prepares her pureed meals and she just eye-balls it. S3 Dietary [NAME] stated no one had taught her differently.</p> <p>In an interview on 02/17/2025 at 1:33 p.m., S3 Dietary [NAME] stated prior to today, she was unaware she was not to use Clorox/Bleach for dishwashing.</p> <p>Review of facility dietary staff personnel files revealed there was no documentation indicating dietary staff had received training upon hire. Findings included in part .</p> <p>S1 Administrator was hired on 09/01/2024 with no documentation of dietary staff competencies or duties check-off.</p> <p>S3 Dietary [NAME] was hired on 12/11/2024 with no documentation of dietary cook competencies or duties check-off.</p> <p>S4 Maintenance Supervisor was hired on 10/29/2001 with no documentation of dietary staff competencies or duties check-off.</p> <p>S11 Dietary [NAME] was hired on 11/22/2024 with no documentation of dietary cook competencies or duties check-off.</p> <p>S12 Dietary Aide was hired on 05/09/2024 with no documentation of dietary aide competencies or duties check-off.</p> <p>In an interview on 02/18/2025 at 2:25 p.m., S13 RD stated there was no current Dietary Manager overseeing the kitchen and that S1 Administrator was overseeing the kitchen daily. S13 RD stated she was made aware today that the kitchen staff had never received training and had never had competency check offs completed.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>In an interview on 02/17/2025 at 9:26 a.m., S1 Administrator revealed the dietary manager had been out since July 2024 due to an injury. S1 Administrator stated he completed his self-serve certification and was ultimately responsible for managing the kitchen and dietary staff. S1 Administrator stated recently corporate had allowed him to hire S14 Part-Time Dietary Manager who came once a week to assist in the kitchen. S1 Administrator stated S13 RD monitored the kitchen monthly. S1 Administrator confirmed that he was responsible for daily duties, hiring/firing of dietary staff, education, and daily monitoring.</p> <p>Plan of Removal:</p> <p>All 65 residents have the potential for illness or serious harm from the alleged deficiency F835.</p> <p>The dietary staff allegedly was not properly trained on dishwashing practices. After a review of policies and procedures they did not require updating. The training of new dietary staff will be done on hire, and continuing education will be provided at monthly in-services for all dietary staff to improve the knowledge, and basic skills of the dietary staff to ensure regulatory compliance. The training and continuing education of current and new dietary staff will be done by the administrator, the administrator's designee, or the dietary consultant.</p> <p>On 02/17/2025 the administrator immediately verbally in-serviced dietary staff present not to use bleach to sanitize equipment and instructed staff how to use the 3 compartment sink and check for the proper amount of sanitizer. On 02/17/2025 the administrator called the dietary consultant to come 02/18/2025 to in-service and train dietary staff on sanitation in the kitchen and how to set up and check the sanitizer in the 3 compartment sink to ensure regulatory compliance. On 02/18/2025 the administrator called 2 off duty dietary staff to verbally in-service them about not using bleach, and how to setup the 3 compartment sink and check the sanitizer. All dietary staff have been in-serviced as of 02/18/2025. Continuing education will be provided by the administrator, the administrator's designee, or the dietary consultant at monthly in-services for all dietary staff.</p> <p>The training of each new hire in dietary will be monitored using a check list to orient them to the kitchen and dietary policies and procedures, and all dietary staff will receive monthly in-servicing training. The administrator will monitor the training of new dietary staff and the monthly in-services, both will be ongoing. The dietary consultant will monitor the administrator to ensure new hire training and monthly in-servicing is taking place during their monthly visit. This monitoring will be included in the current QAPI being done in the kitchen and reported quarterly in the QA meeting.</p> <p>Correction Date: 02/19/2025 at 1:29 p.m.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51596</p> <p>Based on observation, interview and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development of communicable diseases and infection by:</p> <ol style="list-style-type: none"> 1. failing to ensure staff decontaminated reusable medical equipment between residents, 2. failing to ensure staff washed their hands or applied an alcohol-based hand rub before and after direct contact with residents, 3. failing to ensure Enhanced Barrier Precautions (EBP) were utilized for 1 (Resident #9) of 1 resident sampled for Dialysis, 4. failing to ensure oxygen was properly stored in a sanitary manner that prevented the transmission of infection. <p>Findings:</p> <p>Review of the facility's policy entitled Cleaning and Disinfection of Resident-Care Items and Equipment dated 01/13/2025 revealed, in part .Reusable resident care equipment will be decontaminated between residents.</p> <p>Review of the facility's undated policy entitled Infection Control Guidelines for All Nursing Procedures revealed, in part . Employees must wash their hands before and after direct contact with residents. If hands are not visibly soiled, use an alcohol-based hand rub before and after direct contact with residents, after contact with a resident's intact skin, and after contact with medical equipment in the immediate vicinity of a resident.</p> <p>Observation on 02/18/2025 from 8:15 a.m. until 9:20 a.m. revealed S10LPN using a wrist blood pressure (BP) cuff and an arm BP cuff to monitor the blood pressures of multiple residents. The BP cuffs were not decontaminated between uses on different residents. S10LPN did not wash her hands or apply hand sanitizer before or after direct contact with the residents.</p> <p>An interview on 02/18/2025 at 9:20 a.m. with S10LPN confirmed she did not decontaminate the wrist BP cuff or the arm BP cuff between uses on residents, but should have. S10LPN confirmed she did not wash her hands or use hand sanitizer before or after direct contact with the residents.</p> <p>Observation on 02/19/2025 at 9:02 a.m. revealed S7LPN used a wrist BP cuff to monitor the blood pressure of a resident. S7LPN then placed the wrist BP cuff onto Cart A without decontaminating the cuff. S7LPN then continued with dispensing of medications without washing her hands or using hand sanitizer.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview on 02/19/2025 at 9:15 a.m. with S7LPN confirmed she did not decontaminate the wrist BP cuff after using the cuff on a resident, but should have. S7LPN confirmed she did not always decontaminate the BP cuff after use, but did so when she thought about it. S7LPN confirmed she did not wash her hands or use hand sanitizer before or after direct contact with a resident, but should have.</p> <p>An interview on 02/19/2025 at 9:40 a.m. with S6ADON confirmed blood pressure cuffs should be decontaminated between uses on residents. S6ADON confirmed staff should wash hands or use hand sanitizer before and after direct contact with residents.</p> <p>An interview on 02/19/2025 at 10:09 a.m. with S5ADON confirmed blood pressure cuffs should be decontaminated between uses on residents. S5ADON confirmed staff should wash hands or use hand sanitizer before and after direct contact with residents.</p> <p>Resident #9</p> <p>Record review revealed Resident #9 was admitted on [DATE] with diagnoses including, in part .End Stage Renal Disease (ESRD).</p> <p>Review of Resident #9's Quarterly MDS with ARD of 01/04/2025 revealed, in part .BIMS score of 12 with indication for Dialysis.</p> <p>Review of current physician orders for Resident #9 revealed and order dated 01/21/2025 for Dialysis on Tuesday, Thursday and Saturday related to ESRD. An order dated 01/15/2025 revealed EBP to be used during resident high contact activities related to ESRD.</p> <p>An observation on 02/18/2025 at 11:56 a.m. revealed no EBP sign on Resident #9's door and no EBP equipment outside Resident #9's room.</p> <p>An observation on 02/18/2025 at 3:00 p.m. revealed no EBP sign on Resident #9's door and no EBP equipment outside Resident #9's room.</p> <p>An observation on 02/19/2025 at 10:04 a.m. revealed no EBP sign on Resident #9's door and no EBP equipment outside Resident #9's room.</p> <p>An interview was conducted with S5ADON on 02/19/2025 at 10:09 a.m. S5ADON confirmed EBP were not in place or maintained for Resident #9, but should have been. S5ADON confirmed residents receiving dialysis should have EBP in place.</p> <p>51503</p> <p>Resident #17</p> <p>Review of Resident #17's medical record revealed an admitted [DATE] with diagnoses that included in part . Persistent Asthma With (Acute) Exacerbation, Anxiety Disorder, Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, and Acute Respiratory Failure with Hypercapnia .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #17's Quarterly and State Optional MDS with ARD of 01/07/2025 revealed a BIMS score of 15, which indicated cognition was intact, and resident received oxygen therapy. Resident #17 required total dependence with one person physical assist for bed mobility and required total dependence with two persons physical assist for transfers.</p> <p>Review of Resident #17's current physician orders revealed in part . -Change oxygen and nebulizer tubing weekly on Thursday every night shift with a start date of 01/30/2025 . -Oxygen per nasal cannula at 2LPM continuously every twelve hours related to severe persistent asthma with acute exacerbation with a start date of 09/03/2024 .</p> <p>Review of Resident #17's care plan with an initial date of 01/18/2025 and a next review date of 04/18/2025 revealed in part .a focus of impaired gas exchange with interventions that included administer oxygen therapy as ordered .</p> <p>On 02/17/2025 at 10:15 a.m., observed Resident #17's oxygen tubing/nasal prongs directly on the resident's bedroom floor.</p> <p>In an interview and observation on 02/17/2025 at 10:20 a.m., S10 LPN confirmed Resident #17's oxygen tubing was directly on the floor and should have been stored in a labeled bag and was not.</p> <p>In an interview on 02/19/2025 at 9:35 a.m., S2 DON revealed that nursing staff are ordered to change/label/store the oxygen tubing in bags weekly on Thursdays. S2 DON confirmed that all oxygen tubing should be labeled and stored in a bag when not in use.</p>