STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195527	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Care Center of Dequincy	602 North Division Dequincy, LA 70633

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure a resident who was unable to carry out Activities of Daily Living (ADLs) received the necessary services to maintain good grooming and personal hygiene for 1 (#41) out 1 resident investigated for ADLs. Findings: Review of the facility's policy titled, Bathing a Resident, with a reported annual review date of November 2025 read in part: policy: residents will be assisted with bathing as needed. Resident baths will be scheduled per resident preference as possible or at least 3 times weekly. Review of Resident #41's clinical record revealed she was admitted to the facility on [DATE] with diagnoses that included, but not limited to, chronic diastolic (congestive) heart failure, anxiety disorder, unspecified, morbid (severe) obesity due to excess calories, bipolar disorder, unspecified and muscle weakness (generalized). Review of Resident #41's Annual MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 12/18/2025 revealed a BIMS (Brief Interview of Mental Status) score of 15, indicating intact cognition. Further review of Section GG: revealed Resident #41 was dependent for shower/bathe. Review of Resident #41's care plan read in part, resident needs assist with ADLs. Interventions included.bathing/showering: The resident is totally dependent. Review of the CNA's (Certified Nursing Assistant) electronic bathing Monday, Wednesday and Friday task charting from 01/11/2026 to 02/09/2026 for Resident #41 revealed there was no documented bath for resident on 01/12/2026, 01/14/2026, 01/19/2026, 01/23/2026, 01/26/2026, 01/28/2026, 01/30/2026, 02/02/2026 and 02/04/2026. On 02/09/2026 at 10:25 a.m., an interview was conducted with Resident #41. She reported she had difficulty with getting a bath on her scheduled days. She stated her bath was not always given when she was supposed to get it. On 02/10/2026 at 12:35 p.m., an interview was conduct with S3CNA (Certified Nursing Assistant), shower aide. She reported Resident #41, required a bed bath and she provided the bath on Wednesdays, unless the floor CNA had already done the bath. She stated the CNAs on the unit provided the bed baths on Mondays and Fridays. S3CNA stated when she provided a bath/shower for the residents she would document the bath/shower in the residents' record. On 02/10/2026 at 12:46 p.m., an interview was conducted with S4CNA, she reported she was responsible for the care of Resident #41. S4CNA reported the shower aide was responsible for bathing/showering of all the residents. S4CNA stated if she gave a bed bath to Resident #41, she would only document it in the medical record if it was the residents scheduled bath day. On 02/10/2026 at 1:10 p.m., a record review and interview was conducted with S2CNA (Certified Nursing Assistant Supervisor). S2CNA reviewed Resident #41's ADL documentation from January 11, 2026 to February 09, 2026 and confirmed the resident did not have a shower/bath at least every Monday, Wednesday and Friday as scheduled.

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

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the provider failed to administer medications as ordered by the physician for 1 (#42) out of 5 residents investigated for medication regimen review.Findings: On 02/10/2026, a review of Resident #42's electronic medical record revealed he admitted to the facility on [DATE] with diagnoses including hypertensive heart disease. Review of Resident #42's medications orders revealed the following: Norvasc oral tabs (Tablet) 5 mg (milligram). Give 1 tablet by mouth at bedtime related to hypertensive heart disease. Hold for B/P (Blood pressure) < (less than) 100/60. Metoprolol Tartrate 25 mg. Give 1 tab by mouth two times a day. Hold for B/P <100/60 or pulse <60. Review of Resident #42's electronic Medication Administration Record (EMAR) for January 2026 and February 2026 revealed his Norvasc 5 mg tablet scheduled for 2100 (9:00 p.m.) was not given and documented by S5LPN as a 4 which indicated vitals outside of parameters for administration on the following dates, with his blood pressure reading as follows: 01/04/2026.118/7601/12/2026. 137/7901/17/2026.144/7901/18/2026.136/8101/22/2026. 151/8601/26/2026.124/7001/27/2026. 146/8201/30/2026.129/8602/01/2026.182/8902/04/2026.118/8002/09/2026.119/84On 02/10/2026 at 4:40 p.m., a telephone interview was conducted with S5LPN (Licensed Practical Nurse). She stated that Resident #42 was prescribed blood pressure medications, Norvasc and Metoprolol, and on his orders perimeters were given. If Resident #42's pulse or blood pressure falls within those perimeters she would hold his medication as ordered. She confirmed that his blood pressure readings were within the stated perimeters for the medication to be administered, but due to his pulse being out of perimeters she held Norvasc and Metoprolol. On 02/10/2026 at 4:45 p.m., an interview and record review was conducted with S1DON (Director of Nursing). She confirmed Resident #42's Norvasc order stated that it should be held if his blood pressure <100/60. She acknowledged that according to the orders, and review of Resident #42's blood pressure readings that his Norvasc should have been administered on the above stated dates.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. Based on record review and interview, the facility failed to electronically transmit a completed Minimum Data Set (MDS) Quarterly Assessment to the CMS (Center for Medicare and Medicaid Services) system within 14 days after completion for 1 (#56) out of 1 resident investigated for resident assessment submission activities. Findings:On 02/10/2026 a review of Resident #56's electronic Quarterly MDS assessment, with an Assessment Reference Date (ARD) of 01/02/2026, revealed Section Z0500B - date assessment complete was 01/16/2026. On 02/10/2026 a review of the facility's CMS Submission Report from 02/05/2026 revealed in part: Resident #56.Assessment Date 01/02/2026. Record submitted late: the submission date is more than 14 days after Z0500B on this assessment.On 02/10/2026 at 4:15 p.m., an interview and record review was conducted with S1DON (Director of Nursing). She confirmed Resident #56's Quarterly MDS with ARD of 01/02/2026, was completed on 01/16/2026 and was not transmitted within the required timeframe of 14 days after completion.