STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195530	A. Building B. Wing	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delta Grande Skilled Nursing and Rehabilitation	3001 South Grande Street Monroe, LA 71202

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure a resident that received psychotropic drugs had a gradual dose reduction was not subjected to chemical restraints for 1(#8) of 5 residents reviewed for unnecessary medications. The facility failed to ensure Resident #8 received a dose reduction for an antipsychotic medication in a timely manner. Findings:Record review revealed Resident #8 was admitted to the facility on [DATE] with diagnoses that included anxiety disorder, depressive episodes, and psychotic disturbance.Review of quarterly MDS dated [DATE], Section C, revealed a BIMS score of 9 which indicated moderate cognitive impairment. Further review of the MDS, Section N (Medications), revealed Resident #8 was taking antipsychotics.Review of the current physician orders for April 2026 revealed an order for Seroquel 100 mg nightly with a start date of 02/06/2026.Record review revealed a GDR was completed by the pharmacist on 11/28/2025. The pharmacist suggested the nightly dose of Seroquel 150 mg be reduced to 100 mg nightly. Further review revealed the physician agreed to reduce the dosage and signed the GDR on 01/08/2026.On 04/08/2026 10:50 a.m., an interview with S2DON confirmed there should not have been a 2 month delay in completing the GDR process for Resident #8.

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and interviews, the facility failed to ensure a resident maintained acceptable parameters of nutritional status by failing to ensure the resident received his diet as ordered for 1 (#41) of 2 residents reviewed for nutrition. Findings:Review of the facility policy and procedure dated 01/15/2026: Nutrition (Impaired)/Unplanned Weight Loss - Clinical Protocol revealed the following, in part:Treatment/Management:1. The staff and physician will identify pertinent interventions based on identified causes and overall resident condition, prognosis, and wishes.a. Treatment decisions should consider all pertinent evidence and relevant issues (e.g., food intake, resident/patient wishes, overall condition, and prognosis, etc.) and should not be based solely on lab or diagnostic test results.3. The staff and physician will review and consider existing dietary restrictions and modified consistency diets.a. Dietary restrictions are not always essential, and they may even be unnecessary or harmful. In some instances, the risk of continued weight loss and hydration deficits may outweigh other considerations that such restrictions are meant to address.Review of the medical record revealed Resident #41 was admitted to the facility on [DATE] with diagnoses that included Alzheimer's disease, Parkinson's disease, folate and vitamin B-12 deficiency anemia, moderate protein-calorie malnutrition, and dysphagia, oropharyngeal phase.Review of the Annual MDS assessment dated [DATE] revealed Resident #41 had a BIMS score of 4, which indicated severe cognitive impairment and he required substantial/maximal assistance with eating.Review of Resident #41's current care plan revealed he had a nutritional problem or potential nutritional problem related to malnutrition, vitamin deficiency, and a mechanical soft diet. There was an intervention for the registered dietician to evaluate and make diet change recommendations as needed.Review of Resident #41's weights revealed:12/26/2025 - 112.301/30/2026 - 118.302/27/2026 - 115.803/06/2026 - 115.904/03/2026 - 115.2Review of the AMA for Speech Pathology Report (intended for families and or patients that choose not to follow dietary recommendations) revealed Resident #41's current recommended diet was a mechanical soft with ground meats. Further review revealed the resident and responsible party requested a diet change to a regular diet. On 12/22/2025 the following was obtained: signature by Resident #41's responsible party consenting to the resident's refusal of a mechanical soft diet and to change his diet to a regular diet; a verbal order from the resident's nurse practitioner to change Resident #41's diet to a regular diet; and signature from S2DON.Review of S4RD's notes dated 01/08/2026 at 8:59 a.m. revealed Resident #41 was on a mechanical soft diet. His height was 64, weight was 112.4#, and BMI was 19.2 (low end of regular). Further review revealed no documentation regarding the above AMA form which included a request to change the resident's diet from mechanical soft diet with ground meats to a regular diet.Observation of Resident #41 on 04/06/2026 at 11:50 a.m., revealed he was eating lunch in the dining room in the secured unit. Further observation revealed his dietary card read Regular/Mechanical Soft Diet with ground meats. Resident #41 was served chopped pork over rice and topped with gravy, turnip greens, cornbread, vanilla pudding, and tea. Resident #41 was upset when he saw his tray and informed staff he did not want the pork chop like that, he wanted a regular pork chop. The resident began propelling himself away from the table when S3ADON offered the alternate, which was baked chicken and the resident agreed and came back to the table. Resident #41 was served the baked chicken (regular consistency) and he ate 50% of the meal, which included all of the chicken.Observation of Resident #41 on 04/07/2026 at 11:51 a.m. revealed he was eating lunch in the dining room in the secured unit. Further observation revealed his dietary card read Regular/Mechanical Soft Diet with ground meats. Resident #41 was served chopped chicken over rice topped with gravy, English peas, mixed fruit, roll, and tea. Resident #41 was upset when he saw the chicken and informed staff he did not want to eat the chicken like that. Resident #41 began propelling himself away from the table when S6LPN offered to get him the alternate which was a corn dog and he agreed he would eat that. He came back to the (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	table when S6LPN gave him the corndog (regular consistency). Resident #41 refused for S6LPN to cut the corndog into pieces. Resident #41 only ate the corndog, which was 25% of his meal.Interview with S6LPN on 04/07/2026 at 12:15 p.m. revealed Resident #41 has sometimes asked for the alternate choice because he does not like the chopped meats.Interviews with S7CNA and S8CNA on 04/07/2026 at 12:25 p.m. revealed Resident #41 often refused his meals and would get upset and ask for something different.Interview with S3ADON on 04/08/2026 at 1:10 p.m., revealed she was unaware of the AMA for Speech Pathology Report dated 12/22/2025 for Resident #41 which addressed his refusal of a mechanical soft diet. S3ADON confirmed Resident 41's diet was not changed to a regular diet on 12/22/2025 as ordered.Interview with S2DON on 04/08/2026 at 11:55 a.m., revealed on12/22/2025 there was a verbal order to change the resident's diet from a mechanical soft with chopped meats to a regular diet. S2DON confirmed Resident #41's diet was not changed to a regular diet as ordered and he had continued to receive a mechanical soft diet with ground meats from 12/22/2025 to present.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review, observation and interview, the facility failed to develop and implement a comprehensive person-centered plan of care for each resident by failing to develop a plan of care for 1 (#24) of 3 residents reviewed for Activities of Daily Living.Findings:Review of the medical record of Resident #24 revealed he had an admission date of 07/31/2025 with a diagnosis of congestive heart failure and diabetes. On 04/08/2026 at 1:30 p.m., observation of Resident #24 revealed his finger nails were long and jagged. Review of the 01/28/2026 quarterly MDS assessment revealed Resident #24 had a BIMS of 5 indicating the resident was severely cognitively impaired. The MDS assessment also indicated Resident #24 rejected care frequently, 4-6 days weekly. Review of the March and April 2026 progress notes also indicated Resident #24 frequently rejected care. Review of the plan of care revealed it did not address rejection of care. On 04/08/2026 at 11:55 a.m., interview with S2DON confirmed Resident #24 frequently rejected care. She also confirmed the plan of care did not address rejection of care.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to maintain an infection control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections. The facility failed to implement the EBP policy for 1 (#4) of 3 residents reviewed for EBP. Findings:Review of the facility's Enhanced Barrier Precautions policy dated 04/01/2024 revealed, in part:EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. EBP are indicated for residents with any of the following . Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. Resident # 4Review of the record for Resident #4 revealed an admission date of 04/21/2025 with diagnoses that included polyosteoarthritis, pressure ulcer right heel-stage 3, type 2 diabetes mellitus with hyperglycemia, hypertension, hyperlipidemia, dementia, and bipolar disorder.Review of the quarterly MDS dated [DATE] revealed a BIMS score of 13 which indicated Resident #4 was cognitively intact with daily decision making. Further review revealed Resident #4 had an unhealed Stage 3 pressure ulcer.On 04/07/2026 at 11:26 a.m., S5CNA failed to don PPE while assisting S3ADON with wound care to Resident #4's right heel. S5CNA confirmed Resident #4 required EBP and reported a gown is required. On 04/07/2026 at 11:49 a.m., S3ADON confirmed S5CNA should have donned a gown while assisting with wound care. On 04/07/2026 at 11:55 a.m., S2DON was informed of findings.