STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195550	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Camelot Brookside	3330 Frontage Road Jennings, LA 70546

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 47540 Based on observations, interviews, and record review, the facility failed to maintain a clean and homelike environment for 1 (#10) out of 5 (#4, #10, #35, #66, and #77) investigated for environment. Findings: On 03/26/2025, a review of the facility's policy titled, Cleaning and Disinfecting Residents' Rooms with a last reviewed date of 11/15/2025, read in part, The purpose of this procedure guidelines for cleaning and disinfecting residents' room. The policy also indicated housekeeping general guidelines, Housekeeping surfaces (e.g., floors, tabletops) will be cleaned on a regular basis, when spills occur, and when these surfaces are visibly soiled. On 03/24/2025 at 10:30 AM, a first observation was conducted of Resident #10's room. One large stain red stain was noted on the floor next to the right side of her bed. Multiple red circular stains were observed on her bedside table. On 03/25/2025 at 12:07 PM, a second observation was made of Resident #10's room. One large stain red stain was noted on the floor next to the right side of her bed. Multiple red circular stains were observed on her bedside table. On 03/25/2025 at 2:07 PM, a third observation made of Resident #10's room. One large stain red stain was noted on the floor next to the right side of her bed. Multiple red circular stains were observed on her bedside table. On 03/25/2025 at 2:40 PM, a fourth observation and interview was conducted with S4HSKPSup (Housekeeping Supervisor). S4HSKPSup stated housekeeping was supposed to clean each room daily which included mopping the floors and cleaning the bedside table. She stated the housekeeper then initials on another form next to the room number indicating that everything on the daily cleaning inspection form was completed for that room. An observation was made of Resident #10's room with S4HSKPSup confirmed there was a large red stain on the floor next to the right side of the resident's bed and multiple red circular stains on the resident's bedside table. (continued on next page)

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

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

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/26/2025 at 9:50 AM, a record review and interview was conducted with S4HSKPSup who provided the housekeeping checkoff list from 03/24/2025 and Resident #10's room number was initialed indicating the room should have been cleaned on 03/24/2025. She confirmed the housekeeper should have cleaned the room on 03/24/2025 and she did not.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44418 Based on record reviews and interviews, the facility failed to ensure that all written grievance resolution by the facility including staff in-services following the grievance be documented for 1 (Resident #1) resident reviewed for grievance. The deficient practice has the potential to effect a census of 112 residents. Findings: Review of Resident #111's electronic medical record revealed an admitted [DATE] with diagnoses that included colostomy. Review of Resident #111's grievance dated 03/04/2025 concerning her colostomy bag not being changed the night before the resolution was the DON (Director of Nursing) apologized to resident and assured her that they would be in-servicing staff to perform colostomy care. The DON notified the Staff Developer to in-service staff on colostomy care. The grievance was documented as resolved on 03/05/2025. On 03/25/2025 at 1:45 PM, an interview was conducted with S5SSD (Social Service Director), she reported she is responsible for grievances. She reviewed the grievance dated 03/05/2025 for Resident #111 and confirmed the grievance was resolved on 03/05/2025 as documented on the grievance form. She confirmed the in-service training provided with the grievance investigation for Resident #111 was dated 03/03/2025. On 03/25/2025 at 2:06 PM, an interview was conducted with S6SD (Staff Developer). She was not able to provide evidence of an in-service training for staff, related to colostomy care provided after Resident #111's grievance reported on 03/05/2025. There was no evidence the in-service training was completed after the complaint/grievance was reported on 03/05/2025. On 03/25/2025 at 3:45 PM, an interview was conducted with S2DON (Director of Nursing), She was unable to provide evidence of in-service training for colostomy care training on or after 03/03/2025, which was the resolution for the grievance filed by Resident #111 on 03/05/2025.

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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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46149 Based on record reviews, observations, and interviews, the facility failed to ensure a resident's comprehensive person-centered care plan was implemented by failing to administer oxygen as ordered for 2 (#55, #102) of 2 (#55 and #102) residents reviewed for oxygen therapy. Review of the facility's policy titled Oxygen Administration, with a last revised date of February 2025, read in part: 3. Turn on the oxygen. Unless otherwise ordered, the flow of oxygen per Physician orders. Resident #55 Review of Resident #55's medical record revealed she was admitted to the facility on [DATE] with diagnoses including, but not limited to, chronic obstructive pulmonary disease, acute and chronic respiratory failure, and acute on chronic diastolic congestive heart failure. Review of Section C.: Cognitive Patterns of Resident #55's quarterly MDS (Minimum Data Set) assessment dated [DATE] revealed the resident had a BIMS (Brief Interview for Mental Status) score of 14, indicating she was cognitively intact. Review of Resident #55's Physician's Orders revealed an order dated 11/07/2023 that read: Oxygen: May have oxygen at 3LPM (Liters Per Minute) per nasal cannula; may remove for ADLs (Activities of Daily Living) ; Keep HOB (Head of Bed) elevated for SOB (Shortness of Breath) while laying flat. Review of Resident #55's plan of care with an initiation date of 11/07/2023 read in part: Provide oxygen therapy as ordered. On 03/25/2025 at 2:38 PM, an observation and interview was conducted with Resident #55 in her room. The resident stated that she wears her oxygen continuously, and her oxygen concentrator should be set at 3 liters. She stated that she had been experiencing some slight shortness of breath on today while wearing her oxygen. An observation was then made of the resident's oxygen concentrator. The oxygen concentrator was set at 2.5 liters per minute. On 03/25/2025 at 2:40 PM, an interview was conducted with S3LPN (Licensed Practical Nurse). She stated Resident #55 had to wear oxygen continuously and had an order for 3 liters per minute. At 2:47 P.M., an observation was made of the resident's oxygen concentrator with S3LPN. She confirmed that the indicator ball within the flow meter was below three liters. 41419 Resident #102 Review of Resident #102's medical record revealed she was admitted on [DATE] with diagnoses including, but not limited to, chronic obstructive pulmonary disease, hypertensive heart disease with heart failure, and emphysema. She was admitted to hospice on 03/14/2025. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #102's physician orders dated 03/24/2025 read in part .administer continuous oxygen at 3 Liters per nasal cannula. Review of Resident #102's plan of care with an initiation date of 03/12/2025 read in part .oxygen settings - oxygen via nasal cannula at 3 liters continuously. On 03/24/2025 at 1:18 PM, an observation of Resident #102's oxygen concentrator revealed an oxygen flow rate of 2 liters via nasal cannula. On 03/25/2025 at 7:45 AM, a follow up observation was conducted. Resident #102's concentrator revealed an oxygen flow rate of 3.5 liters via nasal cannula. On 03/25/2025 at 1:10 PM, an observation and immediate interview was conducted with S10LPN (Licensed Practical Nurse) who confirmed the oxygen flow rate was currently set on 3.5 liters which was not the current physician order. S10LPN stated the resident was not physically capable of changing the oxygen flow rate, and the oxygen flow rate should have been set at 3 liters. On 03/26/2025 at 10:05 AM, an observation of Resident #102's oxygen concentrator and immediate interview was conducted with S12LPN, who stated the oxygen flow rate for Resident #102 was set at 4 liters. She confirmed the oxygen flow rate should have been set at 3 liters. Any confirmation from the nurse saying the resident could have not have changed the settings herself?

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44418 Based on interviews and record review, the facility failed to ensure that a resident and/or a resident's RP (Responsible Party) was invited to the resident's care planning meeting for 1 (Resident #111) out of a total sample of 32 residents. This deficient practice had the potential to affect a census of 112. Findings: On 03/26/2025, a review of the facility's policy titled Care Planning-Interdisciplinary Team with a review date of 01/21/2024 and an annual review date of 11/15/2024, read in part: Policy Statement. The Interdisciplinary team is responsible for the development of resident care plans. Policy Interpretation and Implementation .4. The resident, the resident's family and/or the resident's legal representative/guardian or surrogate are encouraged to participate in the development of and revisions to the resident's care plan. 7. If it is determined that participation of the resident or representative is not practicable for the development of the care plan, an explanation is documented in the medical record. Review of Resident #111's electronic medical record revealed an admitted [DATE] with diagnoses that included colostomy, congestive heart failure, anxiety, cognitive communication deficits, depression, Diabetes Mellitus II and chronic kidney disease. A review of Resident #111's quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 04/24/2024 revealed he had a BIMS (Brief Interview for Mental Status) score of 11, suggesting moderate cognitive impairment. On 03/24/2025 at 10:28 AM, an interview was conducted with Resident #111. The resident stated she had never been invited to a care plan meeting. On 03/25/2025 at 1:45 PM, an interview was conducted with S5SSD (Social Service Director). S5SSD stated she was responsible for resident's care planning meetings. She stated they invite the residents to attend the care plan meetings and send a letter to the RP (Responsible Party). A review of the sign in sheet, dated 12/11/2024, for Resident #111 revealed only staff members signed the sign in and the resident or RP had not signed the sign in sheet. Further review revealed the additional comments section on the sign in sheet was blank. On 03/26/2025 at 11:30 AM, during an interview with Resident #111's RP, he stated he had not received a letter from the facility to invite him to any meeting for his wife.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	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** 47251 Based on observations, record review, and interviews, the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain good grooming by failing to trim and clean a resident's fingernails for 1 (Resident #74) of 32 sampled residents. The deficient practice had the potential to affect a census of 112. Findings: Review of the facility's policy and procedure with a reviewed date of 11/15/2024 titled, Care of Fingernails/Toenails read in part: The purpose of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections. General Guidelines; 1. Nail care includes daily cleaning and regular trimming. Review of Resident #74's electronic medical record revealed she was admitted to the facility on [DATE] with diagnoses that included Parkinson's disease without dyskinesia, without mention of fluctuations, anxiety, unspecified and major depressive disorder. Review of Resident #74's quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 02/06/2025 revealed she had a BIMS (Brief Interview for Mental Status) of 12, indicating her cognition was moderately impaired. Review of Resident #74's Care Plan revealed a focus that read The resident had an ADL (activity of daily living) self-care performance deficit related to Parkinsonism and impaired mobility. Date initiated 08/06/2024. Included as one of the interventions of this focus was Personal Hygiene: Resident requires extensive x 1 (times 1) assistance with personal hygiene. Review of Resident #74's current physician orders revealed an order written on 08/02/2024 read in part: Licensed nurse may clip and trim diabetic finger and toenails as indicated. On 03/24/2025 at 11:25 AM, an observation was made of Resident #74's fingernails. Her fingernails were long with brown debris noted underneath the nails. Resident #74 stated that she would like her fingernails cut and cleaned. On 03/25/2025 at 08:43 AM, a second observation was made of Resident #74's fingernails and they remained long with brown debris noted underneath the nails. On 03/25/2025 at 3:15 PM, an interview and observation of Resident #74's fingernails was made with S13LPN (Licensed Practical Nurse). She stated that the treatment nurse was responsible for trimming residents' fingernails, however, any nurse could perform this task. She confirmed that Resident #74's fingernails were long, not cleaned and needed to be trimmed.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41419 Based on record review, observations, and interviews, the facility failed to ensure an activity program was being conducted for 1 (#38) out of 1 (#38) residents investigated for activities. This had the potential to affect 112 residents. Findings: Review of the facility document titled Individual Activities and Room Visit Program, with a review date of 11/15/2024, read in part .Individual activities will be provided for those residents whose situation or condition prevents participation in other types of activities. Policy Interpretation and Implementation: 3. Residents on a full room visit program will receive, at a minimum, three room visits per week. Documentation of the room visit will be documented on the Bed Bound Activity Assessment. Resident #38 was admitted to the facility on [DATE] with diagnoses that included, unspecified dementia without behavioral disturbances, aphasia following cerebral infarction, cerebral infarction, and dysphagia. Review of Resident #38's MDS (Minimum Data Set) dated 01/20/2025 revealed her cognitive status was 99 which indicated severely impaired. Under the Section F- Preferences for Customary Routine and Activities-Staff assessment of daily and activity preferences, the resident prefers to listen to music. Review of the facility document titled tasks read in part .Programs - Bed Bound Activity with a look back date of 30 days, failed to reveal any activities were completed with Resident #38. Further review of a task titled Programs - 1:1 with a look back date of 30 days, failed to reveal any 1:1 activities were completed with the resident. Review of Resident #38's Care Plan dated 03/21/2024 read in part I have little or no activity involvement related to immobility. Interventions were to provide cues and assist with improving orientation, and staff to provide 1:1 visits regularly. Review of Progress Notes dated 03/04/2025 thru 03/17/2025 written by S14AA (Activity Aide) read in part . resident (doesn't participate in activities) activities will come twice a week to remind and encourage resident to participate in activities. On 03/24/2025 at 8:50 AM, an observation was made of Resident #38 lying in bed, tv was on, and staff was not observed engaging in activities with the resident. On 03/24/2025 at 10:00 AM, a follow up observation was made of Resident #38 lying in bed tv was on, and no staff was observed in the room engaging in activities with the resident. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/24/2025 at 1:00 PM, another observation was made of Resident #38 lying in bed with her tv on, and no staff was observed in the room engaging in activities with the resident. On 03/24/2025 at 3:15 PM, observation was made of Resident #38 lying in bed with her tv on, and no staff was observed in the room engaging in activities with the resident. On 03/25/2025 at 8:10 AM, an interview was conducted with S9AD (Activity Director) who stated she goes in the resident's room and reads scripture to her. When asked if she documented in the progress notes when she had interactions with the resident, she stated she did chart on the resident. Further review of the last 3 months of activities she had completed with the resident, did not reveal any documented evidence S9AD had completed any 1:1 activities with Resident #38. After review of the documentation S9AD stated that was all the documentation she could provide. On 03/26/2025 at 8:12 AM, a phone interview was conducted with Resident #38's daughter, and substitute decision maker. The resident's husband is the responsible party, but passed away two days ago according to the resident's daughter. The resident's daughter stated she visits her mother every weekend, and she had not observed staff interacting with her mother by reading to her, massaging her, playing spiritual music for her, or performing any range of motion on her.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 39826 Based on observation and interviews, the facility failed to ensure that medications were stored and labeled properly in accordance with current accepted professional standards by having loose medications in the bottom of 2 drawers for 1 medication cart (Cart A) of 2 (Cart A, Cart B) medication carts observed in a facility with a census of 112 residents. Findings: The facility's policy titled Storage of Medications with a last reviewed date of 11/15/2024 read in part .2. Drugs and biologicals are stored in the packaging, containers, or other dispensing systems in which they are received. Only the issuing pharmacy is authorized to transfer medications between containers. On 03/25/2025 at 1:00 PM, an observation was conducted of the Med Cart A with S3LPN (Licensed Practical Nurse). One oval orange colored pill was observed loose in the bottom of the second drawer and a one round peach colored pill was observed out of the package, loose on the bottom of the third drawer. S3LPN confirmed they should not have loose pills in the medication carts. On 03/26/2025 at 1:30 PM, during an interview S2DON (Director of Nursing) confirmed medications should not be left loose in any of the medication carts.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 51596 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 failing to ensure: 1. staff removed soiled gloves and performed hand hygiene before exiting a resident's room; and 2. staff did not use soiled gloves to open the door of Room A Findings: Review of the facility's policy entitled, Isolation - Categories of Transmission-Based Precautions, revised on 03/20/2025, revealed, in part, gloves were to be removed and hand hygiene performed before leaving a resident's room. An observation on 03/25/2025 at 9:00 AM revealed S8CNA (Certified Nursing Assistant) exited a resident's room, wearing gloves and carrying soiled linens. She walked down the hallway, and then used her gloved hand to open the door of Room A. An interview with S8CNA on 03/25/2025 at 11:19 AM revealed soiled gloves were to be removed and hand hygiene performed prior to exiting a resident's room. S8CNA stated soiled gloves should not be used to open the door of Room A. S8CNA confirmed she did not remove her soiled gloves and perform hand hygiene before exiting the resident room, but should have. S8CNA confirmed she used soiled gloves to open the door of Room A, but should not have. Interview with S7IP (Infection Preventionist) on 03/26/2025 at 10:50 AM confirmed staff were to remove gloves and perform hand hygiene prior to exiting a resident room. S7IP confirmed staff should not wear soiled gloves when exiting a resident's room, and should not have used soiled gloves to open the door of Room A.