STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195559	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hessmer Nursing and Rehabilitation Center	3707 Hwy 114 Hessmer, LA 71341

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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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51096 Based on interview and record review the facility failed to ensure a resident's right to be free from abuse by another resident, for 1 (#72) of 3 (#28, #35, and #72) residents reviewed for abuse. The facility failed to ensure Resident #72 was not physically abused by Resident #35. Findings: Review of the facility policy titled: Abuse Prevention and Investigation, undated read in part . The facility defines resident abuse as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish . Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish . Willful means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. Physical Abuse includes hitting, slapping, pinching, and kicking. f. Residents-to-resident abuse allegations will be reviewed and the safety of residents will be ensured. Resident #72 Review of Resident #72's medical record revealed an admitted [DATE]. Resident #72 had diagnoses that included in part . Cerebral Infarction, Muscle Wasting and Atrophy, Generalized Muscle Weakness, Abnormalities of Gait and Mobility, Schizophrenia, and Bipolar Disorder. Review of Resident #72's Quarterly MDS with an ARD of 01/28/2025, revealed a BIMS of 14, indicating intact cognition. Review of Resident #72's Care Plan dated 09/11/2024 revealed in part . A problem of Potential for alteration in psychosocial status. Intervention included: 07/19/2024 at 10:27 p.m. Another resident was hitting this resident with his cane after he became upset with resident over the use of bathroom shared by both residents. Review of Resident #72's Nursing Notes read as follows in part . (continued on next page)

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	07/19/2024 at 10:27 p.m., S4 LPN documented: This nurse noted hollering and cursing from Room A area. When this nurse passed Room A, noted Resident #35 in wheelchair, in doorway of bathroom. Noted Resident #35 with cane raised in right hand, and slowly lowering it as he backed out of the bathroom doorway. Resident #72 then walked out of Room A and reported you need to do something with him! He (Resident #35) hit me with his cane on my shoulder! Resident #72 indicated his top of right shoulder area was hit with cane. Resident #72 assessed for injury with no redness, bruising, or swelling noted. Resident #72 denies complaints of pain and denies hitting head. When asked what had happened, Resident #72 stated I was using the toilet when he (Resident #35) came in. I told him to leave because I was using the bathroom. He started talking at me, but I couldn't understand him. Then he started hitting me on my shoulder with his cane. That's when I came out and told you what happened. Interview with Resident #72 on 02/03/2025 at 10:47 a.m. revealed, in 07/2024 he shared a restroom with Resident #35. Resident #72 stated that he was on the toilet in the restroom when Resident #35 came into the restroom and just looked at him. Resident #72 stated that he told Resident #35 to get out, and asked him what he was doing. Resident #35 did not respond. Resident #72 stated that he cleaned himself and got off the toilet. Resident #72 stated he walked past Resident #35, who was in the doorway of the bathroom, with a cane in his hand. Resident #72 stated that once he was past the doorway, Resident #35 turned around, and hit him (Resident #72) on his shoulder with the cane. Resident #72 revealed that Resident # 35 used a wheelchair, and that he was not using the cane to walk with, but as a weapon. Resident #72 stated that staff heard him say, He in here hitting people with this cane, and came in to see what happened. Resident #72 stated that he had a little pain, but it did not last long, and he refused to go to the hospital to be checked out. Resident #72 stated, I was not hurt. Resident #35 Review of Resident #35's medical record revealed an admitted [DATE]. Resident #35 had diagnoses that included in part . Major Depressive Disorder, Problem related to Social Environment, Problem related to Unspecified Psychosocial Circumstances, Bipolar Disorder, Impulse Disorder, Dementia, and Psychotic Disorder with Delusions due to Known Physiological Condition. Review of Resident #35's Quarterly MDS with an ARD of 12/16/2024, revealed the following: A BIMS of 08, indicating moderate cognitive impairment. Resident #35 had verbal behavioral symptoms directed toward others, and other behavioral symptoms not directed toward others that occurred 1 to 3 days, during the assessment period. Resident #35 had a behavior of rejecting care that occurred 1-3 days, during the assessment period. Resident #35 used a manual wheelchair for mobility. Resident #35 required partial/moderate assistance with toileting hygiene, and required Supervision or touching assistance for changing from sitting to standing position. Review of Resident #35's Care Plan dated 09/13/2024 revealed in part . A problem of History of combative behavior, with interventions that included: 07/19/2024 at 10:27 p.m., Resident #35 was hitting another resident with his cane after he became upset with Resident #72 over the use of bathroom shared by both residents. Review of Resident #35's Nursing Notes revealed the following in part . (continued on next page)

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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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	07/19/2024 at 10:27p.m., S4 LPN documented: When asked what had happened, Resident #35 shook his head and denied having hit resident #72. Resident #35 became upset with staff, and fussed at, and cursed at staff. Residents separated and cane removed. Physician notified at this time of incident. New order noted at this time to move Resident #35 to empty bed on secured unit, and monitor one-on-one until psych placement. Resident #35 assisted with move to Room B, and started one-on-one monitoring. On 07/20/2024 at 2:07 p.m.: L/E 7/20/24 - Resident #35 being transferred to behavioral hospital via behavioral hospital transportation. Resident #35 was transferred at 11:30 a.m. Interview on 02/05/2025 at 9:30 a.m. with S2 DON, revealed Resident #35 had a history of behaviors, and confirmed that on 07/19/2024, Resident #35 hit Resident #72 with his cane. Resident #35 was moved to the secure unit and placed on one-on-one monitoring until he was transferred to the behavioral hospital at 11:30 a.m. on 07/20/2024. Interview with S2 DON on 02/05/2025 at 5:50 p.m., confirmed the facility substantiated Resident to Resident Abuse related to the 07/19/2024 incident between Resident #35 and Resident #72.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51096 Based on record review and interview, the facility failed to ensure an allegation of resident to resident abuse was thoroughly investigated for 2 (Resident #72 and Resident #35) of 3 (Resident #28, Resident #35 and Resident #72) residents reviewed for abuse. Findings Review of the facility's undated policy, titled Abuse Prevention and Investigation, revealed the following in part . f. Residents-to-resident abuse allegations will be reviewed, and the safety of the residents will be ensured. Resident # 72 Review of Resident #72's medical record revealed an admitted [DATE]. Resident #72 had diagnoses that included in part . Cerebral Infarction, Muscle Wasting and Atrophy, Generalized Muscle Weakness, Abnormalities of Gait and Mobility, Schizophrenia, and Bipolar Disorder. Review of Resident #72's Quarterly MDS with an ARD of 01/28/2025, revealed a BIMS of 14, indicating intact cognition. Review of Resident #72's Care Plan dated 09/11/2024 revealed in part . A problem of Potential for alteration in psychosocial status. Intervention included: 07/19/2024 at 10:27 p.m. Another resident was hitting this resident with his cane after he became upset with resident over the use of bathroom shared by both residents. Review of Resident #72's Nursing Notes read as follows in part . 07/19/2024 at 10:27 p.m., S4 LPN documented: This nurse noted hollering and cursing from Room A area. When this nurse passed Room A, noted Resident #35 in wheelchair, in doorway of bathroom. Noted Resident #35 with cane raised in right hand, and slowly lowering it as he backed out of the bathroom doorway. Resident #72 then walked out of Room A and reported you need to do something with him! He (Resident #35) hit me with his cane on my shoulder! Resident #72 indicated his top of right shoulder area was hit with cane. Resident #72 assessed for injury with no redness, bruising, or swelling noted. Resident #72 denies complaints of pain and denies hitting head. When asked what had happened, Resident #72 stated I was using the toilet when he (Resident #35) came in. I told him to leave because I was using the bathroom. He started talking at me, but I couldn't understand him. Then he started hitting me on my shoulder with his cane. That's when I came out and told you what happened. (continued on next page)

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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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with Resident #72 on 02/03/2025 at 10:47 a.m. revealed, in 07/2024 he shared a restroom with Resident #35. Resident #72 stated that he was on the toilet in the restroom when Resident #35 came into the restroom and just looked at him. Resident #72 stated that he told Resident #35 to get out, and asked him what he was doing. Resident #35 did not respond. Resident #72 stated that he cleaned himself and got off the toilet. Resident #72 stated he walked past Resident #35, who was in the doorway of the bathroom, with a cane in his hand. Resident #72 stated that once he was past the doorway, Resident #35 turned around, and hit him (Resident #72) on his shoulder with the cane. Resident #72 revealed that Resident # 35 used a wheelchair, and that he was not using the cane to walk with, but as a weapon. Resident #72 stated that staff heard him say, He in here hitting people with this cane, and came in to see what happened. Resident #72 stated that he had a little pain but it did not last long and he refused to go to the hospital to be checked out. Resident #72 stated, I was not hurt. Resident #35 Review of Resident #35's medical record revealed an admitted [DATE]. Resident #35 had diagnoses that included in part . Major Depressive Disorder, Problem related to Social Environment, Problem related to Unspecified Psychosocial Circumstances, Bipolar Disorder, Impulse Disorder, Dementia, and Psychotic Disorder with Delusions due to Known Physiological Condition. Review of Resident #35's Quarterly MDS with an ARD of 12/16/2024, revealed the following: A BIMS of 08, indicating moderate cognitive impairment. Resident #35 had verbal behavioral symptoms directed toward others, and other behavioral symptoms not directed toward others that occurred 1 to 3 days, during the assessment period. Resident #35 had a Behavior of rejecting care that occurred 1-3 days, during the assessment period. Resident #35 used a manual wheelchair for mobility. Resident #35 required partial/moderate assistance with toileting hygiene, and required Supervision or touching assistance for changing from sitting to standing position. Review of Resident #35's Care Plan dated 09/13/2024 revealed in part . A problem of History of combative behavior, with interventions that included: 07/19/2024 at 10:27 p.m., Resident #35 was hitting another resident with his cane after he became upset with Resident #72 over the use of bathroom shared by both residents. Review of Resident #35's Nursing Notes revealed the following in part . 07/19/2024 at 10:27p.m., S4 LPN documented: When asked what had happened, Resident #35 shook his head and denied having hit resident #72. Resident #35 became upset with staff, and fussed at, and cursed at staff. Residents separated and cane removed. Physician notified at this time of incident. New order noted at this time to move Resident #35 to empty bed on secured unit, and monitor one-on-one until psych placement. Interview with S2 DON on 02/05/2025 at 09:30 a.m., revealed the facility had substantiated resident to resident physical abuse of Resident #72 by Resident #35, that occurred on 07/19/2024. Interview with S2 DON on 02/05/2025 at 5:50 p.m., revealed that monitoring and interviewing of other residents was not completed as part of the alleged abuse investigation, and should have been, to ensure the safety of other residents. S2 DON confirmed other residents were not monitored for Resident to Resident Abuse.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51596 Based on record review and interview, the facility failed to accurately code the resident's Minimum Data Set (MDS) assessment for use of a hearing aid for 1 (Resident #48) of 42 sampled residents. Findings: Record review of Resident #48 revealed an admitted [DATE]. Review of Resident #48's Quarterly MDS with ARD 12/02/2024 revealed, in part . Section B: difficulty hearing in some environments, Hearing Aid: No. Section C: BIMS score of 15, indicating intact cognition. An interview was conducted with Resident #48 on 02/03/2025 at 02:26 p.m. Resident #48 stated she had difficulty hearing because the batteries were dead in her hearing aids. An interview was conducted with Resident #48 on 02/05/2025 at 02:16 p.m. Resident #48 stated the batteries were replaced in her hearing aids on 02/04/2025. Resident #48 reported having hearing aids for approximately 1 year. An interview was conducted with S15 MDS and S16 MDS on 02/05/2025 at 4:15 p.m. S15 MDS and S16 MDS stated they were responsible for completion of MDS assessments for residents. S15 MDS and S16 MDS confirmed they were not aware Resident #48 had hearing aids. S15 MDS and S16 MDS confirmed hearing aid should be indicated in Section B of the MDS if the resident has a hearing aid. S15 MDS and S16 MDS confirmed Resident #48's MDS should have been indicated for hearing aid, but was not. An interview of S3 Social Services Director on 02/05/2025 at 4:32 p.m. revealed Resident #48 had received hearing aids on 08/03/2023.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51596 Based on interviews and record review, the facility failed to implement a care plan for hearing aid for 1 (Resident #48) of 42 sampled residents. Findings: Record review for Resident #48 revealed an admitted [DATE]. Review of Resident #48's Quarterly MDS with ARD of 12/02/2024 revealed, in part . Section B: difficulty hearing in some environments, Hearing Aid: No. Section C: BIMS score of 15, indicating intact cognition. Review of Care Plan for Resident #48 revealed there was no care plan related to hearing aids. During an interview conducted on 02/03/2025 at 2:26 p.m., Resident #48 stated she had difficulty hearing because the batteries were dead in her hearing aids. An interview was conducted with Resident #48 on 02/05/2025 at 2:16 p.m. Resident #48 confirmed the batteries were replaced in her hearing aids on 02/04/2025. Resident #48 reported having hearing aids for approximately 1 year. During an interview conducted on 02/05/2025 at 4:15 p.m., S15 MDS and S16 MDS stated they were responsible for completion of MDS assessments. S15 MDS and S16 MDS confirmed they were not aware Resident #48 had hearing aids. S15 MDS and S16 MDS confirmed hearing aid should be indicated in Section B of the MDS if the resident has a hearing aid. S15 MDS and S16 MDS confirmed Resident #48's MDS should have been indicated for hearing aid, and placed on the plan of care, and was not. An interview of S3 Social Services Director on 02/05/2025 at 4:32 p.m. revealed Resident #48 had received hearing aids on 08/03/2023.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47004 Based on interview and record review the facility failed to ensure each Resident's drug regimen was free from unnecessary drugs. The facility failed to provide documentation of a clinical rationale to continue use of psychotropic medications for 1 (#26) of 5 (#13, #22, #25, #26, and #35) sampled resident's reviewed for psychotropic medication usage. Findings: Review of Resident #26's medical record revealed an admitted [DATE] with diagnoses that included in part . Cognitive Communication Deficit, Generalized Anxiety Disorder, Major Depressive Disorder, Bipolar Disorder, Unspecified Dementia, Delusional Disorders, and Hallucinations. Review of Resident #26's Annual MDS with an ARD of 12/03/2024 revealed Resident #26 had a BIMS of 01 (Severe Cognitive Impairment). Resident #26 received Antipsychotic, Antianxiety and Antidepressant medications. Review of Resident #26's 01/2025 Physicians Orders revealed in part . Trazodone (antidepressant) 50mg, Give 0.5 tablet via g-tube one time a day for depression Trazodone (antidepressant) 50mg, Give 25mg via g-tube at bedtime for depression Trazodone(antidepressant) 50mg, Give 12.5mg via g-tube one time a day for depression Clonazepam (antianxiety) 0.5mg, Give 1 tablet via g-tube one time a day for anxiety Clonazepam (antianxiety) 1mg, Give 1 tablet via g-tube one time a day for anxiety Clonazepam (antianxiety) 5mg, Give 1 tablet via g-tube at bedtime for anxiety Olanzapine (antipsychotic) 5mg, Give 1 tablet via g-tube at bedtime for depression Olanzapine (antipsychotic) 2.5mg, Give 1 tablet via g-tube one time a day for increased mood behaviors Review of Resident #26's Pharmaceutical Consultant Report dated 09/23/2024 revealed the consultant pharmacist requested the physician to evaluate the use of the following psychotropic medications and to consider a dose reduction; Clonazepam, 1mg daily, Clonazepam 0.5mg daily, Olanzapine 5mg at night, Olanzapine 2.5mg daily, Trazodone 25mg daily, Trazodone 12.5mg daily, and Trazodone 25mg at night. The report read if a dose reduction is not desired, CMS regulations require a clinical rationale as to why a dose reduction is contraindicated, and to provide the clinical rationale as indicated on the form. Review of the Pharmaceutical Consultant Report revealed there was no documentation of clinical rationale provided by physician for continuance of the medications. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 02/05/2025 at 6:10 p.m. with S2 DON confirmed the physician should have provided a documented rationale for continuing Resident #26's psychotropic medications on the 09/23/2024 Pharmaceutical Consultant Report.

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F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. 51596 Based on observations, interviews, and record review, the facility failed to provide each resident with a nourishing diet that met his or her daily nutritional needs. This deficient practice had the potential to affect the 75 residents who were prepared and served meals from the kitchen. Findings: Review of the facility's undated policy entitled Diet Orders revealed, in part .The facility will serve diets as ordered by the physician. A regular diet contains all food groups and is planned to provide all then nutrients necessary to provide and maintain proper nutrition. For a pureed diet, foods are processed in a food processor. Procedures have been developed to puree food to provide correct and adequate portions equivalent to portions used on regular diets. Review of the facility's undated policy entitled Portion Control revealed, in part .Ladles are sized according to their capacity: 1/4 cup = 2 ounces, 1/2 cup = 4 ounces, 3/4 cup = 6 ounces, and 1 cup = 8 ounces. Scoops are sized by the number: 6 = 2/3 cup, 8 = 1/2 cup, 10 = 2/5 cup, 12 = 1/3 cup, and 16 = 1/4 cup. Observation on 02/03/2025 at 10:34 a.m. revealed the facility was currently on Monday, Week 2 of the approved dietary menu. Review of the menu revealed, in part . Regular Diet and Regular Soft Diet - Lunch serving size 3 ounces, sausage. Regular Pureed Diet - Lunch serving size 1/3 cup sausage, and 1/2 cup peas. Mechanical Soft Diet - Lunch serving size 1/3 cup sausage. Observation on 02/03/2025 at 11:27 a.m. revealed S9 DS used a 1/3 cup green-handled scoop to serve pureed peas when she prepared trays for residents with a pureed diet. S9 DS used tongs to serve 6 to 10 round slices of sausage when she prepared trays for residents with regular or soft diets. Interview on 02/03/2025 at 11:36 a.m. with S9 DS revealed the scoop size for each menu item served was whatever she chose. S9 DS confirmed she did not refer to the menu when selecting scoop sizes prior to serving and preparing meal trays. S9 DS confirmed she did not know if she was serving each resident 3 ounces of sausage. S9 DS confirmed she was not serving each resident the same amount of sausage. Interview on 02/03/2025 at 11:36 a.m., S8 DM confirmed incorrect portion sizes of pureed peas, and sausage were prepared and served to residents for the 02/03/2025 lunch meal service.

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. 51596 Based on observations, interviews and record review, the facility failed to ensure support personnel were competent to safely and effectively carry out the functions of the food and nutrition service. This deficient practice had the potential to affect the 75 residents who were prepared and served meals from the kitchen. Findings: Review of the facility's undated policy entitled Dietary Daily Functions revealed, in part . dietary staff preparing meal trays to be served to residents are to check all menu items to determine the correct serving utensil. Dietary staff are to monitor and record the parts per million (ppm) of sanitizer solution in the 3-part sink. 200ppm is desired. Observation on 02/03/2025 at 10:59 a.m. revealed S9 DS incorrectly monitoring ppm of sanitizing solution by inserting the testing strip into the sink used for washing, rather than into the sink used for sanitization. Interview with S8 DM on 02/03/2025 at 11:42 a.m. revealed S9 DS was responsible for monitoring ppm of sanitizing solution. Review of sanitization log on 02/03/2025 at 11:55 a.m. revealed ppm of sanitization solution in sanitization sink had been recorded three times per day since 01/01/2025. S8 DM confirmed the ppm of the sanitization solution had been documented below the acceptable concentration for every entry in the sanitization log. S8 DM confirmed sanitization solution should be at least 200ppm to safely and correctly sanitize dishes. Review of employee training records for S8 DM, S9 DS, S11 DS, and S12 DS revealed no documentation of training specific to tasks performed by dietary staff to ensure they can safely and effectively carry out the functions of the food and nutrition service. Observation on 02/05/2025 at 10:45 a.m. revealed three entries in the sanitization log on 02/04/2025 and one entry on 02/05/2025. All four entries documented sanitization solution ppm below the acceptable range for dishes to be safely and correctly sanitized. Interview on 02/05/2025 at 12:00 p.m. S8 DM confirmed the sanitization log reveals there was unacceptable sanitization solution in the sanitization sink on 02/04/2025 and 02/05/2025. S8 DM confirmed there is no established or documented training process to ensure dietary staff are competent. S8 DM confirmed there is no established or documented training process to ensure dietary staff can safely and effectively carry out the functions of the food and nutrition service. Interview on 02/03/2025 at 11:36 a.m. with S9 DS revealed the scoop size for each menu item served was whatever she chose. S9 DS confirmed she did not refer to the menu when selecting the scoop sizes for serving food to residents. S9 DS confirmed she did not know if she was serving each resident 3 ounces of sausage. S9 DS confirmed she was not serving each resident the same amount of sausage. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195559	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hessmer Nursing and Rehabilitation Center	3707 Hwy 114 Hessmer, LA 71341

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 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Interview on 02/03/2025 at 11:36 a.m., S8 DM confirmed incorrect serving utensil size was used to serve pureed peas, and sausage to residents for the 02/03/2025 lunch meal service.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195559	A. Building B. Wing	02/05/2025

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 51596 Based on observations, interviews, and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety. This deficient practice had the potential to affect 75 residents who were prepared and served meals from the kitchen. Findings: Review of the facility's undated policy entitled Storage: Freezer revealed, in part .label and date all items. Review of the facility's undated policy entitled Storage: Dry Food revealed, in part .keep all containers tightly closed. Observation on 02/03/2025 at 8:48 a.m. revealed a Ziploc bag of thawed sausage links dated 12/26/2024 in the refrigerator. Three grey pans, each containing 4 undated bags of thawed chicken pieces, were in the refrigerator. Thin red liquid was in the bottom of one grey pan. Interview on 02/03/2025 at 8:55 a.m. with S8 DM revealed she had taken the Ziploc bag of sausage and the 12 bags of chicken pieces from the freezer on 02/01/2025 and placed them into the refrigerator to thaw. S8 DM stated when food is removed from freezer and placed into the refrigerator it should be labeled with the date. S8 DM confirmed she did not date the bag of sausage or the 12 bags of chicken pieces when they were removed from the freezer and placed into the refrigerator, but should have. Observation of the facility Dry Storage room on 02/03/2025 at 9:02 a.m. revealed the following items on the shelves for use: An unopened bag of cookies dated 10/17 with a best by date of 06/17/2024 An unopened bag of flake coconut with a best by date of 09/27/2024 Unopened bags of gelatin dated 10/20 with no expiration date or best by date Opened box of prune juice containing (91) 4-ounce cups dated 08/07/2024 with a best by date of 12/04/2024 Opened jar of Italian Dressing dated 1/29/2025. Label read Refrigerate after opening. Opened 10-pound bag of raisins dated 03/13/2024. Opened bag of breadcrumbs dated 01/19. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195559	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hessmer Nursing and Rehabilitation Center	3707 Hwy 114 Hessmer, LA 71341

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview conducted on 02/03/2024 at 9:18 a.m. with S8 DM revealed unused food is discarded on the expiration or best by date. S8 DM revealed food items are dated when received, and when opened. She stated any opened, unused items are thrown away 7 days after they are opened S8 DM stated if an item does not have an expiration date or a best by date, it should be discarded 2 years after the date it was received. Interview with S8 DM on 02/03/2025 at 9:21 a.m. while in the facility Dry Storage room revealed S8 DM confirmed the cookies and flake coconut should have been discarded, but had not been. S8 DM confirmed the dates on the cookies, gelatin and breadcrumbs were incomplete and should include the year, but did not. S8 DM confirmed the jar of Italian Dressing was not labeled with the date it was opened, but should have been. S8 DM confirmed the jar of Italian Dressing was not refrigerated, but should have been. S8 DM confirmed the bag of raisins was not tightly closed, but should have been. S8 DM confirmed the raisins were not discarded 7 days after the bag was opened, but should have been.