STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195565	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cornerstone at the Ranch	103 West Martial Ave Lafayette, LA 70506

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49784 Based on record review and interviews, the facility failed to notify a resident's physician when a resident had a significant change in condition for 1 (#3) out of 3 (#1, #2, #3) residents sampled. Findings: A review of the facility's policy titled, Change in a Resident's Condition or Status with a last reviewed date of 01/15/2024, read in part, 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 . Review of Resident #3's record revealed she was admitted to the facility on [DATE] with a diagnoses that included in part, Dementia, Human Immunodeficiency Virus, Chronic Kidney Disease, Abnormal Weight Loss, and Moderate Protein- Calorie Malnutrition. Resident #3 had a discharge date of [DATE]. Review of Resident #3's SNF (Skilled Nursing Facility) Nurses' Notes from 10/04/2024 to 10/10/2024 read in part, Gastrointestinal: 6. Does the resident have problems with consistency of bowel movement? B. Diarrhea. On 11/04/2024 at 3:21 p.m., an interview was conducted with S2CNA (Certified Nursing Assistant). S2CNA stated that she cared for Resident #3 during her stay at the facility. She stated that she had frequent loose stools every day, requiring her to change the resident 18-19 times per shift. On 11/06/2024 at 12:30 p.m., an interview was conducted with S3NP (Nurse Practitioner). S3NP stated that he had not been notified of Resident #3's episodes of diarrhea during her stay at the facility and should have been. On 11/06/2024 at 01:46 p.m., a phone interview was conducted with S1LPN (Licensed Practical Nurse). She stated that she had cared for Resident #3. She stated that she was aware of the resident's diarrhea episodes. S1LPN stated that she had not notified the physician of Resident #3's diarrhea. On 11/06/2024 at 01:58 p.m., an interview was conducted with S2CNA. She stated that she had reported twice to the nurse responsible for Resident #3's care of the resident's diarrhea episodes. (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
	195565	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cornerstone at the Ranch	103 West Martial Ave Lafayette, LA 70506

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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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/06/2024 at 04:13 p.m., an interview and record review was conducted with S4CRN (Corporate Registered Nurse). She stated that she was a DON (Director of Nursing) with the corporation and would be answering questions for the facility's DON in her absence. A review of Resident #3's medical record was conducted with S4RN. She confirmed there was documentation of Resident #3's episodes of diarrhea during her stay at the facility. She also confirmed that there was no documentation that Resident #3's physician or NP was notified and should have been.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195565	A. Building B. Wing	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cornerstone at the Ranch	103 West Martial Ave Lafayette, LA 70506

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49784 Based on record reviews and interviews, the facility failed to maintain accurate records in accordance with accepted professional standard and practices for 1(#3) of 3(#1,#2, and #3) sampled residents as evidenced by failure to ensure documentation of bowel charting was accurate. The deficient practice had the potential to effect a total census of 71. Findings: A review of the facility's policy titled, Charting and Documentation with a last reviewed status of 01/15/2024, read in part, . All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. 3. Documentation in the medical record will be objective, complete, and accurate. Review of Resident #3's record revealed she was admitted to the facility on [DATE] with a diagnoses that included in part, Dementia, Human Immunodeficiency Virus, Chronic Kidney Disease, Abnormal Weight Loss, and Moderate Protein- Calorie Malnutrition. Resident #3 had a discharge date of [DATE]. Review of Resident #3's Bowel and Bladder Charting for October 2024, revealed an area on the grid for documentation of Size (S=small, M=Medium, L=Large) and Consistency (S=Soft, H=Hard, W=Watery). Shift #1's documentation read in part: Size: a. 10/04/2024- 10/13/2024: 10 entries with the letter Y Consistency: a. 10/04/2024- 10/09/2024: 6 entries with the letter Y b. 10/10/2024- 10/11/2024: 2 entries with the letter L On 10/06/2024 at 2:45 p.m., an interview and record review of Resident #3's Bowel and Bladder Charting for October 2024 was conducted with S5ADON (Assistant Director of Nursing). S5ADON confirmed that Size was documented with Y and should have been documented with the letters S, M, or L. S. S5ADON also confirmed Consistency was documented with Y and L and should have been documented with the letters S, H, or W. S5ADON confirmed the CNA's (Certified Nursing Assistants) did not document accurately, and the key provided was not used correctly and should have been. On 10/06/2024 at 4:13 p.m., an interview and record review was conducted with S6ADM (Administrator). S6ADM confirmed that documentation by CNA's was not documented correctly by CNAs for Shift #1's Size and Consistency areas of the Bowel and Bladder Charting, for October 2024, and should have been.