

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195567	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER Maison Du Monde Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4000 Rodeo Road Abbeville, LA 70510	

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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, interviews, and facility policy review, the facility failed to protect the residents' right to be free from physical abuse for 2 (Resident #2 and Resident #81) of 2 (Resident #2 and Resident #81) residents investigated for resident to resident abuse. The facility failed to protect: 1. Resident #81 from physical abuse by Resident #2; and 2. Resident #2 from physical abuse by Resident #81. Findings:</p> <p>Review of the facility's policy titled, Abuse Prevention Program with a last review date of 04/09/2025, read in part. Policy Statement: Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms. Policy Interpretation and Implementation: As part of the resident abuse prevention, the administration will: 1. Protect our residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents. 6. Identify and assess all possible incidents of abuse. 8. Protect residents during abuse investigations.</p> <p>Resident #81</p> <p>Review of Resident #81's electronic health record revealed she was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, bipolar disorder and depression with psychotic features.</p> <p>Review of Resident #81's Quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 12/29/2025 revealed she had a Brief Interview for Mental Status (BIMS) score of 14 which indicated she was cognitively intact.</p> <p>Review of Resident #81's progress notes revealed the following:</p> <p>On 12/06/2025 at 17:45 (5:45 p.m.), S11LPN (Licensed Practical Nurse) wrote: Resident (#81) was walking in hallway with walker as another resident (Resident #2) passed by this resident said to the other resident you stole my pop, the other resident (Resident #2) then took her w/c (wheelchair) and ran it into this resident's walker. The staff then took resident's (Resident #2) w/c and began to push her to her room and the resident (Resident #2) reached out and hit this resident (#81) on her leg. This resident began yelling and attempted to hit (Resident #2) back without success because staff was between them. Both residents were taken to their rooms.</p> <p>On 12/07/2025 at 9:44 a.m., S11LPN wrote: Resident (#2) was propelling herself in the hallway and</p> <p>(continued on next page)</p>

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: 195567	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER Maison Du Monde Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4000 Rodeo Road Abbeville, LA 70510	
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>as she passed by (Resident #81) this resident came out of her room and kicked the other resident (#2) on her leg. The resident (#2) yelled ouch she kicked me. This nurse asked this resident what happened and she replied yes I kicked her because she hit me yesterday and stole my pop and I'm not sorry. This nurse then assisted resident (#2) to her room and this resident (#81) stayed in her room and finished eating her breakfast.</p> <p>On 01/28/2026 at 3:14 p.m., an interview was conducted with Resident #81. The resident stated that one day she was returning from exercise class and Resident #2 was leaving her (Resident #81's) room with her pop (soda) and Resident #2 ran her wheelchair into her (Resident #81). She stated she kicked Resident #2 and she yelled. She stated that staff came when they heard the yell and she confessed to them that she kicked Resident #2.</p> <p>Resident #2</p> <p>Review of Resident #2's electronic health record revealed she was admitted to the facility on [DATE] with diagnoses that included, but were not limited to, Alzheimer's disease, dementia, with other behavioral disturbances, major depressive disorder, and anxiety disorder.</p> <p>Review of Resident #2's Quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 12/22/2025 revealed she had a Brief Interview for Mental Status (BIMS) score of 08, which indicated she was moderately cognitively impaired.</p> <p>A review of the facility's incident titled, Physical Aggression Received, dated 12/06/2025 at 14:35, included a note by S11LPN (Licensed Practical Nurse) that revealed in part. This resident (Resident #2) was propelling down the hallway in her w/c (wheelchair), when another resident (Resident #81) walked up and told this resident you stole my pop (soda). This resident (Resident #2) ran into the other resident's (Resident #81) walker. A CNA (certified nurse assistant) ran over and took this resident (Resident #2) and began pushing her w/c towards her room and this resident hit the other resident (Resident #81) on her leg.No injuries observed at time of incident.</p> <p>A review of the facility's incident titled, Physical Aggression Received, dated 12/07/2025 at 07:50, included a note by S11LPN that revealed in part.Resident (Resident #2) was propelling herself in the hallway and as she passed by, the resident (Resident #81) came out of her room and kicked this resident (Resident #2) on her leg. This resident yelled ouch she kicked me. This nurse asked the resident (Resident #81) what happened, and she replied, Yes, I kicked her because she hit me yesterday and stole my pop and I'm not sorry. This nurse then assisted this resident (Resident #2) to her room, and the other resident (Resident #81) stayed in her room and finished eating her breakfast.No injuries observed at time of incident.</p> <p>On 01/28/2026 at 2:14 p.m., a phone interview was conducted with S11LPN regarding the incidents on 12/06/2025 and 12/07/2025 between Resident #2 and Resident #81. S11LPN stated on 12/06/2025, Resident #2 was in the hall, and Resident #81 was walking out of her room, and saw Resident #2 in the hall. Resident #81 stated to Resident #2 something about she had stolen her pop. Resident #2 then approached Resident #81's walker with her wheelchair, and S12CNA separated the residents. When S12CNA was moving Resident #2, she hit Resident #81's leg with her hand. S11LPN stated on 12/07/2025, Resident #2 was propelling herself down the hall, and she passed by Resident #81's room. Resident #81 was coming out of her room when S11LPN stated she heard Resident #2 state, ouch, she kicked me. S11LPN stated she asked Resident #2 what had happened, and she stated that Resident #81 had kicked her in the leg. Resident #81 told S11LPN that she had kicked Resident #2 because she had hit her leg yesterday,</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195567	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER Maison Du Monde Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4000 Rodeo Road Abbeville, LA 70510	

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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>and had stolen her pop. S11LPN stated she informed S1ADM (Administrator) of the incidents on 12/06/2025 and 12/07/2025 at the times that they occurred.</p> <p>On 01/28/2026 at 2:31 p.m., a phone interview was conducted with S12CNA (Certified Nursing Assistant) regarding the incident on 12/06/2025 between Resident #2 and Resident #81. S12CNA stated on 12/06/2025, Resident #2 was wheeling herself down the hall, Resident #81 walked out of her room, and both residents were in the hall at the same time. Resident #81 stated something about Resident #2 stealing her pop. S12CNA stated that when she was separating the residents and wheeling Resident #2 back to her room, she hit Resident #81 on her leg.</p> <p>On 01/28/2026 at 3:53 p.m., an interview and record review were conducted with S1ADM. S1ADM confirmed he was notified by S3SSD (Social Service Director) and S11LPN of the physical altercations between Resident #2 and Resident #81 at the times they occurred on 12/06/2025 and 12/07/2025. S1ADM stated the incidents resulted in no injury to both residents.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195567	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER Maison Du Monde Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4000 Rodeo Road Abbeville, LA 70510	
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)		
<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to complete a discharge summary for 1 (Resident #123) of 3 closed records reviewed. Findings: A review of the facility's policy titled, Discharge Summary and Plan, with a last reviewed date of 04/09/2025, read in part, When the facility anticipates a resident's discharge to private residence, another nursing care facility, a discharge summary and post discharge plan will be developed which will assist the resident to adjust to his or her new living environment. The discharge summary will include a recapitulation of the resident's stay at this facility and a final summary of the resident's status at the time of discharge. A copy of the following will be provided to the resident and receiving facility and a copy will be filed in the resident's medical records: c. discharge summary. A review of Resident #123's record revealed she was admitted to the facility on [DATE] and discharged from the facility on 11/07/2025. Further review of the record revealed no documentation of a discharge summary completed for Resident #123. On 01/28/2026 at 2:06 p.m., a record review and interview was conducted with S3SSD (Social Services Director). S3SSD confirmed Resident #123 was discharged from the facility on 11/07/2025. S3SSD further confirmed that a discharge summary was not completed for Resident #123.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195567	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER Maison Du Monde Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4000 Rodeo Road Abbeville, LA 70510	
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)		
<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure residents received the proper treatment and assistive devices to maintain hearing abilities by failing to follow up with community resources for 1 (Resident #6) out of 44 sampled residents. Findings: Review of the facility's policy titled Social Services, with a last reviewed date of 04/09/2025, read in part: 4. The social worker/social services staff are responsible for: g. making referrals and obtaining needed services from outside entities. Review of Resident #6's EHR (Electronic Health Record) revealed the resident was admitted to the facility on [DATE] and had diagnoses including, but not limited to, end stage renal disease and type 2 diabetes. Review of Resident #6's quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed the resident had a Brief Interview for Mental Status (BIMS) of 13, indicating the resident was cognitively intact. Further review revealed the resident was coded as moderate difficulty for hearing, indicating that the speaker has to increase volume and speak distinctly. Review of Resident #6's plan of care revealed the following: Alteration in communication r/t (related to) HOH (Hard of Hearing) impaction of cerumen reoccurring, does need hearing aids, sent paperwork with family who did not return because of financial issues 01/9/2024. On 01/27/2026 at 10:41 a.m., an interview was conducted with Resident #6. The surveyor had to speak very loudly for the resident to be able to hear the surveyor's questions. The resident stated that she had been waiting for hearing aids for months, and the facility told her that they were waiting on a company to get the hearing aids. On 01/28/2026 at 1:38 p.m., an interview was conducted with S3SSD (Social Services Director). S3SSD stated the resident was seen by an Ears, Nose, Throat (ENT) specialist for her hearing last year, and was recommended for a hearing program that could have provided her assistance with obtaining hearing aids. However, the resident's family had to complete paperwork that included financial information, and the family never returned the paperwork, so she could not participate in the hearing program. On 01/28/2026 at 4:13 p.m., S3SSD provided further information to the surveyor after calling a community provider, and stated that Resident #6 was seen by this community provider on 02/18/2025 to assist the resident with purchasing or obtaining hearing aids. This provider sent out a referral to a second outside provider that was also supposed to provide assistance with obtaining hearing aids for the resident. On 01/29/2026 at 8:30 a.m., a follow up interview was conducted with S3SSD who stated that a representative from the second community provider informed her that Resident #6 was supposed to have an evaluation at their location, but she was never scheduled for that evaluation and the representative was not sure why. She stated it appeared the provider was waiting on communication from another community resource. S3SSD was asked if she followed up with either community provider in February of 2025, and she stated she was not aware that the resident saw the first community provider, or that she was then referred to a second provider. S3SSD was asked who set the appointment up with the first community provider, and she stated that she believed the ENT specialist set that appointment up, but she was not sure. She was then asked how she found out that the resident had an appointment with the first community provider to call them to obtain further information, and she stated that there was another resident who was seen by them who needed hearing aids, so she called out of chance. S3SSD confirmed that after 08/13/2024 when the facility lost communication with the family, she did not try to obtain other assistance or resources for the resident to obtain hearing aids, and did not look into the situation until the surveyor began asking questions on 01/28/2026. On 01/29/2026 at 12:00 p.m., S3SSD provided a progress noted dated 03/05/2024 that was written by herself that read in part: Resident brought information to SSD on . program for hearing aids. SSD reviewed information with resident and informed her that there was a \$300</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195567	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER Maison Du Monde Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4000 Rodeo Road Abbeville, LA 70510	
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)		
<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>application fee for the hearing aids program. Resident stated I don't have that kind of money!. You can't ask them to waive that fee? SSD spoke to . at [ENT] office and explained that resident stated she did not have the money for the application fee. stated that if resident couldn't pay the fee, she would not be able to participate in the program.also stated that resident was referred . for assistance with hearing devices. S3SSD stated that evidently she did know about the referral to the community provider to obtain hearing aids for Resident #6. S3SSD could not explain why she did not follow up with the community provider after not receiving communication from them regarding the resident's hearing aids or for an appointment from February 2025 to now. S3SSD was asked if she was responsible for providing residents with assistance or resources to obtain hearing aids or other assistive devices, and she stated Yea I guess.</p>		