

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195578	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Evangeline Oaks Guest House		STREET ADDRESS, CITY, STATE, ZIP CODE 240 Arceneaux Road Carencro, LA 70520	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49784</p> <p>Based on observations and interviews, the facility failed to provide a safe, sanitary, and comfortable environment as evidenced by failing to ensure that Resident #1's back door frame and north wall were in good repair for 1 (Resident #1) out of 3(#1, #2, and #3) residents sampled.</p> <p>Findings:</p> <p>On 06/24/2024 a review of the facility's policy titled, Homelike Environment with a review date of 01/01/2024 read in part, Residents are provided with a safe, clean, comfortable and homelike environment .</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses that included, but were not limited to, Unspecified Dementia and Essential Hypertension.</p> <p>Review of Resident #1 MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 05/27/2024 revealed he had a BIMS (Brief Interview for Mental Status) of 10, indicating his cognition was moderately intact.</p> <p>On 06/24/2024 at 11:11 a.m., an observation and interview was conducted with Resident #1. He stated that the facility should fix the rotten wood on the back door frame. An observation of the back door frame revealed a section of rotten wood located on the bottom left hand side of the door frame about one foot in height. An observation was made of the Resident #1's north wall on the left side of his bed, where two breaks in the sheetrock was observed.</p> <p>On 06/24/2024 at 11:15 a.m., an interview and observation of Resident #1's room was conducted with S1MNT (Maintenance Supervisor). S1MNT opened Resident #1's back door and kicked the lower portion of the left side of the door frame. The wood from the door framed crumbled. S1MNT stated that Resident #1's door frame should not have been in that condition. S1MNT also confirmed that the north wall on the left side of the Resident #1's bed should not have been in that condition.</p> <p>On 06/24/2024 at 11:17 a.m., an interview and observation of Resident #1's room was made with S2ADM(Administrator). S2ADM confirmed that the Resident #1's back door frame should not have been in that condition. S2ADM confirmed that the Resident #1's north wall on the left side of the Resident #1's bed should not have been in that condition.</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
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