

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/04/2024
NAME OF PROVIDER OR SUPPLIER  Presbyterian Village of Homer		STREET ADDRESS, CITY, STATE, ZIP CODE  3700 Hwy. 79 South Homer, LA 71040	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>37867</p> <p>Based on record review and interview, the facility failed to develop and/or implement written policies and procedures to protect residents from abuse, neglect, exploitation and misappropriation of their property. The facility failed to obtain documentation of Agency/Contract Staff's criminal background checks, Adverse Actions checks, and/or CNA (Certified Nursing Assistant) Registry checks prior to allowing 17 of 17 unlicensed Agency/Contract Staff reviewed (S6 CNA, S7 CNA, S8 CNA, S9 CNA, S10 CNA, S11 CNA, S12 CNA, S13 CNA, S14 CNA, S15 CNA, S16 CNA, S17 CNA, S18 CNA, S19 CNA, S20 CNA, S21 CNA, and S22 CNA) to work with residents in the facility. This practice had the potential to affect all residents in the facility.</p> <p>Findings:</p> <p>Review of the facility's undated Freedom from Abuse, Neglect, &amp; Exploitation policy revealed in part: The facility must not employ or otherwise engage individuals who:</p> <p>a. Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law.</p> <p>b. Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property.</p> <p>Review of the facility's undated Abuse Prevention Program revealed in part: Steps in the Procedure: Our facility is committed to protecting our residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents, consultants, volunteers, staff from other agencies providing services to our residents, family members, legal guardians, surrogates, sponsors, friends, visitors, or any other individual.</p> <p>I. Screening: Human Resources Department will screen potential employees by conducting background checks, including attempting to obtain information from previous employers, and checking with the appropriate licensing boards and registries. The facility will not knowingly employ any individual who has been convicted of abusing, neglecting, or mistreating individuals .</p> <p>Review of facility provided list of agency CNAs revealed the following 17 CNAs had worked in the facility between 05/01/2024 and 06/03/2024: S6 CNA, S7 CNA, S8 CNA, S9 CNA, S10 CNA, S11 CNA, S12 CNA, S13 CNA, S14 CNA, S15 CNA, S16 CNA, S17 CNA, S18 CNA, S19 CNA, S20 CNA, S21 CNA, and S22 CNA.</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:  195579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/04/2024
NAME OF PROVIDER OR SUPPLIER  Presbyterian Village of Homer		STREET ADDRESS, CITY, STATE, ZIP CODE  3700 Hwy. 79 South Homer, LA 71040	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/04/2024 at 2:30 p.m., S1 Administrator reported the facility did not have documentation of criminal background checks or registry checks of any agency CNAs verified prior to them working in the facility. S1 Administrator further indicated the facility took the word of the agency which had screened the contracted staff before releasing them to work, and did not know documentation was needed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/04/2024
NAME OF PROVIDER OR SUPPLIER  Presbyterian Village of Homer		STREET ADDRESS, CITY, STATE, ZIP CODE  3700 Hwy. 79 South Homer, LA 71040	

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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22575</b></p> <p>Based on record review and interview, the facility failed to conduct a comprehensive assessment which included the resident's safe smoking assessment for 1 (#27) of 1 (#27) resident reviewed for smoking.</p> <p>Findings:</p> <p>Review of the Facility Smoking Policy (no date noted) revealed in part:</p> <p>Smoking Procedure:</p> <p>4. Residents who smoke will be assessed upon admission, quarterly, and whenever there is a significant change in their ability to safely handle their smoking products.</p> <p>Review of resident #27's medical record revealed she had the following diagnoses in part: cerebral infarction with hemiplegia, unspecified affecting right dominant side, hereditary and idiopathic neuropathy, and memory deficit following cerebral infarction.</p> <p>Review of resident #27's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed she had a Brief Interview for Mental Status (BIMS) score of 00 which indicated resident was unable to be tested . Further review revealed resident #27 required extensive to total assistance for most activities of daily living.</p> <p>On 06/03/2024 at 9:47 a.m., resident #27 was observed in the outside designated smoking area. Resident #27 was alert with some confusion noted and was wearing a smoking apron, and was smoking a cigarette.</p> <p>Review of resident #27's medical record revealed there was no documented evidence that a smoking assessment was completed quarterly per the facility policy. Further review revealed the most recent smoking assessment completed for resident #27 was in June 2023.</p> <p>During an interview on 06/03/2024 at 10:00 a.m., S2Director of Nursing (DON) confirmed the facility had conducted resident #27's smoking assessments yearly. S2DON reported she was not aware the smoking assessments should have been conducted quarterly.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/04/2024
NAME OF PROVIDER OR SUPPLIER  Presbyterian Village of Homer		STREET ADDRESS, CITY, STATE, ZIP CODE  3700 Hwy. 79 South Homer, LA 71040	
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 0851</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>22575</p> <p>Based on record review and interview, the facility failed to electronically submit (PBJ) Payroll Based Journal staffing data as required. The facility census was 46 residents.</p> <p>Findings:</p> <p>Review of the facility's PBJ Staffing Data Report - [NAME] Report 1705D Fiscal Year Quarter 1 (10/2023 - 12/2023) revealed, in part, the facility triggered regarding they failed to electronically submit PBJ staffing data as required.</p> <p>During an interview on 06/04/2024 at 4:00 p.m., S1Administrator reported he failed to submit PBJ staffing data for the above Quarter 1 of 2024 (10/2023 - 12/2023).</p> <p>30115</p> <p>37867</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/04/2024
NAME OF PROVIDER OR SUPPLIER  Presbyterian Village of Homer		STREET ADDRESS, CITY, STATE, ZIP CODE  3700 Hwy. 79 South Homer, LA 71040	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>19098</p> <p>Based on record review, observation, and interview, the facility failed to ensure a Certified Nursing Assistant (CNA) used Personal Protective Equipment (PPE) for residents on Enhanced Barrier Precautions during transfers for 2 (#44, #46) of 2 (#44, #46) residents reviewed for Enhanced Barrier Precautions.</p> <p>Findings:</p> <p>On 06/04/2024 at 4:16 p.m. review of the undated Enhanced Barrier Precautions (EBP) Policy and Procedures (no date noted) in part revealed:</p> <p>Enhanced Barrier Precautions are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced barrier precautions include gown and glove use during high-contact resident care activities for resident known to be colonized or infected with MDROs as well as those at increased risk of MDRO acquisitions (e.g. residents with wounds or indwelling medical devices). Enhanced Barrier Precautions are an approach of targeted gown and glove use during high contact resident care activities, designed to reduce transmission of Staph Aureus and MDROs.</p> <p>Overview:</p> <ol style="list-style-type: none"> <li>MDRO transmission is common in skilled nursing facilities, contributing to significant morbidity and mortality for resident and increased costs for health care system.</li> <li>EBP is an approach of targeted gown and glove use during high contact resident care activities, designed to reduce transmission of Staph Aureus and MDROs.</li> <li>EBP may be applied (when contact precautions do not otherwise apply) to residents with any of the following:  Wounds or indwelling medical devices, regardless of MDRO colonization status infection or colonization with MDRO.</li> <li>Effective implementation of EBP requires staff training on the proper use of personal protective equipment (PPE) and the availability of PPE with hand hygiene products at the point of care.</li> </ol> <p>Standards:</p> <p>EBH can be applied (when contact precautions do not otherwise apply) to residents with any of the following:  Wounds or indwelling medical devices, regardless of MDRO colonization status.  Infection or colonization with an MDRO.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/04/2024
NAME OF PROVIDER OR SUPPLIER  Presbyterian Village of Homer		STREET ADDRESS, CITY, STATE, ZIP CODE  3700 Hwy. 79 South Homer, LA 71040	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Examples of indwelling medical devices include:</p> <p>Central line, urinary catheter, feeding tube, and tracheostomy/ventilator.</p> <p>Examples of high contact resident care activities include:</p> <p>Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs, or assisting with toileting, device care or use and wound care.</p> <p>Process:</p> <p>Identify resident with indwelling medical devices, who have active MDRO infection or known to have MDRO colonization, and those at risk for MDRO due to wounds or indwelling medical devices.</p> <p>Set up room with EBP PPE supplies.</p> <p>Use gown and gloves while providing high contact care activities.</p> <p>Post clear signage outside of resident rooms indicating the type of PPE required and defining high risk resident care activities.</p> <p>Gowns and gloves should be available outside of each resident room, and alcohol-hand rub should be available for every resident room.</p> <p>Do not need to wear gowns and gloves if transferring residents in dining room and/or commons area.</p> <p>A trash can large enough to dispose of multiple gowns should be available for each room.</p> <p>Review of the EBP sign posted on the resident doors revealed it was a bright orange sign that read:</p> <p>Stop</p> <p>Enhanced Barrier Precautions</p> <p>Everyone Must:</p> <p>Clean their hands, including before entering and when leaving room.</p> <p>Providers and staff must also:</p> <p>Wear gloves and a gown for the following High-Contact Resident Care Activities.</p> <p>Dressing</p> <p>Bathing/Showering</p> <p>Transferring</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/04/2024
NAME OF PROVIDER OR SUPPLIER  Presbyterian Village of Homer		STREET ADDRESS, CITY, STATE, ZIP CODE  3700 Hwy. 79 South Homer, LA 71040	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Changing linens</p> <p>Providing Hygiene</p> <p>Changing briefs or assisting with toileting</p> <p>Device care or use:</p> <p>Central line, urinary catheter, feeding tube, tracheostomy</p> <p>Wound care: any skin opening requiring a dressing.</p> <p>Do not wear the same gown and gloves for the care of more than one person.</p> <p>An observation on 06/02/2024 at 8:10 a.m. revealed an Enhanced Barrier Precaution sign on Resident #44's door. Further review of the EBP sign revealed to wear a gown and gloves when performing the following high-contact resident care activities: Dressing, Bathing/showering, Transferring, Providing hygiene, Changing linens, Changing briefs or assisting with toileting. Observation at that same time of S4 CNA assisting Resident #44 with transferring from the bed to the wheelchair using a slide board revealed S4 CNA was not wearing a gown or gloves.</p> <p>An observation on 06/03/24 at 2:30 p.m. revealed an Enhanced Barrier Precaution sign on Resident #46's door. Observation at the same time of S9 CNA revealed she transferred Resident #46 from the wheelchair to the bed after returning from a physician appointment. S9 CNA was only wearing a mask and gloves and no gown. S9 CNA said she was agency and did not see the sign on the door for EBP and there was no cart with PPE right outside the door. She agreed she needed to have a gown on when transferring Resident #46.</p> <p>On 06/03/2024 at 2:35 p.m., observation of the hallway Resident #46 resided on revealed there were 3 PPE carts that were stocked with gowns, masks and gloves.</p> <p>On 06/04/2024 at 9:46 a.m. review of the infection control training for EBP May 1-31, 2024 revealed S9 CNA was trained on the facility's EBP.</p> <p>An interview was conducted on 06/04/2024 at 2:23 p.m. with S2 Director of Nursing (DON). S2 DON stated all staff, should wear a gown and gloves when transferring a resident on Enhanced Barrier Precautions.</p>		