

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195582	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER Maison D'Acadiens Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2907 East Chambers Basile, LA 70515	

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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>41124</p> <p>Based on record review and interview, the facility failed to transmit a MDS (Minimum Data Set) Assessment within 14 days of completion for 2 (Resident #14 and Resident #43) of 2 sampled residents with MDS records over 120 days old.</p> <p>Findings:</p> <p>Review of the facility's MDS transmission report revealed Resident #14's Quarterly MDS Assessment with ARD (Assessment Reference Date) of 03/07/2024 had been submitted on 04/15/2024.</p> <p>Review of the facility's MDS transmission report revealed Resident #43's Annual MDS Assessment with ARD of 02/29/2024 had been submitted on 04/15/2024.</p> <p>Interview on 04/17/2024 at 11:10 a.m. with S3 Corporate RN confirmed Resident #14's and Resident #43's MDS Assessments had not been transmitted timely and should have been.</p> <p>Interview on 04/17/2024 at 12:00 p.m. with S1 Administrator revealed the facility had recently completed a QAPI plan regarding untimely transmissions of MDS Assessment after being cited and cleared.</p> <p>Review of the facility's MDS transmission performance improvement monitoring, accompanied by S1 Administrator, revealed several assessments had been transmitted on 03/22/2024. Review revealed Resident #14's and Resident #43's MDS Assessments had not been transmitted until 04/15/2024.</p> <p>Interview on 04/17/2024 at 12:05 p.m. with S1 Administrator revealed he was not sure why Resident #14 and Resident #43's MDS Assessments had not been transmitted on 03/22/2024. S1 Administrator confirmed Resident #14 and Resident #43's MDS Assessments had not been transmitted timely and should have been.</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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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31206</p> <p>Based on interview and record review, the facility failed to ensure that a Resident Assessment accurately reflected the cognition status for 1 (Resident #26) Resident. The sample size was 31.</p> <p>Review of Resident #26's EHR revealed an admitted [DATE] with diagnoses that included: Polyneuropathy, Spinal Stenosis, Urine Retention, Transient Paralysis, and Rhabdomyolysis.</p> <p>Review of the Resident #26's Quarterly MDS with an ARD of 12/21/2023 revealed he was interviewable with a BIMS of 10.</p> <p>Review of the BIMS conducted revealed: Repetition of Three Words-2 words repeated; Temporal Orientation (orientation to year, month, and day) missed by 1 year; What month are we in right now? accurate within 5 days; What day of the week is today? Correct; Going back What was the 3 words I asked you to repeat? answered after cueing; Able to recall blue- yes; Able to recall bed- yes. Total score- 10.</p> <p>Review of Resident #26's Quarterly MDS with an ARD of 03/21/2024 revealed he was interviewable with a BIMS of 01.</p> <p>Review of the BIMS conducted revealed: Repetition of Three Words-2 words repeated; Temporal Orientation (orientation to year, month, and day) missed by 1 year; What month are we in right now? accurate within 5 days; What day of the week is today? Correct; Going back What was the 3 words I asked you to repeat? answered after cueing; Able to recall blue- yes; Able to recall bed- yes. Total score- 10.</p> <p>Interviews conducted on 04/15/2024 at 6:30 a.m., 9:50 a.m., and on 04/16/2024 at 9:00 a.m. and 9:45 a.m. with Resident #26 revealed he was interviewable, able to answer all questions with appropriate answers and able to recall events of his hospital stay and surgery in 12/2023.</p> <p>Interview on 04/16/2024 at 10:00 a.m. with S3 Corporate RN confirmed after reviewing and comparing the Quarterly MDS with an ARD of 03/21/2024 and the Quarterly MDS with an ARD of 12/21/2023, there was no difference and no change in Resident #26's cognition status. S3 confirmed there was a transcription error in data input of Resident #26's BIM score entered on 03/21/2024. S3 Corporate RN stated S7 SSD was responsible for conducting and inputting the BIMS information data into the MDS. S3 Corporate RN stated an Addendum would have to be made and the MDS would have to be re-submitted with the correct data.</p> <p>Interview on 04/17/2024 at 1:58 p.m. with S7 SSD revealed she was responsible for conducting the BIMS and entering the information on the MDS hard copy. S7 SSD confirmed she conducted a BIMS on Resident #26 on 03/21/2024 and the resident scored a 10. She confirmed the score of 01 that appeared on the Quarterly MDS with an ARD of 03/21/2024 was entered in error.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44315</p> <p>Based on observation, interview and record review, the facility failed to ensure services were provided to meet professional standards of practice as evidenced by failing to deliver oxygen therapy as ordered for 1 (Resident #2) of 1 resident reviewed for respiratory care. The facility census was 63 residents. Findings:</p> <p>Review of the facility's policy titled, Oxygen Administration read in part . The purpose of this procedure is to provide guidelines for safe oxygen administration. Preparation:</p> <ol style="list-style-type: none"> 1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration. 2. Review the resident's care plan to assess for any special needs of the resident. <p>Review of Resident #2's Medical Record revealed an admitted [DATE] with diagnoses that included COPD with (Acute) Lower Respiratory Infection, Legal Blindness, as defined by USA, Dementia, Personal history of Transient Ischemic Attack and Cerebral Infarction, Essential Primary Hypertension, Hyperlipidemia, Angina Pectoris, Acute and Chronic Respiratory Failure unspecified whether Hypoxia or Hypercapnia.</p> <p>Review of Resident #2's Physician's Orders dated 03/28/2023 revealed the following orders in part .</p> <p>Oxygen at 2 liters per nasal cannula continuous every day and night shift and Oxygen concentrator at 2 liters/nasal cannula to maintain oxygen saturation above 92% every morning and at bedtime to maintain oxygenation.</p> <p>Review of Resident #2's MARs for April 2024 revealed documentation of oxygen administered at 2 liters/minute via nasal cannula continuous.</p> <p>Review of Resident #2's Annual MDS Assessment with an ARD of 03/21/2024 revealed a BIMS score of 00 and resident required oxygen therapy.</p> <p>Review of Resident #2's Care Plans with a target date of 07/06/2024 revealed resident with potential for ineffective breathing patterns related to COPD, decreased lung compliance and has oxygen therapy related to ineffective gas exchange related to respiratory illness with goal to have no signs and symptoms of poor oxygen absorption. Interventions included in part . Administer medications, respiratory treatments and oxygen as ordered and Oxygen settings: Oxygen via nasal prongs at 2 liters continuously.</p> <p>Observation on 04/15/2024 at 8:07 a.m. revealed Resident#2 lying in bed with her eyes closed with oxygen in progress at 3 liters per minute per nasal cannula via oxygen concentrator.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation in Resident #2's room on 04/15/2024 at 2:15 p.m. accompanied by S2 DON verified resident's oxygen was in progress at 3 liters per minute via nasal cannula per oxygen concentrator. S2 DON revealed she would need to check Resident #2's orders, progress notes and with nurse to check if she had altered resident's oxygen concentrator.</p> <p>Interview in Resident #2's room on 04/15/2024 at 2:20 p.m. with S6 Agency LPN revealed that she was not reported any changes with Resident #2 from the nurse she had relieved this morning and she had not adjusted resident's oxygen concentrator today. S6 Agency LPN confirmed Resident #2's physician orders and confirmed that her oxygen concentrator should have been set at 2 liters per minute per nasal cannula continuously and was not.</p> <p>Interview on 04/15/2024 at 2:24 p.m. with S2 DON confirmed Resident #2's oxygen concentrator should have be set to deliver oxygen at 2 liters per minute via nasal cannula continuous as ordered and was not.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31206</p> <p>Based on observation, interview, and record review, the facility failed to ensure that residents who were unable to carry out ADLs (Activities of Daily Living) received the necessary services to maintain good grooming and personal hygiene. The facility failed to provide oral care and nail care to dependent residents for 3 (Resident #9, Resident #10, and Resident #26) of 3 (Resident #9, Resident #10, and Resident #26) residents sampled for ADL's Findings:</p> <p>Review of the Facility's policy titled: Activities of Daily Living (ADLs), with a revised date of March 2018 revealed in part:</p> <p>Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Appropriate care and services will be provided for a resident who is unable to carry out ADLs independently, with the consent of the resident and in accordance with plan of care, including appropriate support and assistance with: Hygiene (bathing, dressing, grooming, and oral care).</p> <p>A resident's ability to perform ADLs will be measured using clinical tools, including the MDS.</p> <p>Resident #9</p> <p>Review of Resident #9's EHR (Electronic Health Record) revealed an admitted [DATE], diagnosis included: Cerebral Infarction, Bipolar Disorder, DM, Intermittent Explosive Disorder, Bipolar Disorder, Unspecified, Anxiety Disorder, and Major Depressive Disorder.</p> <p>Review of Resident #9's Quarterly MDS with an ARD of 01/29/2024 revealed Resident #9 had a BIMS of 05, indicating severely impaired cognition. Resident #9's functional status revealed he required the extensive, physical assistance of one to two persons with all ADLS.</p> <p>Observation of Resident #9 on 04/15/2024 at 9:10 a.m. revealed Resident #9 in a wheelchair in the hallway with 1/2 inch long, thick, gray, facial hair, and long untrimmed fingernails.</p> <p>Observation of Resident #9 on 04/15/2024 at 2:19 p.m. revealed Resident #9 in a wheelchair in the hallway with 1/2 inch long, thick, gray, facial hair, and long untrimmed fingernails.</p> <p>Interview on 04/15/2024 at 2:35 p.m., with S2 DON revealed all male residents were bathed and/or showered on Tuesday, Thursday and Saturday. S2 DON stated ADLs included AM care, oral care, skin/hair care, personal care, and nail care.</p> <p>Observation during this interview revealed Resident #9 approached S2 DON and told S2 DON that he needed to be shaved and his fingernails needed to be trimmed S2 DON confirmed that Resident #9 needed to be shaved and his fingernails needed to be trimmed.</p> <p>Resident #10</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #10's EHR revealed an admitted [DATE], diagnosis included: Multiple Sclerosis, Neuromuscular Dysfunction of the Bladder, Quadriplegia, and Hydronephrosis.</p> <p>Review of Resident # 10's Care Plan with a target date of 05/06/2024 revealed Resident #10 has his own teeth and required 1 person staff to inspect and provide oral care and personal hygiene, and required 2 persons assistance with bathing.</p> <p>Review of Resident #10's Annual MDS with an ARD of 01/09/2024 revealed a BIMS score of 06, (severely impaired cognition), with no psychosis and/or behavioral issues. Resident #10 was assessed as being totally dependent on staff to provide care.</p> <p>Observation on 04/15/2024 at 9:50 a.m., revealed Resident #10 lying in bed. Resident #10 was noted to have a chalky colored film on his lips and in the corner of his mouth, with a foul mouth odor present. Resident #10 was also noted to have 1/2 inch black facial hair with long untrimmed fingernails. Interview with Resident #10 at the time of observation revealed Resident #10 was a quadriplegic and dependent on the staff to perform all of his ADLs. Resident #10 stated no one had offered to brush his teeth before or after breakfast.</p> <p>Observation on 04/15/2024 at 2:07 p.m. of Resident #10 accompanied by S2 DON confirmed Resident #10 needed oral care, nail care, and needed to be shaved. S2 DON stated the CNAs were responsible for providing nail care, oral care and shaving Resident #10 during baths and as needed. S2 DON stated the CNAs should have provided AM care which included oral care to Resident #10 before breakfast and had not.</p> <p>Resident #26</p> <p>Review of Resident #26's EHR revealed an admitted [DATE] with diagnoses that included: Polyneuropathy, Spinal Stenosis, Urine Retention, Transient Paralysis, and Rhabdomyolysis.</p> <p>Review of Resident # 26's Care Plan with a target date of 06/28/2024 revealed Resident #26 had a self- care performance deficit with ADLs related to Dementia and Impaired Balance. Resident #26's interventions included: check nail length and trim, and clean on bath day as needed.</p> <p>Review of Resident #26's Quarterly MDS with an ARD of 03/21/2024 revealed a BIMS score of 01, severe cognitive impairment, with no psychosis and/or behavioral issues. Resident #26 was assessed as being totally dependent on staff.</p> <p>Interviews conducted with Resident #26 on 04/15/2024 at 6:30 a.m., 9:50 a.m., and on 04/16/2024 at 9:00 a. m. and 9:45 a.m. revealed Resident #26 was able to answer all questions with appropriate answers.</p> <p>Observation on 04/15/2024 at 6:30 a.m. revealed Resident #26 in bed with, thick, gray, facial hair that was 1/2 inch in length. Dark dried substance was observed around Resident #26's cuticles and under his fingernail beds. Interview with Resident #26 at the time of observation revealed it had been weeks since he was last shaved, and he was not certain the last time that his fingernails were cleaned.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation of Resident #26 on 04/15/2024 at 2:12 p.m. accompanied by S2 DON confirmed Resident #26 needed to be shaved and his fingernails needed to be cleaned and had not been.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44315</p> <p>Based on observation, interview and record review, the facility failed to ensure that food was properly stored, prepared, distributed and served in accordance with professional standards for food service safety. The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Expired/ outdated items were not available for resident consumption; 2. Dry food storage room was clean and free from residue from insects; 3. Kitchen utensils/ scoops were stored under sanitary conditions; 4. Refrigerated food contents were labeled and dated; 5. Kitchen linens were clean and properly stored. <p>The total facility census was 63 residents. Findings:</p> <p>Review of the facility's Policy and Procedure titled, Food Storage read in part . Policy: Sufficient storage facilities will be provided to keep foods safe, wholesome, and appetizing. Food will be stored in an area that is clean, dry and free from contaminants. Procedure:</p> <ol style="list-style-type: none"> 1. Storage areas will be free from rodent and insect infestation, and will be treated for pests and vermin on a regular basis. 7. All stock must be rotated with each new order received. Rotating stock is essential to assure the freshness and highest quality of all foods. 7. c. Date markings will be visible on all high-risk food to indicate the date by which a ready-to-eat. TCS food should be consumed, sold or discarded. 9. Scoops must be provided for bulk foods (such as sugar, flour and spices). Scoops are not to be stored in food or ice containers, but are kept covered in a protected area near the containers. Scoops are washed and sanitized on a regular basis. <p>Observation on initial tour of the kitchen on [DATE] at 6:05 a.m., accompanied by S4 DM, revealed the following items on the shelf available for use:</p> <ol style="list-style-type: none"> 1. Four -12 pack of hamburger buns with an expiration date of [DATE]; 2. One opened bag undated with 6 hamburger buns left with an expiration date of [DATE]; and 3. One opened bag undated with 2 hamburger buns with expiration date of ,d+[DATE]. <p>Observation during tour of the kitchen on [DATE] at 11:15 a.m. accompanied by S6 Cook revealed:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ol style="list-style-type: none"> 1. One laundry basket full of soiled kitchen linens; 2. One scoop noted inside of the (Fruit Loops) cereal bin; 3. One scoop noted inside of the flour bin; 4. One small bowl noted inside of the (corn flakes) cereal bin; 5. Two refrigerated containers of chicken noodle soup without a label or date; and 6. One metal container with cream colored batter without a label of contents or date in the refrigerator. <p>Observation of the facility kitchen's dry food storage room on [DATE] at 11:15 a.m. accompanied by S5 Cook revealed multiple dark brown droplets of insect droppings noted on top of the storage shelves. S5 Cook confirmed the findings of insect droppings on the shelves in the dry food storage room. S5 cook revealed every Thursday after delivery truck comes, the staff put up food and supplies, vacuum the shelves, and move up closer dated items up front for sooner use. S5 Cook revealed the staff must not have cleaned the shelves in the dry food storage room. S5 Cook revealed the weekend staff had not taken the dirty kitchen towels to laundry to be cleaned.</p> <p>Interview on [DATE] at 12:08 p.m. with S4 DM confirmed the above findings. S4 DM confirmed the signs of pest residue noted on the shelves in the dry food storage area.</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>44315</p> <p>Based on observation, interview and record review the facility failed to dispose of garbage and refuse properly. The total facility census was 63 residents. Findings:</p> <p>Review of facility's policy titled, Food-Related Garbage and Refuse Disposal read in part . Policy Statement: Food-related garbage and refuse are disposed of in accordance with current state laws. Policy Interpretation and Implementation:</p> <p>2. All garbage and refuse containers are provided with tight-fitting lids or covers and must be kept covered when stored or not in continuous use.</p> <p>5. Garbage and refuse containing food waste will be stored in a manner that is inaccessible to pests.</p> <p>6. Storage areas will be kept clean at all times, and shall not constitute a nuisance.</p> <p>7. Outside dumpsters provided by garbage pickup services will be kept closed and free of surrounding litter.</p> <p>Observation on 04/15/2024 at 5:45 a.m. revealed the doors of the facility dumpster were open and several white trash bags were stacked inside. Observation at this time revealed several pieces of paper trash on the ground surrounding the facility's dumpster.</p> <p>Interview on 04/15/2024 at 7:55 a.m. with S4 DM confirmed the above findings. S4 DM confirmed that the facility's dumpster doors should have been closed and were not. S4 DM confirmed the area surrounding the dumpster should have been cleaned and was not.</p> <p>Observation on 04/15/2024 at 8:30 a.m. of the facility dumpster accompanied by S1 Administrator and S2 DON revealed the dumpster doors were open. Interview at this time with S1 Administrator confirmed the facility's dumpster doors were open and should have been closed.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>44315</p> <p>Based on observations and interviews and record review, the facility failed to maintain an effective pest control program to ensure residents had a pest free environment. The deficient practice had the potential to affect all 63 residents that resided in the facility. Findings:</p> <p>Review of the facility's policy titled, Pest Control read in part . Policy Statement: Our facility shall maintain an effective pest control program. Policy Interpretation and Implementation:</p> <p>1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.</p> <p>6. Maintenance services assist, when appropriate and necessary, in providing pest control services.</p> <p>Observation during the initial tour of the kitchen on 04/15/2024 at 6:05 a.m. revealed multiple flies flying around in the kitchen. Interview at this time with S4 DM revealed that the weekend staff must have left the door open for the flies to have come in.</p> <p>Observation of the facility kitchen's dry food storage room on 04/15/2024 at 11:15 a.m. accompanied by S5 Cook revealed multiple dark brown droplets of insect droppings noted on top of the storage shelves. S5 Cook confirmed the findings of insect droppings on the shelves in the dry food storage room.</p> <p>Interview on 04/15/2024 at 12:08 p.m. with S4 DM confirmed the signs of pest residue noted on the shelves in the dry food storage area.</p> <p>Review of the facility's pest control service receipts revealed exterminating services were provided monthly with the last treatment provided on 04/12/2024.</p> <p>Observation on 04/16/2024 at 12:05 p.m. revealed flies flying around in the Activity room.</p> <p>Observation on 04/17/2024 at 7:55 a.m. in Room A revealed a fly flying around in a resident's room. Observation at this time revealed S8 LPN swatting the fly away and S8 LPN confirmed flies flying around the facility.</p> <p>Interview on 04/17/2024 at 5:35 p.m. with S1 Administrator confirmed above findings.</p>		