| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195582 | A. Building<br>B. Wing | 06/09/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Maison D'Acadiens Care Center | 2907 East Schambers<br>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) |
|---|---|
| F 0628<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure the discharge summary included a recapitulation of the resident's stay for 1 (Resident #66) of 3 closed records reviewed.<br>Findings:Review of the facility's policy titled Discharge Summary and Plan with a revised date of 03/2025 read in part, When a resident's discharge is anticipated, a discharge summary is created and the discharge plan is finalized to assist the resident with plans for care after discharge. Discharge Summary: 1. a. discharge summary includes: a recapitulation of the resident's stay at the facility (a concise summary of the resident's stay and course of treatment in the facility). Review of Resident #66's medical record revealed an admission date of 03/31/2026 and a discharged date of 04/10/2026.Review of Resident #66's Discharge summary dated [DATE] revealed in part, Resident #66 was discharged to another facility. Further review of discharge summary revealed no recapitulation of Resident #66's stay in the current facility. Review of Resident #66's departmental facility progress notes revealed a nursing note documented on 04/10/2026 at 8:00 a.m., read in part, Resident #66 leaving at this time, 8:00 a.m., with staff driver in transport to new facility. Attempt made to call and give report, no answer. Message left on nursing facility's answering machine for call back.On 06/09/2026 at 11:31 a.m., requested Resident #66's recapitulation of his stay from S6 SSD. Interview on 06/09/2026 at 12:44 p.m., S6 SSD confirmed that Resident #66's discharge summary did not include a recapitulation of his stay.Interview on 06/09/2026 at 1:34 p.m., S3 ADON confirmed Resident #66's discharge summary didn't include a recapitulation of his stay at the facility but should have. |

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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| F 0676<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.<br><br>Based on observation, interview, and record review, the facility failed to ensure residents received the necessary services to maintain good grooming. The facility failed to provide proper hair grooming for 1 (#54) of 17 sampled resident. The current census was 65.Findings: Review of the facility's policy titled Activities of Daily Living, Supporting with a revised date of 03/2018 read in part.Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living. Appropriate care and services will be provided for resident, including support and assistance with: a. Hygiene (bathing dressing grooming, and oral care) Review of Resident #54's medical record revealed an admit date of 05/06/2025 with the following diagnoses in part .Major Depressive Disorder, Anemia, Chronic Kidney Disease, and Mild Intellectual Disability. Review of Review #54's Annual MDS with an ARD date of 05/13/2026 revealed Client #54 has a BIMS score of 15 indicating intact cognition. Resident #54 required supervision/touch assistance with personal hygieneAn observation on 06/07/2026 at 10:05 a.m., Resident #54 observed with 4 inch long hair to back of head with little hair to top of his head. Resident #54 stated that he likes his hair cut short but does not think that they cut hair here at this facility. An observation on 06/08/2026 at 10:30 a.m., with Resident #54 observed sitting in room, resident continued with long hair around 4 inches long to back of head. An interview on 06/08/2026 at 10:48 a.m., S7 Activity Director stated that the facility does not have a hairdresser that comes out on a regular basis. S7 Activity Director revealed that she's never asked Resident #54 if he would like his hair cut. An interview on 06/08/2026 at 12:59 p.m., S8 [NAME] Clerk/CNA Supervisor accompanied this surveyor to Resident #54's room, S8 [NAME] Clerk/CNA Supervisor asked Resident #54 if he would like his hair cut today, and he stated that he would like for it to be cut short. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation, and interview the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety. This deficient practice had the potential to affect all residents that received meals prepared by the kitchen. The facility census was 65. Findings: Review of the facility's policy on 06/09/2026 at 12:52 p.m. titled: Sanitization with a revised date of 11/2022 read in part . The food service area is maintained in a clean and sanitary manner. Service area wiping cloths are cleaned and dried or placed in a chemical sanitizing solution of appropriate concentration.Observation of the facility's kitchen on 06/07/2026 at 8:44 a.m. accompanied by S5 [NAME] revealed: The kitchen's floor was heavily soiled with unknown brown substances and food items. Underneath the sink, was an uncovered crate that held multiple dirty and soiled towels. Observation of the facility's kitchen on 06/07/2026 at 10:45 a.m., accompanied by S4 Dietary Manager revealed: The kitchen's floor was heavily soiled with unknown brown substances and food items. Underneath the sink, was an uncovered crate that held multiple dirty and soiled towels.Interview on 06/07/2025 at 1:01 p.m., S4 Dietary Manager stated they threw used and dirty towels into the uncovered crate under the sink because they had nowhere else to place them. S4 Dietary Manager confirmed that the kitchen floor was dirty and the used and dirty towels should have been stored appropriately elsewhere, but had not. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>Based on observation, record review, and interview, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development of communicable diseases and infections by failing to ensure staff changed gloves and performed hand hygiene after touching contaminated areas during wound care for 1 (#10) of 2 (#4 and #10) residents observed for wound care. Findings: Review of the Facility's policy titled Wound Care with a revision date of 04/2026 read in part.Purpose: The Purpose of this procedure is to provide guidelines for the care of wounds to promote healing. Steps in the Procedure:8. Put on exam glove. 9. Loosen tape and remove old dressing.10. Pull glove over dressing and discard into appropriate receptacle. Remove the second glove.11. Perform hand hygiene.12. Put on clean gloves. Review of Resident #10's medical record revealed an admission to the facility on 7/22/2024 with a readmission date of 12/30/2025 with the following diagnoses in part Hemiplegia and Hemiparesis following a CVA affecting the non-dominant side, Non-Pressure Chronic Ulcer to Left Heel, Cirrhosis of Liver, Type 2 Diabetes Mellitus, Traumatic Subdual Hemorrhage without loss of consciousness, and Chronic Viral Hepatitis C. Review of Resident #10's 06/2026 Physician Orders read in part:06/05/2026 - Apply Dakin's External Solution topically to left plantar heel and cover with dressing daily related to Diabetic foot ulcer. An observation on 06/09/2026 at 9:32 a.m. of Resident #10's wound care provided by S9 Treatment Nurse to left heel-Diabetic Ulcer revealed S9 Treatment nurse failed to remove soiled gloves after removing soiled bandage from the wound. S9 Treatment nurse then reached into the clean field with soiled gloves, obtained a clean 4x4 and cleaned the wound. S9 Treatment nurse then placed the soiled 4x4 onto the clean field and removed gloves. S9 Treatment nurse confirmed she did not remove gloves after removing the soiled bandage, cleaned the wound without changing soiled gloves, and placed a soiled 4x4 into the clean field, but should not have. |