STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195583	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Broadway Nursing and Rehabilitation Ctr	7534 Highway 1 Lockport, LA 70374

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 41461 Based on observation, interview, and record review, the facility failed to ensure medications were administered as ordered for 2 (Resident R1, Resident R2) of 8 (Resident R1, Resident R2, Resident R3, Resident R4, Resident R5, Resident R6, Resident R7, Resident R8) sampled residents observed and reviewed for medication administration which resulted in a medication error rate of 7.6%. Findings: Resident R1 Review of Resident R1's January 2025 Physician's Orders revealed, in part, an order to administer Valsartan-Hydrochlorothiazide (HCTZ) (a medication to treat high blood pressure) 160-25 milligrams (mg) tablet once a day. Observation on 01/14/2025 at 9:09AM revealed S4Licensed Practical Nurse (LPN) administered Valsartan/HCTZ 160/12.5 mg tablet. In an interview on 01/14/2025 at 3:32 PM, S4Licensed Practical Nurse (LPN) indicated she administered Valsartan/HCTZ 160/12.5 MG Tab. S4LPN further indicated this was not the correct dosage as ordered by the physician In an interview on 01/14/2025 at 4:00 PM, S1Administrator indicated Resident R1 should have received his medication as ordered by the physician and did not. Resident R2 Review of Resident R2's January 2025 Physician's Orders revealed, in part, an order to administer Artificial Tears Ophthalmic Solution 1% Carboxymethylcellulose Sodium eye drops (eye drops used for dry eyes) instill one drop in both eyes every 6 hours. Observation on 01/14/2025 at 11:12AM revealed S5Licensed Practical Nurse (LPN) instill 1 ddrop of Advance Relief Eye Drops Polyethylene Glycol 400 1% Tetrahydrozoline HCl 0.05% Lubricant/Redness Reliever (eye drops to treat allergic reactions in the eyes) in each of Resident R2's eyes. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 01/14/2025 at 3:32PM, S5LPN indicated he administered Advance Relief Eye Drops Polyethylene Glycol 400 1% Tetrahydrozoline HCl 0.05% Lubricant/Redness Reliever one drop in each eye to Resident R2. S5LPN further indicated this was not the medication that was ordered by the physician for Resident R2. In an interview on 01/14/2025 at 4:00PM, S1Administrator indicated Resident R2 received Advance Relief Eye Drops Polyethylene Glycol 400 1% Tetrahydrozoline HCl 0.05% Lubricant/Redness Reliever and should have received Artificial Tears Ophthalmic Solution 1% Carboxymethylcellulose Sodium. S1Administrator further indicated S5LPN administered the wrong medication to Resident R2.