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	02/17/2025

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46361 Based on interviews and record reviews, the facility failed to ensure a resident's physician was notified when a scheduled medication was withheld for 1 (Resident #9) of 19 (Resident #1, Resident #7, Resident #8, Resident #9, Resident #11, Resident #13, Resident #15, Resident #16, Resident #17, Resident #19, Resident #21, Resident #22, Resident #26, Resident #29, Resident #40, Resident #41, Resident #43, Resident #50, Resident #57) sampled residents reviewed for pharmacy services. Findings: Review of the facility's undated Medication Administration General Guidelines policy revealed, in part, medications were to be administered as ordered by the physician. Further review revealed if a scheduled medication was withheld, the medication would be documented as not given and an explanatory note was to be entered in the electronic document. Further review revealed if several doses of a vital medication were withheld, the physician should be notified and a response documented. Review of Resident #9's clinical record revealed, in part, Resident #9 was admitted to the facility on [DATE] with a diagnosis of, in part, type 2 diabetes mellitus (a condition which causes uncontrolled blood sugars). Review of Resident #9's Order Summary revealed, in part, an order with a start date of 10/08/2024 to administer Novolog (a medication to control blood sugar) 10 units subcutaneously (SQ) with meals related to type 2 diabetes mellitus. Review of Resident #9's November 2024 electronic Medication Administration Record (eMAR) revealed the following documentation: - On 11/05/2024 at 8:00AM, Novolog 10 units SQ with meals was not administered with a documented code 5 (5 indicated medication was held and see progress notes); - On 11/06/2024 at 8:00AM, Novolog 10 units SQ with meals was not administered with a documented code 5; - On 11/06/2024 at 6:00PM, Novolog 10 units SQ with meals was not administered with a documented code 13 (13 indicated insulin was not required); (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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- On 11/12/2024 at 8:00AM, Novolog 10 units SQ with meals was not administered with a documented code 5; - On 11/12/2024 at 6:00PM, Novolog 10 units SQ with meals was not administered with a documented code 5; - On 11/15/2024 at 6:00PM, Novolog 10 units SQ with meals was not administered with a documented code 13; - On 11/18/2024 at 6:00PM, Novolog 10 units SQ with meals was not administered with a documented code 13; - On 11/19/2024 at 6:00PM, Novolog 10 units SQ with meals was not administered with a documented code 13; - On 11/20/2024 at 12:00PM, Novolog 10 units SQ with meals was not administered with a documented code 5; - On 11/20/2024 at 6:00PM, Novolog 10 units SQ with meals was not administered with a documented code 13; - On 11/21/2024 at 12:00PM, Novolog 10 units SQ with meals was not administered with a documented code 5; - On 11/21/2024 at 6:00PM, Novolog 10 units SQ with meals was not administered with a documented code 13; - On 11/22/2024 at 6:00PM, Novolog 10 units SQ with meals was not administered with a documented code 13; - On 11/25/2025 at 12:00PM, Novolog 10 units SQ with meals was not administered with a documented code 5; - On 11/25/2025 at 6:00PM, Novolog 10 units SQ with meals was not administered with a documented code 13; - On 11/26/2025 at 8:00PM, Novolog 10 units SQ with meals was not administered with a documented code 13; - On 11/26/2025 at 6:00PM, Novolog 10 units SQ with meals was not administered with a documented code 13; - On 11/27/2025 at 6:00PM, Novolog 10 units SQ with meals was not administered with a documented code 13; and, - On 11/28/2025 at 8:00AM, Novolog 10 units SQ with meals was not administered with a documented code 13. (continued on next page)

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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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #9's November 2024 progress notes revealed, in part, no documented evidence, and the facility did not present any evidence, Resident #9's physician was notified when the above mentioned medication was not administered as ordered. In an interview on 02/11/2025 at 4:36PM, S3Assistant Director of Nursing (ADON) indicated there was no documented evidence Resident #9's physician was notified when the above mentioned medication was not administered as ordered, and should have been. In an interview on 02/12/2025 at 2:04PM, S4Corporate Compliance Officer indicated Resident #9's physician should have been notified when his medication was not administered as ordered.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. 34608 Based on interviews and record review, the facility failed to ensure the staff properly completed the grievance report form and failed to document a resolution of the grievance for 1 (Resident #13) of 1 (Resident #13) sampled residents investigated for grievances. Findings: Review of the facility's undated Grievance policy and procedure revealed, in part, the facility administrator or designee will act as the grievance official, and all grievances made by a resident or resident's family would be documented on the grievance form by the grievance official. Further review revealed the grievance form would include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of pertinent findings or conclusions regarding the resident's concerns, a statement as whether the grievance was confirmed or not confirmed, corrective action taken by the facility as a result of the grievance, and the date the written decision was issued. Review of the facility's Grievance Log from 11/2024 to 2/2025 revealed, in part, Resident #13 filed a nurse-related grievance on 01/05/2025, and the grievance was resolved on 01/06/2025. In an interview on 02/11/2025 at 1:50PM, S4Coporate Compliance Officer indicated S8Social Service Director (SSD) was the facility's grievance official and S1Administrator was responsible for overseeing and signing all grievance reports. Review of Resident #13's Grievance Report revealed, in part, Resident #13's above mentioned grievance was not signed by S1Administrator. Further review of Resident #13's grievance report revealed there was no documented statement as whether the grievance was confirmed or not confirmed, there was no documented evidence of a resolution of Resident #13's grievance, there was no documented evidence of action taken by the facility as the result of the grievance, and there was no documented evidence the facility notified Resident #13 and/or Resident #13's responsible party of a resolution to Resident #13's grievance. In an interview on 02/11/2025 at 2:30PM, S8SSD indicated she was not aware of the resolution and had not received the investigation completed by S1Administrator for Resident #13's Grievance Report dated 01/06/2025. S8SSD further indicated Resident #13's grievance investigation and resolution were not properly documented on the Grievance Report form and they should have been. There was no documented evidence, and the facility did not present any documented evidence, Resident #13's above mentioned Grievance Report was properly documented. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 02/12/2025 at 1:10PM, S1Administrator indicated he did not submit the investigation of Resident #13's grievance dated 01/06/2025 to the grievance official. S1Administrator further indicated Resident #13's Grievance Report did not include a resolution on the Grievance Report form, did not include the notification of Resident #13 or Resident #13's responsible party of the resolution, and was not signed by the administrator. S1Administrator confirmed Resident #13's above mentioned written Grievance Report was not properly completed by the grievance official and it should have been.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 41461 Based on interviews and record reviews the facility failed to ensure an incident of neglect was reported to the Louisiana Department of Health no later than 24 hours after the incident was discovered. Findings: Review of the facility's undated Abuse and Neglect policy revealed, in part, a type of Abuse included Neglect. Further review revealed, neglect was defined the failure of the facility, its employees, or service providers to provide goods and services to a resident that were necessary to avoid physical harm, pain, mental anguish or emotional distress. Further review revealed neglect occurred when the facility was aware of, or should have been aware of, goods or services that a resident (s) required but the facility failed to provide them to the resident(s), that had resulted in or may had resulted in physical harm, pain mental anguish, or emotional distress. Further review revealed the facility administrator or designee shall complete a report to the mandated state agency according to state guidelines upon notification of alleged abuse. Review of a facility document titled Employee Status Change revealed, in part, S5Unlicensed Personnel had a status change from Certified Nursing Aide to Licensed Practical Nurse effective 11/20/24. Review of S5Unlicsened Personnel's personnel record revealed, in part, no documented evidence S5Unlicesened Personnel had a current valid Louisiana Practical Nurse License. Review of S5Unlicensed Personnel's time records from 11/20/2024 through 01/23/2025 revealed S5Unlicensed Personnel worked 37 shifts as a LPN. Review the facility's investigative report for neglect dated 01/31/2025 at 11:33AM revealed, in part, on 01/24/2024, S7Team Member Specialist/Human Resources was informed by the Louisiana State Board of Nursing that S5Unlicensed Personnel had not passed the NCLEX-PN (a standardized test that a nurses must pass to become a LPN.) Further review revealed S5Unlicensed Personnel began her training as a facility LPN on 11/20/2024 and started working as a facility LPN without direct supervision on 12/12/2024. Further review revealed this incident had occurred on 01/24/2025 at 12:18PM and was reported to the Louisiana Department of Health through the Statewide Incident Management System (SIMS) on 01/31/2025 at 11:33AM. In an interview on 02/17/2025 at 10:15AM, S1Administrator indicated on 01/24/2025 S7Team Member Specialist/Human Resources informed him S5Unlicensed Personnel did not have a valid Louisiana state nursing license. S1Administrator further indicated there was a likelihood of serious injury, serious harm, serious impairment or death due to having an unlicensed personnel providing nursing services. S1Administrator further indicated a report should have been entered into the SIMS within 24 hours of the discovery of the incident.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46361 Based on interviews and record reviews, the facility failed to ensure physician's orders were followed for 1 (Resident#16) of 19 (Resident #1, Resident #7, Resident #8, Resident #9, Resident #11, Resident #13, Resident #15, Resident #16, Resident #17, Resident #19, Resident #21, Resident #22, Resident #26, Resident #29, Resident #40, Resident #41, Resident #43, Resident #50, Resident #57) residents reviewed for physician order compliance. Findings: Review of Resident #16's clinical record revealed, in part, Resident #16 was admitted to the facility on [DATE] a diagnosis of, in part, type 2 diabetes mellitus (a condition which causes uncontrolled blood sugars). Review of Resident #16's January 2025 electronic Medication Administration Record (eMAR) revealed, in part, an order with a start date of 01/07/2025 for blood glucose (sugar) monitoring before meals and at bedtime related to type 2 diabetes mellitus. Further review revealed staff was to call the physician if Resident #16's blood sugar was less than 60 milligrams per deciliter or greater than 250 mg/dL. Review of Resident #16's Weights and Vitals Summary- Blood Sugar for January 2025 revealed the following blood sugars were greater than 250 mg/dL: - On 01/23/2025 at 10:21PM, Resident #16's blood sugar was 569 mg/dL; - On 01/21/2025 at 8:35PM, Resident #16's blood sugar was 289 mg/dL; - On 01/21/2025 at 4:09PM, Resident #16's blood sugar was 559 mg/dL; - On 01/20/2025 at 7:03PM, Resident #16's blood sugar was 340 mg/dL; - On 01/20/2025 at 12:22PM, Resident #16's blood sugar was 298 mg/dL; - On 01/18/2025 at 9:45PM, Resident #16's blood sugar was 415 mg/dL; - On 01/18/2025 at 5:23PM, Resident #16's blood sugar was 375 mg/dL; - On 01/15/2025 at 10:53PM, Resident #16's blood sugar was 385 mg/dL; - On 01/15/2025 at 5:39PM, Resident #16's blood sugar was 403 mg/dL; - On 01/15/2025 at 5:56AM, Resident #16's blood sugar was 401 mg/dL; - On 01/14/2025 at 6:57PM, Resident #16's blood sugar was 254 mg/dL; - On 01/13/2025 at 10:02PM, Resident #16's blood sugar was 285 mg/dL; (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- On 01/13/2025 at 4:23PM, Resident #16's blood sugar was 314 mg/dL; - On 01/11/2025 at 6:17PM, Resident #16's blood sugar was 405 mg/dL; - On 01/10/2025 at 5:48PM, Resident #16's blood sugar was 354 mg/dL; and, - On 01/08/2025 at 9:31PM, Resident #16's blood sugar was 313 mg/dL. Further review revealed no documented evidence, and the facility did not present any documented evidence, Resident #16's physician was notified when Resident #16's blood sugar was greater than 250 mg/dL on the above mentioned dates, and should have been. In an interview on 02/12/2025 at 2:46PM, S2Director of Nursing confirmed the facility had no evidence Resident #16's physician was notified when Resident #16's blood sugar was greater than 250 mg/dL on the above mentioned dates, and should have been.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 47487 Based on interviews and record reviews, the facility failed to ensure the required number of Certified Nursing Assistants (CNAs) were present and working per the facility assessment for 2 (02/05/2025, and 02/06/2025) of 2 (02/05/2025, and 02/06/2025) days reviewed for sufficient CNA staff. Findings: Review of the facility's assessment, dated 10/20/2024 revealed, in part, the average facility census was 116 residents. Further review revealed based on the acuity and needs of its resident population, the facility identified 19 CNAs were required on the weekday day shift, 12 CNAs were required on the weekday evening shift, and 8 CNAs were required on the weekday night shift. Review of the facility's 24 hour staffing sheets dated 02/05/2025 and 02/06/2025 revealed, in part, the day shift was from 6:00AM to 2:00PM, the evening shift was from 2:00PM to 10:00PM, and the night shift was from 10:00PM to 6:00AM. Review of the facility's Nursing Staff Directly Responsible for Resident Care form dated 02/05/2025 and 02/06/2025 revealed, in part, the facility's census was 113 residents. In an interview on 02/10/2025 at 10:18AM, S49Licensed Practical Nurse (LPN) indicated he often worked without CNAs to care for his residents at or around shift change because the off going CNAs left without giving report to the oncoming CNAs. In an interview on 02/13/2025 at 2:45PM, S1Administrator indicated the facility usually staffed 12 CNAs on the day shift, 8 CNAs on the evening shift, and 8 CNAs on the night shift to provide care to residents. Review of the facility's time sheets dated 02/04/2025 to 02/05/2025 for the 10:00PM to 6:00AM shift revealed, in part: -On 02/05/2025, from 12:00AM to 4:12AM, S54CNA, S63CNA, S64CNA, S65CNA, S66CNA, S67CNA, and S68CNA were clocked in for a total of 7 CNAs working in the facility. Review of the facility's time sheets dated 02/05/2025 for the 6:00AM to 2:00PM shift revealed, in part: -On 02/05/2025, from 6:00AM to 6:06AM, S10CNA, S69CNA, S70CNA, S71CNA, S72CNA, S73CNA, S74CNA, S75CNA, S76CNA, and S78CNA were clocked in for a total of 10 CNAs working in the facility; and, -On 02/05/2025, from 6:07AM to 6:15AM, S10CNA, S69CNA, S70CNA, S71CNA, S72CNA, S73CNA, S74CNA, S75CNA, S76CNA, S78CNA, and S79CNA were clocked in for a total of 11 CNAs working in the facility. Review of the facility's time sheets dated 02/05/2025 for the 2:00PM to 10:00PM shift revealed, in part: (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-On 02/05/2025, from 4:57PM to 6:22PM, S63CNA, S70CNA, S80CNA, S81CNA, S82CNA, S83CNA, and S84CNA were clocked in for a total of 7 CNAs working in the facility; -On 02/05/2025, from 6:49PM to 8:31PM, S54CNA, S63CNA, S70CNA, S80CNA, S81CNA, S82CNA, and S83CNA were clocked in for a total of 7 CNAs working in the facility; and, -On 02/05/2025, from 8:32PM to 8:59PM, S54CNA, S63CNA, S70CNA, S80CNA, S81CNA, and S83CNA were clocked in for a total of 6 CNAs working in the facility; and, -On 02/05/2025, from 9:00PM to 9:02PM, S54CNA, S63CNA, S70CNA, S80CNA, S81CNA, S83CNA, and S85CNA were clocked in for a total of 7 CNAs working in the facility. Review of the facility's time sheets dated 02/05/2025 to 02/06/2025 for the 10:00PM to 6:00AM shift revealed, in part: -On 02/05/2025, from 10:35PM to11:58PM, S54CNA, S64CNA, S63CNA, S83CNA S85CNA, S86CNA, and S87CNA were clocked in for a total of 7 CNAs working in the facility. -On 02/05/2025, from 11:59PM to 4:29AM on 02/06/2025, S85CNA, S86CNA, S64CNA, S63CNA, S83CNA, and S54CNA were clocked in for a total of 6 CNAs working in the facility. -On 02/05/2025, from 4:30AM to 4:50AM on 02/06/2025, S85CNA, S86CNA, S64CNA, S63CNA, S83CNA, S54CNA, and S88CNA were clocked in for a total of 7 CNAs working in the facility. Review of the facility's time sheets dated 02/06/2025 to 02/07/2025 for the 10:00PM to 6:00AM shift revealed, in part: -On 02/06/2025, from 10:07PM to 10:27PM, S63CNA, S77CNA, S64CNA, S85CNA, S54CNA, and S86CNA were clocked in for a total of 6 CNAs working in the facility. There was no documented evidence, and the facility did not present any documented evidence, any other CNAs worked during the above mentioned time frames. In an interview on 02/17/2025 at 11:59AM, S6Chief Operations Officer acknowledged the facility should be staffed according to the facility assessment.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34608 46361 47487 Based on record review and interview, the facility failed to: 1. Ensure medications were available for use for 3 (Resident #1, Resident #8, Resident #57) of 19 (Resident #1, Resident #7, Resident #8, Resident #9, Resident #11, Resident #13, Resident #15, Resident #16, Resident #17, Resident #19, Resident #21, Resident #22, Resident #26, Resident #29, Resident #40, Resident #41, Resident #43, Resident #50, Resident #57) sampled residents reviewed for pharmacy services; and, 2. Maintain a system to periodically reconcile controlled drugs for 3 (Medication Cart a, Medication Cart b, Medication Cart c) of 4 (Medication Cart a, Medication Cart b, Medication Cart c, Medication Cart d) medication carts reviewed for the reconciliation documentation of controlled substances. 1. Review of the facility's undated Medication Administration General Guidelines policy revealed, in part, medications were to be administered as ordered by the physician. Further review revealed when a medication could not be located the pharmacy was to be contacted and/or the medication was to be removed from the Emergency Drug Kit. Further review revealed if a scheduled medication was withheld or not available, the medication was documented as not given and an explanatory note should have been entered in the electronic document. Resident #1 Review of Resident #1's clinical record revealed, in part, Resident #1 had diagnoses, which included, hypertension (a condition with elevated blood pressure), upper respiratory infection (an infection that affects the upper part of your respiratory system, including your sinuses and throat) and urinary tract infection (an infection of any part of the urinary system, including kidneys, ureters, bladder, and urethra). Review of Resident #1's February 2025 physician's orders revealed, in part, Resident #1 had the following orders: - Cozaar (a medication used to treat high blood pressure) 50 milligrams (mg) daily with a start date of 07/01/2024; - Levofloxacin (an antibiotic used to treat respiratory infections) 500 mg daily with a start date of 02/07/2025; and, (continued on next page)

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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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Doxycycline (a medication used to treat urinary treat infections) 100 mg two times daily for seven days with a start date of 02/07/2025. Review of Resident #1's February 2025 electronic Medication Administration Record (eMAR) revealed, in part, the following documentation: - On 02/01/2025 Cozaar 50 mg was not administered; - On 02/02/2025 Cozaar 50 mg was not administered; - On 02/07/2025 doxycycline 100 mg was not administered; - On 02/08/2025 levofloxacin 500 mg was not administered; and, - On 02/09/2025 levofloxacin 500 mg was not administered. Review of Resident #1's progress notes revealed, in part, the following documentation: - On 02/01/2025 Cozaar 50 mg was not available for administration; - On 02/02/2025 Cozaar 50 mg was not available for administration; - On 02/07/2025 doxycycline 100 mg was not available for administration; - On 02/08/2025 levofloxacin 500 mg was not available for administration; and, - On 02/09/2025 levofloxacin 500 mg was not available for administration; Record review revealed there was no documented evidence, and the provider did not present any documented evidence, Resident #1's above mentioned medications were available and/or administered as ordered. Resident #8 Review of Resident #8's clinical record revealed, in part, Resident #8 admitted to the facility on [DATE] with diagnoses, which included, hypertension and overactive bladder (a condition that caused sudden urination). Review of Resident #8's Order Summary Report revealed, in part, the following orders: - Ciprofloxacin hydrochloride 500 mg tablet to be administered twice a day related to urinary tract infection with a start date of 12/13/2024; - Tamsulosin hydrochloride 0.4 mg capsule to be administered once a day related to overactive bladder with a start date of 11/20/2024; and, - Potassium chloride 20 milliequivalent (mEq) to be administered twice a day related to hypertensive heart disease (heart condition caused by high blood pressure) with a start date of 12/30/2024. (continued on next page)

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	02/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Further review of Resident #8's December 2024 and January 2025 eMAR revealed, in part, the following documentation: - On 12/24/2024 the morning (AM) dose of ciprofloxacin hydrochloride 500 mg was documented as a 9 (9 indicated other and see progress notes); - On 12/30/2024 the evening (HS) dose of tamsulosin hydrochloride 0.4 mg was documented as 9; and, - On 01/02/2025 the HS dose of potassium chloride 20 mEq was documented as a 9. Review of Resident #8's progress notes revealed, in part, S5Unlicensed Personnel documented the following documentation: - On 12/24/2024 at 12:09PM, ciprofloxacin hydrochloride 500 mg was reordered; - On 12/30/2024 at 9:39PM, tamsulosin hydrochloride 0.4 mg was waiting on insurance; and, - On 01/02/2025 at 7:38PM, potassium chloride 20 mEq was reordered. Record review revealed there was no documented evidence, and the provider did not present any documented evidence, Resident #8's above mentioned medications were available and/or administered as ordered. In an interview on 02/12/2025 at 8:58AM, S3Assistant Director of Nursing (ADON) indicated ciprofloxacin hydrochloride was maintained in the facility's Emergency Drug Kit. S3ADON further indicated Resident #8's ciprofloxacin hydrochloride could have been administered by the facility's nurses from the Emergency Drug Kit. In an interview on 02/12/2025 at 2:56PM, S2Director of Nursing indicated Resident #8's above mentioned medications were not available for use and/or not administered as ordered, and should have been. Resident #57 Review of Resident #57's clinical record revealed, in part, Resident #57 admitted to the facility on [DATE] with diagnoses, which included, hypertension and chronic heart failure. Review of Resident #57's January 2025 eMAR revealed, in part, an order for hydralazine hydrochloride 25 mg (a medication use to treat high blood pressure) to be administered every 8 hours with a start date of 01/27/2025. Further review revealed the following documentation: - On 01/27/2025 at 4:00PM, hydralazine hydrochloride 25 mg was documented as 9; - On 01/28/2025 at 12:00AM, hydralazine hydrochloride 25 mg was documented as 9; - On 01/28/2025 at 8:00AM, hydralazine hydrochloride 25 mg was documented as 9; - On 01/29/2025 at 12:00AM, hydralazine hydrochloride 25 mg was documented as 9; and, (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- On 01/29/2025 at 4:00PM, hydralazine hydrochloride 25 mg was documented as 9. Review of Resident #57's January 2025 progress notes revealed, in part, the following documentation: - On 01/27/2025 at 8:16PM, hydralazine hydrochloride 25 mg was not available; - On 01/28/2025 at 1:13AM, hydralazine hydrochloride 25 mg was faxed to pharmacy; - On 01/28/2025 at 9:52AM, hydralazine hydrochloride 25 mg was not available; and, - On 01/29/2025 at 2:41AM, hydralazine hydrochloride 25 mg was not available. In an interview on 02/12/2025 at 2:04PM, S4Corporate Compliance Officer acknowledged Resident #1, Resident #8, and Resident #57 should have received their medications as ordered. S4Corporate Compliance Officer further indicated it was the responsibility of the nurses to obtain medications from the Emergency Drug Kit if the medication was available in the Emergency Drug Kit, and to ensure medication were received from the pharmacy in a timely manner to be available for use. 2. Review of the facility's undated Medication-Controlled Substances policy and procedure, revealed, in part, nurses were to perform a reconciliation of all controlled substances at the beginning and the end of every shift according to the narcotic log. Review of the facility's undated Narcotic Count Sign Sheet form revealed, in part, by signing, the nurses were verifying the narcotic count was accurate, the nurses had reconciled the narcotics with the applicable off going/oncoming licensed nurse, and both licensed nurses verified by signatures that the facility's policy and procedure had been followed. Review of November 2024 Narcotic Count Sign Sheet for Medication Cart b revealed, in part, the following shifts had an incomplete reconciliation of controlled drugs by the nurse coming on duty and/or the nurse going off duty: -11/13/2024 at 11:00PM. Review of November 2024 Narcotic Count Sign Sheet for Medication Cart c revealed, in part, the following shifts had an incomplete reconciliation of controlled drugs by the nurse coming on duty and/or the nurse going off duty: -11/22/2024 at 11:00PM; -11/28/2024 at 3:00PM; and, -11/28/2024 at 11:00PM. (continued on next page)

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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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the February 2025 Narcotic Count Sign Sheet for Medication Cart a revealed, in part, the following shifts had an incomplete reconciliation of controlled drugs by the nurse coming on duty and/or the nurse going off duty: -02/09/2025 at 11:00PM; and, -02/09/2025 at 7:00AM. Review of the February 2025 Narcotic Count Sign Sheet for Medication Cart b revealed, in part, the following shifts had an incomplete reconciliation of controlled drugs by the nurse coming on duty and/or the nurse going off duty: -02/10/2025 at 11:00PM. In an interview on 02/17/2025 at 1:19PM, S2DON indicated S16LPN did not sign the November 2024 Narcotic Count Sign Sheet for Medication Cart b, S17LPN did not sign the November 2024 Narcotic Count Sign Sheet for Medication Cart c, S14Agency LPN did not sign the February 2025 Narcotic Count Sign Sheet for Medication Cart a, and S15LPN did not sign the February 2025 Narcotic Count Sign Sheet for Medication Cart b on the above mentioned dates and times, as required. S2DON further indicated anyone who reconciled the medication carts' narcotics should have signed the Narcotic Count Sign Sheet.

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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 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Administer the facility in a manner that enables it to use its resources effectively and efficiently. 41461 Based on interviews, and record reviews the facility failed to ensure personnel had the appropriate state licensure to provide care and services to residents. This deficient practice was identified for 1 (S5Unlicensed Personnel) of 50 (S1Administrator, S2Director of Nursing [DON], S3Assistant Director of Nursing [ADON], S5Unlicensed Personnel, S14Agency Licensed Practical Nurse [LPN], S16LPN, S17LPN, S18Registered Nurse [RN], S19LPN, S20RN, S21Physician, S22Physician, S23Podiatrist, S24RN, S25RN, S26RN, S27RN, S28Treatment RN, S29LPN, S30LPN, S31LPN, S32LPN, S33LPN, S34LPN, S35LPN, S36Minimum Data Set [MDS]Coordinator/LPN, S37LPN, S38LPN, S39LPN, S40LPN, S41LPN, S42LPN, S43LPN, S44LPN, S45LPN, S46LPN, S47LPN, S48LPN, S49LPN, S50LPN, S51LPN, S52Quality Assurance [QA] LPN, S53Physician Assistant, S55Agency LPN, S56Agency LPN, S57LPN, S58LPN, S59LPN, S60Agency LPN, S61Agency LPN) personnel files reviewed for active and current licensure. The deficient practice resulted in an immediate jeopardy situation on 11/20/2024 when S5Unlicensed Personnel worked in the capacity of a LPN and performed nursing tasks without a Louisiana nursing license. This deficient practice affected 87 residents who were identified by the facility as having received care and services from S5Unlicensed Personnel until S5Unlicensed Personnel was suspended on 01/24/2025 and terminated on 01/24/2025. The facility implemented corrective actions which were completed prior to the State Agency's investigation, thus it was determined to be a past noncompliance citation. Findings: Cross reference F839 Review of the facility's undated Professional Licensure Verification Policy revealed, in part, all employees with a professional license would be verified upon hire and as required through the appropriate licensure board. Review of the facility's undated Administrator Job's Description revealed, in part, the Administrator reported to the Regional Director and was responsible for adopting and enforcing rules and for the healthcare and safety of patients and others. Review of the facility's undated Director of Nursing's Job Description revealed, in part, the DON reported to the Administrator. Further review revealed the DON's responsibility was to assist with interviewing, evaluating and selecting new personnel. Review of the facility's undated Human Resources/Payroll Manager Job Description revealed, in part, the Human Resources/Payroll Manager reported to the Administrator and was responsible for maintenance of all personnel files in compliance with local and federal laws. Review of S5Unlicensed Personnel's Employee Status Change signed by S7Team Member Specialist (TMS) on 11/20/2024 revealed, in part, S5UnlicensedPersonnel had a title change from Certified Nurse Aide (CNA) to LPN. (continued on next page)

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	195583	A. Building B. Wing	02/17/2025

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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 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Review of S5Unlicensed Personnel's personnel file revealed, in part, S5Unlicensed Personnel signed the Licensed Staff (Registered Nurse/Licensed Practical Nurse) Job Description on 11/22/2024. Review of an email communication received by S7TMS dated 01/29/2025 at 12:15PM from the Louisiana State Board of Practical Nurse Examiners revealed, in part, S5Unlicensed Personnel did not have an active Practical Nurse License in the state of Louisiana. In an interview on 02/10/2025 at 12:30PM, S7TMS indicated she was responsible for verifying licensure for newly hired staff at the time of hire, and when there was a position change. S7Team Member Specialist/Human Resources further indicated on 11/20/2024 she officially changed S5Unlicensed Personnel's status from a CNA to a LPN. S7TMS further indicated on 01/24/2025 she emailed the Louisiana State Board of Practical Nurse Examiners inquiring about S5Unlicensed Personnel's LPN status and received an answer that S5Unlicensed Personnel did not pass the National Council Licensure Examination for Practical Nurses (NCLEX-PN) with the Louisiana State Board of Practical Nurse Examiners. In an interview on 02/10/2025 at 2:41PM, S2DON indicated S5Unlicensed Personnel started training as a LPN on 11/20/2024. S2DON further indicated a nurse in training would observe and provide nursing care under supervision of another licensed nurse. S2DON further indicated she should have called the Louisiana State Board of Practical Nurse Examiners to verify S5Unlicensed Personnel had a Louisiana nursing license before allowing S5Unlicensed Personnel to provide care and services to residents in the capacity of a LPN. In an interview on 02/12/2025 at 3:15PM S1Administrator indicated he directed S7TMS to change S5Unlicensed Personnel's status from CNA to LPN. S1Administrator further indicated he directed S2DON to allow S5Unlicensed Personnel to perform duties as a LPN. S1Administrator further indicated he should have verified S5Unlicensed Personnel had a valid Louisiana Practical Nurse license before allowing her to perform care and services as a Louisiana Practical Nurse. In an interview on 02/17/2025 at 10:15AM S1Administrator indicated there was a likelihood of serious injury, serious harm, serious impairment or death due to having unlicensed personnel providing nursing services. In an interview on 02/17/2025 at 11:15AM S6Chief Operations Officer (COO) indicated there was a likelihood of serious injury, serious harm, serious impairment or death due to having unlicensed personnel providing nursing services. He further indicated he would be providing administrative on site supervision and remote oversite for 3 months as part of the correction plan. The facility implemented the following actions to correct the deficient practice beginning on 01/24/2025 with a completion date of 01/31/2025: 1. S5Unlicensed Personnel was suspended on 01/24/2025, and terminated on 01/29/2025. 2. All 87 residents identified on the electronic medical record system audit trail report had the potential to be affected by the deficient practice. 3. To ensure the deficient practice would not reoccur the following measures had been implemented. (continued on next page)

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	a. S1Administrator, S2DON, and S7TMS were in-serviced on licensure verification and reporting wrong doing. S1Administrator was in-serviced on 01/24/2025, S2DON was in-serviced on 01/29/2025 and S7TMS was in-serviced on 01/30/2025. b. Cognitive resident interviews were completed by S51Regional RN regarding any medication administration concerns or other nursing concerns on 01/30/2025. c. Full facility wide audit started on 01/24/2025 on all nurses to ensure active license in place. d. In-service on reporting wrongdoing was completed by S1Administrator, S2DON, S7TMS, and staff by 01/31/2025. e. Audits were completed on 01/31/2025 of resident's electronic medical records documentation who received care from S5Unlicensed Personnel while S5Unlicensed Personnel worked in the capacity as a LPN to ensure no harm occurred. 4. The facility would monitor its performance to ensure solutions were sustained by completing the following: a. S7TMS to verify licensure prior to nurse hired or role change if currently working. S2DON would be provided with a copy for double verification at the facility level. b. S4Corporate Compliance Officer to audit weekly for compliance for three months and annually. 5. Plan of Correction to be completed by 01/31/2025.

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F 0839 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Employ staff that are licensed, certified, or registered in accordance with state laws. 41461 Based on interviews, and record reviews the facility failed to ensure personnel had the appropriate state licensure to provide care and services to residents. This deficient practice was identified for 1 (S5Unlicensed Personnel) of 50 (S1Administrator, S2Director of Nursing [DON], S3Assistant Director of Nursing [ADON], S5Unlicensed Personnel, S14Agency Licensed Practical Nurse [LPN], S16LPN, S17LPN, S18Registered Nurse [RN], S19LPN, S20RN, S21Physician, S22Physician, S23Podiatrist, S24RN, S25RN, S26RN, S27RN, S28Treatment RN, S29LPN, S30LPN, S31LPN, S32LPN, S33LPN, S34LPN, S35LPN, S36Minimum Data Set [MDS]Coordinator/LPN, S37LPN, S38LPN, S39LPN, S40LPN, S41LPN, S42LPN, S43LPN, S44LPN, S45LPN, S46LPN, S47LPN, S48LPN, S49LPN, S50LPN, S51LPN, S52Quality Assurance [QA] LPN, S53Physician Assistant, S55Agency LPN, S56Agency LPN, S57LPN, S58LPN, S59LPN, S60Agency LPN, S61Agency LPN) personnel files reviewed for active and current licensure. The deficient practice resulted in an immediate jeopardy situation on 11/20/2024 when S5Unlicensed Personnel worked in the capacity of a LPN and performed nursing tasks without a Louisiana nursing license. This deficient practice affected 87 residents who were identified by the facility as having received care and services from S5Unlicensed Personnel until S5Unlicensed Personnel was suspended on 01/24/2025 and terminated on 01/29/2025. The facility implemented corrective actions which were completed prior to the State Agency's investigation, thus it was determined to be a past noncompliance citation. Findings: Review of the facility's undated Professional Licensure Verification Policy revealed, in part, all employees with a professional license would be verified upon hire and as required through the appropriate licensure board. Review of the facility's undated Administrator Job's Description revealed, in part, the Administrator reported to the Regional Director and was responsible for adopting and enforcing rules and for the healthcare and safety of patients and others. Review of the facility's undated Director of Nursing's Job Description revealed, in part, the DON reported to the Administrator. Further review revealed the DON's responsibility was to assist with interviewing, evaluating and selecting new personnel. Review of the facility's undated Human Resources/Payroll Manager Job Description revealed, in part, the Human Resources/Payroll Manager reported to the Administrator and was responsible for maintenance of all personnel files in compliance with local and federal laws. Review of S5Unlicensed Personnel's Employee Status Change signed by S7Team Member Specialist (TMS) on 11/20/2024 revealed, in part, S5UnlicensedPersonnel had a title change from Certified Nurse Aide (CNA) to LPN. Review of S5Unlicensed Personnel's personnel file revealed, in part, S5Unlicensed Personnel signed the Licensed Staff (Registered Nurse/Licensed Practical Nurse) Job Description on 11/22/2024. (continued on next page)

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	195583	A. Building B. Wing	02/17/2025

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F 0839 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Review of facility documentation revealed, in part, the facility identified 87 residents had received care and services from S5Unliensed Personnel working in the capacity of an LPN from 11/20/2024 until 01/24/2025. Review of an email communication received by S7TMS dated 01/29/2025 at 12:15PM from the Louisiana State Board of Practical Nurse Examiners revealed, in part, S5Unlicensed Personnel did not have an active Practical Nurse License in the state of Louisiana. In an interview on 02/10/2025 at 12:30PM, S7TMS indicated she was responsible for verifying licensure for newly hired staff at the time of hire, and when there was a position change. S7Team Member Specialist/Human Resources further indicated on 11/20/2024 she officially changed S5Unlicensed Personnel's status from a CNA to a LPN. S7TMS further indicated on 01/24/2025 she emailed the Louisiana State Board of Practical Nurse Examiners inquiring about S5Unlicensed Personnel's LPN status and received an answer that S5Unlicensed Personnel did not pass the National Council Licensure Examination for Practical Nurses (NCLEX-PN) with the Louisiana State Board of Practical Nurse Examiners. In an interview on 02/10/2025 at 2:41PM, S2DON indicated S5Unlicensed Personnel started training as a LPN on 11/20/2024. S2DON further indicated a nurse in training would observe and provide nursing care under supervision of another licensed nurse. S2DON further indicated she should have called the Louisiana State Board of Practical Nurse Examiners to verify S5Unlicensed Personnel had a Louisiana nursing license before allowing S5Unlicensed Personnel to provide care and services to residents in the capacity of a LPN. In an interview on 02/12/2025 at 3:15PM S1Administrator indicated he directed S7TMS to change S5Unlicensed Personnel's status from CNA to LPN. S1Administrator further indicated he directed S2DON to allow S5Unlicensed Personnel to perform duties as a LPN. S1Administrator further indicated he should have verified S5Unlicensed Personnel had a valid Louisiana Practical Nurse license before allowing her to perform care and services as a Louisiana Practical Nurse. In an interview on 02/17/2025 at 10:15AM S1Administrator indicated there was a likelihood of serious injury, serious harm, serious impairment or death due to having unlicensed personnel providing nursing services. The facility implemented the following actions to correct the deficient practice beginning on 01/24/2025 with a completion date of 01/31/2025: 1. S5Unlicensed Personnel was suspended on 01/24/2025, and terminated on 01/29/2025. 2. All 87 residents identified on the electronic medical record system audit trail report had the potential to be affected by the deficient practice. 3. To ensure the deficient practice would not reoccur the following measures had been implemented. a. S1Administrator, S2DON, and S7TMS were in-serviced on licensure verification and reporting wrong doing. S1Administrator was in-serviced on 01/24/2025, S2DON was in-serviced on 01/29/2025 and S7TMS was in-serviced on 01/30/2025. (continued on next page)

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F 0839 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	b. Cognitive resident interviews were completed by S51Regional RN regarding any medication administration concerns or other nursing concerns on 01/30/2025. c. Full facility wide audit started on 01/24/2025 on all nurses to ensure active license in place. d. In-service on reporting wrongdoing was completed by S1Administrator, S2DON, S7TMS, and staff by 01/31/2025. e. Audits were completed on 01/31/2025 of resident's electronic medical records documentation who received care from S5Unlicensed Personnel while S5Unlicensed Personnel worked in the capacity as a LPN to ensure no harm occurred. 4. The facility would monitor its performance to ensure solutions were sustained by completing the following: a. S7TMS to verify licensure prior to nurse hired or role change if currently working. S2DON would be provided with a copy for double verification at the facility level. b. S4Corporate Compliance Officer to audit weekly for compliance for three months and annually. 5. Plan of Correction to be completed by 01/31/2025.