

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195592	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER Camelot of Broussard		STREET ADDRESS, CITY, STATE, ZIP CODE 418 Albertson Parkway Broussard, LA 70518	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47123</p> <p>Based on observations, interviews and record review, the facility failed to ensure resident were cared for in a manner and in an environment that maintained or enhanced his or her dignity by placing a sign outside the residents door visible to the public indicating she required feeding assistance for 1 (Resident #14) out of 39 sampled residents, This failure could have caused decreased feeling of self-worth, feelings of embarrassment and a diminished quality of life.</p> <p>Findings:</p> <p>Review of the facility's policy, Quality of Life- Dignity, with a reviewed date of 12/27/2024 revealed: read in part, Policy statement, each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect, and individuality 9. Staff shall maintain an environment in which confidential clinical information is protected, for example .b. signs indicating the resident's clinical status or care needs shall not be openly posted .</p> <p>Review of Resident #14's medical records revealed an admitted [DATE] with diagnoses that included: Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side. The resident's daughter was designated as her RP (responsible party).</p> <p>Review of Resident #14's Quarterly MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 12/24/2024 revealed a BIMS (Brief Interview for Mental Status) of 05 indicating severe impaired cognition. Resident #14 required partial to moderate assistance with eating.</p> <p>An observation conducted on 03/09/2025 at 2:05 PM, revealed a sign on the outside of Resident #14's room door visible to anyone who passed by in the hall that stated, Resident is to be fed for all meals as tolerated to not leave food near resident without supervision.</p> <p>On 03/10/2025 at 8:05 AM, a phone interview was conducted with Resident's #14 RP (Responsible Party). She stated she did not ask the facility to put a sign outside of the resident's door that stated Resident is to be fed for all meals as tolerated to not leave food near resident without supervision She stated she had them to put signs inside of her room to help with care specifically if the facility were to have agency staff working, but not outside of the residents room door visible to the public.</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
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/10/2025 at 10:23 AM, a second observation noted the sign on the outside of the resident's room door facing the public. The sign read Resident is to be fed for all meals as tolerated to not leave food near resident without supervision.</p> <p>On 03/11/2025 at 10:10 AM, an interview was conducted with S3DON (Director of Nursing). She confirmed Resident #14 had a sign outside of her room door that stated Resident is to be fed for all meals as tolerated to not leave food near resident without supervision. She stated the RP had requested to place the sign outside of the door awhile back.</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** 46149</p> <p>Based on record review and interviews, the facility failed to provide care and services that met professional standards of quality by failing to ensure rounding was conducted every two hours for 1 (#99) resident out of a final sample of 39 residents.</p> <p>Findings:</p> <p>Review of Resident #99's medical record revealed she was admitted to the facility on [DATE] with diagnoses including muscle wasting and atrophy, anxiety, and vascular dementia.</p> <p>Review of Resident #99's plan of care initiated on 11/15/2023 revealed the resident was moderate risk for falls related to psychoactive drug use. Further review of the resident's plan of care revealed the resident had impaired cognitive function/dementia or impaired thought processes related to Alzheimer's, Dementia.</p> <p>On 03/09/2025 at 12:48 PM, an interview was conducted with Resident #99's RP (Responsible Party) who stated the staff were not rounding on the resident as they should. She further stated that the resident had a fall on 01/30/2025 and was not rounded on for six hours.</p> <p>On 03/11/2025 at 11:10 AM, a follow up interview was conducted with Resident #99's RP who provided video footage from the resident's electronic monitoring device in her room. The device was positioned facing the resident's bed with visualization of the bed and the resident's room door. The surveyor observed the following video evidence: On 01/29/2025 at 11:00 PM, S7LPN (Licensed Practical Nurse) entered Resident #99's room, conversed with the resident, and exited the room. At 2:29 AM on 01/30/2025, the resident was observed moving in bed before eventually sliding out of bed at 2:30 AM. The resident was on her knees and then slid to the floor. On 01/30/2025 at 5:16 AM, S7LPN and S8CNA (Certified Nursing Assistant) entered the resident's room and found her on the floor. Resident #99 was not rounded on between 11:00 PM on 01/29/2025 and 5:16 AM on 01/30/2025.</p> <p>On 03/11/2025 at 11:32 AM, an interview was conducted with S3DON (Director of Nursing) who confirmed the resident fell on [DATE]. She stated they were able to review the facility's video footage on 01/30/2025, and confirmed there were some issues with staff rounding. She further stated that staff was expected to at least look into the resident's room and check for positioning and safety when rounding at night, and rounding every two hours was a general guideline. S3DON stated that after reviewing the facility's video footage evidence, it was confirmed that two hour rounds were not conducted on Resident #99.</p> <p>A review of the facility's video footage review provided by S11ADM (Administrator) for 01/30/2025, revealed two hour rounds were not conducted on Resident #99 until 5:16 AM.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>47123</p> <p>Based on record review, observations, and interview, the facility failed to ensure individual resident's narcotic records were maintained and reconciled for 1 (Cart A) of 2 (Cart A and Cart B) medication carts reviewed. The facility failed to ensure an accurate count of controlled medications was maintained.</p> <p>Findings:</p> <p>Review of the facility's policy, Controlled Substances, with a last reviewed date of 12/27/2024, revealed the facility shall comply with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of Schedule II and other controlled substances.</p> <p>On 03/11/2025 at 11:51 AM, a narcotic count review was conducted of Cart A with S6ADON (Assistant Director of Nursing). The following discrepancies were found:</p> <p>Resident #45- Oxycodone APAP 10-325mg (milligram). S6ADON stated in the lockbox they had 72 pills and on the narcotic record sheet the count was 73.</p> <p>Resident #8- Lorazepam 2mg. S6ADON stated in the lockbox they had 17 pills and on the narcotic record sheet the count was 16.</p> <p>On 03/11/2025 at 12:11 PM, S6ADON stated the nurse passed out the medications that morning and did not sign it out on the narcotic record sheet. She stated the nurse should have recorded the medications on the narcotic record sheet as soon as it was administered for accurate reconciliation.</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>49784</p> <p>Based on observations and interviews, the facility failed to maintain professional standards for food service safety by failing to wear appropriate hair restraints. This deficient practice had the potential to affect the 124 residents who consumed food from the kitchen.</p> <p>A review of the facility's policy titled Preventing Foodborne Illness-Employee Hygiene and Sanitary Practices with a last review date of 12/27/2024, read in part, Policy Statement: Food Service employees shall follow appropriate hygiene and sanitary procedures to prevent the spread of foodborne illness. Policy Interpretation and Implementation .12. Hair nets or caps and/or beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils and linens.</p> <p>On 03/09/25 at 09:30 AM, an observation was made in the kitchen of S1DM (Dietary Manager) not wearing a beard restraint, with facial hair exposed.</p> <p>On 03/09/25 at 11:00 AM, an observation was made in the kitchen of S2MD (Maintenance Director). S2MD was observed wearing a hair net on the top of his head, but with a large amount of hair exposed, hanging to his shoulders.</p> <p>On 03/09/2025 at 11:00 AM, an interview was conducted with S1DM. He confirmed that he should have been wearing a beard restraint. S1DM also confirmed that S2MD should have been wearing all of his hair under the hair net.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47965</p> <p>Based on observations, interviews and policy review, the facility failed to maintain an effective infection prevention and control program designed to provide a safe, sanitary, and comfortable environment, and to help prevent the development and transmission of communicable diseases and infections as evidenced by failing to:</p> <ol style="list-style-type: none"> perform proper hand hygiene during medication administration; and wear appropriate PPE (Personal Protective Equipment) to care for Resident #13 who was on Enhanced Barrier Precautions (EBP). <p>The facility's census was 121 residents.</p> <p>Findings:</p> <p>1. On 03/10/2025, a review of the facility's policy titled Handwashing/Hand Hygiene with a last reviewed date of 12/27/2024, read in part, Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation .2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors .7. Use an alcohol-based hand rub containing at least 60-90% alcohol; or alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations .m. after removing gloves .8. Hand hygiene is the final step after removing and disposing of personal protective equipment. 9. The use of gloves does not replace hand washing/hand hygiene .Applying and Removing Gloves. 1. Perform hand hygiene before applying non-sterile gloves.</p> <p>On 03/10/2025 at 8:06 AM, an observation was made of S4LPN (Licensed Practical Nurse) administering medications on Hall A. S4LPN was preparing medications for Resident #89, when Resident #109 walked out of the neighboring room and asked S4LPN to remove a wristband from her wrist. S4LPN took a pair of scissors from her medication cart drawer and removed the wristband from Resident #109's wrist and immediately returned to continue preparing medications for Resident #89 without sanitizing her hands. S4LPN was then observed as she entered Resident #89's room to administer her medications. The resident refused two of the capsules in the cup. S4LPN returned to the cart, donned a pair of gloves and removed the pills from the medicine cup, then removed the gloves and returned to the resident's room to administer the remaining meds. S4LPN did not sanitize her hands before or after gloving.</p> <p>During an interview on 03/10/2025 at 8:11 AM, S4LPN stated she should have sanitized her hands before and after removing the resident's wrist band and before and after gloving.</p> <p>On 03/10/2025 at 9:34 AM, an observation was made of S5LPN during medication pass on Hall W. S5LPN picked up a pen from a cup on her cart and the pen fell on the floor. She reached down and picked up the pen from the floor and used it to sign a sheet on her cart then continued to prepare medications. S5LPN did not sanitize her hands.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview with S5LPN on 03/10/2025 at 9:45 AM, she confirmed that she did not sanitize her hands and stated she should have picked up the pen and cleaned it with a sanitizing wipe then sanitize her hands.</p> <p>During an interview with S10RNIP (Registered Nurse, Infection Preventionist) on 03/10/2025 at 2:32 PM, she confirmed that S4LPN and S5LPN did not maintain good infection control practice. She stated S4LPN should have performed hand hygiene before and after patient contact, and before donning and after removing gloves. She also stated the pen was dirty when it fell on the floor and S5LPN should have sanitized the pen with a wipe then perform hand hygiene.</p> <p>50950</p> <p>2. On 03/10/2025, a review of the facility's policy titled, Enhanced Barrier Precautions Cheat Sheet with a last reviewed date of 12/27/2024 read in part, Examples of Enhanced-Based Precaution Residents: Wounds-includes .pressure ulcers .Enhanced-Based Precautions are indicated during: .wound care; any skin opening requiring dressing .Implementation: gowns and gloves are used during high-contact sessions .</p> <p>Review of Resident #13's Admission Record revealed she was admitted to the facility on [DATE] with diagnoses that included in part, chronic obstructive pulmonary disease, peripheral vascular disease, and atrial fibrillation.</p> <p>Review of Resident #13's Medication Review Report revealed an order dated 12/23/2024 that read, Stage 3 pressure ulcer to sacrum: cleanse with wound cleanser, pat dry, apply collagen and calcium alginate and cover with dry clean dressing every day and as needed. Further review revealed an order dated 01/14/2025 that read, Nursing Intervention: Implement and maintain enhanced barrier precautions when performing high contact care activities.</p> <p>Review of Resident #13's Care Plan Report revealed an intervention initiated on 12/30/2024 that read in part, At risk for EBP (Enhanced Barrier Precautions) related to patients are indicated for the following residents who are: known to be colonized or infected with a MDRO (Multidrug-resistant organism) when contact precautions do not otherwise apply, at increased risk of MDRO acquisition resident has a wound. Further review of Resident #13's Care Plan Report revealed in part, Goal: EBP care should be maintained for the resident's entire stay or until wounds have healed or indwelling medical device is no longer needed.</p> <p>On 03/10/2025 at 8:24 AM an observation was made of a sign posted on the wall next to Resident #13's room door indicating she was EBP and staff should wear a gown as part of their PPE (Personal Protective Equipment).</p> <p>On 03/10/25 at 9:07 AM a concurrent observation and interview was conducted with S6ADON (Assistant Director of Nursing) and S9LPN (Licensed Practical Nurse). S6ADON and S9LPN were observed not wearing gowns while providing wound care to Resident #13's sacral pressure ulcer. S6ADON and S9LPN confirmed that Resident #13 is on EBP. S6ADON and S9LPN confirmed they were aware the resident was on EBP and they both failed to wear a gown while providing resident care.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 03/10/2025 at 2:48 PM an interview was conducted with S10RNIP (Registered Nurse Infection Preventionist). She confirmed a gown and gloves must be donned when providing high contact resident care activities such as providing wound care if a resident is indicated for EBP.		