STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195600	A. Building B. Wing	09/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Matthews Memorial Health Care Center	5100 Jackson Street Ext. Alexandria, LA 71303

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. (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

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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on record review and interview, the facility failed to ensure services were provided to meet professional standards of practice for 1 (#3 of 3 (Resident #1, Resident #2, and Resident #3) sampled residents and 1 (Resident #R1) of 1 random resident. The facility failed to:1. Ensure Resident #3's physician was notified of and immediately responded to the request of an antibiotic for a tooth abscess; and 2. Ensure Resident #R1's received wound care as ordered by the physician. Findings:Resident #3Review of the facility policy with a review/revision date of for Physician Orders read as. It is the policy of this community that all physician orders shall be implemented timely and carried out in a professional manner. When new or revised orders are requested due to consultant recommendations, the attending physician or nurse practitioner, clinical nurse specialist, or physician assistant shall be documented in the resident clinic record. Additional follow-up may be needed until a response was received. Review of the medical record for Resident #3 revealed an admit date of 11/30/2023, with diagnoses that included in part.Gastro-Esophageal Reflux Disease, Hypertension, Delusional Disorder, and Cellulitis of Back. Review of Resident #3's Quarterly MDS with an ARD of 09/02/2025, revealed a BIMS score of 15, which indicated intact cognition. Review of a nurse's progress note dated 08/18/2025 at 9:00 p.m. read as. Resident returned from a local eye and laser appointment with a progress note stating the resident needed an antibiotic for a tooth abscess. Resident #3's physician was contacted at this time and a message was left. Review of a Nursing Communication Book dated 08/18/2025 revealed Resident #3's physician was contacted to request an antibiotic for a tooth abscess, left message. Follow up in the morning. Review of a nurse's progress note dated 08/22/2025 at 3:38 p.m. read in part. Resident #2 complained of an abscess to the right side of her jaw. Noted some swelling to area. Resident was afebrile at this time. Call placed to MD with order given for Amoxil 250 mg po TID for 7 days. Review of a verbal phone order dated 08/22/2025 at 3:51 p.m. read in part. Amoxcillin Capsule 250 mg (an antibiotic) give 1 capsule by mouth every 8 hours for bacterial infection related to Cellulitis and Abscess of mouth for 7 days. Interview on 09/24/25 at 3:25 p.m. with S3 LPN revealed on 08/18/2025 Resident #3 returned from her eye appointment with a new Progress Note to contact a physician to request an antibiotic for an abscess. S3 LPN confirmed she should have followed up with Resident #'s physician the next day and she did not. Interview on 09/24/2025 at 3:33 p.m. S4 LPN revealed she was Resident #3's nurse on 08/19/2025, 08/20/2025, or 08/21/2025. S4 LPN revealed she was not aware of Resident #3's mouth pain until 08/22/2025 when Resident #3 had pain and swelling to her jaw area. S4 LPN revealed she contacted Resident #3's physician. S4 LPN revealed a verbal order was given to administrator Amoxicillin 250 mg every 8 hours for 7 days. Interview on 09/24/2025 at 4:03 p.m. S1 DON revealed it was good nursing judgement for the nurse to follow up with the physician when they do not get an answer. S1 DON stated the nurse should have given report to the oncoming nurse and documented in the 24 hour report. S1 DON revealed the 24 report book should have been read at the standup meeting the next morning. Telephone interview 09/25/2025 at 10:58 a.m. with Resident #3's Physician revealed if he had been notified of Resident #3 needing an antibiotic for an abscess, he would have called back. He stated the nurse should have called back or tried to contact the other facility Medical Director concerning Resident #3's mouth pain. Resident #R1 Review of the medical record for Resident #R1 revealed an admit date of 11/03/2021, with diagnoses that included in part. Quadriplegia, Pain, Hypertension, Urinary Tract Infection, Pressure Ulcer to Right and Left Buttock Stage 4, Pressure Ulcer of Sacral Region, and Pressure-Induced Deep Tissue Damage of Right Buttock. Review of Resident #R1's Quarterly MDS with an ARD of 09/02/2025, revealed a BIMS score of 15, which indicated intact cognition. The MDS revealed Resident #R1 was dependent on staff for all ADLs. Review of Resident #R1's Care Plan read as. Limited mobility related to diagnosis of Quadriplegia. Resident #R1 was Dependent on staff for bed mobility, transfer, and toileting. The MDS revealed Resident #R1 had a Stage 4 Pressure Ulcer to Left Buttocks. Review of Resident #R1's TAR dated 09/01/2025 to 09/302/205 read in part. Stage 4 Pressure Ulcer to Left and Right Buttock: Clean with wound cleanser pat dry apply Lidocaine Ointment Betadine packed gauze, wet to dry and secure with ABD pad and secure with tape daily, until resolved every day shift for Wound healing. Review of Resident #R1's TAR dated 09/01/2025 to 09/30/2025 revealed there was no documentation of the following dates: 09/06/025, 09/07/2025, 0920/2025, and 09/21/2025. Interview on 09/23/2025 at 9:52 a.m. with S5 Treatment Nurse revealed she worked from 8:00 a.m. to 4:30 p.m. Monday through Friday. S5 Treatment Nurse stated when she was off the floor nurse was responsible for treatments on their residents. S5 Treatment Nurse