

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/09/2026
NAME OF PROVIDER OR SUPPLIER  Mathews Memorial Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure residents received services and resources in the facility with reasonable accommodation of resident needs by failing to:Ensure 1 (#2) of 5 residents reviewed had a call light in place that accommodated his/her needs; and Ensure a call light was within reach in order to call for assistance for 4 (R5, R6, R7, and R8) of 5 residents reviewed for accommodation of needs. Resident #2</p> <p>Review of Resident #2's medical record revealed an admission date of 09/11/2020 with diagnoses that included, in part. Hemiplegia and Hemiparesis following Unspecified Cerebrovascular Disease affecting the Left Non-Dominant Side, Type 2 Diabetes Mellitus, Aphasia, Dysphagia, Functional Quadriplegia.</p> <p>Review of Resident #2's annual MDS with ARD 1/15/2026 revealed a BIMS score of 3, indicating severe cognition impairment. Resident #2 had a functional range of motion Impairment to the upper and lower extremity on one side. Resident #2 was dependent for oral hygiene, toileting hygiene, bathing, dressing, and personal hygiene, rolling left to right, and all transfers.</p> <p>Review of Resident #2's care plan with initiation date 08/29/2024 and next review date of 04/21/2026 revealed Resident #2 has a history of falls with potential for further falls related to history of poor sitting balance and regaining positioning, impaired mobility, right hemiparesis, and unable to turn or reposition self in bed with intervention that included in part. Place the call bell within reach.</p> <p>On 04/07/2026 at 11:18 a.m. Observation of Resident #2 revealed the resident in bed, awake, alert, and nonverbal. Resident #2 call bell cord observed wrapped on the right half side rail, with call bell button observed between mattress and side rail, not within reach of the resident.</p> <p>On 04/07/2026 at 2:39 p.m., Observation of Resident #2 revealed the resident in bed awake, alert, and nonverbal. Resident #2 call bell cord observed wrapped on the right half side rail, with call bell button observed between mattress and side rail, not within reach of the resident.</p> <p>On 04/08/2026 at 10:10 a.m. Observation of Resident #2 with S7 CNA and S8 CNA revealed Resident #2's call bell cord observed wrapped on the right half side rail, with the call bell button observed between the mattress and side rail, not within reach of the resident. S7 CNA and S8 CNA confirmed the call bell was out of reach for the resident. At this time, the call bell was placed in Resident #2's left hand. Resident #2 shook the call bell when verbally prompted to press the call bell button. Resident #2 was further instructed on how to press the call bell at this time. The resident continuously shook the call bell and was unable to press the button to trigger the need for assistance. (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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/08/2026 at 10:45 a.m. Interview with S1 DON revealed she was familiar with Resident #2 and her functional limitations. S1 DON revealed the resident has paralysis on one side. S1 DON revealed she believes the resident could use the call bell if she had the pad call bell, which is triggered by tapping. S1 DON stated she did not know whether the resident had a padded call bell.</p> <p>On 04/08/2026 at 10:47 a.m., observation of Resident #2's room with S1 DON. S1 DON confirmed that Resident #2 did not have a call bell in place that accommodated her functional needs and should.</p> <p>On 04/09/2026 at 08:31 a.m., observation of Resident #2 revealed a padded call bell on the resident's bed placed at the resident's chest level. Resident reached her left arm over to demonstrate she could reach and use the call bell. Resident shook her head No when asked if she could use the traditional call bell before it was switched out for the padded call bell.</p> <p>Resident #R5</p> <p>Observation on 04/08/2026 at 8:20 a.m., revealed Resident #R5 was lying in bed asleep, and the call light was lying on the floor at the foot of the bed and was not within the resident's reach.</p> <p>Observation on 04/08/2026 at 4:00 p.m., revealed Resident #R5's call bell lying on the floor at the foot of the bed and not within the resident's reach.</p> <p>Interview on 04/08/2026 at 4:00 p.m. with S3 CNA confirmed Resident #R5's call light was not within reach, and it should have been. S3 CNA revealed that the distance of the call light on the wall to the head of the bed prevented the call bell from being within reach. She stated the call bell cord needed a clamp attached so it could be clamped to Resident #R5's bed to ensure that it was within her reach.</p> <p>Interview on 04/08/2026 at 4:05 p.m. with S1 DON, confirmed Resident #R5's call light should have been within her reach and it was not.</p> <p>Review of Resident #R5's medical record revealed an admit date of 01/08/2026 with diagnoses that included in part: Diabetes Mellitus with Ketoacidosis Without Coma, Essential Hypertension, Unspecified Dementia, Depression, Unspecified Psychosis, and other Symbolic Dysfunction.</p> <p>Review of Resident #R5's admission MDS with an ARD of 01/20/2026 revealed Resident #R5 required partial/moderate assistance with toileting hygiene, substantial/maximal assistance with shower/bathing self, and partial/moderate assistance for dressing and personal hygiene. Resident #R5 required supervision or touching assistance for bed mobility and walking less than 150 feet.</p> <p>Review of Resident #R5's Care Plan initiated 01/12/2026 read in part. Resident #R5 was at risk for falls. Interventions included call light within reach.</p> <p>Resident #R6</p> <p>Observation on 04/08/2026 at 9:35 a.m., revealed Resident #R6 was lying in bed, and his call light was lying on top of the mini fridge at the foot of his bed. Resident #R6 stated that he cannot get to his call light. He stated when he needed to call for assistance he had his roommate press the call light for him.</p> <p>Observation on 4/09/2026 at 9:05 a.m., revealed Resident #R6 was lying in bed and his call light was (continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>his reach and it should have been.</p> <p>Review of Resident #R8's medical record revealed an admit date of 10/01/2025 with diagnoses that included in part: Other Seizures, Chronic Diastolic Congestive Heart Failure, Chronic Kidney Disease, Stage 3, Age-Related Physical Debility, Muscle Weakness (Generalized), Essential Hypertension, and Acquired Absence of Left Leg Above Knee.</p> <p>Review of Resident #R8's MDS with an ARD of 01/26/2026 revealed Resident #R8 required partial/moderate assistance with upper body dressing and personal hygiene. He required substantial/maximal assistance with toileting hygiene, shower/bathing self, lower body dressing, sitting to lying, and lying to sitting on side of bed. Resident #R8 was dependent with sitting to stand, chair/bed-chair transfer, toilet transfer, and tub/shower transfer. Walking did not occur.</p> <p>Review of Resident #R8's Care Plan initiated 11/03/2025 read in part. Resident #R8 was at risk for falls. Interventions included call light within reach.</p> <p>Interview on 04/09/2026 at 3:30 p.m. with S1 DON, and S2 Corporate RN confirmed each resident should have a call light that was within reach.</p>