

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 09/10/2024
NAME OF PROVIDER OR SUPPLIER Matthews 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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20604</p> <p>Based on observation, interview, and record review, the facility failed to ensure Residents who are unable to carry out ADLS (Activities of Daily Living) received the necessary services to maintain good grooming and personal hygiene for 2 (#2 and #82) of 2 (#2 and #82) Residents reviewed for ADL's. The facility failed to ensure Resident's (#2 and #82) were shaved.</p> <p>Findings:</p> <p>Review of the facility's policy with a revision date of 08/24, titled Resident Quality of Care revealed the following: . 2. The policy of the facility is to establish a minimum acceptable level of daily care which shall include and involve the maximum utilization of the resident's capabilities; while providing the necessary assistance to accomplish the following: .C. At the time of the bath, all residents shall also receive .nail care . shave .</p> <p>Resident #2</p> <p>Record review revealed Resident #2 was admitted to the facility on [DATE] with the following diagnosis that included Cerebral Infarction Unspecified, Paraplegia, Cognitive Communication Deficit, Bed Confinement Status, and Other Lack of Coordination.</p> <p>Review of the Quarterly MDS with ARD of 07/02/2024 revealed Resident #2 had a BIMS of 3 indicating severe cognitive impairment, and is dependent on staff for personal hygiene and bathing.</p> <p>Review of the CNA Task Schedule for September 2024 revealed no documentation of Resident #2 received a bath in September, and the CNA Task Schedule indicated that personal hygiene was provided on 09/05/2024 and 09/09/2024.</p> <p>Review of Resident #2's care plan with a target date of 10/08/2024 revealed ADLS: Self care deficit: Res requires substantial/max assist with meals. Dependent assistance with bed mobility, UB dressing and personal hygiene, bathing .</p> <p>Observations on 09/09/2024 at 9:00 a.m. revealed Resident #2 sitting in his Geri-Chair in the Rehab Therapy room. He was observed to have approximately 1/16th inch long facial hair covering his face and neck. Resident #2 was not interviewable.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 09/09/2024 at 1:11 p.m. accompanied by S4 ADON revealed Resident #2 had facial hair on his face and neck. S4 ADON reported that Resident #2 needs to be shaven and could not shave his self.</p> <p>Resident #82</p> <p>Record review revealed Resident #82 was admitted to the facility on [DATE] with the following diagnosis that included Other Sequelae of Cerebral Infarction, Unspecified Age Related Cataract, Muscle Weakness, and Dysphagia Following Cerebral Infarction.</p> <p>Review of the Admission MDS with ARD of 06/25/2024 revealed Resident #82 had a BIMS of 9 indicating moderate cognitive impairment, and requires substantial and/or maximum assistance for bathing.</p> <p>Review of Resident #82's care plan with a target date of 09/19/2024 revealed Resident needs assistance with ADL's Resident will be assisted with ADLs while promoting max level of independence .</p> <p>Observations on 09/08/2024 at 11:20 a.m. revealed Resident #82 in his room lying down. He was observed to have facial hair approximately 1/16th inches long on his face and neck. During that time Resident #82 stated that someone usually shaved him and indicated he thought the person that shaved him was not here today.</p> <p>On 09/09/2024 at 1:09 p.m. an observation of Resident #82 was made with S4 ADON. S4 ADON verified that Resident #82 had facial hair and needed to be shaved. At that time, Resident #82 requested to be shaved and stated he would like to keep his mustache. S4 ADON verified that Resident #82 required assistance with personal hygiene and could not shave himself.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373</p> <p>38894</p> <p>Based on interview and record review the facility failed to ensure that residents received treatment and care in accordance with professional standards of practice for 2 (Resident #27 and Resident #64) of 29 sampled residents reviewed for quality of care.</p> <p>Findings:</p> <p>Patient #27</p> <p>Review of Resident #27's Electronic Health Record revealed an admitted [DATE] with the following diagnoses including Type 2 DM with Neuropathy and long term use of Insulin.</p> <p>Review of Resident #27's 09/2024 Physician Orders revealed the following including:</p> <p>07/03/2024 - Insulin Glargine Soln Pen-Injector 100U/ml inject 15U q HS</p> <p>07/03/2024 - HGBA1C q 3 months (Sept, Dec, Mar, June)</p> <p>07/18/2024 - Accuchecks BID notify MD if CBG <60 or >300</p> <p>Review of Resident #27's 09/2024 Electronic Medication Administration Record revealed Capillary Blood Sugars above 300 on the following dates and times:</p> <p>09/05/2024 at 6:00 a.m. - 301</p> <p>09/06/2024 at 6:00 a.m. - 330</p> <p>09/08/2024 at 6:00 a.m. - 324</p> <p>Review of Resident #27's 09/2024 Nurse Notes revealed no documentation that the Physician was notified concerning capillary blood sugar results greater than 300.</p> <p>Interview on 09/10/2024 at 10:10 a.m. with S3 Corporate RN confirmed there was no documentation that Resident #27's physician was notified concerning capillary blood sugar results over 300 and there should be.</p> <p>Resident #64</p> <p>Review of Resident #64's medical record revealed an admitted [DATE] with diagnoses that included Type 2 Diabetes Mellitus, Major Depressive Disorder, Anxiety, Muscle Weakness, and Moderate Protein-Calorie Malnutrition.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #64's Significant Change MDS with an ARD of 06/12/2024 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Review of the MDS revealed Resident #64 required supervision with eating, substantial/maximal assistance with toilet hygiene and chair/bed to chair transferring, and partial/moderate assistance with rolling left and right, sitting to lying, lying to sitting, and sitting to standing.</p> <p>Review of Resident #64's current physician's orders revealed the following orders:</p> <p>09/06/2024: Tresiba FlexTouch Subcutaneous solution pen injector 100 units/ml-inject 15 units subcutaneously at HS.</p> <p>07/29/2024: Humalog Kwikpen subcutaneous Solution Pen-injector 100 unit/ml-inject subcutaneously before meals and at bedtime related to type 2 meals. Inject as per SS:</p> <p>If 60-180=0 notify MD if less than 60.</p> <p>181-250=3</p> <p>251-300=6</p> <p>301-350=9</p> <p>351-400=12</p> <p>401-9999=15;</p> <p>Administer 15 units and notify MD if greater than 400, subcutaneously before meals and at bedtime r/t Type 2 DM w/ hyperglycemia;</p> <p>Review of Resident #64's medical record revealed the following capillary blood sugars:</p> <p>08/01/2024 at 10:44 p.m.: 539</p> <p>08/01/2024 at 10:45 p.m.: 499</p> <p>08/08/2024 at 5:18 p.m.: 497</p> <p>08/09/2024 at 5:21 p.m.: 570</p> <p>09/04/2024 at 5:50 p.m.: 450</p> <p>Review of the nurses' notes revealed no documentation of reporting these capillary blood sugars greater than 400 to the physician, as ordered.</p> <p>In an interview at 10:16 a.m. on 09/10/2024, S3 Corporate RN confirmed there was no documentation the nurse reported Resident #64's capillary blood sugars greater than 400 to the physician and acknowledged it should have been reported.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373</p> <p>Based on record review, observation, and interview the facility failed to ensure a resident with pressure ulcers received necessary treatment and services, consistent with professional standards of practice, to promote healing and to prevent infection for 1 (#188) of 2 (#2, #188) residents reviewed for pressure ulcers. The facility failed to ensure Resident #188's wounds were accurately assessed and documented weekly.</p> <p>Findings:</p> <p>Review of the facility's policy titled Pressure Ulcer Prevention and Treatment Interventions Guidelines last revised on 10/2022 revealed in part .</p> <ol style="list-style-type: none"> Weekly body audits are to be performed by a Licensed Nurse on designated day. If a pressure ulcer is present initiate the weekly documentation. <p>Review of Resident #188's medical record revealed an admitted [DATE] with diagnoses that included . Paraplegia, Pressure Ulcer of Sacral Region, Pressure Ulcer of Left Buttock-stage 4, Pressure Ulcer of Right Buttock-Stage 4, and Acquired Absence of Right Leg above Knee.</p> <p>Review of Resident #188's Quarterly MDS with an ARD of 05/06/2024 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Review of the MDS revealed Resident #188 required partial/moderate assistance with eating and dependent with rolling left and right and chair/bed to chair transferring.</p> <p>Review of Resident #188's current physician's orders revealed in part the following:</p> <p>09/06/2024: Apply 5% Lidocaine ointment to stage 4 sacrum wound. Cleanse wound with wound cleanser, apply skin prep to periwound, apply silver alginate, cover with ABD pad and secure with tape every other day until resolved.</p> <p>09/06/2024: Apply 5% lidocaine ointment to Stage 4 left buttock wound. Cleanse wound with wound cleanser. Apply skin prep to periwound. Apply silver alginate, cover with ABD pad and secure with tape every other day until resolved.</p> <p>09/06/2024: Apply 5% lidocaine ointment to stage 4 right buttock wound. Cleanse wound with wound cleanser. Apply skin prep to periwound. Apply silver alginate, cover with ABD pad and secure with tape every other day until resolved.</p> <p>Review of Resident #188's medical record revealed the resident was care planned for:</p> <p>Resident has an open area to sacrum. Interventions included record percentage of meals eaten, dietary consult as needed, labs as ordered, treatment as ordered, pressure reducing device for bed and chair, and turning and repositioning program.</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident has a Pressure ulcer to right buttock, stage 4. Interventions included: Turn and reposition resident per schedule, observe skin daily w/ adl care or bath and report any problems to nurse, weekly body audit, and labs as ordered.</p> <p>At risk for infection related to diagnosis of stage 4 pressure ulcer to left buttocks; Onset 12/24/2021. Interventions included: 12/24/2022-stage 4 right buttock-turn and reposition resident per schedule, pressure reducing mattress to bed and cushion to wheelchair, observe skin daily w/ adl care or bath and report any problems to nurse, weekly body audit, Dietary consult prn, labs as ordered; observe current treatment for effectiveness; Enhanced Barrier Precautions (wounds) - gloves and gown to be worn during high contact resident care.</p> <p>In an observation and interview on 09/09/2024 at 3:39 p.m., Resident #188 was lying in bed on his back. His positioning wedge was lying on the resident's wheelchair across the room. Resident #188 stated he had been on his back with no wedge since after finishing lunch. He said staff don't turn or reposition him every 2 hours. Resident #188 stated the CNAs come in and tell him they would have to find help, but never come back.</p> <p>In an interview on 09/10/2024 at 12:24 p.m., S2 DON stated Resident #188 doesn't have a sacral pressure ulcer, but a shearing to his sacrum and that his sacral pressure ulcer healed a long time ago. S2 DON stated she did not know why the resident had treatment orders for a Stage 4 pressure ulcer. This surveyor requested the wound assessments for the sacrum and the pressure ulcers to the left and right buttocks from 08/01/2024 to present date. Wound assessments were provided for 08/13/2024 and 08/27/2024 for the left and right buttocks only. S2 DON confirmed there were no wound assessments completed from 08/01/2024 through 08/12/2024 and no wound assessments completed since 08/28/2024 to present. S2 DON stated they had not had a wound care nurse since around June 2024. S2 DON acknowledged the resident's wounds should be assessed weekly by a nurse.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</p> <p>Based on observation, interview and record review the facility failed to provide respiratory care consistent with professional standards for 1 (Resident #54) of 1 sampled residents reviewed for respiratory care. The facility failed to ensure respiratory equipment was properly labeled and stored.</p> <p>Findings:</p> <p>Review of Resident #54's Clinical Record revealed an admitted [DATE] with diagnoses that included in part . Hypertensive Heart Failure with Heart Failure, Gastrostomy Status, and Chronic Respiratory Failure with Hypoxia.</p> <p>Review of Resident #54's Care Plan with a Review date of 10/01/2024 revealed in part .At risk for Shortness of Breath, Resident has a diagnosis of Acute Respiratory Failure, with interventions that included: Oxygen as ordered.</p> <p>Observation and interview on 09/08/2024 at 11:12 a.m. revealed Resident #54's Nebulizer mask was uncovered and undated lying on his over bed table. Resident #54's oxygen tubing was uncovered and undated lying on top of the oxygen concentrator beside his bed. Resident #54 revealed he wore oxygen daily and received nebulizer treatments daily.</p> <p>Observation on 09/09/2024 at 8:52 a.m. revealed Resident #54 lying in bed with oxygen per nasal cannula in place. Oxygen tubing was undated.</p> <p>Observation and Interview on 09/09/2024 at 9:33 a.m. of Resident #54 with S2 DON in attendance revealed Resident #54's oxygen tubing was undated. S2 DON confirmed Resident #54's oxygen tubing was undated and if oxygen equipment is not in use it should be covered and changed out every 7 days.</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373</p> <p>Based on record review and interview, the facility failed to ensure pain management was provided to residents who require such services, consistent with professional standards of practice and the comprehensive person-centered care plan for 2 (#4, #64) of 2 residents reviewed for pain. The facility failed to ensure Resident #4 and #64, who reported pain, received medication or interventions to alleviate pain.</p> <p>Findings:</p> <p>Review of the facility's policy titled Pain Screen and Management with a revision date of 12/2023 revealed in part .</p> <ol style="list-style-type: none"> All residents have the right to treatment for pain. The resident's statements are the most valid measurement of pain. A pain scale is used whereby the resident describes his/her pain and amount of pain relief. <p>Chronic Pain Management:</p> <p>Documentation requirements for Chronic Pain Management focus on the following:</p> <p>E-MAR documentation</p> <p>Use of as needed (PRN) medication</p> <p>Review and revision of care plan as appropriate</p> <p>Resident #4</p> <p>Resident #4's medical record revealed an admitted [DATE] with diagnoses that included .Chronic Pain Syndrome, Chronic Kidney Disease, Multiple Sclerosis, Localized Edema, and Unspecified Convulsions.</p> <p>Review of Resident #4's Quarterly MDS with an ARD of 06/01/2024 revealed Resident #4 had a BIMS score of 15 indicating intact cognition. Review of the MDS revealed Resident #4 required supervision with eating, dependent with toilet hygiene and bathing, and transfers. Review of the MDS revealed Resident #4 had a pain assessment interview and received PRN pain medication.</p> <p>Review of Resident #4's Care Plan with a review date of 07/16/2024 revealed in part .Resident has pain related to Multiple Sclerosis and Chronic Pain Syndrome with interventions that included: Administer medications as ordered, Observe onset, location, severity and duration of pain.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation and interview on 09/08/2024 at 10:05 a.m. revealed Resident #4 in bed. Resident #4 revealed she had not received her pain medication as requested and she was hurting. Resident #4 stated she had Multiple Sclerosis and her legs were hurting (10/10 on a pain scale). Resident #4 revealed she received oxycodone every 4 hours as needed for pain. Resident #4 revealed on 09/07/2024 she had called for the nurse twice between 1:00 a.m. and 5:00 a.m. Resident #4 revealed the nurse never came to her room all night and she never received any pain medication.</p> <p>Review of Resident #4's Physician's orders for September 2024 revealed an order for Oxycodone 10 MG by mouth every 4 hours as needed for pain related to Chronic Pain Syndrome.</p> <p>Interview on 09/09/2024 at 9:00 a.m. with Resident #4 revealed she received pain medication on 09/08/2024 at approximately 10:30 a.m. Resident stated she was not able to attend the Resident Council Meeting held on 09/08/2024 due to pain.</p> <p>Telephone Interview with S8 CNA revealed on 09/07/2024 Resident #4 had called for the nurse twice for pain medication between 1:00 a.m. and 5:00 a.m. S8 CNA stated she had looked for Resident #4's nurse and had paged her, but she never came.</p> <p>Interview on 09/09/2024 at 1:15 p.m. with S9 Agency LPN revealed she was the nurse for Resident #4 on 09/07/2024 from 11:00 p.m. to 7:00 a.m. S9 Agency LPN revealed she did not provide any care for Resident #4 on 09/07/2024 from 11:00 p.m. to 7:00 a.m. S9 Agency LPN stated I never laid eyes on Resident #4, my whole shift. S9 Agency LPN confirmed she did not administer any pain medication to Resident #4 on 09/07/2024 from 11:00 p.m. to 7:00 a.m.</p> <p>Resident #64</p> <p>Resident #64's medical record revealed an admitted [DATE] with diagnoses that included Type 2 Diabetes Mellitus, Major Depressive Disorder, Anxiety, Muscle Weakness, and Moderate Protein-Calorie Malnutrition.</p> <p>Review of Resident #64's Significant Change MDS with an ARD of 06/12/2024 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Review of the MDS revealed Resident #64 required supervision with eating, substantial/maximal assistance with toilet hygiene and chair/bed to chair transferring, and partial/moderate assistance with rolling left and right, sitting to lying, lying to sitting, and sitting to standing.</p> <p>In an interview on 09/08/2024 at 12:57 p.m., Resident #64 stated he hurts all the time because he has problems with his back. He stated the facility doesn't give him anything for pain, not even Tylenol or Ibuprofen.</p> <p>Review of Resident #64's September 2024 MAR revealed the following pain levels entered by S5 LPN:</p> <p>09/09/2024-6 at 10:02 a.m.</p> <p>09/06/2024-7 at 9:55 a.m.</p> <p>09/05/2024-7 at 9:09 a.m.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>09/04/2024-6 at 11:04 a.m.</p> <p>09/03/2024-6 at 9:54 a.m.</p> <p>Review of the September 2024 MAR revealed no pain medication had been given to Resident #64.</p> <p>Review of Resident #64's medical record revealed he was currently care planned for being at risk for pain. Interventions included Administer medications as ordered, Notify MD of any unrelieved pain, Reposition for comfort as needed, Observe onset, location, severity and duration of pain, and Observe effectiveness of medication.</p> <p>In an interview on 09/09/2024 at 10:41 a.m., S5 LPN stated Resident #64 hadn't complained of pain to her today but may have complained of pain to her last week. S5 LPN stated Resident #64 doesn't have anything ordered for pain and the ASA 81 mg he received was ordered related to hemiplegia. S5 LPN stated she could have contacted his doctor last week to report his pain but did not.</p> <p>In an interview on 09/10/2024 at 10:16 a.m., S3 Corporate RN reviewed Resident #64's MAR and the documentation by nursing staff of the resident's pain levels of 6 and 7 this month. S3 Corporate RN acknowledged the nurse should have called the doctor to report the resident's pain. S3 Corporate RN stated if she was the nurse she would have called the doctor to report the pain since he didn't have anything ordered for pain.</p> <p>44844</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>44844</p> <p>Based on interview and record review, the Facility failed to provide pharmaceutical services that assure the accurate reconciliation of controlled medications to meet the needs of each Resident by failing to ensure at each shift change a physical inventory of controlled medications were conducted by two licensed clinicians.</p> <p>Findings:</p> <p>Review of the Facility's policy and procedure titled Controlled Substances with a revision date of 11/2017, read in part .A controlled drug count is to be done at the beginning of each shift by the outgoing and the on-coming medication nurses.</p> <p>Telephone Interview on 09/09/2024 at 11:00 a.m. with S10 Agency LPN revealed on 09/08/2024 she reported to work for 7:00 a.m. S10 Agency LPN confirmed she did not reconcile narcotics with the off going nurse or any other nurse and she should have.</p> <p>Interview on 09/09/2024 at 1:15 p.m. with S9 Agency LPN revealed she worked the 11:00 p.m. to 7:00 a.m. shift on 09/07/2024. S9 Agency LPN revealed S10 Agency LPN was the on-coming nurse for 7:00 a.m. on 09/08/2024. S9 Agency LPN confirmed she did not reconcile medications with S10 Agency LPN and she should have.</p> <p>Interview with S2 DON on 09/09/2024 at 2:10 p.m. revealed all controlled substances should be counted at the beginning and at the end of each shift, by the on-coming and off going nurse.</p>		

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 09/10/2024
NAME OF PROVIDER OR SUPPLIER Matthews 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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373</p> <p>44844</p> <p>Based on observations, interviews and record review the facility failed to ensure snacks are served at times in accordance with resident's needs, preferences and requests. The facility failed to provide snacks for residents outside of scheduled meal service times. The facility failed to ensure that Residents meals were distributed in a timely manner.</p> <p>Findings.</p> <p>Interviews on 09/08/2024 at 2:00 p.m. with residents during the Resident Council meeting revealed snacks were not being provided and were not available at all times. Residents in the council meeting stated they would ask for snacks and the nurse would tell them dietary did not leave any out for them. Residents stated snacks were labeled with residents names on them, and if your name was not on a snack you did not get a snack.</p> <p>Observation on 09/08/2024 at 9:44 a.m. of meal service on Hall X revealed staff were distributing breakfast trays.</p> <p>Interview on 09/08/2024 at 10:35 a.m. with Resident #236 revealed he was admitted to the facility on [DATE]. Resident #236 revealed he did not receive breakfast this morning. Resident #236 revealed he had not eaten since supper on 09/07/2024 at 5:30 p.m. and had not received any snacks.</p> <p>Interview on 09/08/2024 at 10:38 a.m. with S1 Administrator revealed she was unaware that a resident had been admitted on yesterday (09/07/2024), and that he had not received his breakfast.</p> <p>Observation on 09/08/2024 at 11:30 a.m. revealed Resident #236 received his breakfast at this time.</p> <p>Interview on 09/08/2024 at 12:48 p.m. with Resident #64 (BIMS score of 15 indicating intact cognition), revealed he was always hungry and his blood sugar dropped at night. Resident #64 revealed he did not get a snack in the evening like other residents. Resident #64 revealed he told the nurse he wanted a snack or orange juice and he did not receive it.</p> <p>Interview on 09/09/2024 at 7:52 a.m. with Resident #27 revealed he ate supper at 5:30 p.m. on 09/08/2024, and did not receive a snack that night. Resident #27 revealed he had not had breakfast and was hungry.</p> <p>Interview on 09/09/2024 at 8:15 a.m. with Resident #64 revealed he did not receive a snack last night (09/08/2024</p> <p>.</p> <p>(continued on next page)</p>

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 09/10/2024
NAME OF PROVIDER OR SUPPLIER Matthews Memorial Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 Jackson Street Ext. Alexandria, LA 71303	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 09/09/2024 at 9:06 a.m. revealed staff distributing breakfast trays on Hall Y.</p> <p>Review of posted meal times revealed in part .</p> <p>Breakfast from 7:30 a.m. -8:00 a.m.</p> <p>Lunch from 12:00 p.m.-12:30 p.m.</p> <p>Dinner from 5:00 p.m.-5:30 p.m.</p> <p>Interview on 09/09/2024 at 9:40 a.m. with S2 DON and S7 Dietary Manager revealed only residents with a doctor's order received snacks at 10:00 a.m. and 2:00 p.m. S2 DON and S7 Dietary Manager revealed bed time snacks were left at the nurse's station and if a resident wanted a snack they had to go to the nurse's station and ask for it. S2 DON acknowledged residents who could not go to the nurse's station and ask for a snack were not provided with a snack.</p> <p>Interview on 09/10/2024 at 10:30 a.m. with S1 Administrator and S7 Dietary Manager acknowledged they were aware of meal service times being longer than 14 hours from dinner to breakfast at times, and snacks not being provided/offered to all residents.</p>