

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195603	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2025
NAME OF PROVIDER OR SUPPLIER Bayou Vista Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 323 Evergreen Hwy Bunkie, LA 71322	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>Based on record review and interview, the facility failed to inform each resident of the charges for services for which the residents may be responsible for paying for 3 (Resident #3, Resident #28 and Resident #48) of 3 (Resident #3, Resident #28 and Resident #48) sampled residents who received Advanced Beneficiary Notices of Non-Coverage (ABN). Findings: Review of a facility policy on 08/12/2025 at 8:20 a.m. titled, ABN policy dated 00/2024 revealed the following in part.D. Estimated Cost Section: The SNF should enter an estimated total cost or a daily, per item, or per service cost estimate. SNFs must make a good faith effort to insert a reasonable cost estimate for the care. If for some reason the SNF is unable to provide a good faith estimate of projected costs of care at the time of SNF ABN delivery, the SNF should indicate in the cost estimate area that no cost estimate is available. Review of the ABN notices (Form CMS-10055) signed by Resident #3 on 05/26/2025, signed by Resident #28's responsible party on 07/28/2025 and signed by Resident #48 on 04/14/2025 revealed the estimated cost per day/item or service for continuing daily skilled nursing care was not completed and left blank. In an interview and record review on 08/10/2025 at 3:00 p.m., S1 ADM confirmed the above findings. S1 ADM revealed he was unaware why the section for estimated cost per day/item or service for continuing daily skilled nursing care was not completed and left blank. In an interview on 08/11/2025 at 9:36 a.m., S6 Accounts Manager revealed she was responsible for documenting and presenting the SNF ABN form to the residents and obtaining a signature from the resident or responsible party. During a review of the Form CMS-10055 for Resident #3, Resident #28, and Resident #48, S6 Accounts Manager confirmed the estimate cost for services amount per day/item of service was not completed and left blank. S6 Accounts Manager stated she failed to document the cost on the forms. S6 Accounts Manager confirmed she should have documented the estimated cost on the above resident's SNF ABN forms, but did not.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195603	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2025
NAME OF PROVIDER OR SUPPLIER Bayou Vista Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 323 Evergreen Hwy Bunkie, LA 71322	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on observation, interview, and record review the facility failed to ensure the person-centered care plan was implemented for 1 (Resident #47) resident reviewed for tube feeding. Review of Resident #47's medical record revealed an admission date of 12/13/2017 with diagnoses which included, in part. Dysphagia Following Cerebral Infarction, Dementia, Shortness of Breath, Protein-Calorie Malnutrition, Unspecified Gastrostomy Complication, and Gastro-Esophageal Reflux Disease. Review of Resident #47's Quarterly MDS with an ARD of 05/28/2025 revealed a BIMS Score was not provided because the resident was rarely or never understood. Resident #47 received 51% or more of her total nutrition through tube feeding. Review of Resident #47's physician's orders revealed the following, in part. Jevity 1.2 cal at 50mL/hr with 25mL/hr flush, dated 04/24/2024. Review of Resident #47's care plan revealed the following problem, in part. resident weight loss, declining, not eating or drinking, and PEG Tube placement on 03/23/2024; revised to include risk of malnutrition, NPO, dysphagia, and vomiting episodes on 02/26/2025. Interventions included the following, in part. Monitor and document intake and output, dated 02/17/2025; Intake and output every shift, dated 06/06/2025; and Jevity 1.2 cal at 50mL/hr continuous per pump with 25mL/hr flush, dated 06/30/2025. Review of Resident #47's Task: Fluid Intake - Tube Feed revealed intake of tube feeding, as care-planned, was not documented each shift on 07/14/2025, 07/15/2025, 07/16/2025, 07/19/2025, 07/20/2025, 07/21/2025, 07/22/2025, 07/24/2025, 07/31/2025, 08/02/2025, 08/03/2025, 08/09/2025, and 08/10/2025. Review of Resident #47's Task: Fluid Intake - Flush revealed intake of flush, as care-planned, was not documented each shift 07/14/2025, 07/15/2025, 07/16/2025, 07/19/2025, 07/20/2025, 07/21/2025, 07/22/2025, 07/24/2025, 07/31/2025, 08/02/2025, 08/03/2025, 08/06/2025, 08/09/2025, and 08/10/2025. Interview with S5LPN on 08/11/2025 at 2:47 p.m. revealed Resident #47's was care-planned for documenting the intake of tube feeding and flush each shift. S5LPN confirmed Resident #47's intake of tube feeding and flush had not been documented each shift, but should have been. Interview with S2DON on 08/11/2025 at 3:00 p.m. confirmed Resident #47's intake of tube feeding and flush had not been documented each shift, but should have been.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195603	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2025
NAME OF PROVIDER OR SUPPLIER Bayou Vista Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 323 Evergreen Hwy Bunkie, LA 71322	
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 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>Based on observation, interview, and record review the facility failed to provide respiratory care consistent with professional standards for 2 (Resident #4 and Resident #47) of 3 (Resident #4, Resident #15, and Resident #47) sampled residents reviewed for respiratory care. The facility failed to ensure: The oxygen concentrator's flow meter was set to the proper rate as ordered for Resident #4; and Respiratory equipment was properly labeled for Resident #47. Resident #47</p> <p>Review of Resident #47's medical record revealed an admit date of 12/13/2017 with diagnoses which included, in part . Shortness Of Breath, Acute Respiratory Failure, Dysphagia, Cerebral Infarction, and Dementia.</p> <p>Review of Resident #47's physician's orders revealed, in part; may suction as needed related to Dysphagia Following Cerebral Infarction and Shortness of Breath, dated 07/23/2025.</p> <p>Review of Resident #47's Care Plan revealed, in part; the hospice nurse was notified of Resident #47 gurgling and Resident #47's interventions were updated to include may suction as needed on 07/23/2025.</p> <p>Observation on 08/10/2025 at 10:02 a.m. revealed a suction canister, suction tubing, and Yankauer suction tip connected and available for use on Resident #47's bedside table. There was no visible label or date on the equipment.</p> <p>Observation on 08/11/2025 at 9:07 a.m. revealed the suction canister, suction tubing, and Yankauer suction tip remained on Resident #47's bedside table. There was no visible label or date on the equipment.</p> <p>Interview with S2DON on 08/11/2025 at 3:15 p.m. revealed all respiratory care equipment was to be labeled with the date it was opened, and changed every 7 days.</p> <p>Observation of Resident #47 on 08/11/2025 at 3:00 p.m. accompanied by S5LPN revealed the suction canister, suction tubing, and Yankauer suction tip were connected and available for PRN use on Resident #47's bedside table. S5LPN confirmed the equipment was not labeled with the date it was opened, but should have been.</p> <p>Resident #4</p> <p>A review of Resident #4's medical record revealed an admit date of 09/04/2021 with diagnoses that included, in part, Chronic Obstructive Pulmonary Disease, Heart Failure, Unspecified Dementia, and Schizoaffective Disorder.</p> <p>A review of Resident #4's physician's orders revealed, in part, oxygen at 2 liters per minute via nasal cannula, continuous, dated 12/06/2021.</p> <p>A review of Resident #4's current Care Plan revealed, in part, oxygen as ordered.</p> <p>A review of Resident #4's Quarterly MDS (Minimum Data Set) with an ARD of 06/25/2025, Section O, revealed, in part, that the resident receives oxygen therapy.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195603	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2025
NAME OF PROVIDER OR SUPPLIER Bayou Vista Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 323 Evergreen Hwy Bunkie, LA 71322	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/10/2025 at 9:35 a.m., Resident #4 was observed asleep in a geriatric chair in her room, receiving oxygen via nasal cannula. The oxygen concentrator's flow meter was set at 3.5 liters per minute.</p> <p>On 08/10/2025 at 3:29 p.m., Resident #4 was observed awake in a geriatric chair in her room receiving oxygen via nasal cannula. The oxygen concentrator was still set at 3.5 liters per minute.</p> <p>On 08/11/2025 at 8:50 a.m., Resident #4 was in the dining/day room. Resident #4 was sitting in a geriatric chair facing the television, receiving oxygen via nasal cannula. The resident's oxygen concentrator was beside her chair and set to 3.5 liters.</p> <p>On 08/11/2025 at 4:15 p.m., Resident #4 is in her room in her bed receiving oxygen via nasal cannula with the head of the bed elevated. The resident's oxygen concentrator was beside her bed and still set to 3.5 liters per minute.</p> <p>On 08/11/2025 at 4:16 p.m., S5LPN was outside of Resident #4's room and stated that she was the nurse for Resident #4. S5LPN verified on her computer that Resident #4's oxygen concentrator should be set to 2 liters per minute per the physician's order. S5LPN then verified that the oxygen concentrator was set at 3.5 liters per minute and that it should be turned down to 2 liters. S5LPN then set Resident #4's oxygen concentrator to 2 liters per minute as ordered.</p> <p>On 08/11/2025 at 4:25 p.m., S12ADON verified that Resident #4's oxygen order stated Resident #4's oxygen concentrator should be set at 2 liters per minute.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195603	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2025
NAME OF PROVIDER OR SUPPLIER Bayou Vista Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 323 Evergreen Hwy Bunkie, LA 71322	
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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>Based on record review and interview the facility failed to electronically submit payroll information for direct care staffing as required. Review of the facility's Payroll Based Journal (PBJ) Staffing Data Report for FY Quarter 1 2025 (October 1 - December 31) revealed triggers for the following: One Star Staffing Rating, Excessively Low Weekend Staffing, No RN Hours, and Failed to have Licensed Nursing Coverage 24 Hours/Day. The facility failed to submit RN hours every day during Quarter 1, which was a total of 92 days. The facility failed to submit documentation of Licensed Nursing Coverage 24 Hours/Day every day during Quarter 1, which was a total of 92 days. Interview with S1ADM on 08/10/2025 at 11:36 a.m. revealed he was responsible for submitting PBJ information. S1ADM confirmed he did not accurately submit mandatory direct care staffing information to CMS for FY Quarter 1 2025, but should have.</p>		