

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195608	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Southwest Louisiana War Veterans Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1610 Evangeline Highway Jennings, LA 70546	

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 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44418</p> <p>Based on observation and interview, the facility failed to maintain a clean, comfortable, and homelike environment by failing to ensure clean bed linen was provided to 1 (#1) out of 1 (#1) residents investigated for environment. The sample resident size was 9.</p> <p>Findings:</p> <p>Review of Resident #1's electronic health record revealed he was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, Candidiasis, Cerebral Infarction, Spastic Hemiplegia and Pressure Ulcer Sacral Region.</p> <p>On 07/23/2024 at 10:27 a.m., an observation was made of Resident #1's bedroom. The resident was not in his room, his bed was made. The resident's pillow case revealed 2 nickel sized, and 6 small dots of a dried brown colored stain.</p> <p>On 07/23/2024 at 11:40 a.m., a second observation of Resident #1's bedroom was conducted with S3CNA. S3CNA confirmed the resident's bed was made this morning and the pillow case had multiple brown stains on the pillow case. She confirmed the pillow case should have been changed when the bed was made.</p> <p>On 07/24/2024 at 12:45 p.m., an interview was conducted with S2DON, she confirmed stained bed linens should be changed, when found while making a bed.</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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