STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195612	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Living Center	605 Hilltop Avenue Franklinton, LA 70438

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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on record review and interview, the facility failed to electronically submit payroll based staffing information for direct care staff as required. The deficient practice had the potential to affect the 48 residents residing in the facility.Findings: Review of the facility's policy titled Reporting Direct Care Staffing Information (Payroll-Based Journal) revealed in part: 1. Complete and accurate direct care staffing information is reported electronically to CMS through the Payroll-Based Journal (PBJ) system in a uniform format specified by CMS. 7. Data is submitted only by designated personnel with training on the PBJ user interface. 8. Technical specifications for uploading data directly from payroll or time and attendance system will be accessed through: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/S 12. Definitions, instructions and examples of the PBJ user interface can be found in the CMS' Electronic Staffing Data Submission Payroll-Based Journal Long-Term Care Facility Policy Manual. Review of the facility's Payroll Based Journal (PBJ) Staffing Data Report for Fiscal Year Quarter 1 2026 (October 1, 2025 through December 31, 2025) revealed, in part: the facility failed to submit staffing data for the quarter, as evidenced by being triggered for 5 out of 5 possible staffing metrics. Review of the facility's document titled CMS Submission Report PBJ Final File Validation Report revealed a submission date of 03/26/2026. The document showed submission is selected for fiscal quarter 2 (instead of quarter 1). Further review revealed all submitted staffing data for quarter 1 fiscal year 2026 was rejected and showing no data present at this time. Rejection status for this quarter revealed an error which read Unable to process record: Quarter/fiscal year do not match user selection. Cause: Reporting period selected on upload screen does not match submitted file. Action: Review selections to ensure information consistency. On 05/12/2026 at 10:45 a.m. an interview was conducted with S2AIT. She stated she was responsible for PBJ submission each quarter. She stated she was unaware the submission had been rejected and was unaware of how to run the validation report prior this interview. She reviewed the PBJ Validation report for quarter 1 fiscal year 2026. She confirmed the submission was rejected for quarter 1. On 05/12/2026 at 3:22 p.m. an interview was conducted with S1ADMIN. He confirmed S2AIT was responsible for submitting PBJ data. He confirmed the facility's PBJ rejection status for quarter 1 fiscal year 2026.

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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to implement and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The facility failed to ensure staff:1. Properly utilized EBP PPE during high contact resident care activities for 2 (#2 and #38) of 3 residents observed and required EBP; and 2. Properly dispose of soiled linens after bed linen change and remove soiled PPE prior to exiting a resident's room for 1 (#38) of 3 resident observed receiving ADL care.1. Resident #2 Review of the Clinical Record revealed Resident #2 was admitted to the facility on [DATE] with diagnoses which included pressure ulcer of sacral region, stage 4. Review of Resident #2's current Physician Orders revealed the following, in part: Enhanced Barrier Precautions every day and night shift. Review of Resident #2's current Care Plan revealed the following, in part: Problem: Pressure ulcer to sacrum stage 4. Intervention: EBP per policy due to wound. An observation was made on 05/11/2026 at 8:42 a.m. of the entry to Resident #2's room. A name plate was located near Resident #2's door with a red triangle next to the resident's name. An observation was made on 05/12/2026 at 10:30 a.m. of S5CNA providing incontinence care for Resident #2 without a gown. An interview was conducted on 05/12/2026 at 11:07 a.m. with S5CNA. S5CNA stated the red triangle on Resident #2's name plate indicated EBP which meant to wear a gown and gloves when direct care was provided for the resident. S5CNA confirmed she did not wear a gown while she provided perineal care to Resident #2 and should have because she had a wound which required EBP. An observation was made on 05/13/2026 at 8:10 a.m. of S10LPN performing wound care for Resident #2 without a gown. An interview was conducted on 05/13/2026 at 8:45 a.m. with S10LPN. She stated a red triangle on a resident's door name plate indicated the resident required EBP. She stated EBP consisted of wearing a gown and gloves during wound care and any direct care for that resident. She stated she should have worn a gown during Resident #2's wound care and did not. Resident #38 Review of the Clinical Record revealed Resident #38 was admitted to the facility on [DATE] with diagnoses which included infection of the skin and subcutaneous tissue. Further review revealed (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #38 had a colostomy, a wound to the sacrum and a suprapubic catheter. Review of Resident #38's current Physician Orders revealed the following, in part: Enhanced Barrier Precautions every day and night shift. Review of Resident #38's current Care Plan revealed the following, in part: Problem: Moisture Associated Skin Damage (MASD) to sacrum-04/19/2026-wound infection (Osteomyelitis). Problem: I am at risk for developing multiple drug resistant organism infections related to: suprapubic indwelling urinary catheter, colostomy, and wounds. Intervention: Enhanced Barrier Precautions An observation was made on 05/13/2026 at 10:39 a.m. of the entry to Resident #38's room. A name plate was located near Resident #38's door with a red triangle next to the resident's name.An observation was made on 05/13/2026 at 10:40 a.m. of S6LPN and S7CNA providing colostomy bag care for Resident #38 without gowns. An interview was conducted on 05/13/2026 at 10:45 a.m. with S6LPN. She stated she was providing direct care to Resident #38's colostomy bag without a gown. S6LPN confirmed Resident #38 was on EBP. She stated she should have worn a gown to ensure all enhanced barrier precautions were followed and did not. An interview was conducted on 05/13/2026 at 10:46 a.m. with S7CNA. She stated she was assisting S6LPN perform care to colostomy on Resident #38. S7CNA confirmed she did not wear a gown while assisting with direct care. S7CNA stated she was unaware she needed to wear a gown while providing direct care to Resident #38. S7CNA donned a gown at this time and resumed direct care to Resident #38. 2. An observation was made on 05/13/2026 at 11:00 a.m. of S7CNA exiting Resident #38's room wearing a gown and gloves holding soiled linens. S7CNA then walked down the hall with the soiled bed linens not contained in a bag to the laundry room. An interview was conducted on 05/13/2026 at 11:05 a.m. with S7CNA. She stated after assisting S6LPN with colostomy care, she changed Resident #38's feces soiled bed linens. She confirmed she removed the linens from the bed then transported linen to the shower room while wearing the soiled gown and gloves, without bagging the linen. S7CNA stated she didn't have a bag in the room to place the soiled linen inside. S7CNA confirmed the soiled linens should have been placed in a bag prior to transporting to shower room and did not. An interview was conducted on 05/13/2026 at 3:30 p.m. with S3DON. S3DON confirmed she would expect all staff to follow and implement Enhanced Barrier Precautions when direct care was provided for Residents on EBP. S3DON confirmed she would expect staff to bag soiled linen and remove personal protective equipment to exiting room.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on interviews and record review, the facility failed to ensure resident assessments accurately reflected the resident's status. The facility failed to ensure staff accurately coded the correct discharge location for 1 (#55) of 1 resident reviewed for closed record.Review of Resident #55's Discharge Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD) of 03/26/2026 revealed Resident #55 was discharged to home/community.Review of Resident #55's Nurse's Notes revealed the following, in part:03/26/2026 Resident discharged today with home health services.An interview was conducted on 05/13/2026 at 3:15 p.m. with S11MDS. S11MDS confirmed Resident #55 discharged home with home health services. S11MDS reviewed Resident #55's Discharge MDS with an ARD of 03/26/2026. S11MDS confirmed the discharge status should have been coded accurately for discharge to home under care of organized home health service organization and it was not.An interview was conducted on 05/13/2026 at 3:16 p.m. with S3DON. S3DON stated she expected all discharge assessments to accurately reflect each residents' discharge status.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and interviews, the facility's staff failed to implement pressure ulcer prevention interventions per physician orders and plan of care for 1 (#2) of 2 sampled residents with pressure ulcers.Review of Resident #2's Clinical Record revealed she was admitted to the facility on [DATE], with diagnoses which included Pressure Ulcer of Sacral Region Stage 4. Further review revealed she had limited bed mobility. Review of Resident #2's current Physician Orders revealed the following, in part:Wound Prevention: Ensure bilateral heel boots are in place at all times, every day and night shift. Review of Resident #2's current Plan of Care revealed the following, in part:Problem:Potential for risk of skin breakdown related to decreased mobility.Intervention:Ensure heel protector boots are applied to bilateral feet at all times when in bed. Review of the Nursing Note dated 05/13/2026 at 12:59 p.m. revealed the following, in part: Reported redness to right heel and resident's right heel boot not in place. Assessed resident's right heel and noted some scarring and redness, with blanchable redness. An observation was made on 05/12/2026 at 10:30 a.m. of S5CNA providing incontinence care for Resident #2. Resident #2 was lying in bed with a heel boot on the left foot, and no heel boot on the right foot. S5CNA searched Resident #2's room for the missing heel boot and exited her room. An interview was conducted on 05/12/2026 at 11:07 a.m. with S5CNA. S5CNA confirmed Resident #2 had a heel boot on the left foot and not on the right foot. S5CNA further confirmed Resident #2's care plan stated she should have a heel boot on both feet. S5CNA confirmed after she searched Resident #2's room, she could not find the other heel boot to place on the right foot and would find another heel boot. An observation was made on 05/13/2026 at 8:10 a.m. of S10LPN conducting sacral wound care for Resident #2 in her room. Resident #2 had a heel boot on the left foot and not on the right foot.An observation was made on 05/13/2026 at 11:45 a.m. of S8LPN assessing Resident #2. Resident #2 was lying in the bed and had a heel boot located on the left foot and not on the right foot. S8LPN assessed Resident #2's right heel. Resident #2's right heel had a small, red, blanchable spot. S8LPN searched Resident #2's room for the heel boot and exited her room. An interview was conducted on 05/13/2026 at 11:46 a.m. with S8LPN. S8LPN confirmed Resident #2's right foot did not have a heel boot. S8LPN stated she reviewed Resident #2's physician orders and confirmed Resident #2 should have heel boots on bilateral heels at all times while in the bed to prevent pressure ulcers. S8LPN confirmed during her assessment, she identified blanchable redness on the right heel. S8LPN confirmed after she searched Resident #2's room, she could not find the heel boot and retrieved another heel boot and applied to the right foot.An interview was conducted on 05/13/2026 at 2:59 p.m. with S3DON. S3DON stated Resident #2 was at high risk for heel pressure ulcers. S3DON reviewed physician orders and confirmed Resident #2's physician order to ensure bilateral heel boots were placed at all times while in the bed. S3DON stated she expected the nurses to monitor and replace heel boots as needed to prevent pressure ulcers. She stated if S5CNA identified Resident #2's heel boot was not on the right foot, she should have replaced the heel boot immediately and notified the nurse.