

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195619	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER Savoy Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 906 Cherry Street Mamou, LA 70554	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on record review and interview, the facility failed to ensure services were provided to meet professional standards of practice by failing to ensure a resident's Medical Director was notified of Registered Dietician recommendation in a timely manner for 1 (#2) of 6 (#1, #2,#3, #4,#5, and #6) sampled residents.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled Weights read in part The Registered Dietician will complete the dietician recommendations and or/dietician noted at her discretion. The notes will be given to the DON for nursing staff to send to the physician for review and follow-up.</p> <p>Review of Resident #2's medical record revealed an admit date of 02/06/2025 with diagnoses that included in part .Supraventricular Tachycardia, Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease, Cardiac Pacemaker, Aphasia following Cerebrovascular Disease and Chronic Atrial Fibrillation.</p> <p>Review of Resident #2's 03/2025 Physician Orders read in part . 02/06/2025 -Isosource hn at 50cc/hr per pump with water flushes at 30 cc/hr per feeding pump.</p> <p>Review of Registered Dietician note dated 02/18/2025 read in part Recommendations: 1. Change tube feeding to Jevity 1.2 @50cc/hr with 47cc/hr of free H2O. This will provide 1440 kcal, 2096cc free H2o and 67 grams of protein. 2. To meet protein goals: 30 cc liquid protein per peg twice daily.</p> <p>Interview on 06/11/2025 at 2:55 p.m. with S1 ADON revealed that once the registered dietician makes recommendations they are sent to the MD for approval via fax or phone. S1 ADON stated the recommendations are kept in a box in the nurses' station and a follow up fax/calls are made until the MD responds. S1 ADON stated the facility did not get a response in regards to the Registered Dietician recommendations for Resident #2 until 03/05/2025, after Resident #2 had passed away in the hospital.</p> <p>Interview on 06/11/2025 at 1:33 p.m. with Resident #2's medical director stated that he could not recall receiving the registered dietician recommendation for Resident #2, but that didn't mean he didn't receive them.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 195619
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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 06/11/2025 at 3:46 p.m. with S1 ADON confirmed that the registered dietician's recommendation to change tube feeding from Isosource hn at 50cc/hr with 30cc/hr H2o flush to Jevity 1.2 at 50cc/hr with 47cc/hr of free H2O dated 02/18/2025 and add 30 cc liquid protein per peg twice daily were faxed over to Resident #2's medical director's office on 02/18/2025. S1 ADON confirmed the facility failed to follow up via telephone after not receiving correspondence from the medical director until 03/05/2025, but should have.</p>		