STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195628	A. Building B. Wing	03/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northeast LA War Veterans Home	6700 Highway 165 North Monroe, LA 71211

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 18118 Based on record reviews and interview the facility failed to implement their written policies and procedures for screening new employees for criminal history background checks for 2 Certified Nursing Assistants (CNA) (S4CNA and S5CNA) of 8 (S4CNA, S5CNA, S6CNA, S7CNA, S8CNA, S9CNA, S10CNA, S11CNA) personnel records reviewed for criminal history background checks. Findings: Review of the facility's Employee Policy Handbook with a revision date of April 2017 revealed B. Individuals employed by the Louisiana Department of Veterans Affair (LDVA) may occupy-security sensitive positions or handle confidential or sensitive information. Therefore, a criminal history check may be conducted on all new hires as well as employees changing positions including promotions, demotions, details, reassignments, and transfers, with some exceptions. Review of the personnel record for S4CNA revealed a hire date of 02/17/2019. Review of the personnel record for S5CNA revealed a hire date of 01/09/2020. Further review of the personnel records for S4CNA and S5CNA revealed there was no documented evidence of the status of the criminal history backgrounds checks obtained on the CNAs. On 03/26/2024 at 1:00 p.m., an interview with S1Administrator revealed they were unable to locate the background checks for S4CNA and S5CNA. On 03/26/2024 at 3:00 p.m., an interview with S3Human Resources Specialist revealed they are to obtain background checks on all employees.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195628	A. Building B. Wing	03/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northeast LA War Veterans Home	6700 Highway 165 North Monroe, LA 71211

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18118 Based on observations, record reviews, and interviews, the facility failed to ensure that a resident who needs respiratory care was provided such care, consistent with professional standards of practice for 2 (#105 and #106) of 2 (#105, and #106) residents reviewed for respiratory care. Findings: Resident #105 Review of the facility's Oxygen Therapy Policy with an effective date of 10/2008 and a revised date of 10/12/2022 revealed: I. Purpose To furnish a therapeutic concentration of oxygen in the treatment of disease involving anoxia. A. Nasal Cannula 11. Store nasal cannula in a plastic bag when not in use. Review of the medical record for sampled resident #105 revealed an admitted [DATE] with diagnoses including congested heart failure, edema, hypertension, cerebral infarction, thoracic aortic aneurysm, chronic respiratory failure with hypoxia, and vascular dementia. Review of the physician's orders dated 03/11/2024 revealed and order for oxygen at 3 liters per nasal cannula continuously. Review of the care plan revealed the resident's breathing patterns were impaired related to chronic respiratory failure and the resident was to receive oxygen via nasal cannula as ordered. On 03/25/2024 at 12:20 p.m. observation of resident #105 revealed the resident's portable oxygen tank was observed on the wheelchair and the oxygen nasal cannula was uncovered, rolled up and hanging from the oxygen tank flow meter. On 03/26/2024 at 7:40 a.m. observation of resident #105's room revealed the oxygen nasal cannula was on the side of the bed. Further observation of the cannula revealed it was not stored properly in a bag when not in use. On 03/26/2024 at 8:00 a.m., an observation and interview with S2Director of Nursing (DON) in resident #105's room revealed the oxygen nasal cannula was observed on the side of the bed uncovered. S2DON confirmed the nasal cannula should have been stored in a plastic bag when not in use. 41829 Resident #106 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195628	A. Building B. Wing	03/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northeast LA War Veterans Home	6700 Highway 165 North Monroe, LA 71211

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review revealed resident #106 was admitted to the facility on [DATE] with diagnoses including acute respiratory failure with hypoxia, altered mental status unspecified, type 2 diabetes mellitus without complications, dementia, essential hypertension, morbid severe obesity, cardiomegaly, acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity, and pulmonary embolism. Review of resident #106's active March 2024 physician orders revealed an order for Oxygen (O2) at 3 liters per minute (LPM) via nasal cannula (NC). Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 14 which represents resident #106 was cognitively intact. Review of resident #106's active care plan revealed impaired breathing patterns. Further review of the care plan revealed the following approaches: Will receive Oxygen via nasal cannula as ordered. Uses O2/Nebulizer, if not in use place cannula/nebulizer tubing /mask in plastic bag. On 03/25/2024 at 08:05 a.m. an observation of resident #106's room revealed the humidification bottle that was dated 03/20/2024. The nasal cannula was uncovered and lying on the bedside dresser. Further observation revealed there was no plastic bag to store the nasal cannula. Resident #106 reported he receives oxygen at 3 LPM as needed. On 03/26/2024 at 07:38 a.m. an observation of resident #106 revealed he was eating breakfast in the dining room area. Resident #106's respirations were even and unlabored. On 03/26/2024 at 07:40 a.m. an observation of resident #106's room revealed the nasal cannula was uncovered and lying on the edge of his bed. On 03/26/24 08:00 a.m. an interview and observation with S2DON in resident #106's room revealed the nasal cannula was uncovered and lying on the edge of the bed. S2DON confirmed resident #106's nasal cannula should be stored in a plastic bag when not in use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195628	A. Building B. Wing	03/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northeast LA War Veterans Home	6700 Highway 165 North Monroe, LA 71211

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 - Some	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 18118 Based on interview and record review, the facility failed to electronically submit accurate payroll information for the time frames of 10/01/2023 through 12/31/2023 for direct care staffing hours as required. Findings: Review of the 10/01/2023 through 12/31/2023 Payroll Based Journal (PBJ) report for the facility revealed three areas triggered; they were excessively low weekend staff, no Registered Nurse hours, and failed to have Licensed Nursing coverage 24 hours per day. On 03/25/2024 at 2:00 p.m., an interview with S1Administrator revealed she was responsible for submitting the data for the payroll based journal quarterly. S1Administrator revealed the Human Resources department had to change the personnel codes several times last year. The personnel codes were changed to ensure the staff were disclosed on the PBJ report. When the codes were changed it caused all of the staff to be entered on the report including those that did not provide patient care. Further interview with S1Administrator revealed they changed the codes again and no personnel were listed on the report. On 03/25/2024 at 3:35 p.m. S1Administrator confirmed the information submitted on the PBJ report from 10/01/2023 through 12/31/2023 was not accurate.