STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195639	A. Building B. Wing	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Louisiana Extended Care Hospital of Lafayette	2810 Ambassador Caffery Parkway, 5th Floor Lafayette, LA 70506

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47123 Based on record reviews and interview, the facility failed to notify the State Long Term care Ombudsman of facility-initiated transfer for 1 (Resident #13) out of 1 sampled resident investigated for hospitalization . The deficient practice has the potential to affect a census of 10. Findings: Review of Resident #13's medical record revealed that the resident was admitted to the facility on [DATE] with a diagnosis that included but was not limited to stage 4 large cell neuroendocrine tumor. Review of Resident #13's physician orders revealed on 12/14/2024 transfer Resident #13 to the hospital. A request was made to S2DON on 02/17/2025 at 9:00 AM, and again at 12:15 PM for the facility's Emergency Transfer Log that was sent to the State Long Term Care Ombudsman. It was not received by time of exit. On 02/17/2025 at 1:15 PM, an interview was conducted with S2DON (Director of Nursing). She stated when the residents are transferred to the hospital she marks it on her paper calendar, and stated she was not aware she had to notify the Ombudsman when a resident was transferred out of the facility. S2DON confirmed Resident #13 was transferred out to the hospital on 12/14/2024.

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: 195639	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Louisiana Extended Care Hospital of Lafayette	2810 Ambassador Caffery Parkway, 5th Floor Lafayette, LA 70506

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 0655

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Many

Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 44269

Based on record reviews and interview, the facility failed to develop and implement a person centered baseline care plan for 7 (#65, #66, #67, #117, #165, #167 and #168) residents out of a total sample of 11 residents by:

1. Failing to develop a baseline care plan to include goals and interventions for a left wrist splint and pelvic fractures for Resident #65;

2. Failing to develop a baseline care plan to include goals and interventions for a cardiac defibrillator and right great toe fracture for Resident #66;

3. Failing to develop a baseline care plan to include goals and interventions for the use of Insulin for Resident #67;

4. Failing to develop a baseline care plan to include goals and interventions for the use of Insulin, Anticoagulant and Antianxiety medications for Resident #117;

5. Failing to develop baseline a care plan to include goals and interventions for the use of Antidepressant, Anticoagulant, Opioid and Diuretic medications for Resident #165;

6. Failing to develop a baseline care plan to include goals and interventions for the use of Antidepressant, Anticoagulant and Opioid medications for Resident #166; and

7. Failing to develop a baseline care plan to include goals and interventions for the use of Antidepressant, Insulin, Anticoagulant, Antipsychotic, Opioid medications and Wound care orders for Resident #168.

Findings:

Resident #65

Review of Resident #65's electronic medical record revealed the resident was admitted to the facility on [DATE] with a principal diagnosis of fracture of superior rim of left pubis. Other diagnoses included: other fracture of sacrum, other specified fracture of right acetabulum, unspecified fracture of the lower end of left radius, and fall.

Review of Resident #65's February 2025 physician's orders revealed:

02/05/2025- Weight bearing: Non weight bearing LUE (Left Upper Extremity), keep limb elevate, keep splint c/d/i (clean/dry/intact) x (times) 2 weeks, encourage ROM (Range of Motion) of digits and PT (Physical Therapy) & OT (Occupational Therapy) Evaluation & Treatment for weakness & pain pelvic/radius fractures.

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195639	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Louisiana Extended Care Hospital of Lafayette		STREET ADDRESS, CITY, STATE, ZIP CODE 2810 Ambassador Caffery Parkway, 5th Floor Lafayette, LA 70506	

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of Resident #65's baseline care plan failed to identify and include resident centered interventions for the resident's left wrist fracture (resident's dominant hand) and limited ambulation due to pelvic fractures. Resident #66 Review of Resident #66's electronic medical record revealed the resident was admitted to the facility on [DATE] with a principal diagnosis of displaced fracture of proximal phalanx of right great toe. Other diagnoses included: atrial fibrillation, chronic embolism and thrombosis, contusion of right lower leg, contusion of right foot, fall on same level, atherosclerotic heart disease, presence of automatic (implantable) cardiac defibrillator, presence of aortocoronary bypass graft, and type 2 diabetes mellitus. Review of Resident #66's baseline care plan failed to identify and include resident centered interventions for the resident's right great toe fracture and presence of automatic (implantable) cardiac defibrillator. 47123 Resident #67 Review of Resident #67's electronic medical record revealed she was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, type 2 diabetes mellitus. Review of Resident #67's February 2025 physician's orders revealed the following orders dated 02/07/2025 Insulin Aspart 7 units three times daily with meals. Review of Resident #67's baseline care plan revealed no goals or interventions for the use of Insulin Aspart. Resident #117 Review of Resident #117's electronic medical record revealed he was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, atrial fibrillation, type 2 diabetes mellitus, and anxiety, Review of Resident #117s February 2025 physician's order revealed the following orders dated 01/28/2025: Apixaban (anticoagulant) 2.5mg by mouth twice a day, Buspirone (antianxiety) 5mg by mouth three times a day, and Insulin subcutaneous four times a day before meals and at night. Review of Resident #117's baseline care plan revealed no goals or interventions for the use of Apixaban, Buspirone, and Insulin. 49176 Resident #165 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195639	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Louisiana Extended Care Hospital of Lafayette		STREET ADDRESS, CITY, STATE, ZIP CODE 2810 Ambassador Caffery Parkway, 5th Floor Lafayette, LA 70506	

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of Resident #165's electronic medical record revealed she was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, empyema of pleura, coronary artery disease, atrial fibrillation, depression, and history of anxiety. Review of Resident #165's February 2025 physician's orders revealed the following orders dated 02/13/2025: Duloxetine DR capsule 30 mg oral daily; Duloxetine DR capsule 60 mg oral daily; Apixaban tablet 5 mg oral 2 times daily; and Hydrocodone-Acetaminophen 5-325 mg oral every 6 hours PRN (as needed). Further review revealed the following order dated 02/14/2024: Furosemide tablet 20 mg (milligrams) oral two times daily. Review of Resident #165's baseline care plan revealed no goals or interventions for the use of Duloxetine (antidepressant), Apixaban (anticoagulant), Hydrocodone-Acetaminophen (opioid) and Furosemide (diuretic). Resident #166 Review of Resident #166's electronic medical record revealed he was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, alcohol abuse with withdrawals, alcoholic liver disease, and generalized anxiety disorder. Review of Resident #166's February 2025 physician's order revealed the following orders dated 02/14/2025: Escitalopram oxalate tablet 20mg oral daily; Enoxaparin injection 40 mg subcutaneous daily; and Hydrocodone-Acetaminophen 5-325 mg oral every 6 hours PRN. Review of Resident #166's baseline care plan revealed no goals or interventions for the use of Escitalopram (antidepressant), Enoxaparin (anticoagulant), and Hydrocodone-Acetaminophen (opioid). Resident #168 Review of Resident #168's electronic medical record revealed he was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, aftercare for amputation, diabetes mellitus, type 2, and peripheral artery disease. Review of Resident #168's February 2025 physician's order revealed the following orders dated 02/14/2025: Duloxetine DR capsule 60mg oral daily; Insulin aspart U-100 (100 units per milliliter) injection 12 units subcutaneous 3 times daily; Insulin glargine U-100 injection 45 units subcutaneous 3 times daily; and Insulin aspart U-100 injection 0-5 units subcutaneous before meals and nightly PRN. Further review revealed the following order dated 02/15/2024: Heparin injection 5,000 units subcutaneous every 8 hours. Further review revealed the following orders dated 02/16/2025: Buspirone tablet 5 mg oral 3 times daily and Oxycodone tab 10 mg oral every 6 hours PRN. Further review revealed the following orders dated 02/17/2024: Coccyx-Clean with wound cleaner. Apply zinc oxide ointment. Leave OTA (open to air) daily. Further review revealed the following orders dated 02/18/2024: Rt (right) leg-Clean incision site with NS (normal saline). Apply xeroform gauze. Wrap with kerlix and ace bandage q (every) 2 days. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195639	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Louisiana Extended Care Hospital of Lafayette	2810 Ambassador Caffery Parkway, 5th Floor Lafayette, LA 70506

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of Resident #168's baseline care plan revealed no goals or interventions for the use of Duloxetine (antidepressant), Insulin apart, Insulin glargine, Heparin (anticoagulant), Buspirone (antipsychotic), and Oxycodone (opioid). Further review revealed no goals or interventions for wound care orders to coccyx and right leg. On 02/19/2025 at 2:30 PM, an interview and record reviews were conducted with S1CNO (Chief Nursing Officer). He reviewed the above findings and confirmed them. He stated when a resident is admitted into the facility the computer system generated care plans with generalized interventions that are not resident specific.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195639	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Louisiana Extended Care Hospital of Lafayette		STREET ADDRESS, CITY, STATE, ZIP CODE 2810 Ambassador Caffery Parkway, 5th Floor Lafayette, LA 70506	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44269 Based on observations, interviews, and record review, the facility failed to maintain an infection prevention and control program (IPCP) designed to provide a safe and sanitary environment to help prevent the development and transmission of infection. The facility failed to ensure: 1. The facility's IPCP and its standards, policies and procedures were reviewed at least annually, and 2. Enhanced Barrier Precautions (EBP) were in place for Resident #115. This had the potential to affect the census of 10. Findings: 1. On 02/17/2025 at 3:00 PM, a review of the facility's following IPCP policies and procedures revealed the following: -Resident Pneumococcal Vaccination program effective date 09/01/2020 with no revised date; -COVID- 19 Vaccination Program effective 11/01/2021 with no revised date; -Resident Influenza Vaccination Program effective 09/01/2020 with revised date of 01/01/2022; -Infection Control Committee effective date 09/01/2020 with no revised date; and -Infection Control Plan effective date 09/01/2020 with no revised date. On 02/18/2025 at 2:00 PM, an interview was conducted with S1CNO (Chief Nursing Officer) who confirmed he was the facility's designated Infection Preventionist (IP). He confirmed the above listed policies and procedures had not been reviewed annually and should have been. 47123 2. Resident #115 Resident # 115 was admitted to the facility on [DATE] with diagnoses which included, but were not limited to urinary tract infection. Review of Resident #115 physician orders read in part . Foley to Gravity. On 02/17/2025 at 10:00 AM, an observation was conducted of Resident #115 in her room. The resident stated she was waiting on a nurse to assist her to the bathroom. Resident #115 had a foley catheter (would state where observed -hanging from). At 10:03 AM a nurse aide walked into Resident #115's room, and assisted her to the bathroom without the use of PPE (protective personal equipment). Further observation revealed No EBP signs in the resident's room or on her door to alert staff. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195639	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER: Louisiana Extended Care Hospital of Lafayette		STREET ADDRESS, CITY, STATE, ZIP CODE: 2810 Ambassador Caffery Parkway, 5th Floor Lafayette, LA 70506	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 02/17/2025 at 10:50 AM, a second observation was conducted of Resident #115 in her room. The resident e was sitting upright in her chair, and her Foley catheter was covered and hanging on her walker. There were still no signs in the resident's room or on her door to indicate she was on EBP. On 02/18/2025 at 1:45 PM, an interview was conducted with S3LPN (Licensed Practical Nurse) who stated Resident #115's Foley catheter was discontinued yesterday (02/17/2025) in the afternoon. When asked if the resident was on enhanced barrier precautions, S3LPN asked if that was securing the foley tubing on the resident's leg. On 02/18/2025 at 1:56 PM, an interview was conducted with S2DON (Director of Nursing) who stated the facility used contact precautions, airborne precautions, and droplet precautions. She further stated she was unsure what enhanced barrier precautions were. On 02/18/2025 at 2:30 PM, an interview was conducted with S1CNO. He stated he did not know what enhanced barrier precautions were or which residents met that criteria.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195639	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Louisiana Extended Care Hospital of Lafayette	2810 Ambassador Caffery Parkway, 5th Floor Lafayette, LA 70506

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 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. 44269 Based on interviews and record reviews, the facility failed to ensure that the individual designated as the Infection Preventionist (IP) had the appropriate knowledge and skills required as evidenced by failing to complete specialized Infection Prevention and Control training. This deficient practice had the potential to affect a census of 10 residents. Findings: On 02/18/2025 at 2:00 PM, an interview was conducted with S1CNO (Chief Nursing Officer) who confirmed he was the facility's designated IP and did not have an Infection Preventionist certificate. S1CNO stated the former IP resigned in April 2024 and denied receiving any specialized training from the former IP regarding the facility IP's duties and roles. S1CNO confirmed he had not reviewed the facility's Infection Prevention and Control Program (IPCP) policies and procedures for the year. S1CNO also was not aware what Enhanced Barrier Precautions (EBP) involved. On 02/19/2025 at 1:42 PM, an interview was conducted with S1CNO and S4ADM (Administrator). S1CNO explained a certified DON (Director of Nursing) at another facility deemed him competent as Infection Control Nurse. S4ADM stated he would go through S1CNO's personnel file to locate the copy of the certification. On 02/19/2025 at 2:13 PM, S4ADM stated when staff are employed as DON they must complete IP training which S1CNO completed on July 21, 2022. A review of a document titled, Infection Control Nurse Competency Checklist, with a last revised date of 07/2019 revealed S1CNO had not completed the required specialized Infection Prevention and Control training.