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	02/25/2026

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Post nurse staffing information every day. Based on observation and interviews, the facility failed to ensure that nurse staffing information was posted at the beginning of each shift in a clear and readable format that was accessible to residents and visitors. The facility's census was 12.Findings:On 02/24/2026 at 8:14 a.m., an observation of Hall W and Hall W's nurse's station failed to reveal that the nurse staffing information was posted.On 02/24/2026 at 8:21 a.m., an observation of Hall W and Hall W's nurse's station and interview was conducted with S2ADON/IP and S3ADM. They confirmed the nurse staffing information pattern was not posted on 02/24/2026, and it should have been.

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 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the facility assessment was updated after changes were made to the resident capacity. The facility census was 12.Findings:Review of the Facility's assessment dated [DATE] included the resident profile, which revealed the number of residents you are licensed to provide care for: 18. the facility has 18 beds.On 02/24/2026 at 9:28 a.m., a record review and interview were conducted with S1DON. She stated on 12/15/2025 that the facility received their license and approval to care for 28 residents. She confirmed the facility assessment dated [DATE] revealed the number of residents the facility was licensed to care for was 18, and the facility had 18 beds. S1DON confirmed that the facility assessment should have been updated to reflect the new bed capacity changes.

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to electronically transmit encoded, accurate and complete Minimum Data Set (MDS) data to Centers for Medicare and Medicaid (CMS) within the required timeframe for 5 (#4, #8, #11, #17, and #26) of 5 (#4, #8, #11, #17, and #26) residents reviewed for the discharge assessments.Findings:Review of Resident #4's clinical record revealed she was admitted to the facility on [DATE] and discharged on 09/18/2025. Review of Resident #4's MDS assessments revealed discharge assessment was accepted on 02/23/2026. It should have been submitted by 10/02/2025.Review of Resident #8's clinical record revealed she was admitted to the facility on [DATE] and discharged on 09/09/2025. Review of Resident #8's MDS assessments revealed discharge assessment was accepted on 09/28/2025. It should have been submitted by 09/23/2025.Review of Resident #11's clinical record revealed she was admitted to the facility on [DATE] and discharged on 09/12/2025. Review of Resident #11's MDS assessments revealed discharge assessment was accepted on 02/24/2026. It should have been submitted by 09/26/2025.Review of Resident #17's clinical record revealed she was admitted to the facility on [DATE] and discharged on 09/26/2025. Review of Resident #17's MDS assessments revealed discharge assessment was accepted on 10/24/2025. It should have been submitted by 10/10/2025.Review of Resident #26's clinical record revealed she was admitted to the facility on [DATE] and discharged on 09/18/2025. Review of Resident #26's MDS assessments revealed discharge assessment was accepted on 02/23/2026. It should have been submitted by 10/02/2025.An interview was conducted with S5MDS on 02/23/2026 at 3:53 p.m. She confirmed the above findings and stated their computer systems had not been uploading their MDS's which is why the discharge MDS's have been late.On 02/24/2026 at 8:20 a.m., an interview was conducted with S3ADMIN. She confirmed the above findings and stated had been having issues with uploading MDS's. When asked if they had informed CMS regarding the situation, she stated she had not and that they were trying to resolve it internally.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations and interviews, the facility failed to store food in accordance with professional standards for food service, and ensure sanitary conditions were maintained in the kitchen as evidenced by:1. opened food items in the walk-in cooler without the date and time they were opened nor the use by date; and2. no temperatures logged for kitchen fridge cooler, the patient cooler, and the walk-in cooler.This deficient practice had the potential to affect the 12 residents who consumed food from the kitchen.Findings:On 02/23/2026 at 8:28 a.m., a tour of the facility's kitchen was conducted with S8DM, who stated she was responsible for the day to day management of the kitchen.On 02/23/2026 at 8:43 a.m., an observation of the walk-in cooler was conducted with S8DM and revealed the following items were opened and not labeled with the date and time they were opened nor the use by date: (2) large bags of parmesan cheese; large bag of mozzarella cheese; large container of Caesar dressing; large container of ranch dressing; large container of Italian dressing; (2) large containers of Picante salsa; large container of strawberry puree; large container of mayonnaise; large container of orange marmalade; large container of sweet chili sauce; large container of coleslaw dressing; and large container of Dijon mustard.S8DM confirmed the food items listed above were opened, and not labeled with the date and time they were opened nor the use by date, and should have been.On 02/23/2026 at 9:33 a.m., an interview and review of the temperature log for the kitchen fridge cooler, the patient cooler, and the walker-in cooler were conducted with S8DM. The logs revealed the following:1. kitchen fridge cooler-no temperature logged for 02/14/2026 PM; 02/15/2026 PM.2. patient cooler-no temperature logged for 02/14/2026 AM; 02/15/2026 AM and PM; 02/16/2026 PM; 02/17/2026 AM and PM; 02/18/2026 PM; 02/20/2026 AM; 02/23/2026 AM.3. walk-in cooler-no temperature logged for 02/14/2026 AM and PM; 02/15/2026 AM and PM; 02/17/2026 AM; 02/18/2026 PM; 02/20/2026 AM; 02/23/2026 AM.S8DM stated that the temperatures of the kitchen fridge cooler, patient cooler, and walk-in cooler were to be checked and logged daily in AM and PM, and confirmed that the temperatures were not logged on the dates listed above and should have been.

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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 record reviews, observations, and interviews, the facility failed to maintain an effective infection prevention and control program by failing to ensure staff utilized appropriate PPE (Personal Protective Equipment) for residents on EBP (Enhanced Barrier Precautions) while providing high-contact resident care activity for 2 (#12 and #34) of 22 sampled residents.Findings: A review of the facility's policy titled, Isolation Precautions, with a last reviewed date of 01/22/2026, revealed in part. Key Components of Enhanced Barrier Precautions (EBP): 1. Use of Personal Protective Equipment (PPE).Gloves and Gowns must be worn when providing care that involves high-contact activities (even if the resident is not in isolation). These include. Providing hygiene assistance (toileting, device care, wound care).Assisting with mobility . Resident #12 A review of Resident #12's record revealed she was admitted to the facility on [DATE] with diagnoses that included, but were not limited to, diabetes mellitus type 2 and morbidly obese. A review of Resident #12's admission MDS (Minimum Data Set) assessment with an ARD (Assessment Reference Date) of 02/18/2026 revealed Section M, Skin Conditions: the resident has a stage 2 pressure ulcer. A review of Resident #12's physician orders read in part, dated 02/13/2026, Enhanced Barrier Precautions. Personnel Protective Equipment: Gown and gloves during close contact activities such as bathing/showering, dressing, transferring, changing linens, assisting with toileting, wound care and device care (central lines, urinary catheters). A review of Resident #12's sign outside of her door read in part, Enhanced Barrier Precautions. Providers and staff must also: wear gloves and gown for the following high-contact resident care activities: . transferring . changing briefs. On 02/24/2026 at 11:10 a.m., an observation was conducted of S7CNA and S9RN/WCN providing high-contact care activity to Resident #12. S9RN/WCN finished wound care on Resident #12, removed her gown, and threw it away. S7CNA asked S9RN/WCN for assistance in re-applying Resident #12's brief and transferring Resident #12 to a higher position in the bed. S9RN/WCN was observed assisting S7CNA in re-applying Resident #12's brief and transferring Resident #12 to a higher position in the bed without wearing a gown. At this time, S9RN/WCN stated, I know I should have a gown on when doing all of this for the resident, but I already took it off. S9RN/WCN confirmed she should have put on another gown while assisting S7CNA. On 02/24/2026 at 2:22 p.m., an interview was conducted with S2ADON/IP. S2ADON/IP confirmed Resident #12 was on EBP, and while transferring Resident #12 higher in the bed and assisting with re-applying Resident #12's brief, a gown should have been worn. Resident #34 Review of Resident #34's electronic health record revealed he was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, s/p (status post) craniotomy, dysphagia, and aphasia. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #34's February 2026 physician's orders revealed an order dated 02/18/2026 for wound care routine, peg (percutaneous endoscopic gastrostomy), clean around peg site with soap and water, leave OTA (open to air) daily. Further review revealed an order dated 02/20/2026 for Enhanced Barrier Precautions daily. On 02/24/2026 at 10:38 a.m., an observation was made of S9RN/WCN outside of the resident's room, in the hallway, preparing the supplies needed to perform wound care to the peg site for Resident #34. S9RN/WCN failed to put on a gown prior to entering the resident's room. There was no visible signage on Resident #34's door regarding EBP. On 02/24/2026 at 10:44 a.m., an observation was made of S9RN/WCN performing Resident #34's wound care to his peg site. S9RN/WCN completed the wound care without a gown. On 02/24/2026 at 10:50 a.m., an interview was conducted with S9RN/WCN who confirmed Resident #34 had a peg tube therefore required EBP. S9RN/WCN confirmed she should have worn a gown when performing wound care on Resident #34 and did not. On 02/24/2026 at 10:55 a.m., an interview was conducted with S2ADON/IP who confirmed a gown should be worn when performing wound care to Resident #34's peg site. S2ADON/IP stated she wanted to check if EBP signage was on Resident #34's door. On 02/24/2026 at 10:58 a.m., S2ADON/IP confirmed there was no EBP signage on Resident #34's door, and again confirmed, a gown should be worn when performing wound care to Resident #34's peg site.

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the Notice of Medicare Non-Coverage form CMS-10123 was completed prior to the discontinuation of Medicare Part A services (short term skilled nursing care and/or rehabilitation) for 2 (#39, #40) out of 3 (#38, #39, #40) residents reviewed for termination of Medicare Part A services.Findings:Resident #39Review of Resident #39's electronic health record revealed she was admitted to the facility on [DATE].Review of the Skilled Nursing Facility Beneficiary Notification Review, form CMS-20052, completed by the facility revealed, in part, Resident #39's last day of Medicare Part A Services was on 10/16/2025.Review of Resident #39's NOMNC (Notice of Medicare Non-Coverage) revealed the form was signed and dated by the resident on 10/02/2025. Further review revealed the effective date coverage of you current Skilled Nursing Facility Services will end: date was left blank. There was no additional NOMNC provided to resident prior to discharge.Resident #40Review of Resident #40's electronic health record revealed she was admitted to the facility on [DATE].Review of the Skilled Nursing Facility Beneficiary Notification Review, form CMS-20052, completed by the facility revealed, in part, Resident #40's last day of Medicare Part A Services was on 09/18/2025.Review of Resident #40's NOMNC (Notice of Medicare Non-Coverage) revealed the form was signed and dated by the resident on 08/26/2025. Further review revealed the effective date coverage of you current Skilled Nursing Facility Services will end: date was left blank. There was no additional NOMNC provided to resident prior to discharge.On 02/25/2026 at 10:32 a.m., an interview and record review was conducted with S3ADMIN who confirmed Resident #39's NOMNC was signed and dated on the date of her admission, 10/02/2025, and the effective date coverage of you current Skilled Nursing Facility Services will end: date was left blank. S3ADMIN also confirmed Resident #40's NOMNC was signed and dated on the date of her admission, 08/26/2025, and the effective date coverage of you current Skilled Nursing Facility Services will end: date was left blank. S3ADMIN stated NOMNC forms were completed on the dates of admission and should not have been.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on interviews and record review, the facility failed to initiate a grievance for 1 (Resident #10) of 1 sampled residents reviewed for grievances in a final sample of 22 residents.Findings:Review of the facility's policy titled Complaint/Grievance Process, with a last review date of 01/01/2026, read in part: procedure: a patient complaint is a verbal complaint about patient care that is resolved immediately by staff present. Immediately is defined as within one hour.Review of Resident #10's clinical record revealed an admit date of 02/04/2026.Review of Resident #10's Comprehensive MDS (Minimum Data Set) revealed Resident #10 had a BIMS (Brief Interview of Mental Status) score of 15 indicating intact cognition. On 02/23/2026 at 9:46 a.m., an interview was conducted in Resident #10's room with the resident and her resident representative (RP). Resident was eating her breakfast, and stated it was hard to chew without her bottom dentures. RP and Resident #10 both stated she had been missing her bottom partial dentures and filed a complaint with multiple nurses since Friday, 02/20/2026. Review of Resident #10's personal belongings list verified the resident brought lower partial dentures to the facility upon admission.Review of the facility's grievance log revealed no documented grievances; with no evidence the facility initiated a grievance related to the resident's reported missing dentures.On 02/23/2026 at 9:52 a.m., an observation was conducted in Resident #10's room. S4LPN walked into Resident #10's room and RP stated to S4LPN that Resident #10's dentures have been missing since 2/20/2026, and that it was reported to multiple nurses over the weekend. RP stated they had two female employees help her search the room and move furniture in case it had fallen anywhere but they could not find anything. S4LPN stated she would let administration know.On 02/24/2026 at 9:18 a.m., an interview was conducted with S2ADON/IP. She stated she had not received any grievances or complaints on 02/23/2026 or from the past weekend. S2ADON/IP was asked would missing items be considered as a grievance and she stated yes. Surveyor asked if she was informed yesterday of dentures missing for Resident #10, and she stated no. 02/24/2026 at 9:21 a.m., an interview was conducted with Resident #10 and S2ADON/IP. Resident was asked by S2ADON/IP if she had found her dentures, the resident stated no she hadn't found them yet, and that she reported them missing on Friday to some nurses, but she was unaware of who she reported it to. 02/24/2026 at 9:34 a.m., a joint interview was conducted with S2ADON/IP and S4LPN. S4LPN stated Resident #10 did inform her on 02/23/2026 of her dentures missing since 02/20/2026 but she had forgotten to notify administration about it. She stated she should have notified S2ADON/IP.

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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** Based on record reviews, observations, and interview, the facility failed to ensure residents who required respiratory care were provided care consistent with professional standards by failing to properly store and label the resident's nasal cannula for 1 (#12) of 1 resident investigated for respiratory care.Findings:A review of Resident #12's record revealed she was admitted to the facility on [DATE] with diagnoses that included, but were not limited to, partial idiopathic epilepsy with seizures of localized onset, respiratory distress, obstructive sleep apnea, and morbidly obese. A Review of Resident #12's admission MDS (Minimum Data Set) assessment with an ARD (Assessment Reference Date) of 02/18/2026 revealed she had a BIMS (Brief Interview for Mental Status) score of 15, indicating she was cognitively intact. Further review revealed that Section GG, Functional Abilities: the resident has an impairment in the upper extremity on one side, and Section O, Special Treatments, Procedures, and Programs: the resident received oxygen therapy.A review of Resident #12's physician orders dated 02/12/2026 read in part, oxygen use PRN (as needed), low flow, nasal cannula, LPM (liters per minute): 2.On 02/23/2026 at 10:09 a.m., an observation and interview were conducted with Resident #12. Resident #12's nasal cannula was not in use and was noted hanging over the oxygen flow meter, unlabeled, and not in a storage bag. Resident #12 stated she received oxygen via nasal cannula sometimes.On 02/23/2026 at 12:48 p.m., a second observation and interview were conducted with Resident #12. Resident #12's nasal cannula was not in use and was noted hanging over the oxygen flow meter, unlabeled, and not in a storage bag. Resident #12 stated that staff take her nasal cannula on and off and stores it for her as she is unable to do so herself.On 02/23/2026 at 1:17 p.m., a third observation and interview were conducted with S2ADON/IP. Resident #12's nasal cannula was not in use and was noted hanging over the oxygen flow meter, unlabeled, and not in a storage bag. S2ADON/IP confirmed that when the nasal cannula was not in use, it should be labeled with the date it needs to be changed and placed in a storage bag.