

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195644	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Calcasieu Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4190 Gerstner Memorial Drive Lake Charles, LA 70607	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47354</p> <p>Based on observation, interview and record review the facility failed to assess if the practice to self-administer medication was clinically appropriate for 1 (#110) resident investigated to self-administer medication out of a finalized sample of 40 residents. The deficient practice had to potential to affect 115 residents.</p> <p>Findings:</p> <p>On 10/07/2024, a review of the facility's policy titled Self-Administration of Medications with a reviewed date 01/04/2024 read in part: As part of the evaluation comprehensive assessment, the interdisciplinary team assesses each resident's cognitive and physical abilities to determine whether self-administering medications is safe and clinically appropriate for the resident.</p> <p>Resident #110 was admitted to the facility on [DATE] with diagnoses that included Chronic Obstructive Pulmonary Disease, Chronic Kidney Disease, and Mild Cognitive Impairment.</p> <p>Review of Resident #110's October 2024 Physician's Orders revealed an order for Ventolin Inhalation Aerosol Solution 108mcg/act (micrograms per actuator) 2 puffs, inhale orally every 4 hours and Fluticasone Propionate Nasal Suspension 50 mcg/act, 1 spray in both nostrils in the morning.</p> <p>Review of Resident #110's (Electronic Medical Record) EMR revealed no documented evidence that the resident was assessed to self-administer medication.</p> <p>On 10/07/2024 at 12:40 p.m., an interview and observation was made with Resident #110 of a prescription nasal spray and inhaler on her bedside table. Resident #110 confirmed she's always kept this nasal spray and inhaler at her bedside so that she can administer it to herself.</p> <p>On 10/07/2024 at 12:52 p.m., an observation, interview, and record review was conducted with S13LPN (Licensed Practical Nurse). S13LPN confirmed the resident's prescription nasal spray and inhaler was on the bedside table of Resident #110 and confirmed it should not be. S13LPN reviewed Resident #110's EMR and failed to find any assessments for self-administering medication.</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
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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47354</p> <p>Based on record review and interview, the facility failed to ensure that a MDS (Minimum Data Set) assessment was completed and submitted to CMS (Center for Medicare And Medicaid Services) in a timely manner, after a resident was readmitted for 1 (#96) of 2 (#11, #96) residents investigated for Resident Assessment out of a final sample of 40 residents. The deficient practice had the potential to affect 115 residents.</p> <p>Findings:</p> <p>Review of Resident #96's medical record revealed an admitted [DATE] with diagnoses that included Cerebral Infarction, Chronic Kidney Disease, and Iron Deficiency Anemia.</p> <p>Review of Resident #96's medical record revealed Resident #96 had been discharged to the hospital on 09/27/2024 and readmitted from the hospital on 10/04/2024.</p> <p>Further review of Resident #96's medical record revealed no documented evidence that a reentry assessment was opened, completed and/or transmitted since she was readmitted .</p> <p>On 10/09/2024 at 10:24 a.m., an interview was conducted with S6CC (Clinical Coordinator) who confirmed Resident #96 was discharged to the hospital on 09/27/2024 and readmitted to the facility on [DATE]. She also confirmed the reentry assessment had not been opened, completed, or transmitted and should have been.</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46169</p> <p>Based on record review and interview, the facility failed to ensure the assessment accurately reflected the resident's status by failing to accurately code the Minimum Data Set (MDS) for 1(#52) of 40 sampled residents, as evidenced by Resident #52 not being coded for weight gain and hospice care. The deficient practice had the potential to effect a total census of 115 residents.</p> <p>Findings:</p> <p>Resident #52 was admitted to the facility on [DATE] with diagnoses which included in, but were not limited to, Cerebrovascular Disease and Unspecified Dementia.</p> <p>A review of Resident #52's records revealed a physician's order dated 07/24/2024 that read in part, admit to facility under the care of hospice. Admit diagnosis: Cerebrovascular Disease.</p> <p>A further review of Resident #52's record revealed a plan of care initiated on 05/10/2024 that read in part, I am at end- stage of life and utilizing hospice or other palliative care services. End-stage Cardiovascular Disease.</p> <p>A review of Resident #52's record of weights revealed on 08/01/2024 that she had a 7.4% weight gain in the last 30 days and a weight loss of 18.4% in the last 90 days.</p> <p>A review of Resident #52's Quarterly Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD) of 08/14/2024, revealed the following in part: Section K0300. Weight Loss, Loss of 5% or more in the last month or loss of 10% or more in last 6 months was coded with a dash (-) which indicated this section was not assessed. K0310 Weight Gain, Gain of 5% or more in the last month or gain of 10% or more in last 6 months was coded with a dash (-) which indicated this section was not assessed. Section O, Special treatments, procedures, and programs; K1 Hospice care b. while a resident, was not coded.</p> <p>On 10/08/2024 at 3:54 p.m., a record review and interview was conducted with S9CC (Clinical Coordinator). She confirmed that Resident #52 received hospice services since admission on 05/10/2024, and had a physician's order for hospice services dated 05/10/2024 which was revised on 07/24/2024. S9CC also confirmed the resident had a weight gain of 7.4% in the last 30 days. S9CC confirmed the resident's Quarterly MDS with an ARD of 08/14/2024, Sections K0300, and O-K1.b were not assessed. S9CC confirmed Sections K0300 should have been coded as a weight gain, and Section O- K1.b. should have been coded for receiving hospice care, but were not.</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46169</p> <p>Based on record review and interview, the facility failed to refer residents with a newly diagnosed mental disorder to the appropriate state-designated authority for Level II PASARR (Preadmission Screening and Resident Review) evaluation and determination for 1 (#73) out of 3(#11, #49, #73) sampled residents investigated for PASARR, in a final sample of 40 residents.</p> <p>Findings:</p> <p>On 10/09/2024, a review of the facility's policy titled PASARR Pre-Admission Screening and Coordination with a revision date of 12/28/2023 read in part: A negative Level I screen permits admission to proceed and ends the PASARR process unless a possible serious mental disorder (MD) or intellectual disability (ID) arises later. Any resident with newly evident or possible serious MD, ID or a related condition must be referred, by the facility, to the appropriate state-designated authority for review.</p> <p>A review of Resident # 73's electronic health record (EHR) revealed the resident was admitted to the facility on [DATE] with diagnoses which included, but were not limited to Type II Diabetes Mellitus without Complications, Major Depressive Disorder, Recurrent Severe without Psychotic Features, and Post-Traumatic Stress Disorder, Chronic. Further review of Resident #73's EHR revealed the resident was diagnosed with Schizophrenia, Bipolar Disorder, and Anxiety Disorder on 08/16/2024.</p> <p>Review of Resident #73's record revealed a PASARR Level II Evaluation Summary and Determination Notice dated 10/21/2020. The determination results read in part, a Level II is not required.</p> <p>Further review of Resident #73's records revealed no evidence that a Level II PASARR had been submitted to the appropriate state-designated authority after new diagnoses of Schizophrenia, Bipolar Disorder, and Anxiety Disorder on 08/16/2024.</p> <p>On 10/09/2024 at 11:37 a.m., a record review and interview was conducted with S4SSD (Social Services Director). She confirmed Resident #73's PASARR dated 10/21/2020 indicated a Level II PASARR was not required. S4SSD confirmed the resident had new diagnoses of Schizophrenia, Bipolar Disorder, and Anxiety Disorder on 08/14/2024. She also confirmed she did not submit a review for a Level II evaluation and determination to the appropriate state-designated authority after the resident's new diagnoses and should have.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47354</p> <p>Based on record review and interview, the facility failed to ensure residents identified with Mental Disorder and/or Intellectual Disability had an accurately completed PASARR (Pre-admission Screening and Resident Review) Level I and/or Level II for 2 (#11, #49) of 3 (#11, #49, #73) residents reviewed for PASAAR screening out of a final sample of 40 residents.</p> <p>Findings:</p> <p>On 10/09/2024, a review of the facility's policy titled PASARR Pre-Admission Screening and Coordination with a revision date of 12/28/2023 read in part: The Facility Social Services Representative or DON (Director of Nursing) or their designee notifies the appropriate MD (Medical Diagnosis) or ID (Intellectual Disability) State-designated authority for review of newly identified or possible serious MD, ID, or a related condition.</p> <p>Resident #11</p> <p>Review of Resident #11's record revealed the resident was admitted to the facility on [DATE] with a diagnosis that included Bipolar Disorder. Further review of Resident #11's medical record revealed a Level I PASARR screening dated 04/28/2023. Further review of the screening Section 3: Mental Illness revealed Bipolar Disorder was not indicated.</p> <p>Resident #49</p> <p>Review of Resident #49's medical record revealed the resident was admitted to the facility on [DATE] with a diagnosis including Obsessive-Compulsive Disorder. Further review of the record revealed the resident's Level I PASARR screening dated 04/28/2023. Review of the screening Section 3: Mental Illness revealed Obsessive-Compulsive Disorder was not indicated. The Level I PASARR was issued temporarily effective 05/07/2024 through 08/15/2024. Further record review revealed a current Level I PASARR but the Level I screening could not be found in the residents' EMR (Electronic Medical Record).</p> <p>On 10/09/2024 at 12:15 p.m., a concurrent records review and interview was conducted with S4SSD (Social Services Director) who stated that she was responsible for completing and reviewing PASARRs when residents were admitted to the facility. A review of Resident #11's diagnoses and dates of diagnosis was done as well as the Level 1 PASARR screening dated 04/28/2023. She stated the resident had the Level I PASARR upon admission and she never resubmitted the PASARR screening to reflect the qualifying diagnosis. Further record review was done for Resident #49. S4SSD reviewed Resident #49's diagnosis and date and confirmed it had not been indicated to reflect that qualifying diagnosis. A request was made for the Level I PASARR screening form that was sent to the designated authority for determination. S4SSD was unable to provide this and was unable to confirm if the qualifying diagnosis had been accurately indicated.</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44418</p> <p>Based on observations, interview and record review, the facility failed to maintain acceptable parameters of nutritional status, by failing to prepare mechanically altered therapeutic diets to maintain usual or desirable body weight range for 4 (#52, #88, #93 and #106) residents out of 8 (#28, #37, #52, #68, #88, #93, #96 and #106) residents reviewed for weight and nutrition.</p> <p>Facility did not use the recommended liquid additive consistently when preparing pureed foods as defined by the recipe, and not serve residents meals according to planned nutritional menus as recommended by the registered dietitian resulting in not meeting the nutritional requirements for residents #52, #88, #93 and #106 who received puree diets and were found to have severe weight loss.</p> <ol style="list-style-type: none"> 1) Resident #52 had a severe weight loss of 9.17% in 3 months and a 17.86% in less than 6 months. 2) Resident #88 had a severe weight loss of 12.13% in one month and 22.76% in 6 months. 3) Resident #93 had a severe weight loss of 7.63% in three months. 4) Resident #106 had a severe weight loss of 10.40% in less than three months. <p>Findings:</p> <p>The menu items for lunch for 10/07/2024 included Chicken Thighs with barbecue sauce, potato salad No raw vegetables, Baked Beans, Texas Toast and Vanilla [NAME] Dessert.</p> <p>On 10/07/2024 at 11:00 a.m., an observation was made of S7KS (Kitchen Staff) preparing the pureed meal for 8 residents prescribed a pureed diet. While preparing the baked chicken, he placed the meat from 12 chicken wings into the food processor, added 6 teaspoons of thickener and 4 cups of water. S7KS was instructed, by S5DM (Dietary Manager), to use hot water to add to the pureed chicken. S7KS then placed 8 gray scoops of potato salad in the food processor with 2 cups of water. Once pureed, he placed the scoops for each resident on each unit in a container and on the unit cart. S7KS stated he was using the Pureed Foods Guidelines.</p> <p>Review of the facility's Pureed Foods Guideline, read in part: Instructions for preparing pureed foods: 2. Measure the number of serving using the regular prepared recipe portion. 3. Add appropriate liquid (example: reserve liquid, broth, juice, milk) if needed, to assist with pureeing. Puree with a blender or food processor until smooth. NOTE: Water should not be used as a liquid to puree foods. Examples of liquid to use for different pureed foods* Chicken and potatoes use [NAME] gravy; Vegetables use Broth, Bread use milk. Use a sauce or gravy that compliments the dish you are pureeing.</p> <p>On 10/07/2024 at 1:10 p.m., an interview was conducted with S5DM. She confirmed she was the supervisor over the kitchen. She reported, and provided a list of 8 residents that received a pureed diet. S5DM reviewed the pureed foods guidelines and confirmed water should not be used as a liquid to puree foods.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 10/07/2024 at 4:10 p.m., an interview was conducted with S7KS, he confirmed he used water to puree the barbecue chicken and potato for the lunch menu and that he did not prepare the puree bread that should have been served to the residents according to the menu. He also confirmed he reviewed the pureed foods guideline and should not have use water to puree any food and should have pureed the bread for lunch menu.</p> <p>Residents #52, #88, #93 and #106</p> <p>Review of the facility's policy titled Weight Assessment and Intervention, with a revised date of March 2022, no date of review provided by facility, revealed in part: Policy Statement: Resident weights are monitored for undesirable or unintended weight loss or gain. Policy Interpretation and Implementation: 5. The threshold for significant unplanned and undesired weight loss will be based on the following criteria [where percentage of body weight loss = (usual weight-actual weight)/(usual weight) x 100]: 1. 1 month - 5% . 2. 3 months - 7.5% . 3. 6 months - 10% .</p> <p>1) Review of Resident #52's EMR (Electronic Medical Record) revealed an admitted [DATE] revealed with diagnoses that included: Cerebrovascular Disease, Dementia and Anxiety.</p> <p>Review of Resident #52's EMR (Electronic Medical Record) accessed on 10/07/2024 revealed a weight on 10/01/2024 of 132.6 lbs. (pounds). A weight on 06/05/2024 of 157.0 lbs., reflecting a weight loss of 9.17%, in less than 3 months and a weight on 05/10/2024 of 173.6 lbs. reflecting a weight loss of 17.86%, in less than 6 months.</p> <p>Review of Resident #52's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a BIMS (Brief interview of mental status) score of 03, indicating a severely impaired mental status. Weight loss/gain was not assessed.</p> <p>Review of Resident #52's weight evaluations assessment, dated 09/05/2024 revealed a 13.9% in 90 days (21.8 lbs.), receiving 3 ounces of a dietary supplement three times a days.</p> <p>Review of Resident #52's Care Plan revealed a focus of the resident has nutritional potential nutritional problem: 06/05/2024 9.6%--16 pounds weight loss in 30 days; 09/05/2024 13.9%--21.8 pounds weight loss in 90 days and 10/01/2024 7.0%/10 pounds weight loss in 30 days.</p> <p>Goal The resident will maintain adequate nutritional status as evidenced by maintaining weight through review date date initiated 05/10/24 and revised on 05/10/2024 with a target date of 11/12/2024. Interventions included Provide, serve diet as ordered.</p> <p>Review of Resident #52's revealed Meal intake: last 30 days (09/10/2024 - 10/07/2024) - 0 - 25% for 13 meals, 26% - 50% was for 5 meals, 51% -75% was for 11 meals, 76% - 100% was for 7 meals, no refusals and 2 not applicable on 10/07/2024.</p> <p>Record review of October 2024 physician's orders for Resident #52, revealed she was ordered 05/10/2024 - Regular Diet, Pureed texture.</p> <p>2) Review of Resident #88's EMR revealed an admitted [DATE] revealed with diagnoses that included: Cerebrovascular Disease, Dysphagia, Moderate Protein-Calorie Malnutrition, Alzheimer's disease and Anxiety.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of Resident #88's EMR weights revealed a weight on 09/03/2024 of 133.6 lbs. and on 10/03/2024, the resident weighed 117.4 lbs., reflecting a weight loss of 12.13 % in 1 month.</p> <p>On 04/04/2024, the resident weighed 152.00 lbs., reflecting a weight loss of 22.76 % in six months.</p> <p>Review of Resident #88's Quarterly MDS assessment dated [DATE] revealed a BIMS score, not assessed, resident rarely/never understands. Section K0300-Weight Loss: Weight loss/gain was identified as yes, not on a physician-prescribed weight-loss regimen.</p> <p>Record review of October 2024 physician's orders for Resident #88, revealed the following orders: 09/10/2024 - Regular Diet, Pureed texture.</p> <p>On 10/07/2024 at 12:26 p.m., an observation was conducted of Resident # 88 in dining area being fed by staff. The resident's meal tray contained a pureed diet of pureed barbecue chicken, pureed potato salad, pureed baked beans and pudding. No pureed bread was noted on the tray confirmed by a staff member.</p> <p>3) Review of Resident #93's EMR revealed an admitted [DATE] revealed with diagnoses that included: Cerebrovascular Disease, Diabetes Mellitus type II, Dysphagia and Aphasia.</p> <p>Review of Resident #93's EMR weights on 10/07/2024 revealed a weight on 09/09/2024 of 128.4 lbs. and on 06/05/2024 a weight of 139.0 lbs., reflecting a weight loss of 7.63%, in 3 months.</p> <p>Review of Resident #93's Annual MDS assessment dated [DATE] revealed a BIMS score of 10, indicating a moderately impaired mental status. Section K0520, addresses feeding tube, and mechanically altered diet; Section K0710 Percent Intake by Artificial Route 25% or less.</p> <p>Review of Resident #93's Care Plan revealed a focus of the resident had weight loss 08/08/2024 5% weight loss; Goal: The resident will return to baseline weight by review date. Interventions included have feedings as ordered;</p> <p>Record review of October 2024 physicians' orders for Resident #93, revealed she was ordered 08/20/2024 - Regular Diet, Pureed texture, Diabetisource at 70 ml/hour from 7p.m. to 7a.m via PEG (percutaneous endoscopic gastrostomy).</p> <p>On 10/08/2024 at 12:19 p.m., an interview was conducted with S12CNA (Certified Nursing Assistant), she reported Resident #93 had to be fed her meals. She stated the resident had been eating less and less and refused meals. Resident #93 was observed at this time refusing to eat a soup S12CNA was attempting to feed the resident.</p> <p>4) Review of Resident #106's EMR revealed an admitted [DATE] revealed with diagnoses that included: Cerebrovascular Disease, Hemiplegia, Dysphagia, Dementia and Aphasia.</p> <p>Review of Resident #106's EMR weights revealed a weight on 08/16/2024 of 177.0 lbs., and on 10/07/2024 a weight of 158.6 lbs., reflecting a weight loss of 10.40%, in less than three months.</p> <p>Review of Resident #106's Admission MDS assessment dated [DATE] revealed a BIMS score of 02, indicating a severely impaired mental status. Section K: Weight loss/gain answered No or unknown.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Record review of October 2024 physicians' orders for Resident #106, revealed 09/17/2024 - Regular Diet, Pureed texture, nectar thick liquids, no straws, continue peg feedings and meds via peg and an order on 10/1/2024 - every night shift Fibersource HN (High Nitrogen) at 83ml/hr with 50ml H2O (water) Flush.</p> <p>On 10/07/2024 at 3:26 p.m., an interview conducted with S15LPN (Licensed Practical Nurse), she reported Resident #106 eats 3 meals a day, orally and received nocturnal nutrition via PEG.</p> <p>On 10/08/2024 at 9:30 a.m., an observation was made of the resident lying in bed being fed breakfast meal of pureed foods by S18CNA.</p> <p>On 10/08/2024 at 1:12 p.m., an interview was conducted with S18CNA. S18CNA confirmed that she fed Resident #106 this morning. S18CNA stated the resident consumed approximately 25% of morning meal. S18CNA confirmed that the resident required staff assist with meals and that her appetite fluctuates with each meal.</p> <p>On 10/08/2024 at 9:00 a.m., an interview was conducted with S8RD, she reported she visits the facility monthly and reviews resident's weights weekly remotely. She stated she reviews the reports for resident's weights done weekly and monthly. She confirmed the resident she would look would be the ones with a significant weight change in a 30/90/180 day period, but could not recall what residents she had reviewed in last 6 months. She reported she was informed of the finding of water used to pureed foods during lunch preparation yesterday. A review of the in-services for Dietary Department revealed S8RD in-serviced staff on following recipes on 3/28/2024 with three staff signatures noted. S5DM and S7KS were not listed has having received this in-service. S8RD confirmed she had previously in-serviced the kitchen staff on pureed diet preparation with the use of broth or milk on 03/28/2024. S8RD stated she goes to the kitchen for inspection every three months, but she does not observe staff the making pureed food during her rounds. S8RD confirmed S5DM was responsible for overseeing that kitchen staff prepared puree foods according to the guideline and serve the meals according to the menu.</p> <p>Further review of the in-services for Dietary Department revealed an in-service dated 09/17/2024 presented by S1ADM, with signatures including S5DM and S7KS, for policy & procedures Re: pureed process, ticket process, review of diet orders, allergies, etc. Reviewed importance of following proper procedure as it relates to nutrition.</p>		

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NAME OF PROVIDER OR SUPPLIER Calcasieu Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4190 Gerstner Memorial Drive Lake Charles, LA 70607	

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47354</p> <p>Based on observation, interview and policy review, the facility failed to ensure that a resident's enteral feeding was properly labeled for 1 (#106) resident out of 1 (#106) sampled residents reviewed for tube feeding. The deficient practice had the potential to affect a total of 4 residents receiving enteral feedings.</p> <p>Findings:</p> <p>Review of the facility's policy titled Enteral Tube Feeding via Continuous Pump on 10/08/2024 with a reviewed date of 01/17/2024, under the heading of Initiate Feeding read, in part .5. On the formula label document initials, date and time the formula was hung/administered .</p> <p>Review of Resident #106's electronic health record revealed an admitted [DATE] with diagnoses including Cerebral Infarction, Dysphasia, and Aphasia.</p> <p>Review of Resident #106's October 2024 physician's orders revealed an order dated 10/01/2024 that read: Enteral Feed Order every night shift Fibersource HN at 83ml (milliliters) per hour with 50ml H2O (water) flush.</p> <p>On 10/08/2024 at 9:30 a.m., an observation of Resident #106's tube feeding administration set failed to revealed the resident's name, date or time of initiation, nor the initials of who initiated the feeding. S14LPN (Licensed Practical Nurse) was present during the observation. She confirmed the administration set was not labeled with the resident's name nor the date, time, or initials of who initiated the feeding. She confirmed the set should be labeled with this information.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46169</p> <p>Based on record review, observation, and interview, the facility failed to properly store respiratory equipment for 2 (#10, #96) out of 2 (#10, #96) residents investigated for respiratory care in a final sample of 40 residents.</p> <p>Findings:</p> <p>On 10/09/2024, a review of the facility's policy titled Departmental (Respiratory Therapy) - Prevention of Infection, with a last reviewed date of 07/16/2024, read in part: The purpose of this procedure is to guide prevention of infection associated with respiratory tasks and equipment, including ventilators, among residents and staff. Infection control considerations related to Medication Nebulizers/Continuous Aerosol: 7. Store the circuit in plastic bag, marked with date and resident's name, between uses.</p> <p>Resident #10</p> <p>A review of Resident #10's electronic health record (EHR) revealed that she was admitted to the facility on [DATE] with diagnoses in part, but not limited to Osteoporosis and Major Depressive Disorder.</p> <p>A review of Resident #10's physician's orders revealed an order dated 10/06/2024 that read, Ipratropium-Albuterol Inhalation solution 0.5-2.5 (3 milligram/3 milliliters), 1 vial inhale orally three times a day for pneumonia.</p> <p>On 10/07/2024 at 9:39 a.m., an observation was conducted in Resident #10's room. Resident #10's nebulizer tubing and mouthpiece were on top of a drawer unit, not in use, open to air, and not stored in a bag.</p> <p>On 10/07/2024 at 9:53 a.m., an observation was conducted in Resident #10's room with S11LPN (Licensed Practical Nurse). S11LPN confirmed Resident #10's nebulizer tubing and mouthpiece was not stored in in a bag and should have been stored in a bag while not in use.</p> <p>47354</p> <p>Resident #96</p> <p>Resident #96 was admitted to the facility on [DATE] with diagnoses that included Chronic Obstructive Pulmonary Disease, Pulmonary Hypertension, and Chronic Cough.</p> <p>Review of October 2024 Physician Orders revealed an order dated 10/04/2024 that read, May apply oxygen between 2-4L (liters) PRN (as needed) for dyspnea.</p> <p>On 10/07/2024 at 3:10 p.m., an observation and interview was conducted with S13LPN (Licensed Practical Nurse) of an oxygen nasal cannula on the floor. S13LPN confirmed the nasal cannula should not have been on the floor and should have been stored in a bag.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44418</p> <p>Based on observation, and interviews, the facility failed to ensure recipes for pureed foods and menus were followed for residents who recieved puree diets. This deficient practice affected 8 (#28, #37, #52, #68, #88, #93, #96 and #106) of 8 residents that received a pureed diet.</p> <p>Findings:</p> <p>On 10/07/2024 at 10:55 a.m., a review of the facility's lunch menu revealed the residents should have received: Chicken thighs with barbecue sauce, baked beans, Texas toast and vanilla [NAME] dessert.</p> <p>On 10/07/2024 at 11:00 a.m., an observation was made of S7KS (kitchen staff) preparing the pureed food for eight residents prescribed pureed diets. While preparing the baked chicken, he placed the meat from 12 chicken wings into the food processor, added 6 teaspoons of thickener and 4 cups of water. S7KS was instructed, by S5DM (Dietary Manager), to use hot water to add to the pureed the chicken. S7KS then placed 8 gray scoops of potato salad in the food processor with 2 cups of water. Once pureed he placed the scoops for each resident on each unit in a container and on the unit cart. S7KS confirmed he was using the Pureed Foods Guidelines.</p> <p>On 10/07/2024 at 12:35 p.m., an observation of a pureed diet tray being prepared for a resident was done. When the tray being served it was noted there was no pureed bread for tray and no substitute was identified on the tray. The tray had pureed barbecue chicken, pureed baked beans, pureed potato salad and a cup of yellow pudding. No other foods were observed on the plate.</p> <p>On 10/07/2024 at 1:00 p.m., a review of the pureed foods guideline revealed in part: 2. Measure the number of servings using the regular prepared recipe portion. 3. Add appropriate liquid (ex: reserved liquid, broth, juice milk0, if needed, to assist with pureeing. Puree with the blender or food processor until smooth. NOTE: Water should not be used as a liquid to puree foods.</p> <p>On 10/07/2024 at 1:10 p.m., an interview was conducted with S5DM. She confirmed she was the supervisor over the kitchen. She reported, and provided a list of 8 residents that received a pureed diet. S5DM reviewed the pureed foods guideline and confirmed water should not be used as a liquid to puree foods.</p> <p>On 10/07/2024 at 4:10 p.m., an interview was conducted with S7KS, he confirmed he used water to puree the food for the lunch menu and that he did not puree the bread, that should have been served with thee pureed diet. He also confirmed he reviewed the pureed foods guidelines and should not have use water to puree any food and should have pureed the bread for lunch menu.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 10/08/2024 at 9:00 a.m., an interview was conducted with S8RD, she reported she visits the facility monthly for kitchen inspection. She reported she was informed of the finding of water used to pureed foods during lunch preparation yesterday. S8RD confirmed she had previously in-serviced the kitchen staff on pureed diet preparation with the use of broth or milk. S8RD confirmed S5DM is responsible for overseeing the staff were supposed to follow and serve the menu and prep puree according to their guideline.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44418</p> <p>Based on observation and interview, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety by failing to ensure refrigerated food items that were opened were labeled with the date they were opened before storing. This deficient practice had the potential to affect the 115 residents who consumed food prepared in the kitchen.</p> <p>Findings:</p> <p>On 10/07/2024 at 8:28 a.m., an observation of the free standing refrigerator in the kitchen and an interview was conducted with S5DM (Dietary Manager). A gallon of ranch dressing and a zip locked bag of sliced cucumbers were noted to be opened, used, and were not labeled with a date. S5DM confirmed the above findings and stated the opened food items should have been labeled with the date they were opened, but had not been.</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>46169</p> <p>Based on review of the Quality Assurance and Performance Improvement (QAPI) Program and interview, the facility failed to take actions aimed at performance improvement and after implementing those actions, measure its success and track performance. This was evidenced by lack of evidence of:</p> <ol style="list-style-type: none"> 1. Measuring or tracking success of actions implemented; 2. collection and analysis of data; and, 3. in-services conducted with staff. <p>This deficient practice had the potential to affect a census of 115 residents.</p> <p>Findings:</p> <p>On 10/09/2024, a review of the facility's undated policy titled, Quality Assurance and Performance Improvement (QAPI) Program revealed the following in part: Each facility must develop, implement, and maintain an effective, comprehensive, data driven QAPI program that focuses on indicators of the outcomes of care and quality of life for out residents. Facility must maintain documentation and evidence of its ongoing QAPI program.</p> <p>On 10/09/2024 at 3:15 p.m., a review of the QAPI program and an interview was conducted with S2DON (Director of Nursing). There was no documented evidence that the actions implemented were measured or performance of the action plans were being tracked. There was also no evidence of data collection and analysis. Further review of the records failed to reveal in-services conducted with clinical and non-clinical support staff members. S2DON confirmed there was no documented evidence of data collection, analysis of data, monitoring, or performance tracking and in-services being conducted.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide and implement an infection prevention and control program.</p> <p>31426</p> <p>Based on observation, policy review, and interviews, the facility failed to ensure Enhanced Barrier Precautions (EBP) were implemented for 1 (#19) of 8 (#19, #41, #52, #555, #73, #93, #103, and #106) residents reviewed that required EBP.</p> <p>Findings:</p> <p>On 10/09/2024, review of the facility's Enhanced Barrier Precaution (EBP) policy, with a revision date of 04/2024, read, in part:</p> <ol style="list-style-type: none"> 1. Enhanced Barrier Precautions (EBP's) are used as an infection prevention and control intervention to reduce the spread of multi-drug resistant organisms (MDRO's) to residents. 2. EBP's employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply. 3. Examples of high-contact resident care activities requiring the use of gown and gloves for EBP's include: <ul style="list-style-type: none"> h. chronic wounds such as pressure ulcers 5. EBP's are indicated for residents with wounds .regardless of MDRO colonization. 6. EBP's remain in place for the duration of the resident's stay or until resolution of the wound 11. Signs are posted on the door or wall outside the resident room indicating the type of precautions and PPE (Personal Protective Equipment) required. <p>Review of Resident #19's medical records revealed a Stage II Pressure Ulcer was discovered on her left gluteus on 10/02/2024 and current physician's orders specified daily wound care.</p> <p>During an interview with Resident #19 on 10/07/2024 at 2:06 p.m., she stated she had a pressure wound somewhere on her backside near her tailbone. Resident #19 said a nurse cleans and applies a clean dressing every day.</p> <p>On 10/09/2024 at 10:05 a.m., an observation and interviews were conducted with S16LPN (Licensed Practical Nurse) and S17RN (Registered Nurse) near Resident #19's closed door. S16LPN and S17RN confirmed their role as wound care nurses. S16LPN and S17RN confirmed Resident #19 had a Stage II Pressure Ulcer on the top portion of her left gluteus, and stated S16LPN was going to conduct wound care on the resident's wound. There was no sign on Resident #19's door or near the entrance to her room to ensure awareness of EBP. Also, there was no PPE observed to be available in the immediate area. S16LPN and S17RN confirmed there was no signage on or near the entrance of Resident #19's room to ensure EBP's were recognized, and no PPE available in the immediate area of Resident #19's room, if needed to provide immediate care while following EBP guidelines. S16LPN and S17RN stated they were not aware that a resident with a pressure ulcer was one of the requirements for EBP.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Implement a program that monitors antibiotic use.</p> <p>44418</p> <p>Based on record review and interview, the facility failed to maintain an effective antibiotic stewardship program to monitor antibiotic use by failing to develop an antibiotic stewardship program with effective surveillance and tracking and trending of antibiotic use. This deficient practice had the potential to effect a census of 115.</p> <p>Findings:</p> <p>Review of the policy titled Antibiotic Stewardship, with a revised date of December 2022, facility did not provide a review date, read in part: Antibiotics will be prescribed and administered to residents under the guidance of the facility's Antibiotic Stewardship program. Policy Interpretation and Implementation: The purpose of our antibiotic stewardship program is to monitor the use of antibiotics in our residents. Surveillance: 1. As part of the facility antibiotic stewardship program, all clinical infections treated with antibiotics will undergo review of the infection preventionist (IP), or designee. 2. The IP, or designee, will review antibiotic utilization as part of the antibiotic stewardship program and identify specific situations that are not consistent with the appropriate use of antibiotics. 4. All resident antibiotic regimens will be documented on the facility-approved antibiotic surveillance tracking form. The information gathered will include: a. Resident name and medical record number, b. Unit and room number, c. date symptoms appeared, d. name of antibiotic, e. start date of antibiotic, f. pathogen identified, g. site of infection, h. date of culture, i. stop date, j. total days of therapy, k. outcome, and l. adverse events.</p> <p>A review of the facility's policy titled, Infection Prevention and Control Program, with a revised date October 2018, facility did not provide a review date, a read in part: 8. Antibiotic Stewardship a. Culture reports, sensitivity data, and antibiotic usage reviews are included in surveillance activities .Infection Preventionist Policy Statement: The Infection Preventionist is responsible for coordinating the implementation, assessment, developing, monitoring and management of the program .Monitoring Compliance with Infection Control Policy Statement: Routine monitoring and surveillance of the workplace are conducted .Policy Interpretation and Implementation 6. The infection preventionist .provides reports .that reflect c. Adherence to the facility's antibiotic stewardship program .</p> <p>Review of the Infection Surveillance Reported for September 2024 revealed: 29 other infections and 2 Urinary Tract/Kidney infections for a total of 32 infections. There were 6 infections for July 2024, 9 infections for August 2024, 14 infections for September 2024, and 1 infection for October 2024 identified on the surveillance report. There are 2 open infections of unknown and 2 open infections of Urinary Tract/Kidney for July 2024, 9 open infections for August 2024, 5 open infections for September 2024, and 1 open infection for October 2024.</p> <p>Review of list of residents with antibiotic orders from 09/19/2024 to 10/09/2024 with current on antibiotics reviewed revealed there were 5 resident with antibiotics. 1 antibiotic started on 10/02/2024 and 10/04/2024; 1 antibiotics stated on 10/07/2024 and 2 antibiotics started on 10/09/2024.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of progress notes *NEW* from 10/01/2024 to 10/09/2024 for resident receiving antibiotics revealed: documentation for Resident #49 was on Doxycycline (started 10/04/2024) had 1 documented note on 10/06/2024 about antibiotic. Documentation for Resident #268 was on Cipro (started 10/07/2024) had 1 documented note on 10/07/2024 about antibiotic.</p> <p>On 10/09/24 at 9:47 a.m., an interview was conducted with S2DON, she confirmed she was the facility's infection preventionist. She confirmed the facility had not had a certified ICP since 04/17/2024, as no one had completed the training until she had on 10/08/2024. She stated the previous DON had been doing the infection control, but did not have the Preventionist certification. She confirmed the facility did not have an effective Antibiotic Stewardship program for surveillance monitoring of infections and use of antibiotics, or the tracking and trending. She stated the floor nurses were responsible for daily documentation when a resident was on an antibiotic and the facility used an infection screening evaluation when a resident is started on an antibiotic.</p> <p>On 10/09/2024 at 2:01 p.m., an interview was conducted with S2DON, she confirmed the facility had no residents on any type of isolation.</p> <p>On 10/09/2024 at 5:30 p.m., the facility did not provide evidence of an antibiotic stewardship program in place by survey exit.</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>44418</p> <p>Based on interview and record review, the facility failed to ensure that the individual designated as the Infection Preventionist, completed specialized training in infection prevention and control. This had the potential to affect a census of 115 residents.</p> <p>Findings:</p> <p>On 10/08/2024, a review of the facility's policy titled Infection Preventionist with a revision date of December 2022, revealed the following in part: Professional Training 1. The infection preventionist is professionally -trained in nursing, medical technology, microbiology, epidemiology, or other related field with at least the following professional training: a. a nurse must have earned a certificate/diploma or degree in nursing Specialized Training: 1. The infection preventionist has obtained specialized ICP (Infection Control Preventionist) training beyond initial profession training or education prior to assuming the role 2. Evidence of training is provided through certificate(s) of completion or equivalent documentation.</p> <p>Review of the facility's infection control records revealed that there was no documented evidence that S3ADON (Assistant Director of Nursing), who was the facility's designated Infection Preventionist, had completed specialized training in infection prevention and control.</p> <p>On 10/09/24 at 9:47 a.m., an interview was conducted with S2DON (Director of Nursing), She confirmed the facility had not had an ICP with a certification since 04/17/2024 and stated she got hers on 10/08/2024 when the surveyors were in the facility.</p>		