

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/13/2025
Form Approved OMB
No. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195405 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/30/2024 |
| NAME OF PROVIDER OR SUPPLIER Natchitoches Community Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 781 Highway 494 Natchitoches, LA 71457 | |
| 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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51596</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident was treated with respect and dignity and cared for in a manner that promoted maintenance or enhancement of his or her own quality of life. The facility failed to treat a resident with respect and dignity by failing to adhere to and honor religious dietary preferences for 1 (#1) of 4 (#1, #2, #3, and #4) residents sampled for resident rights.</p> <p>Findings:</p> <p>Review of the facility policy titled Resident Food Preferences revealed in part .individual food preferences will be assessed upon admission and communicated to the interdisciplinary team; upon the resident's admission (or within 24 hours after admission) the Dietary Manager or designee with identify a resident's food preferences; staff with interview the resident directly to determine current food preferences based on history and life patterns related to food.</p> <p>Record Review revealed Resident #1 was admitted to the facility on [DATE]. Resident #1 had diagnoses that included in part . Hemiplegia and Hemiparesis following Cerebral Infarction affecting Right Dominant Side, Muscle Wasting and Atrophy, Dysphagia, and Pain.</p> <p>Review of Resident #1's Admission MDS with ARD of 10/07/2024 revealed Resident had a BIMS of 11, indicating moderate cognitive impairment. Resident #1 required setup/clean up assistance for eating.</p> <p>Review of Resident #1's Care Plan revealed in part . 10/04/2024- I have dietary preferences related to (Religious) no pork.</p> <p>Review of Resident #1's Physician Orders dated 10/02/2024 revealed in part . Regular diet, Regular texture, Regular - Thin liquids consistency; NO PORK.</p> <p>Review of Resident #1's Screening for Nutrition V2 signed by S3 Dietary Manager on 10/07/2024 revealed, in part .Resident Preferences-Requests for ethnic/special foods/snacks: Muslim, no Pork or pork products.</p> <p>Telephone interview on 12/19/2024 at 11:37 a.m. with Resident #1 revealed she requested a salad with turkey on 11/15/2024, but was served ham which was against her religious beliefs.</p> <p>(continued on next page)</p> | | |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Interview on 12/26/2024 at 10:52 a.m. with S3 Dietary Manager confirmed Resident #1 was served a chef salad with ham despite religious preferences for no pork or pork products on 11/15/2024. S3 Dietary Manager confirmed staff removed the ham and gave the same salad back to Resident #1. S3 Dietary Manager stated the homemaker was ultimately responsible for ensuring food served to residents was appropriate according to orders/preferences/allergies. S3 Dietary Manager confirmed Resident #1 should have been served a new salad without ham on 11/15/2024.</p> <p>Interview on 12/26/2024 at 2:26 p.m. with S4 ADON confirmed Resident #1 was served a salad with ham on 11/15/2024. S4 ADON confirmed Resident #1 should not have been served a salad with ham, or the same salad after the ham was removed, because it was Resident #1's religious preference to not consume pork.</p> <p>Interview on 12/26/2024 at 2:40 p.m. with S2 DON confirmed the homemaker was responsible for ensuring food served to residents was appropriate according to orders/preferences/allergies.</p> <p>Interview on 12/30/2024 at 9:46 a.m. with S5 CNA revealed she served Resident #1 a salad with ham on 11/15/2024. S5 CNA stated after removing the ham, she attempted to return the same salad to Resident #1, and Resident #1 became upset and refused the salad. S5 CNA stated she should not have served Resident #1 a salad with ham.</p> <p>S7 Homemaker was not available for interview at time of survey.</p> | | |

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| <p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51596</p> <p>Based on interview and record review, the facility failed to ensure their grievance policy was followed. The facility failed to record a grievance within the appropriate timeframe for 1 (Resident #1) of 4 (Resident #1, Resident #2, Resident #3, and Resident #4) residents sampled for resident rights.</p> <p>Findings:</p> <p>Review of the facility policy titled Resident Care Grievance Policy revealed, in part . The facility will investigate all grievances and filed complaints relating to any Resident; Grievances/Complaints are to be submitted to the Administrator who is named as the Grievance Official or their designee who will lead a thorough and impartial investigation of the allegations; Written grievances may be recorded on the Resident Grievance Form and all other grievances should be recorded in the Risk Management section of the resident's electronic health record; A review of the grievance should be available within five business days of receiving the grievance; The Grievance Official or designee will review the finding with the person (designee) investigating the complaint to determine what corrective actions need to be taken. Grievance decisions should include date grievance was received, a summary of the resident's grievance, the steps taken to investigate the grievance, a summary of pertinent findings regarding the resident's concerns, a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken as a result of the grievance and the date the decision was issued. The Administrator or his/her designee must contact or meet with the complainant and discuss the findings of the report with the concerned parties. If the grievance is substantiated, the Administrator and/or designee will discuss the findings and the implemented corrective actions with the complainant. There is to be clear documentation of discussions including date, time and persons apprised of outcome.</p> <p>Record Review revealed Resident #1 was admitted to the facility on [DATE]. Resident #1 had diagnoses that included in part . Hemiplegia and Hemiparesis following Cerebral Infarction affecting Right Dominant Side, Muscle Wasting and Atrophy, Dysphagia, and Pain. Resident #1 was discharged on [DATE].</p> <p>Review of Resident #1's Admission MDS with ARD of 10/07/2024 revealed a BIMS of 11, which indicated moderate cognitive impairment. Resident #1 required setup/clean up assistance for eating.</p> <p>Review of Resident #1's Care Plan revealed, in part . I have dietary preferences r/t (Religious) no pork initiated on 10/04/2024.</p> <p>Review of Resident #1's Physician Order dated 10/02/2024 revealed; Regular diet, Regular texture, Regular - Thin liquids consistency; NO PORK.</p> <p>Review of Resident #1's Screening for Nutrition V2 signed by S3 Dietary Manager on 10/07/2024 revealed, in part .Resident Preferences-Requests for ethnic/special foods/snacks: Muslim, no Pork or pork products.</p> <p>(continued on next page)</p> | | |

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| F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Review of the facility's grievance log revealed a grievance regarding food service incidents for Resident #1 dated 12/03/2024 at 4:04 p.m.</p> <p>Review of the facility's grievance report dated 12/03/2024 revealed, in part .State Ombudsman presented to the facility to follow up on a complaint that was made before Resident #1 was discharged to home. Resident #1 was prepared a chef salad with ham on 11/15/2024. Resident #1's religious beliefs forbid pork. S5 CNA removed ham and served the same salad to Resident #1. Resident #1 was not happy that it was the same salad and not a new one.</p> <p>Telephone interview on 12/19/2024 at 11:37 a.m. with Resident #1 revealed she requested a salad with turkey on 11/15/2024, but was served a salad with no meat. Resident #1 was told the salad had contained ham, which had been removed because consuming pork was against her religious beliefs. Resident #1 refused the salad and reported the incident to a dietary aide and to a nurse. Resident #1 stated on the following Monday, S4 ADON advised her she was now handling the complaint.</p> <p>Interview on 12/26/2024 at 10:52 a.m. with S3 Dietary Manager confirmed Resident #1 was served a chef salad with ham on 11/15/2024. S3 Dietary Manager confirmed staff removed the ham and gave the same salad back to Resident #1. S3 Dietary Manager stated the homemaker was ultimately responsible for ensuring food served to residents was appropriate according to orders/preferences/allergies. S3 Dietary Manager confirmed Resident #1 should have been served a new salad without ham on 11/15/2024. S3 Dietary Manager confirmed she was notified of incident on 11/15/2024. S3 Dietary Manager stated Resident #1 was still angry 1-2 days after this incident, and wanted to speak to S3 Dietary Manager. S3 Dietary Manager confirmed she did not file a grievance prior to 12/03/2024, but should have.</p> <p>Interview on 12/26/2024 at 2:26 p.m. with S4 ADON confirmed Resident #1 was served a salad with ham on 11/15/2024. S4 ADON confirmed Resident #1 should not have been provided a salad with ham, or the same salad after ham was removed, because it was her religious preference to not consume pork.</p> | | |

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| <p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51503</p> <p>Based on interview and record review, the facility failed to ensure the provider documented a clinical rationale for a denial of a psychoactive medication dosage reduction for 1 (#3) of 4 (#1, #2, #3, and #4) sampled residents. The facility failed to ensure the provider documented in the medical record a clinical rationale when the dosage reduction was clinically contraindicated. Findings:</p> <p>Review of the facility's current policy titled, Unnecessary Drugs Psychotropic and Antipsychotic Medications and Non-Pharmacological Intervention with an effective date of 09/06/2022 stated in part .The physician shall respond to reports of untoward medication response by changing or stopping problematic medications/medication dosing or provide clear documentation (based on resident and data assessment) of the rationale for the benefit/risk of medication/medications dosages .Initiate a Gradual Dose reduction (GDR) . In instances that GDRs are contraindicated, documentation of a clinical rationale initiating why a GDR is contraindicated should be documented by the prescribing/treating clinician.</p> <p>Review of Resident #3's medical record revealed an admitted [DATE]. Diagnoses that included in part . Parkinson's Disease Without Dyskinesia, Major Depressive Disorder, Single Episode, Type 2 Diabetes Mellitus Without Complications, and Essential Primary Hypertension.</p> <p>Review of Resident #3's Admission MDS with an ARD of 12/10/2024 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #3 received antidepressants during the last 7 days or since admission/entry, or re-entry is less than 7 days.</p> <p>Review of Resident #3's care plan with a target date of 03/06/2025 revealed the resident had depression. Approaches included: pharmacy to review monthly or per protocol.</p> <p>Review of Resident #3's current physician's orders revealed an order to give one 50mg Trazodone HCl (antidepressant) tablet by mouth at bedtime related to Major Depressive Disorder.</p> <p>Review of Resident #3's medical record revealed a form titled, Pharmaceutical Consultant Report Psychoactive Gradual Dose Reduction that was signed and dated by S2 DON and S6 NP on 12/10/2024. The Pharmacist requested a GDR for Trazodone 50mg. The form read; justification for not reducing a psychoactive must have a documented, valid clinical rationale to be considered clinically contraindicated as to why the reduction is not desired at this time. S6 NP documented NO for if a dosage reduction was appropriate. S6 NP documented YES for minimal effective dose. There was no documentation of a valid clinical rational/reason for the denial of a dosage reduction for the antidepressant.</p> <p>On 12/26/2024 at 1:40 p.m., an interview and record review was conducted with S2 DON. S2 DON reviewed Resident #3's Pharmaceutical Consultant Report Psychoactive Gradual Dose Reduction form dated 12/10/2024. S2 DON revealed she was not sure what documentation was needed on the GDR form. S2 DON telephoned S6 NP at time of interview for clarification. S6 NP confirmed via speakerphone that she did not document a clinical rationale on the GDR form, when she continued the Trazadone 50mg for Resident #3, but should have.</p> | | |