STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195423	A. Building B. Wing	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carroll Health and Rehab LLC	307 N Castleman St Oak Grove, LA 71263

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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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19256 Based on record reviews and interviews, the facility failed to ensure residents received services in the facility with reasonable accommodation of needs for 5 (#15, #17, #18, #26, #29 and #43) of 5 sampled residents and had the potential to affect all 44 residents that reside in the facility. Findings: Resident #17 Record review revealed resident #17's Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicated no cognitive impairment. On 06/24/2024 at 9:15 a.m., an interview with resident #17 revealed sometimes the facility runs out of wipes when they are providing care. Resident #26 Record review revealed resident #26's MDS assessment dated [DATE] revealed a BIMS score of 15, which indicated no cognitive impairment. On 06/24/2024 at 9:43 a.m., an interview with resident #26 revealed sometimes the facility does not have enough wipes to provide care. Resident #29 Record review revealed resident #29 was admitted on [DATE]. Further review revealed resident #29's admission MDS assessment dated [DATE] revealed a BIMS score of 9, which indicated the resident had moderately impaired cognition. Observation on 06/24/2024 at 10:30 a.m. revealed there was no toilet paper or paper towels in resident #29's bathroom. At this time, resident #29 reported that he has not had paper towels since he was admitted there. Observation on 06/25/2024 at 12:35 p.m. revealed there were no paper towels in resident #29's bathroom. (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 06/26/2024 at 1:40 p.m. revealed there were no paper towels in resident #29's bathroom. At this time, resident #29 reported that he had asked for paper towels, but hasn't received them yet. During the Resident Council meeting on 06/24/2024 at 2:30 p.m., residents #15, #18 and #43 voiced complaints of the facility not having enough toilet paper and wipes. On 06/25/2024 at 9:10 a.m., an interview with S20Certified Nursing Assistant (CNA) revealed several weeks ago she was having issues with not having the right size of briefs or pull-ups for the residents. S20CNA reported they had a limited supply of large and extra-large briefs. Also, sometimes they did not have enough wipes. On 06/26/2024 at 9:50 a.m., an interview with S17CNA revealed there has been a shortage of wipes and briefs, especially extra-large size. S17CNA also reported some residents have complained to her about not having enough toilet paper. On 06/26/2024 at 3:05 p.m., an interview with S6Assistant Director of Nursing (ADON)/Wound Care Nurse revealed she's responsible for ordering patient care supplies. She reported about a month ago, the facility changed medical supply vendors and this caused a delay in some of their supplies being delivered, especially wipes, briefs, and pull-ups. S6ADON/Wound Care Nurse confirmed there was a limited supply of these items for a short period of time. On 06/26/2024 at 2:40 p.m., S1Administrator was informed of the above concerns with the facility having a limited supply of the above patient care items. 22575

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 19256 Based on observations and interviews, the facility failed to maintain a safe, clean, comfortable and homelike environment. The deficient practice affected 9 (#8, #11, #15, #17, #23, #26, #27, #29 & #49) of 9 sampled residents and had the potential to affect all 44 residents that resided in the facility. Findings: On 06/24/2024 at 9:15 a.m., 06/25/2024 at 9:28 a.m., and 06/26/2024 at 8:46 a.m., observations of resident #17's bathroom revealed a black substance in the toilet. On 06/24/2024 at 9:37 a.m., 06/25/2024 at 9:30 a.m., and 06/26/2024 at 8:50 a.m., observations of resident #23's bathroom revealed a black substance in the toilet and a foul odor noted. On 06/24/2024 at 9:43 a.m., 06/25/2024 at 9:32 a.m., and 06/26/24 at 8:55 a.m., observations of resident #26's bathroom revealed a black substance in the toilet. On 06/24/2024 at 10:30 a.m., an observation of resident #29's room revealed there was a urine odor noted. Further observation on 06/25/2024 at 12:35 p.m. revealed resident #29's door had spills and splatters on it and dirt and grime was on the closet drawers and around the floor and base boards. Resident #29's bathroom had a urine odor and there was a black substance on the toilet seat and in the toilet. On 06/24/2024 at 1:51 p.m., an interview with resident #15 revealed that staff were not cleaning his room properly. On 06/25/2024 at 12:40 p.m., an observation of resident #11's room revealed his door was dirty and there was dirt and grime around the floor and baseboards. Observation of resident #11's bathroom revealed a black substance in the toilet. On 06/25/2024 at 12:45 p.m., observation of the hall where residents #11, #27, #29, and #49 resided revealed spills and splatters on the floor and on the walls down the hallway. On 06/25/2024 at 12:47 p.m., an observation of resident #8's room revealed the door was dirty. Observation of resident #8's bathroom revealed a build-up of old soap on the wall under the soap dispenser, black substance in the toilet, and the sink also needed cleaning. On 06/25/2024 at 12:50 p.m., an observation of resident #49's room revealed the door was dirty and there was dirt and grime on the floor and baseboards. Observation of resident #49's bathroom revealed there was a build-up of old soap on the wall under the soap dispenser, a black substance in the toilet, and the sink needed cleaning. On 06/25/2024 12:55 p.m., an observation of resident #27's room revealed the floors were dirty. Observation of the bathroom revealed a black substance in the toilet and the sink needed cleaning. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview with S1Administrator on 06/26/2024 at 2:45 p.m. confirmed the facility was in need of a thorough cleaning. 22575

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41829 Based on record review and interview the facility failed to implement policies and procedures for ensuring the reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Act within 24 hours to the stage agency and one or more law enforcement entities for 1 (#34) of 1 (#34) residents reviewed for misappropriation of resident property. Findings: Review of the facilities Abuse Prevention Policy and Procedure (policy was not dated) revealed in-part: Misappropriation of Resident Property: The deliberate misplacement, exploitations, or wrongful temporary or permanent use of a resident's personal belongings or money without the resident's consent. Suspected or substantiated cases of resident abuse, neglect, misappropriation of property, or mistreatment shall be thoroughly investigated, documented, and reported to the physician, families, and/or representative, and as required by state guidelines. In addition, the facility will follow Section 1150B of the Social Security Act's time limits for reporting a reasonable suspicion of a crime (immediately but no later than 2 hours if abuse or serious bodily injury and 24 hours for all others). In addition to reporting to the State Agency, a reasonable suspicion of a crime or allegation of abuse, neglect, or misappropriation of resident property is to be reported to at least one law enforcement agency. Review of resident #34's most recent Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental status score 15 which represented he was cognitively intact. On 06/24/204 at 11:25 a.m. an interview with resident #34 revealed he had a $100 bill stolen from his wallet in his room on 06/13/2024. Resident #34 reported he originally had $1,000 dollars in his wallet. He revealed he had eight $100.00 dollar bills and ten $20 dollar bills. Resident #34 reported he normally keeps his wallet in the back pack on the back of his wheel chair, but he left it sitting on the dresser in his room and left his room and went down the hallway toward the nurse's station. Surveyor asked Resident # 34 why he left his wallet on the dresser instead of keeping it with him in his back pack like he said he normally does. Resident #34 reported he was trying to see if anyone would steal his money. Resident #34 reported S9Houskeeping/Laundry Supervisor had passed him as he headed down the hallway. Resident #34 reported he headed back to his room after a few minutes and saw S9Houskeeping/Laundry Supervisor exit his room. Resident #34 reported she seemed surprised when he asked her what she was doing in his room. Resident #34 reported S9Houskeeping/Laundry Supervisor told him she was looking for him. Resident #34 reported S9Houskeeping/Supervisor had just saw him when she passed him in the hallway. Resident #34 reported he went and checked his wallet and he had only 7 $100 dollar bills and there should have been 8 $100 dollar bills. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #34 reported he went to S1Administrator and informed her that he had something important he needed to tell her but wanted to wait until Monday and set up a meeting because S7Previous DON (Director of Nursing) was not present. Resident #34 reported he met with S1Admininstrator and S7Previous DON on 06/17/2024 around 4:00 p.m. and informed them of what had occurred on Thursday evening 06/13/2024. On 06/25/2024 at 8:20 a.m. an interview with S1Administraor revealed resident #34 informed her and S7Previous DON (Director of Nursing) on 06/17/2024 around 4:00 p.m. that he had $100 dollar bill stolen from his wallet on 06/13/2024 by S9Housekeeping/Laundry Supervisor. On 06/26/2024 at 2:45 p.m. an interview with S1Administrator revealed she reported the allegation of misappropriation of resident property to the state agency on 06/25/2024 at 9:50 a.m., but she did not notify the allegation to the local law enforcement entity. S1Administrator confirmed she should have reported the allegation of misappropriation of resident property to the state agency and to local law enforcement agency within 24 hours of becoming aware of the misappropriation of property allegation.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41829 Based on record review and interviews the facility failed to ensure all alleged violations of misappropriation of resident property are thoroughly investigated in a timely manner for 1 (#34) of 1 (#34) resident reviewed for personal property. Findings: Review of the facilities undated Abuse Prevention Policy and Procedure revealed in-part: Policy: The facility is committed to protecting the residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents, consultants, volunteers, staff from other agencies providing services to our residents, family members, legal guardians, surrogates, sponsors, friends, visitors, or any other individual. Definitions: Misappropriation of Resident Property: The deliberate misplacement, exploitations, or wrongful temporary or permanent use of a resident's personal belongings or money without the resident's consent. Investigation: The facility will initiate at the time of any finding of potential abuse or neglect an investigation to determine cause and effect, and provide protection. The Executive Director, or designee, shall report any allegations of abuse, neglect, or misappropriation of resident property as well report any reasonable suspicion of a crime in accordance with Section 1150B of the Social Security Act to the Department of Health as required. Protection: 1. Any allegation of abuse, neglect, misappropriation or exploitation against any employee must result in his/her immediate suspension to protect the resident. 2. Suspected or substantiated cases of resident abuse, neglect, misappropriation of property, or mistreatment shall be thoroughly investigated, documented, and reported to the physician, families, and/or representative, and as required by state guidelines. Record review revealed resident #34 was admitted to the facility on [DATE] with diagnoses that include post procedural complications of skin, after care following surgery for neoplasm, disruption of wound unspecified sequela, hypothyroidism, Crohn's disease unspecified without complications, chronic systolic congestive heart failure, other chronic pain, Tourette's disorder, primary generalized osteoarthritis, generalized muscle weakness, other reduced mobility, abnormal posture, rheumatoid arthritis, and lack of coordination. Review of resident #34's most recent Minimum Data Set assessment dated [DATE] revealed Brief Interview of Mental status score 15 which represented he was cognitively intact. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/24/2024 at 11:25 a.m. an interview with resident #34 revealed he had a $100 bill stolen from his wallet in his room on 06/13/2024. Resident #34 reported he originally had $1,000 dollars in his wallet. He revealed he had eight $100.00 dollar bills and ten $20 dollar bills. Resident #34 reported he normally keeps his wallet in the back pack on the back of his wheel chair, but he left it sitting on the dresser in his room and left his room and went down Hall A toward the nurse's station. Surveyor asked resident # 34 why he left his wallet on the dresser instead of keeping it with him in his back pack like he said he normally does. Resident #34 reported he was trying to see if anyone would steal his money. Resident #34 reported S9Houskeeping/Laundry Supervisor had passed him as headed down the hallway. Resident #34 reported he headed back to his room after a few minutes and saw S9Houskeeping/Laundry Supervisor exit his room. Resident #34 reported she seemed surprised when he asked her what she was doing in his room. Resident #34 reported S9Houskeeping/Laundry Supervisor told him she was looking for him. Resident #34 reported S9Houskeeping/Supervisor had just saw him when she passed him on Hall A. Resident #34 reported he went and checked his wallet and he had only 7 $100 dollar bills and there should have been 8 $100 dollar bills. Resident #34 reported he went to S1Administrator and informed her that he had something important he needed to tell her but wanted to wait until Monday and set up a meeting because S7Previous DON (Director of Nursing) was not present. Resident #34 reported he met with S1Admininstrator and S7Previous DON on 06/17/2024 around 4:00 p.m. and informed them of what had occurred on Thursday evening 06/13/2024. Resident #34 reported he did not have proof who stole his $100 dollar bill, but told them he thought it was S9Houskeeping/Laundry Supervisor. Review of the facilities grievance/complaint report dated 06/18/2024 revealed Resident #34 said he left wallet out with money in his room. Resident #34 saw S9Houskeeping/Laundry Supervisor come out of his room. Resident #34 reported S9Houskeeping/Laundry Supervisor took $100 and was surprised when he showed up. Resident #34 said he set her up. Resident #34 reported he had $800 then $700. S1 Administrator obtained statements, provided resident with lock box, reasoned with resident not to set up staff. On 06/23/2024 grievance was unable to be verified by S1Administrator. S1Administrator informed resident #34 there was no proof of how much money he had in his wallet. Resident was provided with lock box. Review of S9Houskeeping/Laundry Supervisor written statement dated 06/21/2024 revealed she did not work Hall A and did not go into resident #34's room. Review S11Activity Director written statement dated 06/21/2024 revealed on On Thursday, 06/13/2024, I took resident #34 to Walmart to get some items. As I am aware of S9Houskeeping/Laundry Supervisor was not assigned to Hall A. S11Activity Director did not see S9Houskeeping/Laundry Supervisor enter resident #34's room at any time. Review of S13Houskeeper's written statement dated June 06/21/2024 revealed S9Houskeeping/Laundry Supervisor do no work on Hall A. Never saw S9Houskeeping/Laundry Supervisor go into resident #34's room. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of S12Licensed Practical Nurse (LPN) written statement dated 06/21/2024 at 4:31 p.m. revealed I do not recall the date nor the exact time but it was close to 3 p.m. resident #34 self-propelled in wheel chair up Hall A and stated S12LPN do you have change. Asked resident #34 what he needed change for resident #34 presented a $100 bill. Gave resident (5) $20 bills and counted them out to the resident. Resident #34 wanted change for another $100 dollar bill. Resident told me to reach in his backpack front zipper and give him his wallet. Resident #34 gave me a $100 dollar bill. S12LPN gave him (5) more $20 bills and counted them to him as well. Resident #34 expressed his gratitude and propelled back to his room by himself. Review S14Laundy written statement (that was not dated) revealed she only goes in resident #34's room when dealing with his clean or dirty clothes. I (S14Laundry) try to make sure he is in there before I go. I have never seen his wallet or where he keeps it. As for the 13th of this month, I don't remember if I had to wash anything for him. Resident #34 does not have a roommate. Resident #34 does not have video surveillance cameras inside his room. On 06/25/2024 at 08:20 a.m. an interview conducted with S1Administrator revealed S9Housekeeping/Laundry Supervisor was not suspended pending the outcome of the investigation. S1Administrator revealed she had contacted a technician to have him come show me how to access and view the facility's video surveillance. S1Administrator reported the technician came to the facility yesterday evening and showed her how to access the facilities video camera footage yesterday evening. S1Admininstrator reported the monitor in her office did not work, but the monitor in the office in the back of the facility worked. S1Administrator reported she was able to view the video camera footage on Hall A from Thursday 06/13/2024 and observed S9Housekeeping/Laundry Supervisor enter Resident #34's room on 06/13/2024 at 3:30 p.m. with nothing in her hands. S1Admininstrator reported S13Housekeeper was on Hall A and had entered another room across the hall from resident #34's room. S1Admininstraor reported S9Houskeeping/Supervisor exited Resident #34's room at 3:31 p.m. with nothing in her hands and walked up Hall A toward the nurses' station. S1Administrator had saved the video recording to her computer. Surveyor was able to watch the video camera footage that was dated and time stamped it revealed S9Houskeeping/Laundry Supervisor had entered resident #34's room on 06/13/2024 at 3:30 p.m. with nothing in her hands and exited his room at 3:31 p.m. with nothing in her hands. S1Administrator reported that S9Housekeeping/Laundry Supervisor had reported she had not gone into resident #34's room and had provided a written statement that she had not gone into his room on 06/13/2024. S1Aministrator reported that she could not prove S9Houskeeping/Laundry Supervisor stole resident #34's $100 dollar bill, because she had no proof of how much money he had in his wallet. S1Admininstrator reported after talking with S3Regional Human Resources they were going to fire S9Housekeeping/Laundry Supervisor this morning for lying during the investigation interview and on her witness statement. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Surveyor asked S1Administrator why it took so long to obtain the staff witness statements and to have a technician to come out and check on the video surveillance system and show her how to operate it. S1Administrator reported she got busy on 06/18/2024 when Director of Nursing and Assistant Director of Nursing both quit. On 06/25/2024 at 8:40 a.m. an interview with S9Housekeeping/Laundry Supervisor revealed she has been working at the facility for [AGE] years. Surveyor asked S9Housekeeping/Laundry Supervisor if she stole $100 dollar bill from resident #34 on 06/13/2024. S9Housekeeping/Laundry Supervisor denied stealing any money from resident #34. S9Housekeeping/Laundry Supervisor revealed she was not assigned Hall A where resident #34 resides. S9Housekeeping/Laundry Supervisor denied going into resident #34's room. S9Housekeeping/Laundry Supervisor revealed she had received training on abuse and neglect. On 06/26/22024 at 2:45 p.m. an interview with S1Administrator confirmed she should have suspended S9Housekeeping/Laundry Supervisor pending the outcome of the investigation on 06/17/2024 after being informed of resident #34's allegation of stolen property. S1Administrator further confirmed she should not have taken so long to obtain the employee statements and review the facilities video surveillance camera footage.

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19256 Based on record reviews and interview, the facility failed to complete and transmit a discharge Minimum Data Set (MDS) assessment within 14 days after the resident was discharged from the facility for 3 (#10, #31 and #40) of 3 residents reviewed for assessments. Findings: Review of the medical record for resident #10 revealed the resident was admitted to the facility on [DATE] and discharged on [DATE]. Review of the medical record for resident #31 revealed the resident was readmitted to the facility on [DATE] and discharged on [DATE]. Review of the medical record for resident #40 revealed the resident was admitted to the facility on [DATE] and discharged on [DATE]. On 06/25/2024 at 2:45 p.m., interview with S5Minimum Data Set (MDS) Coordinator confirmed the discharge MDS assessments were not performed and transmitted in a timely manner for residents #10, #31 and #40.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17835 Based on observations, record reviews, and interviews, the facility failed to ensure a resident who is unable to carry out activities of daily living receives the necessary services to maintain good grooming, and personal hygiene for 3 (#6, #17 #23) of 4 (#6, #11, #17, #23) sampled residents for Activities of Daily Living as evidenced by, 1) failing to ensure resident's clothing was clean and free of food debris and 2) failing to ensure resident's fingernails and toenails were trimmed and clean. Findings: Resident #6 Review of the record for resident #6 revealed a date of admission of 07/23/2015 with following diagnoses: chronic obstructive pulmonary disease, type 2 diabetes, cerebral disease, and dysphagia. Review of the quarterly Minimum Data Set, dated dated dated [DATE] revealed resident #6 had a brief interview for mental status score of 2. A score of 00-07 indicated that resident #6 was severely impaired with daily decision making skills. Review of functional abilities and goals for eating revealed setup or clean-up assistance, oral hygiene was supervision, and personal hygiene was substantial/maximal assistance. Review of June 2024 physician orders for resident #6 revealed nail care every week and PRN (As needed). An observation of resident #6 on 06/24/24 at 9:58 a.m., revealed the resident to be unshaven, his finger nails were long with grime and dirt in nailbed, and food particles were on the resident's clothing. An observation of resident #6 on 06/24/2024 at 4:19 p.m., revealed the resident completed his supper meal in the main dining room. Resident #6 had food and debris all over his clothing, wheelchair, floor, and table. Further observation of resident #6 revealed him self-propelling in his wheel chair from main dining room to bedroom. There were multiple staff in hallway observing resident #6 and no assistance was provided. An observation of resident #6 on 06/25/2024 at 11:43 a.m., revealed resident with food debris all over front of his shirt and pajama pants. No assistance was provided from the staff. An Interview on 06/26/2024 at 11:00a.m., with S10Registered Nurse (RN), confirmed that staff should ensure all residents ADL's were maintained. Further interview with S10RN confirmed that resident #6 required assistance with ADL's and that he should not go around the facility with food debris on his clothing and his nails should have been trimmed and kept clean. 22575 Resident #17 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195423	A. Building B. Wing	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review revealed resident #17 had diagnoses of chronic kidney disease, type 1 diabetes mellitus, and chronic ischemic heart disease. Further review revealed a 05/15/2024 Minimum Data Set (MDS) with a Brief Interview for Mental Status (BIMS) score of 14, which indicated resident #17 had no cognitive impairment. Review of the MDS further revealed that resident #17 required set up for personal hygiene care. On 06/24/2024 at 9:15 a.m. and 06/25/2024 at 9:28 a.m., observations of resident #17's fingernails revealed they were long, a dark substance was noted underneath nails, and some fingernails were jagged. Review of resident #17's June 2024 Physician Orders revealed and order dated 09/12/2021 for nail care every week and as needed. Review of resident #17's current care plan revealed she was unable to perform activities of daily living without assistance. Further review revealed an intervention to provide nail care weekly. On 06/25/2024 at 3:35 p.m., S10Registered Nurse (RN) and surveyor observed resident #17's fingernails. Resident #17's fingernails were long, a dark substance was noted underneath nails, and some fingernails were jagged. S10RN confirmed resident #17's fingernails were long and needed to be groomed. Resident #23 Record review revealed resident #23 had diagnoses of Alzheimer's disease, cognitive communication deficit, and schizophrenia. Further review revealed a 04/04/2024 MDS assessment with a BIMS score of 8, which indicated resident #23 had moderate cognitive impairment. Further review of the MDS revealed that resident #23 required set up assistance for personal hygiene care. On 06/24/2024 at 9:37 a.m. and 06/25/24 09:30 a.m., observations of resident #23's fingernails revealed they were long, a dark substance was noted underneath nails, and some fingernails were jagged. On 06/25/2024 at 3:40 p.m., S10RN and surveyor observed resident #23's fingernails. Resident #23's fingernails were long, a dark substance was noted underneath nails, and some fingernails were jagged. S10RN confirmed resident #23's fingernails were long and needed to be groomed.

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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 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** 17835 Based on record reviews, observations, and interviews, the facility failed to ensure residents who received respiratory care are provided such care consistent with professional standards of practice and the comprehensive person-centered care plan for 2 (#20 & #34) of 2 residents reviewed for respiratory care. The facility failed to ensure: 1.) resident #20 was administered oxygen via nasal cannula per the physician orders and 2.) resident #34's nebulizer mask and tubing was stored in a plastic bag when not in use. Findings: Review of the record for resident #20 revealed an admitted [DATE] with the following diagnoses: Chronic Obstructive Pulmonary Disease (COPD) Exacerbation and vascular dementia. Review of the June 2024 Medication Administration Record (MAR) for resident #20 revealed an order for continuous oxygen (O2) therapy at the following rate: oxygen at 2 liters/minute continuous by nasal cannula. Review of the undated policy for oxygen therapy revealed in part that oxygen is administered to promote adequate oxygenation and provide relief of symptoms of respiratory distress. For a nasal cannula it is to be used for an oxygen flow of 1-4 liters per minute (lpm). Procedure: 1. Oxygen therapy is to be provided under the direction of a written physician's order. A physician's order for O2 therapy is to contain the liter flow per minute by mask or cannula and time frame. Observation on 06/24/2024 at 9:37 a.m. revealed resident #20 was in the activity/dining room sitting in a wheelchair. O2 per nasal cannula concentrator was set on 5.5 liters per minute. Observation of resident #20 on 06/24/2024 at 1:30 p.m. revealed resident #20 was asleep in her room on the sofa. Observation revealed resident #20 was receiving oxygen per nasal cannula at 5.5 liters per minute. Observation of resident #20 on 06/25/2024 at 6:30 a.m. revealed resident #20 was asleep in the bed. Further observation revealed resident #20 was receiving oxygen per nasal cannula at 5.5 liters per minute. Observation of resident #20 on 06/25/2024 at 11:25 a.m. revealed resident #20 was in the day room awaiting the lunch meal. Further observation revealed resident #20 was receiving oxygen per nasal cannula at 5.5 liters per minute. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/25/2024 at 1:00 p.m., S6Assistant Director of Nursing (ADON)/wound care nurse observed and confirmed that resident #20's oxygen was being administered at 5.5 liters per minute by oxygen concentrator. At this time S6ADON/wound care nurse placed the oxygen concentrator at 2 liters per minute per nasal cannula. S6ADON/wound care nurse stated that resident #20 had a recent respiratory exacerbation and the oxygen flow had been increased but that the oxygen rate should have been brought back down per the physician orders. S6ADON/wound care nurse confirmed that resident #20 was unable to readjust the flow of oxygen independently. An interview on 06/26/2024 at 3:20 p.m., with S2 Director of Nursing (DON) confirmed that the oxygen concentrator should not have been set on 5.5 liters per minute for resident #20. 41829 Resident #34 Record review revealed resident #34 was admitted to the facility on [DATE] with diagnoses that included chronic systolic congestive heart failure. Review of resident #34's most recent Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental status score of 15 which indicated he was cognitively intact. On 06/24/2024 an 11:30 a.m., an observation of resident #34's room revealed a nebulizer machine was sitting on top of the desk. The nebulizer mask and tubing were uncovered and not dated. Resident #34 reported he receives breathing treatments 4 times a day as needed. On 06/25/2024 at 8:30 a.m., an observation of resident #34's room revealed the nebulizer mask and tubing were uncovered and not dated. Resident #34 reported the last time he received a breathing treatment was a couple of days ago. Review of the facility's undated Small Volume Nebulizer Policy revealed in part, the following: Policy: Nebulizer Therapy will be utilized to administer medications per physician orders. Procedure: 14. Replace small volume Nebulizer approximately weekly or when visibly soiled. Change set-up weekly. 15. Store in a labeled plastic bag. Review of resident #34's June 2024 physician orders revealed an order dated 05/22/2024 for Ipratropium-Albuterol 0.5-3 (2.5) milligram (mg)/3 milliliter (ml) inhale 1 vial per nebulizer q 6 hours when necessary (prn). Review of May 2024 Medication Administration Record (MAR) revealed documentation that resident #34 received Ipratropium-Albuterol breathing treatments as ordered on the following dates: 05/22/2024, 05/23/2024, and 05/31/2024. (continued on next page)

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	195423	A. Building B. Wing	06/26/2024

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the June 2024 MAR revealed documentation that resident #34 received Ipratropium-Albuterol breathing treatment as ordered on 06/01/2024 and 06/25/2024. On 06/25/2024 at 2:12 p.m., an observation conducted with S2Director of Nursing (DON) in resident #34's room revealed the nebulizer mask and tubing were not stored in a plastic bag and was laying across the dresser. S2DON confirmed the nebulizer mask and tubing should be replaced weekly and stored in plastic bag when not in use.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. 41829 Based on record reviews and interview, the facility failed to ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care for 5 (S20Certified Nursing Assistant (CNA), S21CNA, S22CNA, S23CNA, and S24CNA) personnel records reviewed. Findings: Review of the personnel record for S20CNA revealed a hire date of 03/26/2024. Further review of the personnel record revealed no documented evidence of skills checks or competency evaluations for S20CNA. Review of the personnel record for S21CNA revealed a hire date of 07/02/2021. Further review of the personnel record revealed no documented evidence of skills checks or competency evaluations for S21CNA. Review of the personnel record for S22CNA revealed a hire date of 07/28/2023. Further review of the personnel record revealed no documented evidence of skills checks or competency evaluations for S22CNA. Review of the personnel record for S23CNA revealed a hire date of 10/05/2023. Further review of the personnel record revealed no documented evidence of skills checks or competency evaluations for S23CNA. Review of the personnel record for S24CNA revealed a hire date of 01/01/2021. Further review of the personnel record revealed no documented evidence of skills checks or competency evaluations for S24CNA. On 06/25/2024 at 2:20 p.m., an interview with S3Regional Human Resources confirmed there was no documentation of competency evaluations and skills checks completed for the CNAs listed above.

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	195423	A. Building B. Wing	06/26/2024

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F 0729 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining. 41829 Based on record reviews and interview, the facility failed to ensure the State Adverse Actions Website checks were completed for Certified Nursing Assistants (CNA) initially upon hire and monthly thereafter for 5 (S20CNA, S21CNA, S22CNA, S23CNA and S24CNA), and the facility also failed to ensure the CNA registry was verified upon hire for 1 (S20CNA) for 5 (S20CNA, S21CNA, S22CNA, S23CNA, and S24CNA) personnel files reviewed. Findings: Review of S20CNA's personnel file revealed a hire date of 03/26/2024. Further review of S20CNA's personnel file revealed there was no documented evidence of a State Adverse Actions check for S20CNA upon hire or monthly thereafter. There was no documented evidence of the CNA registry check obtained upon hire for S20CNA. Review of S21CNA's personnel file revealed a hire date of 07/02/2021. Further review of S21CNA's personnel file revealed there was no documented evidence of a State Adverse Actions check for S21CNA upon hire or monthly thereafter. Review of S22CNA's personnel file revealed a hire date of 07/28/2023. Further review of S22CNA's personnel file revealed there was no documented evidence of a State Adverse Actions check for S22CNA upon hire or monthly thereafter. Review of S23CNA's personnel file revealed a hire date of 10/05/2023. Further review of S23CNA's personnel file revealed there was no documented evidence of a State Adverse Actions check for S23CNA upon hire or monthly thereafter. Review of S24CNA's personnel file revealed a hire date of 01/01/2021. Further review of S24CNA's personnel file revealed there was no documented evidence of a State Adverse Actions check for S24CNA upon hire or monthly thereafter. On 06/25/2024 at 2:20 p.m., an interview with S3Regional Human Resources confirmed there was no documentation of the adverse actions search being completed upon hire or monthly for the above CNAs.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. 17835 Based on observation of the medication pass, review of physician orders and interview, the facility failed to ensure that it is free from a medication error rate of 5% or greater by having 4 errors out of 33 opportunities for a medication error rate of 12.12%. (Residents #41, #13) Findings: Resident 41 Observation of the medication pass for resident #41 on 06/25/2024 at 8:27 a.m. revealed that S15Licensed Practical Nurse (LPN) administered 6 oral medications and 1 eye medication. Review of the June 2024 physician orders for resident #41 revealed the high blood pressure medication Losartan 25 milligrams (mg) administer 1 tablet every day by mouth at 9:00 a.m. Observation of the medication pass revealed Losartan 25 mg was not observed to be administered to resident #41. Interview with S10Registered Nurse (RN) on 06/26/2024 at 11:00 a.m. confirmed that the medication Losartan 25mg, 1 tablet every day should have been administered to resident #41. Observation of the medication pass for resident #41 on 06/25/2024 at 8:27 a.m. revealed that the eye medication, Carboxymethyl Cellulose Sodium ophthalmic solution 0.5% was not administered and was not available. Review of the June 2024 physician orders for resident #41 revealed an order for Carboxymethyl Cellulose Sodium, 1 drop in both eyes one time a day at 9:00AM (for dry eye syndrome of unspecified lacrimal gland). Interview on 06/25/2024 at 3:30 p.m. with S15LPN confirmed that the eye medication Carboxymethyl Cellulose Sodium was not available and was not administered to resident #41. Resident #13 Observation of the medication pass for resident #13 on 06/25/2024 at 8:38 a.m. revealed S16LPN administered 6 oral medications which included Vitamin D3, 50,000 IU (International Unit) 1 tablet. Review of the June 2024 physician orders for resident #13 revealed the following order: Vitamin D3 50,000 IU, 1 tablet weekly. Review of the medication administration record for resident #13 revealed staff had been administering this medication on a daily basis instead of weekly as ordered. Interview with S10RN on 08/26/2024 at 11:00 a.m. revealed that Vitamin D3 50,000 units is ordered once weekly and is scheduled to be administered on Wednesdays. S10RN confirmed that the Vitamin D3 should not have been administered on a daily basis. Observation of the medication pass for resident #13 on 06/25/2024 at 8:38 a.m. revealed S16LPN administered 6 oral medications which included the antipsychotic medication Seroquel 25mg 1 tablet. (continued on next page)

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	195423	A. Building B. Wing	06/26/2024

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the June 2024 physician orders for resident #13 revealed the following order: Seroquel 25mg, 1 tablet at bedtime. On 06/26/2024 at 11:00 a.m., an interview with S10RN confirmed that the medication Seroquel 25mg was ordered for bedtime and should not have been given in the morning. S10RN further confirmed that S16LPN administered Seroquel on 06/26/2024 during morning medication pass.

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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. 22575 Based on observations and interviews, the facility failed to prepare and distribute food in accordance with professional standards for food service safety by failing to ensure food was defrosted properly. This deficient practice had the potential to affect 44 residents who received meals served from the kitchen. Findings: Review of the facility Policy for Safely Thawing Food (no date noted) revealed in part: How to Thaw Food Safely: 3). Thawing in cold water - fill a bowl with cold water and leave the tap water running over the food as it thaws. This does require a lot of water, but it will keep the surface temperature of your food from growing bacteria too rapidly. If you can, keep your food in its original container or in a plastic bag to protect your kitchen sink and counter from germs. On 6/25/2024 at 6:50 a.m. during a follow-up visit to the kitchen, an observation revealed a large amount of chicken breasts submerged in water in the kitchen sink and there was no running cold water noted. Further observation revealed the chicken breasts were not placed in a container in the sink, but were placed directly in the sink. On 6/25/2024 at 10:30 a.m., an interview with S19Dietary Manager confirmed staff failed to defrost the chicken breast properly and according to their policy.

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F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 19256 Based on review of the Quality Assessment and Assurance (QAA) record and interview, the facility failed to have documented evidence of having a QAA meeting at least quarterly for the year 2024. Findings: Review of the QAA binder revealed no documented evidence of the facility having a QAA meeting for the first quarter of 2024 to address facility issues. On 06/26/2024 at 5:50 p.m., an interview with S1Administrator confirmed there was no documented evidence of a QAA meeting for the first quarter of 2024.

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	195423	A. Building B. Wing	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carroll Health and Rehab LLC	307 N Castleman St Oak Grove, LA 71263

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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. 41829 Based on observation, policy review and interviews the facility failed to implement policies and procedures for enhanced barrier precautions for 5 (#24, #25, #26, #45, #255) of 5 (#24, #25, #26, #45, #255) residents reviewed for enhanced barrier precautions. Findings: Review of the provider's undated Enhanced Barrier Precautions Policy revealed the following in-part: Policy: Enhanced Barrier Precautions are indicated for residents with infections or colonization with a Center for Disease Control (CDC) and Prevention -targeted Multi Drug-Resistant Organisms (MDRO) when contact precautions do not apply or for residents with wounds and/or indwelling medical devices without secretions/excretions that are unable to be covered/contained & are not known to be infected/colonized with any MDRO during high-contact resident care activities as these residents are at an increased risk of being infected. Definition: 1. Enhanced Barrier Precautions are an infection control intervention designed to reduce transmission of MDROs in nursing homes. Enhanced Barrier Precautions involve gown and glove used during high-contact resident care activities for residents known to be colonized with MDRO as well as those at increased risk of MDRO acquisition (e.g. residents with wounds or indwelling medical devices). 2. Enhanced Barrier Precautions only require use of gown/gloves when performing high contact activities: a. Dressing b. Bathing/showering c. Transferring (in room, shower/tub rooms, and therapy gyms) d. AM/PM Care e. Changing linens f. Changing briefs or assisting with toileting g. Device care or use: central lines, urinary catheter, feeding tube, tracheostomy, or ventilator h. Wound care: any skin opening requiring a dressing 3. Duration: Enhanced Barrier Precautions are intended to remain in effect for the duration of the resident stay or until wound is closed/medical device removed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195423	A. Building B. Wing	06/26/2024

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/24/2024 at 9:30 a.m. an interview with S2Director of Nursing (DON) and S1Administrator revealed they do not have any residents on isolation at this time. On 06/24/2024 at 10:00 a.m. observations during tour of the facility revealed there were no resident's on enhanced barrier precautions. Record review revealed the following: Resident #24 had a wound and a colostomy. Resident #25 had a wound. Resident #26 had a wound. Resident #45 had a wound and a colostomy. Resident # 255 had a wound and a colostomy. On 06/25/24 01:00 p.m. an interview with S8Clinic Operations Consultant confirmed Resident #24, Resident #25, Resident #26, Resident #45, and Resident #255 should have been on enhanced barrier precautions according to the facilities Enhanced Barrier Precaution Policy.

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	195423	A. Building B. Wing	06/26/2024

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. 41829 Based on interview and review of the facility's Infection Control Records, the facility failed to designate an individual/individuals as the Infection Preventionist, who is responsible for the facility's infection prevention and control program. Findings: Review of the facility's Infection Control Records revealed there was no documented evidence that the facility had designated a staff member as the Infection Control Preventionist. On 06/25/2024 at 1:10 p.m., an interview with S1Administrator confirmed they do not currently have a staff member designated as the Infection Preventionist for the facility.

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	195423	A. Building B. Wing	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carroll Health and Rehab LLC	307 N Castleman St Oak Grove, LA 71263

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. 19256 Based on observations, record review, and interviews, the facility failed to maintain an effective pest control program to ensure residents had a pest free environment. The deficient practice affected 11 (#9, #11, #15, #18, #24, #27, #29, #33, #43, #47, and #49) of 11 sampled residents and had the potential to affect all 44 residents that resided in the facility. Findings: Review of the Pest Control Policy dated May 2008 revealed the following, in part: 1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents. Observation of the hall where residents #11, #27, #29, and #49 reside on 06/24/2024 at 11:00 a.m. with S1Administrator revealed flies in the hallway. Interview with S1Administrator at this time revealed the facility has a problem with flies. Observations on 06/25/2024 at 8:25 a.m. and 06/26/2024 at 1:40 p.m. of the hall where residents #11, #27, #29, and #49 reside revealed flies in the hallway. Observation on 06/24/2024 at 10:30 a.m. of resident #29's room revealed a urine smell in the room and multiple flies in the room. Observation 06/25/2024 at 8:22 a.m. revealed resident #29's breakfast tray was on his bedside table and there were multiple flies in his room. Observation on 06/26/2024 at 1:40 p.m. revealed there were multiple flies in resident #29's room. During an interview with resident #11 on 06/24/2024 at 1:00 p.m., resident #11 reported that the facility has a problem with flies. He reported that he uses his fly swatter in his room. Observation on 06/25/2024 at 12:40 p. m. revealed there were multiple flies in resident #11's room. During an interview with resident #49 on 06/24/2024 at 12:30 p.m., resident #49 reported that the facility has a problem with flies. He reported that he has a fly swatter in his room. Observation on 06/24/2024 at 9:44 a.m. revealed there was a fly in resident #27's room. During the Resident Council meeting on 06/24/2024 at 2:30 p.m., residents #9, #15, #18, #24, #33, #43, #47 voiced complaints of issues with flies throughout the building. An interview with S1Administrator on 06/26/2024 at 2:45 p.m. confirmed the facility continues to have an issue with flies. 22575

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195423	A. Building B. Wing	06/26/2024

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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 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 41829 Based on record reviews and interview, the facility failed to provide in-service training for nurse aides to ensure competency for 5 (S20CNA, S21CNA, S22CNA, S23CNA, and S24CNA) of 5 personnel records reviewed. The facility failed to ensure: 1.) S20CNA, S21CNA, S22CNA, and S23CNA received training in resident abuse, 2) S20CNA, S23CNA, and S24CNA received training in dementia management and 3) S21CNA and S24CNA who were employed greater than one year received 12 hours of inservice training yearly. Findings: Review of the personnel record for S20CNA revealed a hire date of 03/26/2024. Further review of the record revealed no documented evidence of dementia management training and resident abuse prevention training. Review of the personnel record for S21CNA revealed a hire date of 07/06/2021. Further review of the record revealed no documented evidence of 12 hours per year of in-service training to include resident abuse prevention training. Review of the personnel record for S22CNA revealed a hire date of 07/28/2023. Further review of the record revealed no documented evidence of resident abuse prevention training. Review of the personnel record for S23CNA revealed a hire date of 10/05/2023. Further review of the record revealed no documented evidence of dementia management training and resident abuse prevention training. Review of the personnel record for S24CNA revealed a hire date of 01/01/2021. Further review of the record revealed no documented evidence of 12 hours per year of in-service training to include dementia management training. On 06/25/2024 at 2:20 p.m., an interview with S3Regional Human Resources confirmed there was no documentation of annual training, dementia management training and resident abuse prevention training for the employees listed above.