

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

Printed: 06/02/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195501	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Harvest Manor Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 839 North Range Avenue Denham Springs, LA 70726	
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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48333</p> <p>Based on observation, interviews, and record review, the facility failed to protect the residents right to be free from verbal abuse for 1 (#1) of 4 (#1, #2, #3, and #4) residents reviewed for abuse. The facility failed to ensure Resident #1 was free from verbal abuse by S4CNA and S5CNA.</p> <p>This deficient Practice resulted in an Immediate Jeopardy situation on 01/22/2025 at 4:52 p.m. for Resident #1, a cognitively impaired resident who required staff assistance for care, when S5CNA was observed in video footage verbally abusing Resident #1 while providing care. On 01/29/2025 at 3:51 p.m., S4CNA was observed in video footage verbally abusing Resident #1 while providing care. On 01/30/2025 at 3:46 p.m., S4CNA was again observed in video footage verbally abusing Resident #1 while providing care. S4CNA and S5CNA continued to provide care to Resident #1 and other residents in the facility until S1ADM was notified of an allegation of abuse on 02/04/2025. It could be determined a reasonable person would suffer serious psychosocial harm after being repeatedly verbally abused by staff who the resident was dependent upon to provide care.</p> <p>The facility implemented corrective actions on 02/04/2025, which were completed on 02/21/2025 prior to the State Agency's investigation on 02/24/2025, thus it was determined to be a Past Noncompliance citation.</p> <p>Findings:</p> <p>Review of facility's policy titled, Abuse- Prevention and Prohibition Policy and Procedure dated 03/25/2023 revealed, in part:</p> <p>Purpose: Each resident has the right to be free from abuse.</p> <p>Policy: To provide a safe, abuse-free environment for all residents.</p> <p>I.) Types of abuse:</p> <p>1. Verbal Abuse- is the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families or within their hearing distance or sight, regardless of the resident's age, ability to comprehend, or disability.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195501	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Harvest Manor Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 839 North Range Avenue Denham Springs, LA 70726	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of Resident #1's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses which included, in part, Alzheimer's Disease and Dementia.</p> <p>Review of Resident #1's most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/31/2024, indicated the resident was unable to conduct a Brief Interview of Mental Status (BIMS) due to the resident rarely or never being understood. Further review of section H0300 and H0400 revealed Resident #1 was frequently incontinent of bowel and bladder.</p> <p>An interview was conducted with Resident #1's Representative (RP) on 02/24/2025 at 3:26 p.m. She stated on 02/04/2025, she observed body language to suggest yelling and chastising from staff through a camera installed in Resident #1's room that was concerning for abuse. She stated she contacted S7SW and reported the abuse. She stated she had a meeting with S1ADM and S7SW on 02/06/2025 to show them the video and audio footage. She reported S1ADM confirmed S4CNA and S5CNA were the accused staff members. Resident #1's RP reported Resident #1 would have felt scared, intimidated or anxious from the verbal abuse if she had not been diagnosed with Dementia.</p> <p>An interview was conducted with S7SW on 02/25/2025 at 1:44 p.m. S7SW stated she received a call from Resident #1's RP on 02/04/2025 around 2:00 p.m. stating staff were verbally abusing Resident #1. S7SW reported Resident #1's RP brought the video footage to the facility on [DATE] for S1ADM and S7SW to observe. S7SW confirmed S4CNA and S5CNA were heard yelling and chastising Resident #1 in the video and it was considered verbal abuse. She stated any reasonable person would feel hurt, scared, or isolated after verbal abuse. She further confirmed a victim of verbal abuse could have psychosocial outcomes such as agitation, restlessness or wandering. S7SW confirmed receiving a verbal in-services on 02/07/2025 on abuse, neglect, abuse reporting, consequences of failing to report abuse and consequences if abuse was substantiated.</p> <p>An observation of video footage of Resident #1's room was conducted on 02/25/2025 at 4:00 p.m. with S1ADM. The video footage with audio was reviewed and revealed the following: 01/22/2025 at 4:52 p.m., S5CNA entering Resident #1's room, turning on the lights and yelling at Resident #1 who was in bed, stating in a demeaning tone, I know you did not take those pants off. Resident #1 responded in a confused tone, Did I take these pants off? S5CNA yelled in an aggressive and chastising tone at Resident #1, Yes, you took those pants off, and oh you're in trouble! S5CNA pulled the covers off Resident #1 aggressively and walked toward the room entrance doorway yelling in the hallway loudly, Y'all, she took her pants off again! Resident #1 remained in bed mumbling incoherently in a sadden tone.</p> <p>01/29/2025 at 3:51 p.m., S4CNA entered Resident #1's room with gloves on and a brief in her hand. Resident #1 was in bed. She yelled aggressively at Resident #1, Come over here. Get up with all that sh*t on the bed. Look at all that sh*t. S4CNA yelled demandinglly several more times at the resident to get up. Resident #1 remained lying in bed and confusingly asked, Who did that? S4CNA yelled, chastising Resident #1, You did that sh*t on the bed! S4CNA assisted Resident #1 into a sitting position, Resident #1 stood from the bed and responded I'm hurting while ambulating to the bathroom. S4CNA yells at Resident #1, Go to the bathroom!</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195501	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Harvest Manor Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 839 North Range Avenue Denham Springs, LA 70726	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>01/30/2025 at 3:46 p.m., S4CNA entered Resident #1's room and turned the light on. She began yelling at Resident #1 who was lying in bed, Why you pulling those clothes off, why you pulling those clothes off? S4CNA yells not uh, indicating no in a scolding tone to Resident #1. Resident #1 was mumbling incoherently and still lying in bed. S4CNA then yells in a disrespectful demanding tone, Let's get up as she attempted to abruptly get Resident #1's pants back on her while she was lying in bed. S4CNA in a rough demanding tone stated Get up, let's go! Once Resident #1's pants were on and Resident #1 stood next to the bed, the CNA yelled in a demeaning tone, I just cleaned up this sh*t. You aint gonna do that on me! Resident #1 stood in front of the entrance to the bathroom and S4CNA yelled in a demanding tone, Sit down, put your shoes on! Resident #1 sat back on her bed and attempted to lay down. S4CNA tells her in an irritated voice, not uh (indicating no), put your shoes on. Got sh*t on all this!</p> <p>An interview was conducted with S1ADM on 02/25/2025 at 4:30 p.m. S1ADM stated he was first aware of the allegations of abuse on 02/04/2025 around 2:00 p.m. He stated he immediately suspended the accused staff until investigation was completed and opened a SIMS report. He confirmed he observed video footage from Resident #1's representative on 02/06/2025. He stated S4CNA and S5CNA were immediately terminated after observation of the video footage with audio revealing the CNAs verbally abused Resident #1. He stated he contacted the ombudsman and law enforcement and a report was filed. He stated 100% of the facility's staff were in-serviced on abuse, neglect, abuse reporting, consequences of failing to report abuse and consequences if abuse was substantiated. S1ADM stated he and S2AADM interviewed all residents which S4CNA and S5CNA care for. He stated no residents had signs of abuse, and no concerns arose from the interviews. He reported S2AADM was interviewing three residents per week for four weeks to inquire if residents had experienced abuse or witnessed abuse in the facility. He confirmed any resident who was a victim of verbal abuse could be frightened or perturbed.</p> <p>Review of the facility's special care form revealed S2AADM had monitored three residents a week for abuse in the facility beginning 02/10/2025 which would be completed in four weeks.</p> <p>Throughout the survey from 02/24/2025 through 02/26/2025 observations, record reviews, staff interviews revealed they received training on the facility's abuse policies and procedures, reporting of abuse, consequences of not reporting abuse and consequences if abuse was substantiated. Interviews revealed staff were knowledgeable of the types of abuse and how and when, and why to report abuse to administration immediately.</p> <p>The facility had implemented the following actions to correct the deficient practice:</p> <ol style="list-style-type: none"> 1. Corrective action taken by: <ol style="list-style-type: none"> a. Removed accused employees from resident care and suspended pending investigation. b. Contacted Ombudsman to provide facility additional in-servicing/training. c. All staff in-serviced regarding abuse, caring for resistant and combative residents and signs and symptoms of staff burnout. The following topics are to be covered: <ol style="list-style-type: none"> i. Types of abuse: mental, physical, verbal, misappropriation of funds and neglect. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195501	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Harvest Manor Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 839 North Range Avenue Denham Springs, LA 70726	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>ii. Abuse reporting; facility staff's responsibility to report immediately to the administrator. Administrator's responsibility to report to State Agency and the local authority the timeframes for reporting.</p> <p>iii. Consequences for failing to report abuse or suspected abuse.</p> <p>iv. Consequences if allegation is substantiated</p> <p>v. Abuse investigations require the immediate suspension</p> <p>vi. Caring for resistant and combative residents</p> <p>vii. Signs and symptoms of staff burnout</p> <p>**In-servicing began on 02/04/2025 and completed on 02/19/2025**</p> <p>2. All residents have the potential to be affected by the alleged deficient practice.</p> <p>3. The measure that will be put in place or a system change that will be made to ensure that the deficient practice not recurred are:</p> <p>a. Accused staff members were terminated.</p> <p>b. All residents on Hall A were interviewed by Assistant Administrator and Social Services Director on 02/07/2025.</p> <p>c. Corrective action plan to be initiated requiring the administrator or designee to interview 3 residents per week starting 02/10/2025. During this interview the administrator or designee is to inquire whether the resident has experienced abuse or witnessed abuse while living at the facility. The interviews are to be recorded on a special care form. Interviews are to be conducted for 4 weeks or until substantial compliance is achieved. The outcomes of the interviews are to be discussed in the daily stand-up meeting with the interdisciplinary team. The interdisciplinary team is to discuss corrective action plan weekly in the Quality Assurance Committee meeting.</p> <p>d. The Director of Nursing or designee will observe staff's provision of peri-care and/or dressing, for signs or symptoms of abuse, of cognitively impaired and/or nonverbal residents, no less than 5 times per week for a minimum of 4 weeks starting week of 02/10/2025. The observations are to be recorded on a special care document. The special care document is to be reviewed in the daily stand up meeting with the interdisciplinary team. The interdisciplinary team is to review the corrective action plan weekly in the quality assurance committee. The facility plans to monitor its performance to ensure solutions are achieved and sustained by: an interdisciplinary team to review the outcomes of audits in the weekly Quality Assurance Committee.</p> <p>4. The facility plans to monitor its performance to ensure solutions are achieved and sustained by:</p> <p>a. Interdisciplinary team to review the outcomes of audits in the weekly Quality Assurance Committee meeting to ensure continued compliance.</p> <p>(continued on next page)</p>		

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

Printed: 06/02/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195501	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Harvest Manor Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 839 North Range Avenue Denham Springs, LA 70726	
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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	b. Quality Assurance Committee will continue to meet weekly to discuss audits until substantial compliance is achieved and quarterly thereafter. 5. Corrective action will be completed by 02/21/2025.		