

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

Printed: 05/31/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195580	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2023
NAME OF PROVIDER OR SUPPLIER Avoyelles Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 5682 Hwy. 107 South Dupont, LA 71329	
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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31206</p> <p>Based on interview and record review, the facility failed to ensure a personal funds statement was provided quarterly for 1(Resident #55) of 2 Residents (Resident #30 and Resident #55) reviewed for personal funds out of a total sample of 19 Residents.</p> <p>Findings:</p> <p>Review of the Facility's Policy titled Accounting and Records of Resident Funds read in part:</p> <p>Policy statement-Our facility maintains accounting records of resident funds on deposit with the facility.</p> <p>5. Individual accounting records are made available to the resident through quarterly statements and upon request.</p> <p>Review of Resident #55's Medical record revealed she was admitted to the facility on [DATE], with diagnoses that included in part . Cerebrovascular Accident, Hypertension, Type 2 Diabetes Mellitus, and Depression.</p> <p>Review of Resident #55's Quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 02/15/2023 revealed Resident #55 had a BIMS (Brief Interview for Mental Status) of 11 (moderately impaired cognition). Resident #55 answered all questions appropriately.</p> <p>Interview with Resident #55 on 05/07/2023 at 10:10 a.m. revealed the facility managed her money. Resident #55 stated she was admitted to the facility approximately 6 months ago and had not received an account statement.</p> <p>Observation on 05/08/2023 at 8:00 a.m. revealed Resident #55 awake, alert and oriented. Resident #55 stated she had no family and her husband (Resident #30) was not able to manage her money. Resident #55 stated the facility managed her money. Resident #55 stated she was able to get money from the office whenever she needed to purchase cigarettes. Resident #55 stated she had not received an account statement since she was admitted to the facility and would like to know how much money was in her account.</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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 05/08/2023 at 9:07 a.m. with S3 Business Office Manager stated Resident #55's finances were managed by the facility. S3 Business Office Manager stated resident account statements were printed and mailed out quarterly to the resident(s) responsible party. She stated Resident #55 had no family and was her own responsible party. She stated Resident #55's quarterly statement was printed; placed in a folder; filed in the facility's business office; and not hand delivered to her. She stated she was not aware that she had to issue a quarterly statement to Resident #55 since the resident came and asked about her account balance. S3 Business Office Manager confirmed that Resident #55 was not provided with a quarterly financial statement and should have been.		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>44315</p> <p>Based on record review and interview, the facility failed to ensure a RN (Registered Nurse) was on duty for 8 consecutive hours per day for 7 days per week for 5 of 92 days reviewed for RN staffing hours. This deficient practice had the potential to affect all 60 Residents residing in the facility, according to the facility's Resident Census and Conditions Form. Findings:</p> <p>Review of the facility's PBJ (Payroll Based Journal) Staffing Data Report for FY (Fiscal Year) Quarter 1 2023 (October 1 - December 31, revealed the submitted weekend staffing data was excessively low.</p> <p>Review of the Time Card Report for 10/01/2022 - 10/31/2023 revealed the following:</p> <p>On 10/08/2023 the RN time card revealed 8.05 hours, and according to interview with S1 ADM, the RN actually worked 7.55 hours; on 10/09/2023 the RN time card revealed 8.27 hours, and according to interview with S1 ADM, the RN actually worked 7.77 hours; on 10/16/2023 the RN time card revealed 7.5 hours, and according to interview with S1 ADM, the RN actually worked 7.0 hours; and on 10/30/2022 the RN time card revealed 8.18 hours, and according to interview with S1 ADM, the RN actually worked 7.68 hours.</p> <p>Review of the Time Card Report for 12/01/2022 - 12/31/2022 revealed the facility RN worked 7.38 hours on 12/25/2022, and according to interview with S1 ADM, S8 RN worked 2.38 hours and S2 DON worked 5.0 hours.</p> <p>Interview on 05/08/2023 at 10:34 a.m. with S1 ADM revealed the facility required the RN to provide coverage for 8.5 hours per day for 7 days per week, with the 0.5 hours indicating a required unpaid 30 minute lunch break. S1 ADM revealed he pays the nurses for the exact hours worked. S1 ADM stated that the Time Card Report for the 10/2022 and 12/2022 time frame does not include the 30 minutes of time that is deducted from the nurse's lunch break time. S1 ADM confirmed the facility did not have RN coverage for 8 consecutive hours per day for 7 days per week; and the weekend RN hours provided were less than required 8 hours on 10/08/2022, 10/09/2022, 10/16/2022, 10/30/2022 and 12/25/2022. S1 ADM stated the One Star Staffing will trigger on the PBJ when RN coverage of 8 hours is not provided for 2 days in a quarter.</p> <p>Interview on 05/08/2023 at 1:30 p.m. with S1 ADM confirmed the Facility had not provided the minimum required hours on 10/08/2022, 10/09/2022, 10/16/2022 and 10/30/2022 and 12/25/2022 and should have.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31206</p> <p>Based on observation and interview the facility failed to ensure garbage and refuse was properly contained as evidenced by one dumpster lid not closed.</p> <p>Findings:</p> <p>Observation upon arrival to the facility on [DATE] at 7:45 a.m. revealed the facility's dumpsters were clearly visible by the surveyor from the road as the surveyor drove up to the facility. One of the two dumpsters was not properly contained and was open at the time of observation.</p> <p>The surveyor asked the owner of the nursing facility on 05/07/2023 at 8:57 a.m. the best way to go to the dumpsters. S4 CNA Supervisor was in the office at the time of the conversation with the owner.</p> <p>Observation on 05/07/2023 at 9:00 a.m. revealed the surveyor observed S7 Dietary Manager pushing S5 Kitchen Staff through the dining room door that lead to the outside where the dumpsters were located. The surveyor exited the dining room door immediately behind S5 Kitchen Staff and witnessed S5 Kitchen Staff closing one of the two flaps on the dumpster. The Surveyor asked S5 Kitchen Staff what was he doing, and he stated he had just closed one of the flaps on the dumpster. S5 Kitchen Staff stated the dumpster was open prior to him closing the flap. Observation at that time revealed the other flap to the dumpster remained open.</p> <p>Interview with S7 Dietary Manager on 05/07/2023 at 10:00 a.m. confirmed she instructed S5 Kitchen Staff to go and close the dumpster.</p> <p>Interview with S5 Kitchen Staff on 05/07/2023 at 10:05 a.m. revealed S7 Dietary Manager instructed him to close the dumpster, and confirmed that one of the two dumpsters were not properly contained.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>38894</p> <p>Based on observation and interview the facility failed to provide a safe environment to help prevent the development and transmission of communicable diseases and infections by failing to screen all visitors entering the facility. This had the potential to affect all residents in the facility. Findings:</p> <p>Review of the facility policy titled Coronavirus Disease (COVID-19) - Visitors revealed the following including:</p> <p>Policy Statement</p> <p>For the safety of residents and staff, visitation policies during the COVID-19 public health emergency (PHE) are in compliance with current recommendations from the Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid Services</p> <p>Policy Interpretation and Implementation</p> <p>1. Residents are permitted to receive visitors of their choice as long as:</p> <p>a. Visitors will be asked to use the front entrance.</p> <p>b. Core Principles of COVID-19 prevention and best practices to reduce COVID-19 transmission are adhered to at all times</p> <p>Observation conducted on 05/08/2023 at 8:45 a.m. in Area 1 revealed a man enter the facility through a door from the outside at the end of the hall and go into Resident #2's room. S6 LPN followed him into the room and was asking questions about Resident #2.</p> <p>Interview on 05/08/2023 at 8:49 a.m. with S6 LPN confirmed the visitor entered the Facility without being screened. S6 LPN stated he was not supposed to do this. At this time another visitor entered the Facility through the same door and was stopped by S6 LPN and instructed to go through the front door. The visitor ask through the front door or through the front, front door by the office? S6 LPN instructed her to enter by the office so she could be screened.</p> <p>Interview on 05/08/2023 at 8:55 a.m. with S2 DON revealed all visitors to the facility should be screened prior to entering the building. She stated all doors in the Facility require codes to obtain entrance. She stated the codes have been changed, but visitors learn them and enter the building without being screened. She confirmed the visitor should have entered the facility through the entrance door by the offices so that screening could have been done.</p>		