STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195275	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Audubon Health and Rehab	2110 Audubon Avenue Thibodaux, LA 70301

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure a resident was included in the discharge planning process for 1 (Resident #8) of 3 (Resident #8, Resident #118, Resident #120) sampled residents investigated for discharge requirements.Findings:Review of the facility's Discharge Transfer and Planning policy, last revised in 08/2025, revealed, in part, discharge planning shall be initiated by the Social Service Director/Designee with anticipated discharges. Further review revealed the discharge plan shall focus on the residents' discharge goals and the preparation of residents to be active partners for post discharge care. Further review reveled the IDT would include regular re-evaluation of residents to identify changes that required modification of the discharge plan. Further review revealed the interdisciplinary team (IDT) would involve the resident and the resident's representative in the development of the discharge plan and address the resident's goals of care and treatment preferences, and the IDT would document that a resident had been asked about their interest in receiving information regarding returning to the community. Review of Resident #8's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/19/2025 revealed, in part, Resident #8 had a Brief Interview for Mental Status (BIMS) score of 13 which indicated Resident #8 was cognitively intact. Further review revealed that only Resident #8's family was included in and participated in the goal setting for Resident #8's discharge planning. Review of Resident #8's Care Plan meeting documentation, dated 06/03/2025, revealed, in part, no documentation Resident #8's discharge planning goals were discussed with Resident #8. Review of Resident #8's Care Plan meeting documentation, dated 08/26/2025, revealed, in part, no documentation Resident #8's discharge planning goals were discussed with Resident #8. Review of Resident #8's Social assessment dated [DATE], revealed, in part, Resident #8's discharge planning was discussed with her family, and it was determined that Resident #8 would remain in the facility. Further review revealed Resident #8 was not documented as included in the above mentioned Social Assessment. Review of Resident #8's Social Assessment, dated 08/19/2025, revealed, in part, Resident #8's discharge planning was discussed with her family, and it was determined that Resident #8 would remain in this facility. Further review revealed Resident #8's family members and not Resident #8 were asked the question Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community? Further review revealed Resident #8 was not documented as included in the above mentioned Social Assessment. In an interview on 09/15/2025 at 9:38AM, Resident #8 indicated she wanted to be discharged from the facility and wanted to go home. In an interview on 09/16/2025 at 12:06PM, S2Director of Nursing (DON) indicated Resident #8 had spoken to him previously about wanting to go home and her desire to be discharged from the facility. Surveyor gave S2DON the opportunity provide documentation that Resident #8's discharge options were discussed with Resident #8 on 09/16/2025 at 12:08PM. In an interview on 09/16/2025 at 2:19PM, S5Social Services Director (SSD) acknowledged Resident (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	#8's discharge preferences should have been discussed with Resident #8 because Resident #8 had a BIMS of 13. Surveyor gave S5SSD the opportunity to provide documentation that Resident #8's discharge preferences were discussed with Resident #8 and not only Resident #8's family on 09/16/2025 at 2:19PM. In an interview on 09/17/2025 at 9:40AM, S7Licensed Practical Nurse (LPN) indicated Resident #8 had previously expressed to her the desire to go home. In an interview on 09/17/2025 at 10:07AM, S4Admissions Coordinator indicated Resident #8 had indicated to her that she wanted to go home. In an interview on 09/17/2025 at 10:00AM, S5SSD indicated if a resident requested to be discharged to any staff member, the facility's procedure would be to report a discharge request to S5SSD. S5SSD further indicated she was never informed Resident #8 had wanted to be discharged from the facility before the surveyor spoke to her on 09/16/2025, and had she known of Resident #8's desire to be discharged from the facility to home, then a care meeting with Resident #8 and her family would have been set up to assist Resident #8 with discharge planning. S5SSD further indicated it was the facility's policy to discuss discharge plans quarterly with residents. S5SSD also indicated Resident #8's discharged plans were not discussed with Resident #8 during her Quarterly MDS Assessment/Social Assessment on 08/19/2025 and should have been. S5SSD further indicated Resident #8's discharge goals were not discussed with Resident #8 as part of the 08/19/2025 Quarterly MDS Assessment because she was not aware Resident #8's BIMS was 13 at that time. Surveyor gave S5SSD the opportunity to provide documentation to show that Resident #8's discharge planning was conducted with Resident #8 on 09/17/2025 at 10:10AM. In an interview on 09/18/2025 at 12:38PM, S6Assessment Nurse indicated she had not discussed Resident #8's discharge planning goals with Resident #8 during Resident #8's Care Plan meetings. In an interview on 09/17/2025 at 2:15PM, S1Administrator indicated social services should have been notified when Resident #8 requested to be discharged . S1Administrator further indicated Resident #8 should have been included in the discharge planning process.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, interviews, and record reviews, the facility failed to ensure staff wore proper personal protective equipment (PPE) during personal hygiene care for a resident on Enhanced Barrier Precautions (EBP) (an infection control strategy that used gloves and gowns during high-contact resident care to reduce to spread of infection) for 1 (Resident #39) of 8 (Resident# 2, Resident #5, Resident #9, Resident #11, Resident #27, Resident #39, Resident #67, Resident #69) sampled residents who required EBP. Findings:Review of the facility's EBP policy and procedure, dated 01/2023 and revised on 03/2024, revealed, in part, EBP required the use of a gown and gloves for high contact resident care activities such as providing personal hygiene care. Review of the facility's current list of EBP residents revealed, in part, that Resident #39 was currently on EBP. Review of Resident #39's Care Plan revealed, in part, Resident #39 was on EBP related to Resident #39 having an indwelling devices. Observation on 09/15/2025 at 9:35AM revealed an EBP sign on Resident #39's room door indicating staff must wear a gown and gloves when performing high contact resident care activities which included personal hygiene care. Observation on 09/15/2025 at 9:40AM revealed S9Certified Nursing Assistant (CNA) was shaving Resident #39's face without wearing a gown. In an interview on 09/15/2025 at 10:00AM, S9CNA indicated she did not wear a gown while performing hygiene care for Resident #39. S9CNA further indicated she was not aware a gown was required for personal hygiene care for a resident on EBP. In an interview on 09/18/2025 at 11:50AM, S8CNA Supervisor confirmed S9CNA should have worn a gown while performing Resident #39's personal hygiene care. In an interview on 09/18/2025 at 1:10PM, S2Dircetor of Nursing confirmed staff should have worn a gown while performing Resident #39's personal hygiene care.