STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195309	A. Building B. Wing	09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bayside Healthcare Center	3201 Wall Blvd Gretna, LA 70056

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on observations, interviews, and record review the facility failed to ensure an enteral feeding bag (bag which contains an enteral formula for purpose of supplying nutrients directly into the stomach), free water flush bag (bag of water used to supply hydration needs into the stomach), and a syringe (used to flush and check placement of gastrostomy tube in the stomach) were properly labeled according to professional standards of practice. This practice was identified for 1 (Resident #4) of 1 (Resident #4) sampled resident investigated for enteral feeding. Findings:Review of Resident #4's electronic health record revealed, in part, Resident #4 had a diagnosis of dysphagia (difficulty swallowing) following cerebral infarction (blood flow to the brain is interrupted causing brain damage) and an encounter for attention to gastrostomy (tube inserted into the stomach for enteral nutrition). Review of Resident #4's quarterly Minimum Data Set with an Assessment Reference Date of 07/10/2025 revealed, in part, Resident #4 had an enteral feeding tube and received fluid and calories through enteral feed. Review of Resident #4's physician orders revealed, in part, Resident #4 had an order for Isosource 1.5 calories (enteral feeding formula), with an administration rate of 55 milliliters (ml)/hour (hr) every shift and free water flush, with an administration rate of 40ml/hour every shift. Observation on 09/15/2025 at 10:29AM revealed Resident #4's enteral feeding syringe was not labeled with Resident #4's name and date. Resident #4's enteral feeding bag was not labeled with time enteral feeding was initiated and rate of the enteral feeding administration. Further observation revealed Resident #4's free water flush was not labeled with time of the initiation of the free water flush or the rate of the free water flush administration. Observation on 09/16/2025 at 9:40AM revealed, Resident #4's enteral feeding syringe was not labeled with Resident #4's name and date. Resident #4's enteral feeding bag was not labeled with time enteral feeding was initiated. Further observation revealed Resident #4's free water flush bag was not labeled with the time of the initiation of the free water flush was initiated or the rate of the free water flush administration. In an interview on 09/17/2025 at 9:44AM, S2Director of Nursing indicated the enteral feeding bag, enteral feeding syringe, and free water flush bag should have been labeled properly with Resident #4's name and date and when it was changed. In an interview on 09/17/2025 at 2:15PM, S1Administrator acknowledged Resident #4's enteral feeding bag, enteral feeding syringe, and free water flush bag were not labeled according to professional standards of practice.

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to assess a resident's smoking status to determine if a resident needed supervision or assistance for smoking for 1 (Resident #38) of 1 (Resident #38) sampled resident investigated for accident hazards. Findings:Review of facility's Acknowledgment of Facility's Smoking and Tobacco Use Policy dated, January/2024, revealed, in part, for the safety and well-being of all individuals it was paramount, and the policy of the facility, that all smoking residents were evaluated using the Safe Smoking/Tobacco Use Assessment upon admission, quarterly, and when there was a significant change in the residents ability to handle their smoking products.Review of the Facility's Smoking Program List, dated 09/02/2025 revealed, in part, a list of the facility's residents who were identified as safe and unsafe smokers. Further review of the facility's smoker's list revealed Resident #38 was not identified on the list as being a safe or unsafe smoker. Review of Resident #38's electronic health record revealed, in part, Resident #38 had an admission date of 05/15/2025. Review of Resident #38's diagnoses revealed, in part, Resident #38 had a diagnosis of nicotine dependence, unspecified, uncomplicated, with a start date of 05/14/2025. Review of Resident #38's care plan, revealed, in part, Resident #38 was not care planned for smoking. Review of S8Activities Director's progress note dated 08/15/2025 at 8:21AM revealed, Resident #38 liked to sit outside on the patio to smoke and socialize. Review of S9Licensed Practical Nurse's (LPN) progress note dated 08/14/2025 at 6:14PM revealed Resident #38 was a smoker. In an interview on 09/15/2025 at 3:23PM, S10Minimum Data Set Coordinator (MDSC) indicated residents smoking status should be assessed upon admit. S10MDSC further indicated Resident #38 did not have any documented evidence a smoking assessment was completed upon admission and quarterly as required. In an interview on 09/15/2025 at 3:35PM Resident #38 indicated she was smoking prior to admission to the facility, at admission to the facility on [DATE], and is presently smoking. In an interview on 09/16/2025 at 11:32AM, S5Assistant Director of Nursing indicated Resident #38 was a smoker and should have had a smoking assessment upon admission and quarterly. In an interview on 09/16/2025 at 2:40PM, S1Administrator Resident #38 did not have a smoker's assessment completed upon admit or quarterly as required.

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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. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to:1. implement enhanced barrier precautions for a resident who received medications through a midline catheter (Resident #96); 2. clean glucometers used for multiple residents as per the manufacturer's recommendations for 2 (glucometer a, glucometer b); and, 3. ensure a staff member performed proper hand hygiene during wound care (Resident #18).This deficient practice was identified for 2 (Resident #18, Resident #96) of 7 (Resident #4, Resident #18, Resident #45, Resident #48, Resident #51, Resident #60, Resident #96) sampled residents reviewed for infection control and for 2 (glucometer a, glucometer b) of 2 (glucometer a, glucometer b) glucometers reviewed for cleaning. Findings:1.Review of the facility's Enhanced Barrier Precautions (EBP) policy and procedure revised on 01/22/2025 revealed, in part, it was the policy of the facility to implement EBP for the prevention of transmission of multidrug-resistant organisms. Further review revealed, in part, midline catheters are not an indication for EBP. Review of the Centers for Disease Control and Prevention (CDC) Frequently Asked Questions (FAQ) about EBP dated June 28, 2024 revealed, in part, an indwelling medical device provides a direct pathway for pathogens in the environment to enter the body and cause infection. CDC does not currently consider peripheral I.V.s (except for midline catheters) as indications for Enhanced Barrier Precautions. Review of Resident #96's clinical record revealed a left basilica midline catheter was placed on 09/11/2025. Review of Resident #96's September 2025 Physician's Orders revealed, in part Ertapenem Sodium Injection Solution (an antibiotic used to treat various moderate-to-severe bacterial infections) reconstituted 1gram intravenously (IV) every 24 hours related to a urinary tract infection. Review of Resident #96's Minimum Data Set with an Assessment Reference Date of 08/08/2025 revealed a Brief Interview for Mental Status Exam score of 15. A score of 15 indicated Resident #96 was assessed as cognitively intact. Observation on 09/15/2025 at 9:50AM revealed the door of Room a did not have Enhanced Barrier Protection (EBP) signage. Resident #96 was identified as a resident in Room a. Observation on 09/15/2025 at 9:50AM revealed there was an intravenous (IV) pole (a portable, often rolling stand designed to hold bags of intravenous fluids or medications to a patient) next to Resident #96's bed. Further observation revealed an empty bag of Ertapenem was hung from the IV pole. Observation of Room a revealed there was no personal protective equipment available for use. Observation on 09/15/2025 at 11:05AM revealed S4Licensed Practical Nurse (LPN) applied gloves and entered Room a. S4LPN disconnected and flushed Resident #96's midline catheter. In an interview on 09/15/2025 at 11:07AM, S4LPN indicated when a resident required EBP signage was noted on the door. S4LPN indicated Resident #96 did not have EBP signage noted on the door, and he had not been informed Resident #96 required EBP due to her midline catheter. S4LPN confirmed gloves were the only PPE he used when he flushed Resident #96's midline catheter. In an interview on 09/15/2025 at 11:14AM, S2Director of Nursing (DON) stated Resident #96 had a midline catheter and EBP was not required for midline catheters. In an interview on 09/15/2025 11:30AM, Resident #96 indicated staff does not wear a gown when they provide care to her IV site. In an interview on 09/15/2025 at 2:40PM, S1Administrator was informed by the surveyor of the above documented failure to implement EBP. S1Administrator indicated he would research the references used in the facility's policy development and the topic could be revisited in the morning with the surveyor. In an interview on 09/16/2025 at 11:46AM, S1Administrator stated EBP implementation was not required when S4LPN disconnected and flushed Resident #96's midline catheter. S1Administrator further indicated his review of information revealed peripheral IVs did not require EBP implementation. 2.Review of the facility's Blood Glucose Meter Cleaning policy revised on 01/15/2025 revealed, in part, the facility's blood glucose meters that were shared between patients must be cleaned and disinfected after use with each patient to help prevent the transmission of bloodborne pathogens. Further review revealed to clean and disinfect the glucometer, it was recommended to use disinfecting wipes or alcohol prep pads.Review of the [NAME] Quintet AC glucometer Cleaning and Disinfecting Guide for Multiple-Patient Use Facilities revealed, in part, all meters that are shared between patients must be cleaned and disinfected after use with each patient to help prevent the transmission of blood borne pathogens. Further review revealed, in part, to clean and disinfect the meter, it was recommended to use caviwipes disinfecting towelettes (durable, disposable, towelette-style wipes saturated with CaviCide solution, designed for cleaning, disinfecting, and decontaminating hard, non-porous surfaces in healthcare and other critical settings) Review of the CDC

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to maintain an environment that was free from flies for 12 (Resident #18, Resident #21, Resident #27, Resident #34, Resident #37, Resident #45, Resident #50, Resident #60, Resident #61, Resident #64, Resident #67, Resident #96) of 13 (Resident #18, Resident #21, Resident #27, Resident #34, Resident #37, Resident #45, Resident #50, Resident #60, Resident #61, Resident #64, Resident #67, Resident #90, Resident #96) sampled residents reviewed for environment. Findings:Review of the facility's Pest Control Program policy and procedure, revised on 01/22/2025 revealed, in part, the policy was to maintain an effective pest control program that eradicates and contains common house hold pests and rodents. Further review revealed the facility was to utilize a variety of methods in controlling certain seasonal pests and/or flies and this would involve indoor and outdoor methods that are deemed appropriate by the outside pest service company. Review of the facility's Work Order Report dated 07/16/2025 through 09/16/2025 revealed, in part: On 08/01/2025 flies were identified in room [ROOM NUMBER], On 08/06/2025 flies were identified in room [ROOM NUMBER]; and, On 08/20/2025 flies were identified in room [ROOM NUMBER] and 144. Review of the facility's contracted pest control company's invoice dated 08/11/2025 revealed, in part, general pest and rodent control was provided to the facility on [DATE]. Further review revealed no documented evidence the facility received indoor or outdoor pest control services for the treatment of flies. Resident #18 Observation on 09/16/2025 at 10:44AM revealed a fly was flying in Resident #18's room while S3Wound Care Nurse performed wound care on Resident #18's left heel stage III pressure ulcer. Resident #21 Observation on 09/17/2025 at 10:13AM revealed a fly was flying in Resident #21's room and then landed on Resident #21's personal refrigerator. Further observation revealed a fly swatter was on top of Resident #21's bed side table. Resident #27 Observation on 09/17/2025 at 9:06AM revealed 2 flies were flying in Resident #27's room and 1 fly landed on the handle of Resident #27's wheelchair. Resident #34 In an interview on 09/17/2025 at 2:00PM, Resident #34 indicated she had gnats and flies in her room. (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #37 Observation on 09/15/2025 at 10:40AM revealed Resident #37 was in the day room lying in a Geri chair and a fly landed on Residents #37. Further observation revealed another fly was flying around Resident #37's head. Observation on 09/15/2025 at 11:59AM revealed Resident #37 was eating in the dining area and a fly landed on the table next to Resident #37's plate. Resident #45 In an interview on 09/16/2025 at 9:56AM, S7Certified Nursing Assistant (CNA) indicated she observed flies on Resident #45's face when she was providing care and she had to swat the flies from Resident #45's face. Resident #50 In an interview on 09/16/2025 at 10:05AM, Resident #50 indicated she was concerned with the flies in the facility. Resident #50 indicated she had to swat flies away from her food while eating. Resident #60 Observation on 09/16/2025 at 2:24PM revealed Resident #60 was in the dining room eating and a fly was observed on Resident #60's clothing protector. Resident #61 Observation on 09/16/2025 at 1:18PM revealed Resident #61 was sitting in her room and a fly was crawling on Resident #61's shirt. In an interview on 09/16/2025 at 1:43PM, Resident #61 stated, the flies are terrible, it is sad, they have to do something about this. Resident #61 indicated she had to make sure the flies did not go into her eyes or up her nose. Resident #61 further indicated she complained multiple times to staff about the flies and the facility had not placed fly baits in her room and/or sprayed for flies in her room. Resident #64 Observation on 09/17/2025 at 9:41AM revealed a fly was flying in Resident #64's room. Resident #67 In an interview on 09/17/2025 at 2:00PM, Resident #67 indicated she observed a fly in her room this morning. Resident #96 Observation on 09/16/2025 at 10:24AM revealed 2 flies were flying in Resident #96's room. (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 09/16/2025 at 9:38AM revealed 3 flies were flying on Hall A near residents' rooms. Observation of the facility's kitchen on 09/16/2025 at 11:10AM with S12Dietary Manager present revealed a fly was crawling on the plastic wrap covering a pan containing biscuits. Observation of the facility's kitchen on 09/16/2025 at 11:17AM revealed a fly was crawling on a container of jelly packets. Further observation revealed the fly began to fly and then landed on a stack of plastic disposable lids. In an interview on 09/16/2025 at 11:17AM, S12Dietary Manager confirmed the fly was present in the kitchen. S12Dietary Manager indicated flies enter the kitchen when supplies are delivered to the kitchen. In a telephone interview on 09/16/2025 at 3:18PM, the facility's contracted pest control company's office manager indicated the facility did not request extermination services for treatment of flies and the pest control company did not provide services to exterminate flies. In an interview on 09/17/2025 at 9:11AM, the facility's contracted pest control company office manager confirmed she spoke to the technician who provided services to the facility on [DATE] and he confirmed the facility had only received general pest control services and there was never any mention by the facility of a fly problem or a request to assist with fly extermination.