STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195318	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Senior Village Nursing & Rehabilitation Center	315 Harry Guilbeau Road Opelousas, LA 70570

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure accurate administration of all drugs by failing to administer the correct dose of Zinc for 1 (Resident #79) out of 4 residents observed form medication administration. Findings: A review of the facility's policy titled Administration of Medications which was last reviewed on 03/2025, read in part, Oral Medication Administration Procedure, 3. Verify the physicians order, comparing the medication label to the MAR (Medication Administration Record) to verify the following, b. right dosage. Review of Resident #79's health record revealed he was admitted to the facility on [DATE] diagnoses which included, but were not limited to chronic kidney disease and atherosclerotic heart disease of native coronary artery without angina pectoris. Review of Nursing Home Progress Note on 11/17/2025 for Resident #79 revealed a physician order for Zinc Sulfate 220 mg (milligrams) one by mouth once a day.Review of Resident #79's MAR (Medication Administration Record) for December 2025 revealed an order dated 11/18/2025 for Zinc oral tablet, Give 1 tablet by mouth one time a day for wound healing. There was no dosage on the order for this medication in the MAR.On 12/02/2025 at 8:44 a.m., S5LPN was observed administering medications to Resident #79. S5LPN was observed administering Zinc 50mg to Resident #79. A review of Resident #79's MAR was conducted with S5LPN. S5LPN confirmed that there was no dosage on the order for Zinc in the MAR, and that she should have known the correct dose for Zinc before administering the medication to the resident. On 12/03/2025 at 3:55 p.m., and interview and review of Resident #79's Nursing Home Progress Note dated 11/17/2025 was conducted with S2DON. SDON confirmed that Zinc 220mg was the current order. She further confirmed that Zinc 220mg should have been administered to Resident #79.

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