STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195327	A. Building B. Wing	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gonzales Healthcare Center	905 West Cornerview Road Gonzales, LA 70737

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observations, interview, and record reviews, the facility failed to ensure a resident's call light was within reach for 2 (Resident #6, Resident #12) of 4 (Resident #6, Resident #12, Resident #37, Resident #51) sampled residents investigated for accommodation of needs. Findings: Review of the facility's Resident Call System policy, dated 10/2022 , reviewed on 03/28/2025 , revealed, in part, each resident will be provided with a means to call staff directly for assistance from his/her bed, from toileting/bathing facilities and from the floor. Resident #6 Review of Resident #6's Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 02/06/2025 revealed, in part, Resident #6 required substantial and/or maximal assistance for activities of daily living (ADL) from staff. Observation on 05/05/25 at 11:11AM revealed Resident #6 was lying in bed and Resident #6's call light was noted out of reach, lying underneath the bed. Resident #12 Review of Resident #12's Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 04/22/2025 revealed, in part, Resident #12 was dependent on staff for Activities of Daily Living (ADLs) Observation on 05/05/2025 at 11:12AM, revealed Resident #12 was lying in bed and Resident #12's call light was hanging at the head of the bed out of reach. Further observation revealed Resident #12 was unable to reach the call light when she reached for it. In an interview on 05/07/2025 at 1:18PM S1Director of Nursing (DON) indicated it is the facility's policy for call lights to be within reach at all times for all residents.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interview, and record reviews, the facility failed to ensure a resident's care plan intervention for a low air loss mattress to bed was in place for 1 (Resident #6) of 2 (Resident #6, Resident #30) sampled residents investigated for pressure ulcers (localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device). Findings: Review of the facility's Quality Assurance (QA) Meeting Minutes dated 04/29/2025 revealed, no documentation that wound management or missing medical equipment was discussed or tracked as part of the facility's QA monitoring. Review of Resident #6's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/06/2025 revealed, in part, Resident #6 had a diagnosis of a Stage IV Pressure Ulcer (PU) (a wound that extends into deep tissues including muscle, tendons, and ligaments). Review of Resident #6's Weekly Wound Observation Tool dated 04/29/2025 revealed, in part, Resident #6 had a Stage IV PU to the sacrum. Review of Resident #6's active May 2025 Physician's Orders revealed, in part, an order for a Low Air Loss (LAL) mattress (medical mattress designed to treat and prevent pressure ulcer with air-filled chambers that slowly release air to keep skin dry and reduce pressure on the body) to bed and to ensure that the bed was functioning properly every shift for pressure prevention and wound healing. Review of Resident #6's Stage IV PU care plan revealed, in part, an intervention for LAL mattress to bed. Observation on 05/07/2025 at 12:10PM revealed, in part, Resident #6 lying in bed on a mattress that was not a low air low mattress. Review of Resident #6's general nurse's note dated 04/23/2025 revealed, in part, the medical equipment supplier picked up Resident #6's LAL mattress and pump. In an interview on 05/07/2025 at 1:53PM S1Director of Nursing confirmed the mattress on Resident #6's bed was not a LAL mattress and Resident #6 should have one as ordered by the physician and per Resident #6's plan of care.

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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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations and interviews the facility failed to: 1. ensure expired medications were not available for resident use on 2 (Medication Cart c, Medication Cart e) of 2 (Medication Cart c, Medication Cart e) medication carts observed; 2. ensure expired medications were not available for resident use in 2 (Medication Room h, Medication Room g) of 2 (Medication Room h, Medication Room g) medication rooms observed; and, 3. ensure food items were not stored in the medication room for 1 (Medication Room g) of 2 (Medication Room h, Medication Room g). Findings: Observation on 05/07/2025 at 9:19AM, revealed a bottle of Fish Oil 1000 milligrams (mg) capsule which expired on 02/2025 available for resident use on Medication Cart c. In an interview on 05/07/2025 at 9:20AM, S3Licensed Practical Nurse (LPN) indicated the above mentioned medication should not have been on the Medication Cart. Observation on 05/07/2025 at 9:33AM revealed a half-eaten cake on the counter in Medication Room g. In an interview on 05/08/2025 at 9:36AM, S4Registered Nurse indicated the cake should not have been stored in the medication room. Observation on 05/07/2025 at 10:26AM, revealed Dakin's Solution (a solution used for wound care) which expired on 04/2024 and Vashe (a solution used for wound care) which expired on 04/30/2025 available for resident use in Medication Room h. Observation on 05/07/2025 at 10:28AM revealed Dakin's Solution which expired on 02/2024 available for resident use on Medication Cart e. In an interview on 05/07/2025 at 10:30AM, S5LPN indicated the expired Dakin's Solution and Vashe should not have been available for resident use. In an interview on 05/07/2025 at 3:45PM, S1Director Of Nursing confirmed a half-eaten cake should not be stored in the medication room and expired medication should not be available for resident use.