STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195420	A. Building B. Wing	09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Naomi Heights Nursing & Rehabilitation Center	2421 E. Texas Avenue Alexandria, LA 71301

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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 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure residents have reasonable access to and privacy in their use of communication methods. Based on interview and record review the facility failed to ensure a resident's right to receive mail by not delivering mail to residents on Saturdays. This has the potential to affect all 96 residents residing in the facility. Findings:Review of an undated facility policy on 09/23/2025 at 4:23 p.m. titled, Resident Rights revealed the following in part .Resident Rights: The resident has a right to a dignified existences, self-determination, and communication with and access to persons and services inside and outside the facility. A facility must protect and promote the rights of each resident including: (i) Mail: The resident has the right to privacy in written communications, including the right to 1. Send and promptly received mail.On 09/22/2025 at 1:30 p.m., the Resident Council Meeting was conducted and revealed that the residents did not receive mail on Saturdays. All residents in attendance agreed they were told they should wait until Monday to receive the mail delivered on a Saturday. The Resident Council agreed they would like their mail delivered on Saturdays and not have to wait until Monday. In an interview on 09/23/2025 at 3:31 p.m., S5 [NAME] Clerk/CNA revealed she worked for 3 months as the [NAME] Clerk and also worked on the weekends. S5 [NAME] Clerk/CNA explained the mailman does deliver mail on Saturday to the front desk. The mailman places the facility mail in a basket behind the front desk and the [NAME] Clerk will store it safely until Monday. S5 [NAME] Clerk/CNA stated that on Monday, S4 HR would pick up the mail delivered over the weekend and then distribute it to the residents. S5 [NAME] Clerk/CNA confirmed resident mail is delivered on Saturdays and she does not distribute the resident mail on Saturdays. In an interview on 09/23/2025 at 3:36 p.m., S4 HR revealed she had been in this role for 3-4 years and she and the Business Office Manager were responsible for the facility mail processes. S4 HR stated the facility mail is delivered to the front desk on Saturday and the [NAME] Clerk should store the mail safely until Monday. On Monday, she and the Business Office Manager will review and distribute the mail to the residents. S4 HR confirmed there was no process for mail distribution on Saturdays that she was aware of. In an interview on 09/23/2025 at 3:46 p.m., S1 ADM revealed she expected the resident mail received on a Saturday to be delivered to the residents. S1 ADM was unaware the [NAME] Clerk was not distributing the mail on Saturday and stated, There is no reason residents should not receive their personal mail on Saturdays.

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observation, interview, and record review, the facility failed to ensure that residents who were unable to carry out ADLs (Activities of Daily Living) received the necessary services to maintain good grooming and personal hygiene. The facility failed to provide nail care and oral care for 1 (Resident #54) of 1 residents reviewed for ADLs. Total sample size was 29.Findings: Review of the undated facility policy titled: Nail Management revealed in part: Policy: Nail management is the regular care of the toenails and fingernails to promote cleanliness and skin integrity of tissues, to prevent infection, and injury from scratching by fingernails or pressure of shoes on toenails. It includes cleansing, trimming, smoothing, and cuticle care and is usually done during the bath. Essential points: When performed at bath time, the nail care can be done following the procedure or as a separate procedure when needed at the convenience of the resident. Review of Resident #54's clinical record revealed an admit date of 05/02/2023 with diagnoses that included in part: Dysphagia following Cerebral Infarction; Neurogenic Bowel; Muscle Wasting and Atrophy; Muscle Weakness (Generalized); Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Right Dominant Side; and Major Depressive Disorder. Review of Resident #54's Quarterly MDS with an ARD of 10/22/2025 revealed a BIMS Score of 12, which indicated moderately impaired cognition. Resident #54 was dependent for oral hygiene and required substantial/maximal assistance with personal hygiene, and had a Peg-Tube. Review of Resident #54's Care Plan with a review date of 11/05/2025 revealed in part.problem: Self-Care ADL deficit-Resident will receive person-centered care; needs assist with bathing, hygiene, dressing, and grooming related to CVA with Right Hemiparesis. Interventions included in part.Fingernails cleaned and trimmed. Check, clean, and/or trim fingernails and toenails weekly by nurse. Bath per schedule, dependent on staff for bathing Resident #61 required limited assistance with ADLs and required assistance with oral care every day and as needed. The Care Plan further revealed that Resident #61 had left sided hemiplegia. Review of Resident #54's facility task AM/PM care with dates ranging from 08/01/2025-09/23/2025 revealed oral care was documented only on 08/18/2025, 09/03/2025, 09/09/2025, 09/22/2025, and 09/23/2025. Observation and interview on 09/22/2025 at 10:33 a.m. with Resident #54 revealed a foul odor coming from Resident #54's mouth and dirty unknown brown substance to bilateral fingernails. Resident #54 stated he doesn't refuse any care and stated he gets a shower twice a week but couldn't remember the last time he had one. Resident #54 denied anyone coming to clean his fingernails or brush his teeth today.Observation and interview on 09/22/2025 at 3:58 p.m. of Resident #54 with dirty unknown brown substance to bilateral fingernails with a foul smelling odor coming from his mouth. Resident #54 denied anyone coming in to clean his fingernails or brush his teeth.Observation and interview on 09/23/2025 at 8:33 a.m., Resident #54 stated he had a shower early early this morning. Observation of Resident #54's fingernails revealed dirty unknown substances and foul smelling odor coming his mouth. Resident #54 denied having his teeth brushed or fingernails cleaned after his shower by stating No but I would like them to and it would feel good if they did. Observation on 09/23/2025 at 10:36 a.m. revealed Resident #54 lying in bed with dirty unknown brown substance to fingernails and foul smelling odor coming from his mouth.Interview on 09/23/2025 at 10:43 a.m. with S7 Bath CNA revealed that bathing consists of bathing, shampooing hair, shaving, and cleaning nails. S7 Bath CNA stated she keeps a nail kit in the shower room to clean any resident's nails that appeared dirty. S7 Bath CNA stated she gave Resident #54 a shower early this morning. S7 Bath CNA observed Resident #54's fingernails at this time, confirmed they were still dirty, and stated Yea I should've cleaned them this morning during his shower.Interview on 09/23/2025 at 10:44 a.m., S8 CNA stated Resident #54 is dependent on staff for his ADL's. S8 CNA stated she puts mouthwash on a swab and swabs his mouth when she cares for him but can't speak if the other staff does it or not. S8 CNA confirmed Resident #54's had bad smelling breath, and stated You can smell it as soon as he opens his mouth, it's been that way for awhile.Interview on 09/23/2025 at 11:10 a.m., S9 TX LPN stated Resident #54 doesn't refuse care and will let staff clean his nails. S9 TX LPN confirmed that CNAs can perform cleaning resident's nails and that his nails should've been cleaned after his shower.Interview on 09/23/2025 at 1:39 p.m., S11 LPN stated CNAs are supposed to perform oral care along with any personal hygiene every day, especially on shower days. S11 LPN stated Resident #54 should've had his oral care and nail care done today. S11 LPN stated CNAs chart their ADL tasks on the kiosk and that's how nurses monitor to ensure ADL tasks are being completed. S11 LPN stated if the CNAs don't perform oral care then it will fall on the nurses to complete.Interview on 09/23/2025 at 1:41 p.m., S2 DON confirmed that Resident #54's fingernails should've been cleaned after his shower and oral

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observations, interviews and record reviews the facility failed to ensure each resident's environment remained free of accident hazards. The facility failed to ensure hot water temperatures did not exceed 120 degrees for 15 (Bathroom A, Bathroom B, Bathroom C, Bathroom D, Bathroom E, Bathroom F, Bathroom G, Bathroom H, Bathroom I, Bathroom J, Bathroom K, Bathroom L, Bathroom M, Bathroom N, and Shower Room Z) resident bathroom/shower rooms. Findings: Review of the facility's undated policy titled General Policies read in part.Maintenance Services: 1. Maintaining the building in compliance with current federal, state and local laws, regulations and guidelines. Review of the facility's water temperature log by S3 Maintenance Supervisor revealed no water temperature greater than 120 degrees for the 06/2025, 07/2025, 08/2025 and 09/2025 water temperature logs. Observation on 09/22/2025 at 10:25 a.m. revealed Bathroom I's hot water temperature in the bathroom sink felt hot to touch. Observation on 09/22/2025 at 10:29 a.m., S10 Maintenance Supervisor checked Bathroom I's sink hot water and the temperature read 129.3 degrees F. Observation of hot water temperatures for residents sinks in bathroom's revealed the following:Bathroom A -125.2 degrees F. No resident concerns Bathroom B-121.2 degrees F. No resident concernsBathroom C-124.4 degrees F. No resident concerns Bathroom D-125.3 degrees F. No resident concernsBathroom E-122.4 degrees F. No Resident concernsBathroom F-122.6 degrees F. No resident concerns Bathroom G-124.0 degrees F. No resident Concerns Bathroom H-124.4 degrees F. No resident concernsBathroom I-129.3 degrees F. No resident concernsBathroom J-123.6 degrees F. No resident concernsBathroom K-122.0 degrees F. No resident concerns Bathroom L-126.0 degrees F. no resident concerns Bathroom M -124.3 degrees F. No resident concernsBathroom N- 124.7 degrees F. no resident concernsBathroom O- 124.8 degrees F. no resident concernsBathroom P-122.5 degrees F. no resident concerns Shower Room Z-125.3 degrees F. No concerns Observations and interview on 09/22/2025 at 11:20 a.m. with S10 Maintenance Supervisor in the facility boiler room revealed 3 hot water heaters all set at 130 degrees. S10 Maintenance Supervisor stated that he had the water temperatures set at 130 to prevent legionella. S10 Maintenance Supervisor stated that he has not been notified of any resident in the facility scalded or burned by water temperatures. S10 Supervisor confirmed the above bathroom and shower room temperature were above 120 degrees F., but should not have been. Interview on 09/22/2025 at 12:48 p.m. with S1 ADM denied any scalding, burns or any complaints of hot water from residents or staff and that all water temperatures will be lowered in the facility today. S! ADM confirmed the water temperature should not have exceeded 120 degrees F.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure that a resident who required dialysis received services consistent with professional standards of practice for 1 (#13) of 1 (#13) resident reviewed for dialysis by failing to communicate and collaborate with the dialysis facility. The facility reported 1 resident currently received dialysis.Findings: Review of Resident #13's medical record revealed an admit date of 07/01/2025 with diagnoses that included, but were not limited to, Dependent on Renal Dialysis, Hypertensive Heart and Chronic Kidney Disease with Heart Failure and with Stage 5 Chronic Kidney Disease, or End Stage Renal Disease. Review of Resident #13's physician's orders revealed an order for resident to attend dialysis on Monday, Wednesday, and Friday. Review of Resident #13's Minimum Data Set, dated [DATE] revealed a Brief Interview for Mental Status score of 15, which indicated the resident had intact cognition. Review of Resident #13's medical chart revealed the most recent dialysis communication sheets in chart for September were dated 09/22/2025 and 09/23/2025. On 09/23/2025 at 12:57 p.m., observation of Resident #13's dialysis daily communication binder revealed in part.one incomplete dialysis communication sheet for 09/22/2025 and one completed sheet for 09/23/2025. Further review no other dialysis communication sheets had been completed for Resident #13 during the month of September 2025. On 09/23/2025 at 1:20 p.m., an interview with S6 LPN stated, The dialysis communication binder is usually sent with the resident to dialysis, but sometimes it doesn't get sent. When Resident #13 returns from dialysis the binder is returned back to the nurse's station where it is kept. S6 LPN stated she takes Resident #13's vital signs before and after dialysis but does not document it on the dialysis communication sheet. S6 LPN acknowledged the dialysis binder should be sent with Resident #13 each time she goes to dialysis for documentation to be completed and had not been. On 09/23/2025 at 2:25 p.m., an interview with S2 DON confirmed there were only 2 communication sheets in dialysis communication binder for the month of September with the dates of 9/22/2025 and 9/23/2025. S2 DON acknowledged Resident #13 goes to dialysis three times weekly and the binder contained no dialysis communication sheets for the rest of Resident #13's September visits to dialysis.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on record review and interview, the facility failed to ensure nursing staff were competent to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of 1 (Resident #13) of 1 resident reviewed for dialysis. The facility failed to ensure nursing staff were competent in assessing Resident #13's dialysis access site, as ordered. The facility only had one resident receiving dialysis.Findings:Review of an undated facility policy titled Fistula Maintenance: Post Dialysis Care on 09/23/2025 at 11:23 a.m. revealed in part.Policy: to provide appropriate assessment, care and treatment of the vascular access post dialysis. Procedure: A. General Care for Fistulas: 1. Check for a pulse (bruit or thrill) at lease every day. Put your finger over the access site to feel the pulse. If you do not feel or hear a thrill, call the dialysis unit immediately because it may be clotted. Review of Resident #13's medical record revealed an admit date of 07/01/2025 with diagnoses that included in part.Dependent on Renal Dialysis, Hypertensive Heart and Chronic Kidney Disease with Heart Failure and with Stage 5 Chronic Kidney Disease, or End Stage Renal Disease.Review of Resident #13's MDS with an ARD of 07/07/2025 revealed a BIMS score of 15, which indicated intact cognition. Review of Resident #13's physician's orders revealed the following order dated 07/01/2025: Monitor dialysis access site for bruit and thrill every shift.On 09/23/2025 at 1:20 p.m., an interview with S6LPN revealed in part .When asked how do you check for thrill and bruit, S6LPN stated she feels shunt for a pulse and checks her wrist for a pulse. When asked if she ever used a stethoscope, S6LPN stated she doesn't usually use a stethoscope to check it and explained she hasn't used a stethoscope in a minute to check bruit. S6LPN stated, You can barely hear it anyways, she has a really bad shunt.In an interview on 09/23/2025 at 2:25 p.m., S2DON acknowledged S6LPN did not correctly check the thrill and bruit on the dialysis shunt for Resident #13 but should have.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview the Facility failed to maintain a clean, sanitary environment and ensure food was served in accordance with professional standards for food service safety. This deficient practice had the potential to affect the 96 Residents who received food prepared by the kitchen.Findings: Review of a policy titled Food storage and Labeling, with a revision date of 05/2023 read in part ,Policy: The facility will store and label all foods to ensure safety and quality.Procedures:1. All temperature controlled foods and ready-to-eat foods that are prepared in the facility shall be labeled with the food name and date.7. Food will be stored in containers that are sealable, leak proof, durable and undamaged. Observation on 09/22/2025 at 8:40 a.m. of the walk in freezer/cooler revealed:1. 1 bag of lettuce, undated.2. 1 box of garlic bread open to air. 3. 2 plastic pitchers of lemonade open and undated.4. 1 plastic pitcher of Gatorade open and undated. Interview at the time of observation with S3 Dietary Manager revealed the staff who opens a food item should label and date it, and store it properly. S3 Dietary Manager confirmed: The above listed items were not dated and they should have been; the above listed items were open to air and they should not have been.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on record review and interview the facility failed to administer the Influenza Vaccine on admit to the facility for 1 (#24) of 5 (#1 #3 # 4 # 8 #24) residents sampled for Influenza, Pneumococcal and COVID-19 immunizations.Findings: Review of the facility's undated policy titled Vaccine: Influenza read in part.Policy: All residents of the facility will be offered the influenza vaccine annually to encourage and promote the benefits associated with immunizations against influenza. Review of Resident #24's clinical record revealed an admission date of 10/30/2024 with diagnoses that included: Primary Generalized Osteoarthritis, Major Depressive Disorder, Alzheimer's Disease, Dementia, and Malignant Neoplasm of Lower Lobe Left Bronchus or Lung. Review of Resident #24's medical record revealed no evidence that she had received the Influenza vaccine in 2024 or 2025. Review of Resident #24's admission records revealed a consent form dated 10/30/2024 consenting to the Influenza vaccine. Interview on 09/24/2025 at 10:55 a.m. with S2 DON confirmed that Resident #24's responsible party had consented for the influenza vaccine while signing admission paperwork, but Resident #24 had not been administered the influenza vaccine since admission to the facility.