STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195545	A. Building B. Wing	09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claiborne Rehabilitation	6942 Highway 79 Homer, LA 71040

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to provide written notice to residents and/or their RP (Responsible Party) of the bed hold agreement at time of transfer and update the emergency transfer log (Notice of Discharge to the ombudsman) for 1 (#7) of 2 (#7 & #44) residents reviewed for hospitalizations. Findings:Review of Resident #7's medical record revealed an admission date of 11/05/2024 and diagnoses of unspecified protein-calorie malnutrition, repeated falls, muscle weakness (generalized), and dementia. Review of Resident #7's medical record revealed the following transfer dates: 01/31/2025, 05/22/2025, and 07/10/2025. Review of Resident #7's bed hold agreement form failed to reveal notification to resident/RP was sent at time of transfer for dates 01/31/2025 and 05/22/2025. Further review failed to reveal Resident #7's bed hold agreement was sent at discharge on [DATE]. During an interview on 09/16/2025 at 1:55 p.m. S3 Business Office Manager reported Resident #7's bed hold agreement was not sent to the resident/RP at the time of transfer for dates 01/31/2025 and 05/22/2025. S3 Business Office Manager further reported Resident #7's bed hold agreement was not sent at discharge on [DATE]. During an interview on 09/16/2025 at 1:59 p.m. S2 Corporate Nurse reported bed hold notifications were not being sent at the time of transfer. Review of the facility's emergency transfer log for dates 01/01/2025 through 08/31/2025 failed to reveal notification of Resident #7's transfers for dates 01/31/2025 and 05/22/2025. During an interview on 09/16/2025 at 1:50 p.m. S1 Administrator reviewed the facility's emergency transfer logs and confirmed Resident #7's transfers for dates 01/31/2025 and 05/22/2025 were not in the emergency transfer log and should have been.

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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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. Based on record review, observation, and an interview the facility failed to ensure services provided met professional standards of quality for 1 (#5) of 1 resident with a peg (percutaneous endoscopic gastrostomy) tube observed during medication administration. Review of facility's Administering Medications through an Enteral Tube policy (revision date 01/15/2025) revealed in part:Purpose: The purpose of this procedure is to provide guidelines for the safe administration of medications through an enteral tube. Steps in Procedure:6. Verify placement of feeding tube:a. If you suspect improper tube positioning, do not administer feeding or medication. Notify the Charge Nurse or Physician. Review of Resident #5's medical diagnoses revealed the following but not limited to encounter for attention to gastrostomy, unspecified psychosis not due to a substance or known physiological condition, and intractable status epilepticus. Review of Resident #5's September 2025 physician orders revealed: 08/29/2025: Isosource 1.5cal (calorie) at 55ml (milliliters)/hour to total 660ml/990kcal (calorie concentration) every shift08/29/2025: 100cc (cubic centimeter) water flush every 4 hours via pump09/26/2024: Valproic Acid Oral Solution 250 MG (milligram)/5ml (Valproate Sodium); Give 10 ml via peg tube three times a day related to epilepsy and recurrent seizures06/29/2025: NPO status (nothing by mouth)Review of Resident #5's Quarterly MDS (Minimum Data Set) dated 08/15/2025 revealed BIMS (Brief Interview of Mental Status) score was not conducted related to resident was rarely/never understood. Further review of Quarterly MDS revealed Resident #5 received 51% or more of feeding via peg tube and 501 cc/day or more of average fluid intake per day via feeding tube. Review of Resident #5's Care Plan revealed requires the use of a peg tube to assist with maintaining or improving nutritional status characterized by weight loss related to swallowing impairment, CVA (cerebrovascular accident) with interventions to check residual, positioning of tube prior to feed. Check lung sound prior to and following each feeding and follow therapeutic regime for care of tube insertion site. Observation of medication administration via peg tube on 09/14/2025 at 2:44 p.m. revealed S6 RN (Registered Nurse) flushed Resident #5's peg tube with 30ml of water, administered Valproic acid liquid 10ml, and then flushed Resident #5's peg tube with 30 ml of water without checking for residual and verifying correct peg tube placement. During an interview on 09/14/2025 at 2:45 p.m. S6 RN confirmed placement and residual was not checked prior to administering Valproic acid 10ml via Resident #5's peg tube and should have been.

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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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on record review, observations and interviews, the facility failed to provide current pharmaceutical services to meet the needs of each resident as evidenced by having expired medications and supplies readily available for resident use on 1 (cart A) of 1 medication cart and in 1 (medication storage room A) of 2 medication storage rooms observed. Findings:Review of the facility's Storage of Medications policy dated 01/15/2025 revealed in part:4. Discontinued, outdated, or deteriorated drugs or biologicals are destroyed. Expiration dates should be used on the manufactured label.An observation on 09/17/2025 at 9:11 a.m. with S4 DON (Director Of Nursing) revealed medication storage room A contained multiple medications available for use with expiration dates of:1.) 3 bottles- UTI (Urinary Tract Infection) Stat dated 06/25/2025 2.) 9 bottles- Iodoform packing strips dated 07/20253.) 2 bottles- Unna-2 zinc paste bandages dated 02/2024 and 01/01/20254.) 1 box (144 packets)- hydrocortisone cream 1% dated 11/2024 (opened)During an interview on 09/17/2025 at 9:12 a.m. S4 DON confirmed medication storage room A contained expired multiple medications readily available for use and should not have been available with expiration dates of:1.) 3 bottles- UTI (Urinary Tract Infection) Stat dated 06/25/2025 2.) 9 bottles- Iodoform packing strips dated 07/20253.) 2 bottles- Unna-2 zinc paste bandages dated 02/2024 and 01/01/20254.) 1 box (144 packets)- hydrocortisone cream 1% dated 11/2024 (opened)An observation on 09/17/2025 at 9:18 a.m. with S5 LPN (Licensed Practical Nurse) revealed medication cart A contained medication UTI stat with an expiration date of 06/25/2025.During an interview on 09/17/2025 at 9:18 a.m. S5 LPN confirmed medication cart A contained UTI stat with an expiration date of 06/25/2025 and should not have been available for use.