STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195210	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wynhoven Community Care Center	1050 Medical Center Marrero, LA 70072

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 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident?s assessment is updated at least once every 3 months. Based on interviews and record reviews, the facility failed to ensure staff completed quarterly assessments within the required timeframes for 3 (Resident #1, Resident #23, Resident #88) of 3 sampled residents reviewed for resident assessment requirements. Findings:Resident #1Review of Resident #1's clinical record revealed Resident #1 had a Quarterly Minimum Data Set (MDS) with an ARD (Assessment Reference Date) of 12/17/2025. Further review revealed Resident #1 had a subsequent Quarterly MDS with an ARD of 03/23/2026. Further review revealed Resident #1's Quarterly MDS with an ARD of 03/23/2026 exceeded 92 days from the previous Quarterly MDS with an ARD of 12/17/2025. Resident #23Review of Resident #23's Quarterly MDS with an ARD of 03/22/2026 revealed, in part, the assessment was completed on 04/06/2026, exceeding the required timeframe of 14 days after the ARD. Resident #88Review of Resident #88's Quarterly MDS with an ARD of 03/21/2026 revealed, in part, the assessment was completed on 04/06/2026, exceeding the required timeframe of 14 days after the ARD. Review of the facility's Internet Quality Improvement and Evaluation System (IQIES) MDS 3.0 Final Validation Report dated 04/15/2026 revealed, in part, the above-mentioned resident assessments exceeded the required timeframe for completion. In an interview on 04/21/2026 at 9:42AM, S2MDS Clinical Coordinator indicated the above-mentioned resident assessments were not completed within the required timeframes. In an interview on 04/22/2026 at 2:58PM, S1Administrator indicated the above-mentioned resident assessments were not completed within the required timeframes.

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