STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195353	A. Building B. Wing	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Timber Springs Rehab and Retirement	215 First Street N E Springhill, LA 71075

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on record review and interview, the facility failed to refer a resident with a newly diagnosed mental disorder to the appropriate state-designated authority for Level II PASARR evaluation and determination for 1 (#5) of 2 residents reviewed for PASARR. Findings:A review of Resident #5's medical record revealed an admission date of 04/27/2015 with a diagnosis of Generalized Anxiety Disorder on 11/05/2020. Further review revealed Resident #5 was not referred to the appropriate state-designated authority for a Level II PASARR evaluation.During an interview on 03/25/2026 at 2:00 p.m., S3 Social Services acknowledged a Level II PASARR evaluation was not completed for Resident #5 after new diagnosis of generalized anxiety disorder.During an interview on 03/25/2026 at 2:30 p.m., S3 Corporate Nurse confirmed a Level II PASARR was not completed after a new diagnosis of generalized anxiety disorder for Resident #5 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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to revise the care plan to reflect changes of a resident's falls for 1 (#50) of 3 residents reviewed for accidents. Findings:Review of Resident #50's medical record revealed a readmission date of 06/03/2025 with the following diagnoses which included but not limited to: Bilateral primary osteoarthritis of knee, muscle weakness, muscle wasting and atrophy multiple sites, abnormalities of gait and mobility, dementia, and unsteadiness on feet.Review of Resident #50's Annual MDS assessment dated [DATE] revealed a BIMS score of 06 indicating severely impaired cognition.Review of the facility's Incident Log revealed Resident #50 had falls on 02/18/2026 and 02/21/2026.Review of the medical record revealed Resident #50 was care planned for risk of falls with the most current intervention date of 01/07/2026. Further review failed to reveal the care plan was revised to reflect the falls on 02/18/2026 and 02/21/2026.During an interview on 03/25/2026 at 1:13 p.m. S1 DON reported the Resident #50's care plan should be updated with each fall. After reviewing Resident #50's record, S1 DON acknowledged there was no documentation Resident #50's care plan was updated to reflect the falls on 02/18/2026 and 02/21/2026 and should have been.