STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195381	A. Building B. Wing	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Christwood	100 Christwood Blvd Covington, LA 70433

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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on record review and an interviews, the facility failed to electronically submit accurate payroll information for direct care staffing as required.Review of the PBJ (Payroll Based Journal) Staffing Data Report for Fiscal Year 2025 Quarter 4 (July 1- September 30) revealed the following:-No Registered Nurse hours, triggered.Review of the Facility's Timekeeping and Payroll Information revealed the following, in part:08/23/2025, Skilled Nursing, RN - SNF, S2DON, Hours: 5:45 a.m. - 2:30 p.m.09/06/2025, Skilled Nursing, RN - SNF, S2DON, Hours: 5:45 a.m. - 2:30 p.m.09/07/2025, Skilled Nursing, RN - SNF, S2DON, Hours: 5:45 a.m. - 2:30 p.m.09/20/2025, Skilled Nursing, RN - SNF, S2DON, Hours: 5:45 a.m. - 2:30 p.m.09/21/2025, Skilled Nursing, RN - SNF, S2DON, Hours: 5:45 a.m. - 2:30 p.m.An interview was conducted on 01/28/2026 at 8:10 a.m., with S2DON. She stated she was a Registered Nurse and worked 8 hours a day on 08/23/2025, 09/06/2025, 09/07/2025, 09/20/2025, and 09/21/2025. An interview was conducted on 01/28/2026 at 12:29 p.m., with S1ADM. He stated the facility's PBJ process was being transitioned between departments during the Fiscal Year 2025 Quarter 4 submission. S1ADM reviewed facility submitted payroll data for Fiscal Year 2025 Quarter 4 and confirmed no Registered Nurse hours were reported on the PBJ for the dates of 08/23/2025, 09/06/2025, 09/07/2025, 09/20/2025, and 09/21/2025 and should have been. He stated all quarters for payroll data submission for direct care staffing should be complete and accurate.

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
	195381	A. Building B. Wing	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Christwood	100 Christwood Blvd Covington, LA 70433

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Based on observation, interviews, and record review, the facility failed to ensure an effective system was in place for advanced directives. The facility failed to ensure a resident's indication for emergency basic life support adequately reflected resident's wishes for 1 (#2) of 16 residents reviewed for Advanced Directives. Review of the facility's policy titled, Communication of Code Status with a revised date of 10/27/2025 revealed in part:Policy:It is the policy of this facility to adhere to residents' right to formulate advance directives. In accordance to these rights, this facility will implement procedures to communicate a resident's code status to those individuals who need to know this information.8. Code status will be verified in the electronic medical record (EMR) prior to initiation of any interventions. Visual indicators will be placed on the resident's name plate to prompt staff to verify code status in the EMR; a red dot indicates Do Not Resuscitate (DNR), and a blue dot indicates, Full Code (Code Blue). Review of the current Physician Orders dated 01/05/2026-01/27/2026 revealed the following: 01/16/2026 DNR status.Review of Resident #2's LaPost signed on 01/05/2026 by Resident #2's daughter/Power of Attorney indicating Resident #2's code status of DNR.An interview was conducted on 01/27/2026 at 3:01 p.m., with Resident #2. Resident #2 stated she signed a DNR upon admission to the facility. An interview was conducted on 01/28/2026 at 11:05 a.m., with S3LPN. S3LPN stated the colored dots on the residents' door plaque indicating their code status. S3LPN stated a red dot indicated a DNR code status and a blue dot indicated a Full Code status. S3LPN stated if a resident was unresponsive, staff would refer to the colored dot to determine code status.An interview was conducted on space 01/27/2026 at 3:17 p.m., with S2DON. S2DON stated the facility had no paper charts. S2DON stated residents have colored dots located on door plaques indicating their code status. An observation was made with S2DON of Resident #2's door plaque located near her room entrance. S2DON confirmed Resident #2's plaque had a blue dot indicating full code status. S2DON further confirmed Resident #2 had a signed LA Post indicating she was a DNR.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195381	A. Building B. Wing	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Christwood	100 Christwood Blvd Covington, LA 70433

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to implement and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The facility failed to ensure staff changed gloves during wound care treatment for 1 of 1 (#5) residents observed for wound care.Review of the facility's policy with a review date of 06/25/2025, titled, Hand Hygiene revealed the following, in part: Policy:All staff will perform hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. Policy Explanation and Compliance Guidelines:1. Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice.2. Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table.When, during resident care, moving from a contaminated body site to a clean body site: either soap and water or alcohol based hand rubReview of Resident #5's Clinical Record revealed she was admitted to the facility on [DATE].Review of the Facility's Current Wound Log revealed Resident #5 had Pressure Ulcer/Injury Stage 3 to the Left Ankle.Review of Resident #5's current Physician Orders revealed the following, in part:Wound Care: Left lateral ankle wound healed. Cleanse with wound care cleanser and pat dry. Apply Vaseline or Aquaphor to the left lateral ankle wound area once daily and cover with bordered foam dressing in the morning.An observation was made on 01/28/2026 at 10:29 a.m. of S3LPN providing wound care to Resident #5. S3LPN cleansed the resident's left lateral ankle wound with wound cleanser and patted it dry with gauze. S3LPN, without changing gloves or performing hand hygiene, removed topical ointment from a clear medication cup and applied it to the wound. S3LPN then removed the gloves and without performing hand hygiene, donned a new pair of gloves before covering the wound with a bordered foam dressing.An interview was conducted on 01/28/2026 at 10:33 a.m. with S3LPN. S3LPN stated she should have patted the wound dry, removed the dirty gloves, performed hand hygiene, and donned new gloves before retrieving the ointment, but did not.An interview was conducted on 01/28/2025 at 11:50 a.m. with S2DON. S2DON confirmed hand hygiene should be completed between glove changes. S2DON further confirmed dirty gloves should not be used to apply ointment to a clean wound.