STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195396	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bernice Nursing and Rehabilitation Center, LLC	101 Reeves Street Bernice, LA 71222

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observations and interviews, the facility failed to maintain a safe, clean, comfortable, and homelike environment for 1 (#9) of 6 sampled residents reviewed for environment. The facility failed to ensure Resident #9's door to a shared bathroom remained in good repair. Findings:On 05/18/2026 at 8:00 a.m. and 05/19/2026 at 8:15 a.m., an observation of Resident #9's room revealed a shared bathroom between Resident #9's room and the adjacent resident room. Further observation revealed the bathroom door was unable to close completely due to the door hitting the door frame when attempting to close.On 05/19/2026 at 9:37 a.m., an observation conducted with S1Administrator confirmed Resident #9's bathroom door was unable to close completely due to door hitting the frame, and needed to be repaired.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation and interview the facility failed to provide a safe, functional, sanitary and comfortable environment for residents, staff, and public by having various hazardous and unsanitary items accessible.Findings:Observation on 05/18/2026 at 1:52 p.m. revealed two residents sitting outside in closed courtyard area off north end of facility with no staff present. The gate on the northwest end of property was open with no staff present. Further observation revealed the following hazards and unsanitary items in proximity of residents: 1) a toilet sitting on side walk that contained dirty gloves, cigarette butts and a rags inside it. 2) various paints, calking, rusted saw blades and sharps accessible to residents. 3) There was also numerous cigarette butts observed scattered on sidewalk next to building.On 05/19/2022 at 9:20 a.m., an interview with S7RN Nurse Supervisor, confirmed the items listed above were accessible to residents and should be removed.

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	195396	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observations and interviews, the facility failed to ensure it maintained an effective pest control so that the facility was free of pests by having flies throughout the facility on all days of the survey.Findings: Observations on 05/18/2026, 05/19/2026, and 05/20/2026 revealed multiple flies in the following residents' rooms for Resident's #70, #74, #75, #48, #40, #72, #23, #86, #54, #87, and #59.Further observations revealed flies in the activity room on all days of the survey. On 05/19/2026 at 3:00 p.m., S1Administrator was informed of the numerous amount of flies in resident rooms and throughout the facility observed during each day the survey.Observation on 05/18/2026 and 05/19/2026 revealed the fluorescent fly light next to exit door by the activity room was not plugged into an outlet. On 05/19/2026 at 3:30 p.m. S1Administrator confirmed the fly light was not plugged into the outlet.