

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Ringgold Nursing and Rehabilitation Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2501 Kenneth Street Ringgold, LA 71068	

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)
<p>F 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44414</p> <p>Based on record review and interviews, the facility failed to ensure an out of state, delegated resident's legal guardian had been validated by the residing state court and had the necessary authority to exercise the resident's rights for 1 (Resident #1) of 3 (Resident #1, #2, #3) sampled residents.</p> <p>Findings:</p> <p>Review of the facility's Residents' [NAME] of Rights policy with an effective date of 01/01/2004 revealed in part:</p> <p>Policy: Each resident will be treated as an individual with consideration, respect and full recognition of his/her dignity.</p> <p>A. Facility Residents shall have the right to:</p> <p>5. Privately talk and/or meet with and see anyone .</p> <p>C. Any reduction in Resident's rights based upon medical consideration or the rights of other residents shall be explicit, reasonable and appropriate to the justification, and the least restrictive response feasible.</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses, which included in part, schizoaffective disorder, major depressive disorder, post-traumatic stress disorder, unspecified dementia and catatonic disorder due to known physiological condition.</p> <p>Review of Resident #1's most recent Quarterly MDS (Minimum Data Set) assessment dated [DATE] revealed in part, Resident #1 had a BIMS (Brief Interview for Mental Status) score of 00 out of 15 indicating severe cognitive impairment.</p> <p>Review of Resident #1's current plan of care revealed in part, Resident #1 was at risk for alteration in psychosocial well-being and received care on the behavioral unit 24 hours a day, 7 days a week with supervision on and off the unit. Resident #1 had safety precautions in place which included no visits or phone calls from anyone except court appointed guardians.</p> <p>(continued on next page)</p>

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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<p>F 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #1's medical record revealed Resident #1's Responsible Party was named as S3Legal Guardian.</p> <p>Review of Resident #1's medical record revealed a notification alert dated 05/28/2021, which read in part, no visitors or phone calls from anyone except court appointed guardians. Further review revealed the contact information for S3Legal Guardian.</p> <p>Further review of Resident #1's medical record revealed a [NAME] County, Texas court document titled Letters of Guardianship Case Number _____, which read in part:</p> <p>I, _____, Clerk for the County Court of [NAME] County, Texas, do hereby certify that on the 31st day of March, 2021, S3Legal Guardian was duly appointed Guardian of the - Person of Resident #1, an incapacitated person, by _____, County Court at Law Judge of said county with those powers and duties that have been specified as set out in article 1106 of Texas Estates Code .</p> <p>Further review of Resident #1's medical record revealed a [NAME] County, Texas court document titled Order - Status Conference, Case Number _____, which read in part:</p> <p>On November 17, 2023 the court conducted a status conference and received a report from guardian of the person S3Legal Guardian. The guardian's (S3Legal Guardian) report indicates that:</p> <ol style="list-style-type: none"> 1. Resident #1 continues to reside in a behavioral health unit at a facility in the _____, Louisiana area. 2. S3Legal Guardian recommends that visitation with Resident #1 remain suspended, except for the visitation by the ward's (Resident #1) two children, _____ and _____, and by her husband _____ specified below in this order. <p>The court orders that:</p> <ol style="list-style-type: none"> 1. Visitation with Resident #1 by her friends and family remains suspended, except for the visitation by the ward's (Resident #1) two children, _____ and _____, and by her husband _____. 2. The prohibition on visitation includes all forms of contact, including but not limited to personal visits to the facility, phone calls and mail . <p>Observation on 02/18/2025 at 9:00 a.m. revealed Resident #1 was lying in bed and dressed in clean, appropriate daytime clothing. Resident #1 was awake but failed to establish eye contact or respond to verbal stimuli.</p> <p>During an interview on 02/18/2025 at 9:10 a.m., S4Unit Manager reported Resident #1 has been receiving a visit about every 2 weeks from her husband, daughter and son. S4Unit Manager further reported no other family members or friends were allowed to visit Resident #1.</p> <p>(continued on next page)</p>		

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<p>F 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 02/19/2025 at 2:30 p.m., S2DON (Director of Nursing) and S5Corporate Nurse acknowledged Resident #1 does not have any court documents from a Louisiana court acknowledging or validating the guardianship of Resident #1 by S3Legal Guardian. S2DON and S5Corporate Nurse further acknowledged the facility was following the state of Texas' court orders for Resident #1's guardianship and the allowances/restrictions to Resident #1's visitation rights.</p> <p>During an interview on 02/19/2025 at 3:10 p.m., S1Administrator reported she was not aware of Resident #1's Texas appointed guardianship disposition or any visitation restrictions. S1Administrator reported she was unsure if a Louisiana court order was needed to validate or transfer the guardianship.</p> <p>During a telephone interview on 02/19/2025 at 3:30 p.m., S6Legal Representative for the facility, acknowledged there was no indication the out of state, Texas court ordered guardianship for Resident #1 had been processed by the state of Louisiana. S6Legal Representative reported she recently found out from a LDH (Louisiana Department of Health) attorney that an out of state guardianship needed to be registered in the state of Louisiana. S6Legal Representative reported Resident #1's guardianship and visitation were outlined in the Texas court documents, signed by a judge and she was not going question the validity or change the policy of the facility.</p>