

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  12/17/2025
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to allow a resident to remain in the facility while an appeal was pending for 1 (#2) of 3 residents reviewed. Findings:A review of the facility's Transfer and Discharge policy dated 02/24/2025 revealed in part:Policy Statement: Facility will prevent inappropriate, unnecessary and untimely transfers and discharges.Procedures:Facility requirements-a. The facility will permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless.vi. The facility may not transfer or discharge the resident while the appeal is pending when a resident exercises his or her right to appeal a transfer or discharge notice from the facility. A review of Resident #2's discharge notice dated 09/12/2025 revealed in part an effective discharge date of 10/13/2025. Further review revealed in part, the notice stated, you have the right to appeal this decision to transfer you. If you think you should not have to leave this facility, you may file a written request for a hearing postmarked within 30 days after you receive this notice.You will not be transferred from the facility until a decision on the appeal has been rendered. A review of Resident #2's appeal revealed in part, Resident #2 filed an appeal on 10/02/2025. During an interview on 12/17/2025 at 10:05 a.m., S1Administrator reported to the best of her knowledge, Resident #2 was admitted to the facility on [DATE]. S1Administrator confirmed the facility issued Resident #2 a 30 day discharge notice on 09/12/2025. S1Administrator confirmed the facility was notified of Resident #2's appeal on 10/02/2025 and Resident #2 was discharged from the facility on 10/13/2025 while an appeal was pending.</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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