STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195416	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rosepine Retirement & Rehab Center, LLC	18364 Central Avenue Rosepine, LA 70659

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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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on observation, interview and record review, the facility failed to ensure prompt efforts to resolve grievances/complaints, voiced in The Resident Council, were addressed and acted upon for 2 (11/2025 and 12/2025) of 3 months reviewed for grievances/complaints. The facility census was 88. Findings: Review of an undated facility policy on 01/22/2026 at 4:04 p.m. titled, Grievances/Complaints revealed the following .4. Upon receipt of a grievance and/or complaint, the grievance official will ensure prompt investigation and resolution of the allegations; ensure that immediate action is taken if necessary to prevent further violations of any resident rights while the allegation is under investigation. Review of an undated facility policy on 01/21/2026 at 10:49 a.m. titled, Smoking Policy revealed the following .5. Any resident who is deemed safe to smoke, with or without supervision, will be allowed to smoke in designated smoking areas. 6. Smoking is not allowed in resident rooms or any other non-designated smoking area. Smoking areas will be designated. Review of the facility Resident Council meeting minutes revealed the following complaints in part .-Date: 11/06/2025; 11 residents in attendance; Other Business: Residents smoking out front when it is a safety hazard and they are supposed to be smoking in the covered pavilion. No documentation of complaint follow-up. -Date: 12/02/2025; 12 residents in attendance; Other Business: Would like the smokers to stay in designated area so non-smokers can enjoy sitting in the front. No documentation of complaint follow-up. Review of Resident #35's medical record revealed an admission date of 04/26/2024, which included diagnoses of Chronic Obstructive Pulmonary Disease and Cerebral Palsy. Review of Resident #35's Quarterly MDS with ARD of 12/03/2025 revealed a BIMS score of 15, which indicated intact cognition. Review of Resident #21's medical record revealed an admission date of 10/07/2025, which included diagnoses of Impulse Disorder, Unspecified Mood Disorder, and Nicotine Dependence, other Tobacco Product, with Withdrawal. Resident #21's Quarterly MDS with ARD of 01/07/2026 revealed a BIMS score of 15, which indicated intact cognition. Resident #21's Comprehensive MDS with ARD of 06/04/2025 revealed the resident used tobacco currently.The Resident Council meeting was held at 01/20/2026 at 1:22 p.m. and 16 residents were present. Resident #35 revealed that smokers were still smoking in non-smoking areas, such as the facility front entrance. Resident #35 stated the residents would like to know what the facility is doing to fix this problem, which was voiced in the past Resident Council meetings. On 01/21/2026 at 8:16 a.m. observation of the facility's front entrance revealed a sitting area with table and chairs to the right side of the front entrance doorway. Observed Resident #21 in her wheelchair, smoking a cigarette outside the doorway of the facility entrance. No observation of staff re-directing Resident #21 to smoke in an authorized facility smoking area. In an interview on 01/21/2026 at 11:17 a.m., S1 ADM revealed he was the facility's Grievance Official, responsible for review of the monthly Resident Council meeting minutes and addressing any complaints during Resident Council. S1 ADM revealed the designated smoking areas for all smokers (residents/staff/guests) were located off of Hall X, under the covered pavilion, or located on backside of facility old porch. S1 ADM stated he expected all smokers to smoke in designated and authorized smoking areas, as the facility smoking policy stated. S1 ADM confirmed the front entrance of the facility was not an authorized smoking area and no (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	smokers should smoke at the facility front entrance. S1 ADM confirmed he was aware of the Resident Council complaints from 11/2025 and 12/2025 regarding smokers smoking at the facility front entrance, which was an unauthorized smoking area. S1 ADM confirmed he was aware that Resident #21 still currently smoked at the facility front entrance door, which was an unauthorized smoking area. S1 ADM stated he educated Resident #21 about not smoking at the facility front entrance (no evidence of this education was provided during the survey process) to address the Resident Council concerns. On 01/22/2026 at 8:22 a.m. observation of the facility front entrance revealed Resident #21 in her wheelchair, smoking a cigarette outside the doorway of the facility entrance. No observation of staff re-directing Resident #21 to smoke in an authorized facility smoking area. On 01/22/2026 at 8:29 a.m. observation of the facility front entrance revealed Resident #21 in her wheelchair, smoking a cigarette outside the doorway of the facility entrance. No observation of staff re-directing Resident #21 to smoke in an authorized facility smoking area. During the survey process, there was no documented evidence provided to the surveyor of the facility addressing The Resident Council complaints/grievances from 11/2025 and 12/2025, which involved smokers smoking in unauthorized areas of the facility.

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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. Based on record review and interview, the facility failed to ensure a resident's comprehensive care plan was revised to reflect the resident's current Advanced Directive status for 1 (Resident #11) of 18 sampled residents.Findings:Review of Resident #11's electronic medical record revealed an admission date of 09/25/2025, with diagnoses including, in part . Unspecified Mycosis; Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectoris; Anorexia, Benign Prostatic Hyperplasia without Lower Urinary Tract Symptoms. Review of Resident #11's electronic record bed board, orders, and LaPost (Louisiana Physician Orders for Scope of Treatment) signed on 10/09/2025 by the resident's physician and Personal Health Care Representative revealed the resident had an advanced directive designation of DNR (Do Not Attempt Resuscitation Allow Natural Death). Review of Resident #11's current comprehensive care plan revealed, in part .Code Status: Full Code, with a revised date of 10/02/2025. Interview on 01/22/2026 at 12:37 p.m., with S2 DON confirmed that Resident #11's care plan stated that Resident #11 was a Full Code. S2 DON reviewed Resident #11's LaPost document and stated that the resident should have had his care plan updated to a DNR status but was not.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interviews and record reviews, the facility failed to maintain accurate medical records in accordance with accepted professional standards and practices by failing to ensure an advanced directive was properly reflected in the resident's medical record for 2 (Resident #3 and Resident #44) of 18 sampled residents reviewed for advanced directive status. Findings:Resident #3 Review of Resident #3's medical record revealed an admit date of 12/29/2025 with diagnoses that included: Encounter for Other Orthopedic Aftercare; Chronic Obstructive Pulmonary Disease with (Acute) Lower Respiratory Infection; Hypertensive Heart Disease with Heart Failure; Major Depressive Disorder, Single Episode, Moderate. Review of Resident #3's electronic record dashboard/orders revealed the resident was a Full Code status. Review of Resident #3's 01/2026 physician's orders revealed the code status as Full Code signed on 01/05/2026. Review of Resident #3's care plan with the revision date of 01/11/2026 revealed the code status as Full Code. Review of Resident #3's LaPost (Louisiana Physician Orders for Scope of Treatment) document signed by the resident's physician and personal health care representative dated 01/06/2026 indicated Resident #3 selected to have an advanced directive designation of DNR (Do Not Attempt Resuscitation [Allow Natural Death]). Interview on 01/22/2026 at 12:25 p.m., with S4 LPN revealed she would look at the resident's dashboard/orders in their electronic record to determine their advance directive during a code. S4 LPN verified that Resident #3's electronic record indicated Resident #3 was a Full Code. Interview on 01/22/2026 at 12:35 p.m., with S2 DON revealed staff should look at the dashboard/orders of the resident's electronic record to determine their code status. S2 DON confirmed that Resident #3's electronic record and care plan indicated that Resident #3 was a designated a Full Code. S2 DON reviewed Resident #3's LaPost document and stated that the resident should have had her electronic record and care plan updated to a DNR status, but it had not been. Resident #44 Review of Resident #44's electronic medical record revealed an admission date of 01/05/2026. Resident #44 had diagnoses that included in part. Acute Combined Congestive Heart Failure, Pneumonia, Urinary Tract Infection, Chronic Atrial Fibrillation, Cerebral infarction, Difficulty in Walking, Major Depressive Disorder, and Dementia. Review of Resident #44's admission MDS with ARD of 01/07/2026 revealed resident had a BIMS of 11, which indicated moderate cognitive impairment. Resident #44 required; Supervision/touching assistance by staff for eating, oral hygiene, and personal hygiene. Partial/Moderate assistance by staff for toileting, showering/bathing, and dressing upper body. Substantial/Max assistance by staff for dressing lower body. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #44's comprehensive person centered care plan with target completion date of 04/07/2026 revealed in part.Code Status: Full Code with initiation date of 01/14/2026. Interventions read in part. Ensure orders are accurate regarding code status. Ensure signed documents are in resident record regarding code status. Ensure staff are aware of code status. Review of Resident #44's January 2026 physician's orders revealed an order dated 01/05/2026, listing the code status as Full Code. Review of the LaPOST (Louisiana Physician Order for Scope of Treatment) for Resident #44 revealed Resident #44's code status was listed as DNR (Do Not Resuscitate) and was signed by Resident #44's RP (Responsible Party) and physician on 01/07/2026. Telephone interview on 01/22/2026 at 9:49 a.m. with Resident #44's RP revealed he was the residents POA (Power of Attorney) and on admission he signed a directive and confirmed Resident #44 was to be a DNR. Interview on 01/22/2026 at 10:25 a.m. with S3LPN revealed she determined a resident's code status by reviewing the resident's EHR (Electronic Health Record) and checking the physician's orders. S3LPN reviewed Resident #44's EHR and confirmed Resident #44 was ordered and care planned for full code status, but according to Resident #44's LaPost signed by RP and physician on 01/07/2026, her code status should be DNR. S3LPN confirmed there should not be conflicting code status orders within Resident #44's medical record. S3LPN stated when the LaPost was obtained on 01/07/2026 the full code status order should have been discontinued, and a new order for DNR should have been entered, but was not. Interview on 01/22/2026 at 10:35 a.m. with S2DON confirmed once the LaPost was signed on 01/07/2026, Resident #44's medical record to reflect the appropriate code status should have been updated. S2DON confirmed Resident 44's code status was incorrect and not updated to reflect DNR status for LaPost signed on 01/07/2026.