

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195422	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2026
NAME OF PROVIDER OR SUPPLIER Rosewood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 534 15th Street Lake Charles, LA 70601	
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 0689 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record reviews, the facility failed to ensure residents were free from hazards for 1 (Resident #1) out of 8 sampled residents. This deficient practice resulted in actual harm on 03/12/2026 during the 10:00 a.m. group activity when Resident #1 spilled hot coffee on her lap. The dietary staff failed to follow the facility's hot beverage policy when S8DA distributed coffee for residents at an unsafe temperature. As a result, Resident #1 sustained a 2nd degree and a 3rd degree burn to her left thigh and received treatment at the facility. The facility implemented a corrective action plan on 03/15/2026 and was in substantial compliance at the time of the state agency's investigation on 03/31/2026; thus it was determined to be a Past Noncompliance citation. Findings: On 03/30/2026, a review of the facility's policy and procedure titled, Serving Hot Beverages and Soup with a revised date of 07/2007 read in part in part: Policy: The Food Service Department will monitor the temperature of all hot liquids being prepared to ensure that hot liquids are served at a temperature that will prevent burns if they should come into contact with skin. Procedure: 1. The Food Service Manager will monitor the temperature that coffee is brewed at. 3. The coffee should be chilled to 120 - 130 degrees F (Fahrenheit) before being served to residents. 4. The Food Service Department is responsible for ensuring that all hot beverages leave the kitchen at the proper temperature. This includes hot beverages for activities. A review of the facility's forms labeled Coffee Temp Log March 2026 revealed from 03/01/2026 through 03/15/2026 temperatures were logged for 6:00 a.m. and 2:00 p.m. The form did not include a log for 10:00 a.m. temperatures. A review of Resident #1's medical records revealed the resident was admitted to the facility on [DATE] with diagnoses that included Parkinson's disease, unspecified dementia, essential tremor, and legal blindness. A review of Resident #1's quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 12/31/2025 revealed the resident had a BIMS (Brief Interview for Mental Status) of 13 which indicated the resident was cognitively intact. Section GG revealed the resident had no functional limited range of motion to the upper extremities. A review of Resident #1's current care plan revealed the following in part: Focus: Date initiated 03/22/2024, Resident is at risk for burns from hot liquids. Interventions included: Encourage resident to consume hot liquids while sitting at a table, date initiated 03/16/2026. Resident to use a cup with a lid for all hot beverages, date initiated 03/22/2024. Temperature of hot liquids, not to exceed 130 degrees, date initiated 03/22/2024. Focus: Date initiated 08/04/2021, Resident has impaired visual function related to legally blind. Interventions included in part: Provide activity that adjust to resident vision disability. A review of Resident #1's nursing notes revealed the following in part: At 03/15/2026 at 11:35 p.m. S3LPN wrote, this nurse notified by CNA that resident has 2 wounds on her upper thigh, 1 a blister and 1 looked like a blister that had broken open and scabbed over. When interviewing the resident, she states I spilled coffee on myself a few days ago. On call NP (Nurse Practitioner) notified. New orders to apply Bactroban 2% and dry dressing until in house NP can assess tomorrow during regular rounds. A review of Resident #1's physician's orders revealed the following orders in part: An order with the start date of 03/15/2026 for Mupirocin External Ointment 2% (topical antibiotic), apply to left front thigh topically every day shift for wound (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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F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>care. The order was discontinued on 03/17/2026. An order with the start date of 03/16/2026 to consult (outside wound care company). Review of Resident #1's initial wound evaluation by S4NP on 3/16/2026 at 2:21 p.m. revealed: #001: Skin issue has been evaluated. Location: Front left thigh. Issue type: Blister. Progress: New: new wound. Wound acquired in-house. Signs and symptoms of infection: None. Painful: No. Staged by: In-house nursing. Length (cm): 2.3 Width (cm): 3.52 Depth (cm): 0 Area (cm²): 6.24 Undermining: No. Tunneling: No. Epithelial: 100%. Exudate amount: None. Exudate type: None. Odor after cleansing: None. Other wound bed: none. Peri-wound: Attached. Surrounding tissue: Intact. Induration: None present. Edema: No swelling or edema. Peri-wound temperature: Normal. Dressing appearance: Intact. Dressing saturation: None 0%. Cleansing solution: Normal saline. Other primary dressing: XEROFORM Secondary dressing: Dry. Modalities: None. frequency of treatment: DAILY#002: Skin issue has been evaluated. Location: Front left thigh. Issue type: Burn. Progress: New: new wound. Wound acquired in-house. It is unknown how long the wound has been present. Signs and symptoms of infection: None. Painful: No. Staged by: In-house nursing. Length (cm): 2.31 Width (cm): 4.07 Depth (cm): 0.1 Area (cm²): 6.56 Undermining: No. Tunneling: No. Epithelial: 10%. Slough: 90. Exudate amount: Light. Exudate type: Serous: clear watery fluid, which is separated from solid elements. Odor after cleansing: None. Other wound bed: none. Peri-wound: Attached. Surrounding tissue: Intact. Induration: None present. Edema: No swelling or edema. Peri-wound temperature: Normal. Dressing appearance: Intact. Dressing saturation: Minimal < 25%. Cleansing solution: Normal saline. Other primary dressing: XEROFORM Secondary dressing: Dry. Modalities: None. frequency of treatment: DAILY review of S4NP's progress note dated 03/24/2026 read in part: admitted to the wound care provider on 3/17/2026, for initial evaluation and treatment of a wound. The staff reports this area started secondary to patient spilling coffee on herself about a week ago. Assessment: 1. Full thickness burn of left thigh, initial encounter 2. Essential tremor. Clinical Notes: Wound #1 LLE (Left Lower Extremity) anterior upper thigh 3/24/26 = 2.9x4.5x0.1 (90 slough 10 epi (epithelial)); Wound #2 LLE anterior lower thigh 3/24/26 = 1.9x2.7x0.1 (100 epi). On 03/31/2026 at 11:53 a.m., an interview was conducted with S4NP who stated Resident #1 had two burns to her upper left leg. Wound #1 was a full thickness, 3rd degree burn. Wound #2 was a partial thickness, 2nd degree burn. S4NP further stated both wounds were healing and have had no signs of infection. A review of the facility's investigative report revealed the following in part: On 3/15/2026, at approximately 8:10 p.m., S2DON was notified that the Resident #1 appeared to have a burn on her left upper thigh area. S2DON immediately went to the facility to assess and noted Resident #1 with a blistered area that was the result of a hot beverage spill. Resident states that she spilled her coffee onto her person. On 03/30/2026 at 1:55 p.m., an interview was conducted with S5DM. She confirmed that coffee was served at 6:30 a.m., 10:00 a.m., and 2:00 p.m. She confirmed that all dietary staff were trained on the facility's policy Serving Hot Beverages and Soup and ensuring the temperature is 120 - 130 degrees F prior to serving before to the incident occurred. She stated the temperature of the coffee is obtained after the coffee is made, then iced down until the proper temperature is obtained. S5DM stated the S8DA made the coffee on 03/12/2026. S5DM stated that during the investigation, S8DA reported that the coffee temperature was 140 degrees F. S8DA was terminated for serving the coffee too hot. S5DM stated prior to Resident #1's incident, the temperature was only logged for 6:00 a.m. and 2:00 p.m. She stated the temperature was always checked at 10:00 a.m., however, there was no 10:00 a.m. slot to log the temperature. Since the incident, the 10:00 a.m. slot has been added to the temperature log. S8DA was no longer employed by the facility and unable to be interviewed. On 03/30/2026 at 4:26 p.m., a review of the facility's coffee temperature logs for March 2026 was conducted with S1ADM. She stated prior to the incident the coffee temperature log was only completed for 6:00 a.m. and 2:00 p.m. She confirmed there was no coffee temperature logged for 03/12/2026 at 10:00 a.m. She added that since the incident, the temperature log was revised on 3/16/2026 to include 10:00 a.m. On 03/31/2026 11:45 a.m., an interview was conducted with Resident #1. She stated about 2 weeks ago she spilled hot coffee on her left leg while sitting at a table in the activity room. She stated it was an (continued on next page)</p>		

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F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>accident and not sure how it spilled. She stated the coffee was hot and it burned when she spilled it. She also did not know if her cup had a lid. She stated that she had a little pain for a few seconds, then it went away. She was not able to give a number on the pain scale. She denied any pain after the incident occurred. She did not report any pain to staff after it the spill happened. She further stated prior to this incident, the coffee was not too hot and has not been too hot since she spilled. The resident stated she holds her coffee in her right hand and is able to use left hand, but it is weak. She denied any tremors or shakiness when the incident occurred. During the survey, dietary staff and clinical staff were interviewed regarding the facility's hot beverage policy. All staff interviewed confirmed receiving re-education on the hot beverage policy. Review of the coffee temperature log at 6:30 a.m., 10:00 a.m., and 2:00 p.m. from 03/16/2026 through 03/30/2026 revealed temperatures were between 122 - 130 degrees F as per the facility's policy. Observations on 03/30/2026 and 03/31/2026 revealed coffee was distributed in cups with lids. Observation on 3/30/2026 of prepared carafes temperature prior to being served to residents was 120.3 degrees F. On 03/30/2026 at 2:22 p.m. S9ACT was observed pouring coffee into blue cups and placing lids on the cups prior to giving it to the residents. On 3/30/2026 at 1:55 p.m., an interview and observation of coffee temperatures was conducted with S5DM. She stated the coffee had already been prepared, temped. Upon request S5DM obtained the temperatures again, readings were both 120.3. On 03/31/2026 at 8:30 a.m., several residents were observed in activity room drinking coffee from blue cups with lids. On 03/31/2026 at 11:38 a.m., observed resident #R8 in activity room with cup with lid. He stated he was drinking coffee. The facility implemented the following actions to correct the deficient practice: I. On 03/15/2026, the facility began an immediate investigation. On 03/16/2026, a suspension was immediately implemented for S8DA who temped the coffee on 3/12/26 at the incorrect temperature. On 03/20/2026, upon completion of the investigation, a termination was implemented for S8DA. II. On 03/16/2026, education and in-service for all clinical and dietary staff were re-educated on the Hot Beverage Policy. On 03/16/2026, an audit of all resident's plan of care was completed. On 03/16/2026, a skin audit of residents that had impaired cognition or nonverbal was conducted to ensure no other residents were affected. On 03/16/2026, a questionnaire was completed for all other residents who are verbal and hold a BIMS score of 13 or higher. Previously, on 03/02/2026, residents began complaining about the chilled temperature of the coffee because they wanted it hotter. The administrator then called a Resident Council meeting on 3/2/2026 to educate residents on the Hot Beverage policy. III. On 03/16/2026, QAPI meeting was held by ID team to discuss progression of the investigation and why this past noncompliance was developed and implemented. On 03/16/2026, Community Medical Director notified of event. On 03/16/2026 through 03/17/2026, a mandatory meeting called at the facility for all clinical staff and dietary staff to in-service on the Hot Beverage Policy and Abuse, Neglect, and Timely reporting policy, and lids placed on all coffee drinks prior to serving. On 03/16/2026, reeducation completed with dietary manager and dietary staff on following Hot Beverage policy, temp requirement and who is responsible for temping hot beverage. Education will require staff return demonstration from dietary staff of temping hot beverage with the thermometer to validate competency. Dietary staff will not be allowed to return to duty until completion of education and return demonstration. IV. Quality Assurance plans to monitor facility compliance to make sure that corrections are achieved and permanent. Routine reviews will be completed 3 times a week for 90 days on sample selection of facility staff using abuse, neglect timely reporting quiz to assess knowledge base. To be completed by June 14, 2026. Routine reviews will be completed by S1ADM, S2DON, S5DM of dietary staff 3 times per week for 90 days. Results of routine review will be reported during morning stand up meeting. To be completed by June 14, 2026 V. Date of Compliance was 03/17/2026. Anticipatory monitoring completion date by 06/14/2026.</p>		