

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Holly Hill House		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Kingston Road Sulphur, LA 70663	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44418</p> <p>Based on record reviews and interviews, the facility failed to ensure residents were weighed per physician's orders for 20 (#1, #2, #3, #R1, #R2, #R3, #R5, #R6, #R7, #R8, #R9, #R10, #R11, #R12, #R13, #R14, #R15, #R16, #R17 and #R18) of 20 (#1, #2, #3, #R1, #R2, #R3, #R5, #R6, #R7, #R8, #R9, #R10, #R11, #R12, #R13, #R14, #R15, #R16, #R17 and #R18) residents reviewed for nutrition.</p> <p>Findings:</p> <p>Resident #1: Review of Resident #1's admission orders revealed she was admitted to the facility on [DATE] further review of her admission orders, revealed an order for Weight every day shift every Tue (Tuesday) for monitoring for 4 weeks. There was no evidence that ordered weekly weights were obtained for weeks 3 and 4.</p> <p>Resident #2: Review of Resident #2's admission orders revealed he was admitted to the facility on [DATE]. Further review of his admission orders, revealed an order for Weight every day shift every Tue for monitoring for 4 weeks. There was no evidence that ordered weekly weight were obtained for weeks 2, 3, and 4.</p> <p>Resident #3: Review of Resident #3's admission orders revealed she was admitted on [DATE]. Further review revealed an order for Weight every day shift every Tue for monitoring for 4 weeks. There was no evidence that ordered weekly weight were obtained for weeks 2, 3, and 4.</p> <p>Resident #R6: Review of Resident #R6's admission orders revealed he was admitted to the facility on [DATE]. Further review of his admission orders revealed an order for Weight every day shift every Tue for monitoring for 4 weeks. There was no evidence that ordered weekly weight were obtained for weeks 2, 3, and 4.</p> <p>Resident #R7: Review of Resident #R7's admission orders revealed he was admitted to the facility on [DATE]. Further review of his admission orders revealed an order for Weight every day shift every Tue (Tuesday) for monitoring for 4 weeks. There was no evidence that any weights were obtained until before 09/05/2024.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Holly Hill House		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Kingston Road Sulphur, LA 70663	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #R8: Review of Resident #R8's admission orders revealed he was admitted to the facility on [DATE]. Further review of his admission orders revealed an order for Weight every day shift every Tue for monitoring for 4 weeks. There was no evidence that ordered weekly weight were obtained for weeks 2, 3, and 4.</p> <p>Resident #R18: Review of Resident #R18's admission orders revealed he was admitted to the facility on [DATE]. Further review of his admission orders revealed an order for Weight every day shift every Tue for monitoring for 4 weeks. There was no evidence that ordered weekly weights were obtained on admit or for weeks 2 and 4.</p> <p>41868</p> <p>Resident #R6 admitted to the facility on [DATE]. Further review of his Admission orders, revealed an order for Weight every day shift every Tue (Tuesday) for monitoring for 4 weeks. There was no documentation any weights were obtained until 09/05/2024.</p> <p>Resident #R7 admitted to the facility on [DATE]. Further review of his Admission orders, revealed an order for Weight every day shift every Tue for monitoring for 4 weeks. There was no documentation ordered weekly weight were obtained for weeks 2, 3, 4.</p> <p>Resident #R8 admitted to the facility on [DATE]. Further review of his Admission orders, revealed an order for Weight every day shift every Tue for monitoring for 4 weeks. There was no documentation ordered weekly weights were obtained for week 2.</p> <p>Resident #R9 admitted to the facility on [DATE]. Further review of her Admission orders, revealed an order for Weight every day shift every Tue for monitoring for 4 weeks. There was no documentation ordered weekly weights were obtained for weeks 3 and 4.</p> <p>Resident #R10 admitted to the facility on [DATE]. Further review of his Admission orders, revealed an order for Weight every day shift every Tue for monitoring for 4 weeks. There was no documentation ordered weekly weights were obtained for weeks 2, 3, and 4.</p> <p>Resident #R11 admitted to the facility on [DATE]. Further review of her Admission orders, revealed an order for Weight every day shift every Tue for monitoring for 4 weeks. There was no documentation ordered weekly weights were obtained for weeks 2, 3, and 4.</p> <p>Resident #R12 readmitted to the facility on [DATE]. Further review of his Re-admission orders, revealed an order for Weight every day shift every Tue for monitoring for 4 weeks. There was no documentation any weights were obtained since his readmission until 09/05/2024.</p> <p>47354</p> <p>Resident #R13 was admitted to the facility on [DATE]. Further review of his Admission orders, revealed an order for Weight every day shift every Tue (Tuesday) for monitoring for 4 weeks. There was no evidence any weights were obtained until 09/05/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Holly Hill House		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Kingston Road Sulphur, LA 70663	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #R14 admitted to the facility on [DATE]. Further review of his Admission orders, revealed an order for Weight every day shift every Tue for monitoring for 4 weeks. There was no evidence that ordered weekly weight obtained for week 3.</p> <p>Resident #R15 admitted to the facility on [DATE]. Further review of his Admission orders, revealed an order for Weight every day shift every Fri (Friday) for monitoring for 4 weeks. There was no evidence that ordered weekly weights were obtained for weeks 2 or 4.</p> <p>Resident #R16 admitted to the facility on [DATE]. Further review of his Admission orders, revealed an order for Weight every day shift every Tue for monitoring for 4 weeks. There was no evidence that ordered weekly weight were obtained for week 2.</p> <p>Resident #R17 was admitted to the facility on [DATE]. Further review of his Admission orders, revealed an order for Weight every day shift every Tue (Tuesday) for monitoring for 4 weeks. There was no documentation any weights were obtained until 09/05/2024.</p> <p>During an interview on 09/05/2025 at 2:15 p.m., S2ADON confirmed the above residents' admitted s, and admission orders to obtain weights every week for 4 weeks. She confirmed the above residents' weights were not obtained as ordered.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Holly Hill House		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Kingston Road Sulphur, LA 70663	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44418</p> <p>Based on record reviews and interviews, the facility failed to ensure residents maintained acceptable parameters of nutrition for 2 (#3 and #R18) of 20 (#1, #2, #3, #R1, #R2, #R3, #R5, #R6, #R7, #R8, #R9, #R10, #R11, #R12, #R13, #R14, #R15, #R16, #R17 and #R18) residents reviewed for nutrition The facility failed to ensure:</p> <ol style="list-style-type: none"> 1.Resident's #3 was assessed for weight changes and intervene to prevent severe weight loss; and 2.The registered dietician's recommendations were implemented for Resident #R18. <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of facility's policy on 09/05/2024 titled, Weight Assessment and Intervention, with a reviewed date of 01/2017, revealed in part: <ol style="list-style-type: none"> 1. The nursing staff will measure resident weights on admission, and weekly for four weeks thereafter. If no weight concerns are noted at this point, weights will be measured monthly. 2. Weights will be recorded in the individual's medical record. 3. The threshold for significant unplanned and undesired weight loss will be based on the following criteria [where percentage of body weight loss = (usual weight - actual weight)/(usual weight) x 100]: <ol style="list-style-type: none"> a. 1 month - 5% weight loss is significant; greater than 5 % is severe. b. 3 months - 7.5% weight loss is significant; greater than 7.5% is severe. c. 6 months - 10% weight loss is significant; greater than 10% is severe. 4. If the weight change is desirable, this will be documented and no change in the care plan will be necessary. 5. Should the resident become unweighable due to medical condition, medical practitioner will be contacted to discuss need to weigh the resident. <p>Resident #3: Review of Resident #3's admission orders revealed she was admitted to the facility on [DATE] with diagnoses that included Muscle Wasting and Atrophy; Adult Failure to Thrive and Dementia. Further review of her admission orders, revealed an order for Weight every day shift every Tue for monitoring for 4 weeks. There was no evidence that ordered weekly weight were obtained for weeks 2, 3, and 4. Resident #3's weight was obtained on 09/04/2024 with surveyor observation with a noted weight of 154.4 lbs (pounds). Resident #3's admit weight was 170.4 lbs which indicated that the resident had a 9.39 percent weight loss in over a month that had not been addressed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Holly Hill House		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Kingston Road Sulphur, LA 70663	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/03/2024 at 1:15 p.m., an observation of Resident #3 was conducted with resident sitting up in bed eating lunch, picking at food with fork. Daughter-in-law stated the food is usually too hard or dry for resident to eat. She stated she feels like Resident #3 is losing weight, but she does not think she had been weighed.</p> <p>On 09/04/2024 at 10:00 a.m., a review of Resident #3's care plan revealed the resident had a potential nutritional problem, with the only intervention was to provide and serve diet as ordered. The goal was to maintain adequate nutritional status by maintaining weight, no sign or symptoms of malnutrition. The resident also had ADL (Activities of daily living) performance deficit with an intervention of eating: resident requires one staff participation to eat. Review of Nursing Admission Data Collection dated 07/25/2024 revealed Resident #3 was on a Cardiac Diet with a Resident Dietary Goal to maintain current weight.</p> <p>On 09/05/2024 at 11:00 a.m., a review of the Nutritional Monitoring flow sheet for August 13, 2024 revealed Resident #3 had not been seen by the Registered Dietitian.</p> <p>2. Review of Resident #R18's Dietitian admission assessment completed on 08/06/2024 revealed in part: Nutrition Plan:</p> <p>1. Resident may benefit from (nutritional supplement) BID (twice a day) after meals to help increase nutritional/caloric intake. There was no evidence the supplement was implemented.</p> <p>During an interview on 09/05/2024 at 2:12 p.m., S2ADON (Assistant Director of Nursing) confirmed Resident #3 did have a significant weight loss since admission and weights should have been done as ordered. S2ADON reviewed the EMR (Electronic Medical Record) for Resident #R18 and confirmed the registered dietitian had seen Resident #R18 on 08/06/2024 with Nutrition Plan of nutritional supplements twice a day to help increase nutritional/caloric intake. S2ADON then reviewed the August 2024 Nutritional Monitoring Flow Sheet, Registered Dietitian communication sheet. She confirmed Resident #R18 had not been identified on the list with the recommendation, and had not reviewed the RD (Registered Dietitian) Assessment in the EMR to identify the recommendation. S2ADON confirmed Resident #R18's dietary recommendation should have been addressed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Holly Hill House		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Kingston Road Sulphur, LA 70663	
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 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>44418</p> <p>Based on interviews, observations and record review, the facility failed to ensure there was enough dietary staff to provide residents' meals within 45 minutes of the facility's scheduled meal times for 84 residents who consumed meals from the kitchen.</p> <p>Findings:</p> <p>A review of the facility's policy on 09/05/2024, titled, Dining Service Meal Times, with no reviewed date, read in part, procedure: .3. Dining service times are planned in accordance with resident preferences and staffing available at scheduled meal times. 4. Meals and snacks will be served at the following times: Breakfast 7:30 a.m., Lunch 12:00 p.m., Afternoon snack 2:00 p.m., Supper 5:30 p.m., HS (nightly) snack 6:00 p.m.</p> <p>On 09/03/2024 at 8:35 a.m., an interview was conducted with S9CNA. She reported the meals were not always served at the same time each day and meal service was often late. S9CNA could not say what time the breakfast meal was usually served as the time always varied.</p> <p>On 09/03/2024 at 8:40 a.m., an observation of the facility main dining room was done. There were 3 (#2, #R4, #R5) residents in the dining room. 2 (#2, #R4) of the residents stated they were waiting on a nurse to come to the dining room so they could be served breakfast. Resident #2 stated breakfast was supposed to be served at 7:30 a.m. and she had not been served breakfast yet.</p> <p>On 09/03/2024 at 8:45 a.m., an interview was conducted with S7DM (Dietary Manager). He reported that he normally served breakfast at 7:30 a.m. He stated, today, the residents in the dining room had not been served breakfast yet because they are waiting on a nurse to come to dining room to observe during the meal.</p> <p>On 09/03/2024 at 9:45 a.m., an interview was conducted with Resident #2. She stated they are supposed to be served breakfast at 7:30 a.m. in the dining room. She stated she had to wait until almost 9:00 a.m. to get her breakfast this morning, because she was waiting for a nurse to come to the dining room. She stated that a few weeks ago they were had to wait a long time to get their meals.</p> <p>On 09/03/2024 at 11:07 a.m., an interview was conducted with Resident #R1. She reported they had not been getting their meals trays on time for the last couple of weeks. She stated the meal trays are up to 2 hours late sometimes.</p> <p>On 09/03/2024 at 12:49 p.m., an observation revealed lunch meal trays being delivered to Hall 1 by staff.</p> <p>On 09/03/2024 at 1:02 p.m., an observation revealed lunch meal trays being delivered to Hall 2 by staff.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Holly Hill House		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Kingston Road Sulphur, LA 70663	
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 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 09/03/2024 at 1:15 p.m., observation and interview conducted with Resident #3's family member. Family member reported the meals are often late as lunch was supposed to be at noon and it usually didn't get to the room until 1:30 p.m. to 2:00 p.m. She stated this happened often and she felt Resident #3 had lost weight.</p> <p>On 09/03/2024 at 2:10 p.m., an interview was conducted with S7DM. He confirmed the breakfast and lunch meal trays carts were not delivered to all residents in a timely manner today.</p> <p>On 09/03/2024 at 2:25 p.m., an interview was conducted with S3LPN. She reported Hall 3 had not received any snacks for the residents today. She reported she did not recall receiving 2:00 p.m. snacks very often since she had been working at the facility.</p> <p>On 09/03/2024 at 4:47 p.m., an interview was conducted with S7DM. He confirmed snacks were not delivered to all the units for the resident's 2:00 p.m. snacks.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Holly Hill House		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Kingston Road Sulphur, LA 70663	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>44418</p> <p>Based on observations, record reviews, and interviews, the facility failed to ensure residents received diets and preferences as described on diet cards were followed for 5 (#R1, #R2, #R3, #R4, and #R5) of 20 (#1, #2, #3, #R1, #R2, #R3, #R5, #R6, #R7, #R8, #R9, #R10, #R11, #R12, #R13, #R14, #R15, #R16, #R17 and #R18) of 20 (#1, #2, #3, #R1, #R2, #R3, #R5, #R6, #R7, #R8, #R9, #R10, #R11, #R12, #R13, #R14, #R15, #R16, #R17 and #R18) residents reviewed for nutrition. This failure had the potential to contribute to an unpleasant dining experience, decreased intake, altered nutritional needs, and weight loss for the 84 residents who received meals from the kitchen.</p> <p>Findings:</p> <p>On 09/03/2024 at 11:07 a.m., an interview was conducted with Resident #R1. She stated she was supposed to get a banana and yogurt every day and had not been getting them for some time. She stated the 2 weeks ago they were only served a small portion of fish and a few fries with nothing else to go with it. She stated they had only got water on meal trays for a couple of weeks.</p> <p>On 09/03/2024 at 12:09 p.m., an observation of Resident #R5's meal tray and diet slip was made. The resident had a carton of whole milk and the dietary slip stated skimmed milk. The slip had beverage hot tea and decaf coffee which was not on the tray; only a glass of water was observed.</p> <p>On 09/03/2024 at 12:10 p.m., an observation of Resident #R4's meal tray and diet slip was made. The resident was given whole milk and diet card indicated 2% milk. The slip had beverage: hot tea and decaf coffee, which was not on the tray.</p> <p>On 09/03/2024 at 12:15 p.m., an observation of Resident #R3's meal tray and diet slip was made. The resident was served 2 cartons of whole milk and card stated 2% milk. The slip had beverage: hot tea and decaf coffee which was not on the tray; only a glass of water.</p> <p>On 09/03/2024 at 12:30 p.m., an interview was conducted with S4CNA (Certified Nursing Assistant). She confirmed Residents #R3, #R4 and #R5 had the wrong milk served to them. S4CNA confirmed that the diet served was supposed to be confirmed with the slip before serving it to the resident. She confirmed she had not checked the slip before giving the whole milk to the residents.</p> <p>On 09/03/2024 at 12:59 p.m., an observation of Resident #R1's meal slip indicated dessert red velvet cake, dairy beverage 2% milk, beverage hot tea and decaf coffee was not on the tray. Resident stated does that look like red velvet cake to you? It is yellow. The resident stated this happened all the time. Resident #R1 stated the meal on the tray did not always match what was served, and that they only got a glass of water. There was no other drink provided.</p> <p>On 09/03/2024 at 1:05 p.m., an observation of Resident #R2's meal slip indicated dessert red velvet cake, dairy beverage 2% milk, beverage hot and decaf coffee, was not on the tray. Resident stated I don't have red cake either, these meals never match the slip anymore.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Holly Hill House		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Kingston Road Sulphur, LA 70663	

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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 09/03/2024 at 4:47 p.m., an interview was conducted with S7DM (Dietary Manager). He confirmed sometimes the food per the meal slip was not always available and a substitute is made. He stated the residents are not notified when the menu is changed and should be notified.</p>