

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 12/11/2024
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47965</p> <p>Based on interview and record review, the facility failed to ensure the Hospice agency provided services based on the agreement and facility policy to meet professional standards for 1(Resident #1) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents by failing to collaborate with the hospice agency to ensure the hospice nurse's visit notes were up-to-date in the resident's hospice binder.</p> <p>Findings:</p> <p>A review of Resident #1's Hospice binder revealed the last hospice nurse visit notes were on 09/27/2024.</p> <p>On 12/11/2024, a review of Hospice services agreement made and entered into on 07/27/2023 by Hospice agency and the facility indicated . 5.1 Compilation of records. 5.1.1 Preparation. Facility and hospice each shall prepare and maintain complete and detailed clinical records concerning each Residential Hospice Patient receiving facility services and hospice services under the agreement in accordance with prudent record-keeping procedures .Each clinical record shall completely, promptly and accurately document all services provided.</p> <p>On 12/11/2024, a review of the facility's policy titled Third Party Provider Collaborative Documentation Standards dated 04/2023, indicated .3. Third party providers will complete the Third-Party Provider collaborative documentation form for each resident seen. 4.Third-party providers will provide printed copies of the Plan of care and visit notes for each visit . A. Documents will remain in the binder until the episode of care is complete</p> <p>A review of Resident #1's electronic health record (EHR) revealed an admitted [DATE], with diagnoses which included, but were not limited to Congestive Heart Failure, Alzheimer's disease, Muscle Wasting and Atrophy, and Unsteadiness on Feet.</p> <p>During an interview with S1ADM (Administrator) on 12/10/2024 at 3:40 p.m., he stated that he is the designated Hospice contact for the facility. S1ADM was asked about the missing hospice visit notes, and he stated that he had called the hospice agency in October regarding the notes, but did not follow up, and should have.</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
---	-------	-----------