STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195431	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Hill House	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 44418 Based on record reviews and interview the facility failed to ensure the allegation of abuse/neglect or injury of known origin were reported immediately, but not later than 2 hours after the allegation is made, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury and reported the results of all investigations, and; report the results of all investigations to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken for 9 (Resident #1 - Resident #9) out of 9 (Resident #1 - Resident #9) residents reviews for timely reporting of critical incidents. Findings: Resident #1 Review of Resident #1's critical incident report related to neglect with head injury revealed the event occurred on 01/14/2025 at 9:50 PM. The discovered date was 01/15/2025 at 8:00 AM. The entered date was 02/11/2025 at 3:59 PM, with a report due date of 01/22/2025. Further review of Resident #1's critical incident revealed the incident investigation was dated 02/11/2025 at 5:44 PM. Review of Resident #1's critical incident report related to physical abuse revealed the event occurred on 12/18/2024 at 2:45 PM. The discovered date was 12/18/2024 at 2:45 PM. The entered date was 12/18/2024 at 2:45 PM, with a report due date of 12/27/2024. Further review of Resident #1's critical incident revealed the incident investigation was dated with dates, 01/09/2025 and 01/30/2025. Resident #2 Review of Resident #2's critical incident report related to a fall with a fracture revealed the event occurred on 01/07/2025 at 3:38 PM. The discovered date was 01/08/2025 at 3:15 PM. The entered date was 01/08/2025 at 3:19 PM, with a report due date of 01/15/2025. Further review of Resident #2's critical incident revealed the completed dated was 02/04/2025. Resident #3 (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195431	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Hill House	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #3's critical incident report related to injury of unknown origin revealed the event occurred on 02/02/2025 at 8:20 PM. The discovered date was 02/03/2025 at 10:00 AM. The entered date was 02/03/2025 at 10:15 AM, with a report due date of 02/10/2025. Further review of Resident #3's critical incident revealed the incident investigation was dated 02/11/2025 at 10:15 AM. Resident #4 Review of Resident #4's critical incident report related to verbal abuse revealed the event occurred on 11/01/2024 at 9:00 PM. The discovered date was 11/04/2024 at 1:45 PM. The entered date was 02/02/2025 at 8:24 PM, with a report due date of 11/12/2024. Further review of Resident #4's critical incident revealed the incident investigation was dated 02/11/2025 at 10:50 AM. Resident #5 Review of Resident #5's critical incident report related to physical abuse revealed the event occurred on 10/23/2024 at 1:45 PM. The discovered date was 10/23/2024 at 1:45 PM. The entered date was 12/17/2024 at 1:52 PM, with a report due date of 10/30/2024. Further review of Resident #5's critical incident revealed the incident investigation was dated 01/30/2025 at 12:13 PM. Resident #6 Review of Resident #6's critical incident report related to mental abuse revealed the event occurred on 11/30/2024 at 2:00 AM. The discovered date was 11/30/202 at 2:00 AM. The entered date was 02/02/2025 at 9:29 PM, with a report due date of 12/06/2024. Further review of Resident #6's critical incident revealed the incident investigation was dated 02/02/2025 at 10:02 PM. Resident #7 Review of Resident #7's critical incident report related to injury of unknown origin revealed the event occurred on 11/20/2024 at 12:30 PM. The discovered date was 11/20/2024 at 12:30 PM. The entered date was 02/02/2025 at 11:03 PM, with a report due date of 11/27/2024. Further review of Resident #7's critical incident revealed the incident investigation had no documentation. Resident #8 Review of Resident #8's critical incident report related to physical abuse revealed the event occurred on 12/18/2024 at 2:45 PM. The discovered date was 12/18/2024 at 2:45 PM. The entered date was 12/18/2024 at 2:45 PM, with a report due date of 12/27/2024. Further review of Resident #8's critical incident revealed the incident investigation was dated with dates, 01/09/2025 and 01/30/2025. Resident #9 Review of Resident #9's critical incident report related to injury of unknown origin revealed the event occurred on 11/25/2024 with no identified time. The discovered date was 11/25/2024 at 2:10 PM. The entered date was 02/02/2025 at 9:07 PM, with a report due date of 12/04/2024. Further review of Resident 9#'s critical incident revealed the incident investigation was dated 02/02/2025 at 9:28 PM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195431	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Hill House	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 02/11/2025 at 9:15 AM, an interview was conducted with S1ADM who confirmed he was responsible for reporting critical incident for the facility. S1ADM reported that he did not have access to state critical reporting system until about 3 weeks ago. S1ADM stated he had sent the critical incident information for Resident's #1 - #9 via fax to state reporting agency. S1ADM reported he did not know that the information that was faxed had to be entered into the system after he received access. S1ADM reviewed the facility's critical incident report log and stated he was unaware that there were still critical incidents pending. He confirmed the facility had 4 critical incidents pending.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195431	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Hill House	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47354 Based on record review and interview, the facility failed to ensure the resident's Minimum Data Set (MDS) was completed accurately for 1 (#1) out of 9 (#1, #2, #3, #4, #5, #6, #7, #8, #9) sampled residents. The deficient practice had the potential to effect a total census of 82. Findings: Review of Resident #1's electronic clinical record revealed and admitted [DATE] with diagnoses that included in part atrial fibrillation, vascular dementia, and anxiety disorder. Review of Resident #1's December 2024 MAR (Medication Administration Record) revealed the resident received Eliquis (an anticoagulant) and Trazodone (an antidepressant). Further review of the December 2024 MAR failed to reveal Resident #1 received any antibiotics. Review of the Resident #1's quarterly MDS (Minimum Data Set) dated 12/17/2024 revealed under Section N-Medications, the resident was not indicated for the use of an anticoagulant or for the use of an antidepressant. Further review of Section N-medications revealed the resident was indicated for antibiotic use. On 02/12/2025 at 9:00 AM, a concurrent records review and interview was conducted with S4MDS (Minimal Data Set). S4MDS viewed Resident #1's December 2024 MAR and confirmed the resident had received an anticoagulant, an antidepressant, and did not receive any antibiotics. S4MDS then reviewed Resident #1's 12/17/2024 quarterly MDS, Section N. S4MDS confirmed she failed to indicate the resident had received the anticoagulant and antidepressant and incorrectly indicated the resident received an antibiotic.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195431	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Hill House	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44418 Based on record review and interview, the facility failed to ensure the residents received all care and treatment in accordance with professional standards of practice as evidenced by nurses failing to complete neurological checks on a resident with an unwitnessed fall for 2 (Resident #1 and Resident #3) out of 3 (Resident #1, Resident #2, Resident #3) residents reviewed for accident/hazards. Findings: Review of the facility policy titled, Neurologic Assessment, with an approved date of 12/2024 read in part: 1. Neurological assessments will be completed b. following an unwitnessed fall . 3. Neurological assessments (neuro checks) will be done every 15 minutes for the first hour, then every 30 minutes times 2, every hour times 6, every 4 hours times 4, every 8 hours times 6 for a total of 72 hours. a. if the schedule should be interrupted due to transfer to hospital, the schedule will be resumed upon return from the hospital. Resident #1 Review of the Resident #1's incident report dated 01/14/2025 at 9:50 PM, revealed the resident was found on the floor in his room, with visible blood. Resident had a laceration to the face, mental status was alert, oriented to person. Predisposing physiological factors revealed behaviors. Immediate action taken: Resident taken to hospital? No. Review of Resident #1's electronic clinical record (ECR) revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included vascular dementia. Review of Resident #1's quarterly MDS (Minimum Data Set) dated 12/17/2024 revealed the resident's BIMS (Brief interview for mental status) score was 06 for being severely impaired for cognition. Review of Resident #1's neurologic checks for 72 hours post fall revealed resident refused on 01/14/2025 at 9:50 PM and 10:05 PM. From 01/14/2025 at 10:20 PM to 01/15/2025 at 5:35 AM resident was at hospital. 01/16/2025 there were no documented neuro checks at 1:35 PM and 9:35 PM. On 01/17/2025 there were no documented neurologic checks document at 1:35 PM and 9:35 PM. Review of Resident #1's progress notes revealed there was no documentation of incident or the resident's mental status from 01/16/2025 at 3:59 AM until 01/16/2025 at 2:35 PM when the resident refused a shower. Further review revealed a note revealed on 01/18/2025 at 12:02 PM, patient continued to complain of pain, x-ray done awaiting results. On 02/11/2025 at 1:30 PM, a record review and interview with S3ADON was conducted. She confirmed Resident #1's neurologic checks for a fall on 01/14/2025 were incomplete. She stated the neuro checks should have completed for 72 hours after the resident had an unwitnessed fall. Resident #3 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195431	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Hill House	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #3's incident report dated 02/02/2025 at 8:20 PM, revealed the resident was found on the floor in her room, with visible blood. Resident was going to the dining room and slipped. Denied hitting her head, noted right side weakness, unable to lift right arm or right leg. Mental status was not answered post incident injury report with no injuries observed. Predisposing situation factors revealed ambulating without assist. Immediate action taken: Resident taken to hospital? No Review of Resident #3's ECR revealed the resident was admitted to the facility on [DATE] with a diagnosis including Alzheimer's disease. Review of Resident #3's quarterly MDS dated [DATE] revealed the resident's BIMS score was 09 for being moderately impaired for cognition. Review of Resident #3's neurologic checks for 72 hours post fall revealed the resident was in the hospital from 02/03/2025 at 12:05 AM to 02/0/2025 at 12:05 PM. On 02/05/2025 there were no documented neuro checks at 8:05 PM and on 02/06/205 at 4:05 AM. On 02/12/2025 at 9:30 AM, an interview was conducted with S2ADON. S2ADON reviewed the resident neuro checks from the resident's fall on 02/02/2025 and confirmed they were incomplete.