

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 02/26/2025
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47354</p> <p>Based on record reviews and interviews, the facility failed to resolve a grievance within 5 working days per facility grievance policy for 1 (#3) out of 1 (#3) resident reviewed for personal property.</p> <p>Findings:</p> <p>Review of the facility's policy titled Resident Grievance Policy and Procedure with no revision date revealed in part; The response will be given to the person initiating the grievance within 5 working days of the findings and along with any corrective action accomplished.</p> <p>Review of Resident #3's electronic medical record revealed an admitted [DATE] with diagnoses that included acquired absence of left leg above the knee, dementia, and morbid obesity.</p> <p>Review of facility grievances revealed a grievance filed regarding Resident #3 concerning odor and a soiled brief. The grievance was dated 01/07/2025. The resolved date was 01/28/2025.</p> <p>On 02/26/2025 at 4:00 PM, concurrent records review and interview was conducted with SDON (Director of Nursing). S2DON reviewed the grievance dated 01/07/2025 and acknowledged the grievance had not been resolved until 21 days later on 01/28/2025. He reviewed the facility policy for resident grievances and agreed the grievance had not been resolved in a timely manner or within 5 working days as stated and should have been.</p> <p>On 02/26/2025 at 4:30 PM, concurrent records review and interview was conducted with S1Adm (Administrator). S1Adm reviewed the grievance dated 01/07/2025 and acknowledged the grievance had not been resolved until 21 days later on 01/28/2025. He reviewed the facility policy for resident grievances and agreed the grievance had not been resolved in a timely manner or within 5 working days as stated and should have been.</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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