

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 04/24/2024
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44418</p> <p>Based on interview and record review, the facility failed to ensure the residents' assessment accurately reflected the status of 1 (#61) out of a total of 33 sampled residents, by failing to ensure MDS (Minimum Data Set) assessment was coded correctly for antidepressant use.</p> <p>Findings</p> <p>Review of Resident # 61's Electronic Health Record revealed he was admitted to the facility on [DATE] with diagnoses that included, but were not limited to, Emphysema, Diabetes Mellitus II, and Legal Blindness.</p> <p>Review of Resident # 61's Annual MDS assessment with an ARD (Assessment Reference Date) of 02/14/2024 revealed in Section N - High-Risk Drug Classes Antidepressant was coded 1, indicating the resident was taking an antidepressant.</p> <p>Review of Resident # 61's February 2024 Physician Orders revealed no orders for use of antidepressants.</p> <p>On 04/24/2024 at 10:15 a.m., an interview and review of Resident #61's Electronic Health Record was conducted with S4MDS nurse. She confirmed the resident was not prescribed an antidepressant. She also confirmed that the MDS assessment with an ARD of 02/14/2024 was coded to reflect Resident #61 used an antidepressant. S4MDS nurse stated Resident #61 should not have been coded as using an antidepressant in Section N of the Annual MDS assessment dated [DATE].</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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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47354</p> <p>Based on record review and interview, the facility failed to refer a resident with a newly diagnosed mental disorder to the appropriate state-designated authority for Level II PASARR (Preadmission Screening and Resident Review) evaluation and determination for 1 (#55) of 4 (#6, #13, #55, #68) residents investigated for PASARR in a final sample of 74 residents.</p> <p>Findings:</p> <p>A review of Resident #55's record revealed an admitted [DATE]. Further review revealed he was diagnosed with Delusional Disorder on 01/19/2024.</p> <p>Further review of Resident #55's record revealed a Level 1 PASARR (Preadmission Screening and Resident Review) dated 11/28/2023. No PASARR Level II was noted in Resident #55's record.</p> <p>On 04/24/2024 at 3:58 p.m., an interview was conducted with S3ADON (Assistant Director of Nursing). S3ADON confirmed Resident #55 received a qualifying diagnosis of Delusional Disorder after his admitted . She confirmed the facility had not resubmitted for a Level II PASARR review and was unaware that this was required.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 46169</p> <p>Based on record review and interview, the facility failed to implement a comprehensive person-centered care plan that included monitoring for adverse reactions for antibiotic use for 1 (#10) out of 33 sampled residents.</p> <p>Findings:</p> <p>A review of Resident #10's electronic health record revealed she admitted to the facility on [DATE] with diagnoses that included but were not limited to Cerebral Infarction. Other diagnoses included Retention of Urine and Urinary Tract Infection (UTI).</p> <p>A review of Resident #10's physician orders revealed an order dated 04/17/2024 for Bactrim DS Oral Tablet 800-160 milligram (mg) give 1 tablet by mouth two times a day for UTI (Urinary Tract Infection) for 10 days. A further review of Resident #10's physician orders failed to reveal an order to monitor for adverse reactions of antibiotic use.</p> <p>A review of Resident #10's care plan revealed the following in part .The resident is on Antibiotic therapy Bactrim DS po (oral) until 04/27/2024. Interventions included in part .Any antibiotic may cause diarrhea, nausea, vomiting, anorexia, and hypersensitivity/allergic reactions. Monitor every (q) shift for adverse reaction. Observe for possible side effects every shift.</p> <p>A review of Resident #10's April 2024 Medication Administration Record (MAR) revealed documentation the resident received Bactrim DS Oral Tablet 800-160 mg give 1 tablet by mouth two times a day beginning on 04/17/2024 at 4:00 p.m. Further review of the MAR revealed no documentation the resident was monitored for adverse reactions of antibiotic use.</p> <p>A review of Resident #10's Nurses Progress Notes that revealed no documentation of monitoring for adverse reactions of antibiotic use.</p> <p>On 04/23/2024 at 1:13 p.m., an interview was conducted with S7LPN (Licensed Practical Nurse) who confirmed that Resident #10 was on antibiotics. She reviewed Resident #10's MAR for April 2024 and confirmed there was no order to monitor for adverse reactions of antibiotic use. S7LPN further reviewed Resident #10's nurse notes that revealed no monitoring for adverse effects.</p> <p>On 04/23/2024 at 1:27 p.m., an interview was conducted with S3ADON (Assistant Director of Nursing/Infection Preventionist) who confirmed the nurses should monitor for adverse effects and document each shift for the duration of the use of antibiotics.</p> <p>On 04/23/2024 at 3:05 p.m., a record review and interview was conducted with S4MDS (Minimum Data Set). She confirmed the resident had a physician order dated 04/17/2024 for Bactrim DS 800-160 mg. S4MDS confirmed Resident #10's care plan included monitor every shift for adverse reactions. S4MDS further reviewed Resident #10's April 2024 MAR and nurse's progress notes and confirmed there was no documentation that adverse reactions were monitored each shift and they should have been.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49176</p> <p>Based on observations, and interview, the facility failed to store food in accordance with professional standards for food service, and ensure sanitary conditions were maintained in the kitchen as evidenced by:</p> <ol style="list-style-type: none"> 1. a thick layer of debris and food residue on the deep fryer cooking oil collection area; 2. expired foods from the kitchen refrigerator, freezer, and dry storage area; and 3. sticky residue with food debris on the cart used to bring food items from one part of the kitchen to another. <p>This deficient practice had the potential to affect the 72 residents who consumed food from the kitchen.</p> <p>Findings:</p> <p>On [DATE] at 8:30 a.m., a tour of the facility's kitchen was conducted with S1DietarySup (Dietary Supervisor), who stated that she was responsible for the day to day management of the kitchen.</p> <p>On [DATE] at 8:35 a.m., an observation of the deep fryer was conducted with S1DietarySup that revealed the cooking oil collection area had a thick layer of debris and a large piece of fried food material. S1DietarySup stated the deep fryer was last used on [DATE] and confirmed that it was not cleaned after it was used and should have been.</p> <p>On [DATE] at 8:42 a.m., an observation of the stand-up refrigerator was conducted with S1DietarySup and revealed a plastic gallon bag labeled lettuce, dated [DATE]. The lettuce was observed with discoloration, texture changes, and a brown watery substance at the bottom of bag that indicated the food was spoiled. Further observation of the refrigerator revealed two opened containers of beef base broth with an expiration date of [DATE]. S1DietarySup confirmed the food items were spoiled/expired and should have been removed from the refrigerator then discarded.</p> <p>On [DATE] at 8:50 a.m., an observation of the stand-up freezer was conducted with S1DietarySup that revealed an opened container of English muffins with a written date of ,d+[DATE], (2023) with an expiration date of [DATE]. Further observation of the freezer revealed a plastic gallon bag labeled fried okra, dated [DATE]. The fried okra had gray discoloration and frozen chunks of ice. S1DietarySup confirmed the food items were expired and should have been discarded.</p> <p>On [DATE] at 9:12 a.m., an observation of the dry storage room was conducted with S1DietarySup and revealed a plastic gallon bag of raisin bran dated [DATE]. S1DietarySup confirmed the food item was expired and should have been discarded.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 12:15 p.m., an observation of the food service line was conducted. Cold drinks with lids were removed from the refrigerator and placed on a cart for tray distribution. Further observation of the cart revealed multiple areas of a red sticky residue and food debris on both sides of the cart. At 12:18 p.m., an interview and cart observation was conducted with S1DietarySup, who stated that the carts were to be cleaned after each use and confirmed the cart was not cleaned from previous use and should have been.</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>46169</p> <p>Based on record review, observations and interviews, the facility was not administered in a manner that enabled it to use its resources effectively to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The facility's administration failed to implement the facility's Enhanced Barrier Precautions (EBP) policy for residents with infection or colonization with a multi-drug resistant organisms (MDRO) or for any resident who has a chronic wound and/or indwelling medical device. The deficient practice was observed for 8 (#17, #24, #30, #35, #48, #68, #75, #232) out of 14 residents who met criteria for Enhanced Barrier Precautions.</p> <p>Findings:</p> <p>Cross reference findings to F880.</p> <p>A review of the facility's policy titled Infection Prevention and Control Manual - Enhanced Barrier Precautions written on 08/21/2023 revealed in part . Enhanced Barrier Precautions are an infection control intervention designed to reduce transmission of multi-drug resistant organisms (MDRO) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high contact resident care activities for residents known to be colonized or infected with a multi-drug resistant organisms (MDRO) as well as those at increased risk for MDRO acquisition (such as residents that have wounds or indwelling medical devices). Enhanced Barrier Precautions are recommended for residents with any of the following: 1) Infection or colonization with a MDRO or 2) A wound or indwelling medical device, even if the resident is not known to be infected or colonized with a MDRO. Indwelling medical devices include central venous catheters, urinary catheters, feeding tubes, tracheostomies/ventilators.</p> <p>Observations were made throughout the survey process that revealed the facility did not implement Enhanced Barrier Precautions for Residents #17, #24, #30, #48, #75, #232 who had indwelling urinary catheters; Residents #35 and #68 who had PEG (Percutaneous Endoscopic Gastrostomy) tubes; Residents #30 and #232 who had chronic wounds.</p> <p>An interview was conducted on 04/23/2024 at 1:22 p.m. with S4ADON (Assistant Director of Nursing). S4ADON stated that prior to yesterday (04/22/2024), she was unaware of the requirement and criteria for EBP. She confirmed that none of the residents that fit EBP criteria, such as urinary catheters, chronic wounds, and PEG (Percutaneous Endoscopic Gastrostomy) tubes, were on EBP and should have been.</p> <p>On 04/24/2024 at 4:10 p.m., an interview was conducted with S2ADM (Administrator) and S8RDO (Regional Director of Operations). S2ADM confirmed the Enhanced Barrier Precautions Policy was written and effective on 08/21/2023. S2ADM confirmed he was aware the Enhanced Barrier Precautions had not been implemented. S2ADM stated he did not know if he was part the governing body or who was the governing body. S8RDO stated the facility's Administrator (S2ADM), himself (S8RDO), the regional nurse, and S9IDM were part of the governing body. S8RDO confirmed the facility's administration failed to ensure Enhanced Barrier Precautions was implemented per the facility's the policy for residents meeting the criteria.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/24/2024 at 4:21 p.m., a telephone interview was conducted with S9IMD (Interim Medical Director). S9IMD stated he was not aware of the facility's Enhanced Barrier Precautions policies and procedures. He further stated he was not aware the facility had not implemented Enhanced Barrier Precautions for the residents who met criteria.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46169</p> <p>Based on observation, interview and record review, the facility failed to implement/maintain infection control practices to help prevent and control the spread of an infectious communicable disease. The facility failed to ensure all staff adhered to Enhanced Barrier Precautions for 8 (Resident #17, Resident #24, Resident #30, Resident #35, Resident #48, Resident #68, Resident #75, Resident #232) of 8 (Resident #17, Resident #24, Resident #30, Resident #35, Resident #48, Resident #68, Resident #75, Resident #232) residents reviewed for infection control. The deficient practice had the potential to affect 14 out of 74 total residents with chronic wounds or indwelling medical devices.</p> <p>Findings:</p> <p>A review of the facility's policy titled Infection Prevention and Control Manual - Enhanced Barrier Precautions written on 08/21/2023 revealed in part . Enhanced Barrier Precautions involve gown and glove use during high contact resident care activities for residents known to be colonized or infected with a multi-drug resistant organisms (MDRO) as well as those at increased risk for MDRO acquisition (such as residents that have wounds or indwelling medical devices). Enhanced Barrier Precautions are recommended for residents with any of the following: 1) Infection or colonization with a MDRO or 2) A wound or indwelling medical device, even if the resident is not known to be infected or colonized with a MDRO. Indwelling medical devices include central venous catheters, urinary catheters, feeding tubes, tracheostomies/ventilators.</p> <p>An interview was conducted on 04/23/2024 at 1:22 p.m. with S4ADON (Assistant Director of Nursing). S4ADON stated, that prior to yesterday (04/22/2024), she was unaware of the requirement for EBP (enhanced barrier precautions) as well as the criteria for EBP. She confirmed that none of the residents that fit that criteria, such as urinary catheters, chronic wounds, and PEG (Percutaneous Endoscopic Gastrostomy) tubes, were on EBP and should have been.</p> <p>Resident #24</p> <p>On 04/23/2024 at 12:55 p.m., an observation was made of Resident #24 and was noted to have a urinary catheter. Further observation of the resident's room failed to reveal signage indicating EBP (Enhanced Barrier Precautions), required PPE (personal protective equipment) was not available for staff usage, and there were no red biohazard bins nearby.</p> <p>On 04/23/2024 at 01:13 p.m., an interview was conducted with S7LPN. S7LPN confirmed Resident #24 had a foley catheter. S7LPN stated she was not aware of Enhanced Barrier Precautions or what it consisted of. She confirmed the Resident was not on Enhanced Barrier Precautions and there was no biohazard bins in the resident's room.</p> <p>Resident #232</p> <p>Review of Resident # 232's electronic health record revealed he was admitted to the facility on [DATE] with diagnoses that included, but were not limited to Neurogenic Bladder.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident # 232's Significant Change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/23/2024 revealed Section H - Bladder and Bowel: Appliances A. Indwelling Catheter was checked.</p> <p>Review of Resident #232's Care Plan revealed no enhanced barrier precautions.</p> <p>On 04/23/2024 at 01:13 p.m., an interview was conducted with S7LPN. S7LPN confirmed Resident #24 had a foley catheter. S7LPN stated she was not aware of Enhanced Barrier Precautions or what it consisted of. She confirmed the Resident was not on Enhanced Barrier Precautions and there was no biohazard bins in the resident's room.</p> <p>31426</p> <p>Resident #35</p> <p>During an interview and observation with S6LPN (Licensed Practical Nurse) on 04/23/2024 at 1:02 p.m., she confirmed that Resident #35 had PEG (Percutaneous Endoscopic Gastrostomy) tubes. S6LPN acknowledged that a PEG tube was considered an indwelling medical device inserted into the stomach through a surgical wound in the abdomen and this could make someone with a PEG susceptible to infection. S6LPN was questioned regarding any awareness of Enhanced Barrier Precautions. S6LPN admitted she was not familiar with what it entailed or any of the requirements. S6LPN verified there was no signage on the door or near the entrance to the rooms of Resident #35 or Resident #68, announcing and explaining the need for Enhanced Barrier Precautions. S6LPN confirmed there was no PPE (Personal Protective Equipment) readily available near the entrance to Resident #35 or #68's room. S6LPN also verified there was no red biohazard waste receptacle in Resident #35 or #68's room, for disposal of PPE after use. S6LPN admitted that she and other direct care staff had provided direct patient care to Resident #35 and #68 without awareness of Enhanced Barrier Precautions, and without donning PPE.</p> <p>Resident #68</p> <p>During an interview and observation with S6LPN (Licensed Practical Nurse) on 04/23/2024 at 1:02 p.m., she confirmed that Resident #68 had PEG (Percutaneous Endoscopic Gastrostomy) tubes. S6LPN acknowledged that a PEG tube was considered an indwelling medical device inserted into the stomach through a surgical wound in the abdomen and this could make someone with a PEG susceptible to infection. S6LPN was questioned regarding any awareness of Enhanced Barrier Precautions. S6LPN admitted she was not familiar with what it entailed or any of the requirements. S6LPN verified there was no signage on the door or near the entrance to the rooms of Resident #68, announcing and explaining the need for Enhanced Barrier Precautions. S6LPN confirmed there was no PPE (Personal Protective Equipment) readily available near the entrance to Resident #68's room. S6LPN also verified there was no red biohazard waste receptacle in Resident #68's room, for disposal of PPE after use. S6LPN admitted that she and other direct care staff had provided direct patient care to Resident #68 without awareness of Enhanced Barrier Precautions, and without donning PPE.</p> <p>44418</p> <p>Resident #17</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident # 17's electronic health record revealed he was admitted to the facility on [DATE] with diagnoses that included, but were not limited to Hydronephrosis.</p> <p>Review of Resident # 17's Annual MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 04/02/2024 revealed Section H - Bladder and Bowel: Appliances A. Indwelling Catheter was checked.</p> <p>Review of Resident # 17's physician's ordered revealed orders 03/20/2024 - Foley Catheter, 16F (French)/10ml (Milliliters) change every month and PRN (As Needed) dislodgement and 10/20/2023 - Flush foley catheter daily with 50ml of NS (Normal Saline).</p> <p>Review of Resident #17's Care Plan revealed no evidence of enhanced barrier precautions.</p> <p>Resident #30</p> <p>Review of Resident # 30's electronic health record revealed he was admitted to the facility on [DATE] with diagnoses that included, but were not limited to Hydronephrosis.</p> <p>Review of Resident # 30's Annual MDS with an ARD of 03/12/2024 revealed Section H - Bladder and Bowel: Appliances A. Indwelling Catheter was checked.</p> <p>Review of Resident #30's Care Plan revealed resident had a supra pubic catheter and failed o address Enhanced Barrier Precautions.</p> <p>Resident #48</p> <p>Review of Resident # 48's electronic health record revealed he was admitted to the facility on [DATE] with diagnoses that included, but were not limited to Retention of Urine.</p> <p>Review of Resident # 48's Admission MDS with an ARD of 02/23/2024 revealed Section H - Bladder and Bowel: Appliances A. Indwelling Catheter was checked.</p> <p>Review of Resident #48's Care Plan revealed resident had an indwelling catheter and failed to address Enhanced Barrier Precautions.</p> <p>On 04/23/2024 at 1:00 p.m., an interview was conducted with S6LPN (Licensed Practical Nurse). She stated she was not sure what enhanced barrier precautions were. S6LPN confirmed Resident #17, Resident #30 and Resident #48 had an indwelling catheter. S6LPN also confirmed there was no signage for enhanced barrier precautions and no PPE available at resident door for use when caring for a resident.</p> <p>47354</p> <p>Resident #75</p> <p>Review of Resident #75's electronic health record revealed he was admitted to the facility on [DATE] with diagnoses that included, but were not limited to, Hematuria and Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #75's Quarterly MDS (Minimum Data Set) assessment with an ARD (Assessment Reference Date) of 03/26/2024 revealed Section H - Bladder and Bowel: Appliances A. Indwelling Catheter was indicated for use.</p> <p>Review of Resident #75's physician's orders revealed an order for Urinary Catheter.</p> <p>Review of Resident #75's care plan failed to reveal goals or interventions for enhanced barrier precautions.</p> <p>On 04/23/2024 at 9:13 a.m., an observation was made of Resident #75 who had an indwelling urinary catheter. Further observation of the resident's room failed to reveal signage indicating the use of EBP (Enhanced Barrier Precautions). Further observation revealed required PPE (Personal Protective Equipment) was not available for staff usage, and there were no biohazard bins to discard PPE.</p> <p>On 04/23/2024 at 1:25 p.m., an interview was conducted with S5LPN (Licensed Practical Nurse). S5LPN confirmed Resident #75 had a urinary catheter in place. She stated she had no knowledge of what Enhanced Barrier Precautions were and confirmed Resident #75 was not under any precautions.</p>