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	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Hill House	100 Kingston Road Sulphur, LA 70663

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interview, and policy review, the facility failed to maintain a clean and sanitary kitchen, as evidenced by:1. A buildup of thick black residue on the wall approximately six inches high for the length of the three compartment sink,2. a buildup of thick black residue on the wall approximately six inches high for the length of the dirty side dish table of the dishwasher,3. a buildup of food particles on three clean dish storage trays; and4. a buildup of black residue on the inside top panel of the kitchen ice machine.This deficient practice had the potential to affect 74 residents who ate out of the kitchen.Findings:A review of the facility's policy titled, Kitchen Sanitization with no review date, read in part, 1. The food service manager will monitor food safety and sanitation of the dietary department on a daily basis.On 04/13/2026 at 8:30 a.m., an initial tour of the kitchen was conducted with S6DMA who was responsible for the dietary department. During the tour, observations were made in the clean dish storage area, the dishwashing area, and of the ice machine. In the three-compartment sink and dishwasher area, a thick buildup of black residue was observed on the brick wall above the stainless steel backsplash. The residue extended approximately six inches in height along the entire length of the three-compartment sink. A similar accumulation of black residue was observed on the brick wall above the stainless steel backsplash along the length of the dirty side dish table of the dishwasher. S6DMA scratched the residue with her fingernail and stated, It's just dirty, confirming the substance was a buildup of soil and not a permanent stain. Continued observations revealed that clean dish storage, including dinner plates, bowls, and dessert plates, were stored upside down on trays that contained a buildup of old food particles. Further observations of the kitchen's ice machine revealed a buildup of black residue on the interior top panel. S6DMA acknowledged the clean dish storage surfaces should not contain old food particles and required cleaning. S6DMA also confirmed the ice machine was dirty and stated that the ice would need to be discarded and the machine needed to be cleaned immediately.

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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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** Based on record review and interview, the facility failed to accurately code the resident's Minimum Data Set (MDS) assessment for use of antibiotic medication for 1 (#5) out of 34 sampled residents.Findings:Review of Resident #5's Quarterly MDS, dated [DATE], revealed in part: Section N. Medications.N0415. High-Risk Drug Classes: Use and indication 1. Is taking. Check if the resident is taking any medication by pharmacological classification, during the last 7 days F. Antibiotic not checked.Review of Resident # 5?s February 2026 electronic Medication Administration Record (MAR) revealed that he received Macrobid 100 mg (milligrams) (an antibiotic) daily from 2/1/2026 to 2/28/2026. On 4/15/2026 at 8:25 a.m., an interview and record review was conducted with S12RN. She reviewed Resident #5's Quarterly MDS dated [DATE], along with resident's February 2026 MAR, and confirmed Resident #5 received antibiotic medications and the MDS was not coded correctly.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations, and interviews, the facility failed to ensure a resident's urinary drainage bag was below the resident's bladder according to facility policy for 1 (#13) out of 2 residents reviewed for urinary catheters or UTI (urinary tract infection). Findings:On 04/14/2026, a review of the facility's policy titled, Catheter Care, Urinary, dated 12/2024 read in part, The purpose of this procedure is to prevent catheter associated urinary tract infections. Maintaining unobstructed urine flow. 3. The urinary drainage bag must be held or positioned lower than the bladder at all times to prevent the urine in the tubing and drainage bag from flowing back into the urinary bladder.A review of Resident #13's electronic health record revealed the resident was admitted to the facility on [DATE]. The resident had diagnoses including, but not limited to, benign prostatic hyperplasia with lower urinary tract symptoms, obstructive and reflux uropathy, unspecified, and retention of urine.A review of Resident #13's physician orders revealed an order dated 02/20/2026 that read, Urinary catheter - Catheter 20F (French) suprapubic every shift related to obstructive and reflux uropathy, unspecified.A review of Resident #13?s Care Plan Report revealed a focus area initiated on 05/02/2025 that read in part, The resident has a suprapubic catheter. The interventions included in part, Position catheter bag and tubing below the level of the bladder and away from entrance room door.On 04/14/2026 at 11:27 a.m., an observation was made of Resident #13 sitting in his wheelchair in the dining room. The resident's urinary catheter drainage tube was draped over the armrest of the wheelchair and the urinary drainage bag was inside the pouch of the backrest of the wheelchair, behind the resident's back, which was above the resident's bladder.On 04/14/2026 at 11:53 a.m., an interview was conducted with S10RN. She stated that Resident #13 had a suprapubic catheter. S10RN stated that she put Resident #13's urinary drainage bag in the pouch of the backrest of his wheelchair. She stated the urinary drainage bag should have been placed below the resident's bladder, but it was not.On 04/14/2026 at 11:57 a.m., an observation of Resident #13 was conducted with S11LPN. She confirmed the resident's urinary drainage bag was in the pouch of the backrest of the wheelchair and it should not have been. She stated it should have been placed in a privacy bag and placed below the resident's bladder.On 04/14/2026 at 12:00 p.m., an interview was conducted with S3DON. He stated a urinary drainage bag should be placed lower than the resident's bladder with a privacy cover over it. At this time an observation of Resident #13 was conducted with S3DON. He confirmed the urinary drainage bag was in the back pouch of the wheelchair, above the resident's bladder, and should not have been.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interview, and record review, the facility failed to ensure dietary staff accurately measured nutritional supplements in accordance with residents assessed nutritional needs. This deficient practice had the potential to result in inadequate or inconsistent nutritional intake, altered nutritional status, and failure to meet the nutritional needs for 10 residents with supplements, being served the supplements from the kitchen. Findings:A review of the facility's policy Dietitian Responsibilities with no review date, read in part, Participation in developing and implementing an individualized plan of care to meet the nutritional needs of each resident. On 04/13/2026 at 11:50 a.m., an observation was made of S8DA preparing nutritional supplements for residents' noon meal. S8DA poured from a 32oz (ounce) container of MedPlus 2.0 supplement into 10, 5oz. cups without the use of a measuring device. A concurrent interview was conducted with S8DA. She stated that she had been instructed by S7RD to use the MedPlus 2.0 as the designated nutritional supplement for a list of residents who were to receive supplements but confirmed she had not received education or instruction regarding measuring the supplement portions. S8DA stated, I don't know, no one ever told me that I had to.On 04/13/2026 at 12:00 p.m., a phone interview was conducted with S7RD with S6DMA present. S7RD stated that the 10 residents who had been assessed and determined to require nutritional supplements should be served 4 ounces of the supplement. S7RD confirmed that dietary staff had not been educated on the proper measurement of supplements and acknowledged the issue, stating, I think you've found an area that needs to be improved. S7RD further confirmed that without measuring the supplement, there was no way to ensure the residents had received the proper nutrition as ordered per their diet.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observations, interview, and policy review, the facility failed to ensure garbage and refuse were disposed of properly. Findings:A review of the facility's policy titled, Garbage Disposal with no review date, read in part: All outside dumpsters will be maintained in clean and sanitary conditions. 8. Outdoor trash receptacles will be kept covered and the surrounding area kept free of litter.A review of S7RD's inspection report titled, Skilled Nursing Kitchen Observation dated 01/14/2026 revealed the following: 6. Dumpster/Dumpster area: needs attention, doors closed, around dumpster has quite a bit of trash and uncertain where it is coming from, clean dumpster area. A review of S7RD's inspection report titled, Skilled Nursing Kitchen Observation dated 03/18/2026 revealed the following: 6. Dumpster/Dumpster area, needs attention, clean dumpster area, and keep dumpster doors closed while not in use. On 04/13/2026 at 12:29 p.m., a concurrent observation and interview was conducted of the outside trash dumpster and surrounding dumpster area located at the north side of the facility with S1ADM and S2AIT who were responsible for the day to day management of the facility. The dumpster side door was open. Trash that consisted of used vinyl gloves, empty milk cartons, used plastic drinking cups, disposable cutlery, paper and plastic litter, a broken patio umbrella and multiple wooden pallets was strewn about on the ground surrounding the dumpster. S1ADM confirmed the trash was from the facility and should not have been on the ground.On 04/13/2026 at 2:30 p.m., an observation was made of the trash dumpsters located at the west side of the facility. A large bag of trash that contained soiled adult briefs and other items was on the ground in front of the dumpster. The side door to one of the dumpsters was open and both dumpster top lids were open.On 04/13/2026 at 3:30 p.m., observations of trash at both dumpster locations was made with S1ADM and S2AIT where open dumpster lids and doors were noted. Both S1ADM and S2AIT confirmed that it was the maintenance department's responsibility to maintain the dumpster areas, there should not have been any trash on the ground, and all dumpster lids and doors should have been closed.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, policy review, and interviews, the facility failed to implement and maintain an effective infection control and prevention program by failing to ensure ice scoops used for filling resident water pitchers were cleaned and sanitized daily. This deficient practice had the potential to affect all 74 residents residing in the facility. Findings:A review of the facility's policy titled, Ice Handling and Storage with no review date, read as follows: 3. Scoops will be cleaned/sanitized daily.On 04/13/2026 at 9:40 a.m., an observation was made of the ice chest and ice scoop used for filling resident water pitchers with S9LPN. The ice scoop was stored in a clear plastic bag labeled with a date of 04/09/2026. S9LPN confirmed the date indicated the scoop had last been cleaned and sanitized four days prior and stated she was unsure of the required frequency for cleaning and sanitizing the scoops.On 04/15/2026 at 10:28 a.m., an interview was conducted with S4ADON who also served as the facility's Infection Preventionist and was responsible for oversight of the infection control program. S4ADON stated the ice chests and scoops were to be sent to the kitchen daily at the end of the evening shift for cleaning and sanitizing. She further stated that following cleaning, scoops were to be placed in a clear plastic bag and labeled with the current date. S4ADON confirmed the ice scoop observed on 04/13/2026 should have been cleaned and sanitized per policy but was not.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observations and interviews, the facility failed to maintain an effective pest control program by failing to ensure to facility was free from pests in the kitchen dishwashing area. The deficient practice had the potential to affect 74 residents who resided in the facility and ate meals from the kitchen.Findings:Review of the facility's policy titled, Pest Control, with no review date, read in part: Facility wide pest control strategies are developed emphasizing kitchens, cafeterias.1. On-going measures are taken to prevent, contain, and eradicate common household pests such as roaches, ants, mosquitoes, flies, mice, and rats.On 04/13/2026 at 8:30 a.m., during a tour of the kitchen dishwashing area conducted with S5DM and S6DMA, four live, small, dark brown insects were observed crawling on the wall near the backsplash on the clean side of the dishwasher dish table. S5DM verified the insects were roaches and further confirmed the pest problem.On 04/13/2026 at 11:03 a.m., an interview was conducted with S1ADM and S2AIT responsible for the overall management of the facility. S1ADM stated that pest control services were provided on a monthly basis and included the kitchen area. Both S1ADM and S2AIT stated they were unaware of any pest concerns in the kitchen.On 04/13/2026 at 11:24 a.m., a second observation of the kitchen dishwashing area revealed one additional live, small dark brown insect crawling on the wall near the backsplash on the dirty side of the dishwasher dish table.