

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Winnfield Nursing and Rehabilitation Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 915 1st Street Winnfield, LA 71483	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373</p> <p>Based on record review, observation, and interview, the facility failed to ensure that each resident was treated with respect and dignity and cared for in an environment that promoted maintenance or enhancement of his or her quality of life for 1 (#2) of 3 (#1, #2, & #3) sampled residents by failing to ensure she was free of facial hair.</p> <p>Findings:</p> <p>Review of Resident #2's medical record revealed an admitted [DATE] with diagnoses that included in part . Pneumonia, Urinary Tract Infection, Major Depressive Disorder, Dementia, Down's Syndrome, Type 2 Diabetes Mellitus, and Moderate Intellectual Disabilities.</p> <p>Review of Resident #2's MDS with an ARD of 05/07/2024 revealed a BIMS was not conducted the resident was rarely or never understood. Review of the MDS revealed the resident required set up or clean up assistance with eating, substantial or maximal assistance with toileting hygiene and showering or bathing self, and partial to moderate assistance with personal hygiene.</p> <p>Review of Resident #2's current care plan revealed the resident was at risk for decline in ADLs with a problem onset of 03/15/2024 related to Down 's syndrome, unspecified mood disorder, and psychotropic medication usage. Interventions in the care plan included in part .Requires one person assist with ADLs, continent of bowel and bladder, wears pull ups for episodes of incontinence, and call light within reach while in room.</p> <p>In an observation on 07/09/2024 at 12:10 p.m., Resident #2 was sitting at a dining room table in her wheelchair. Resident #2 was noted to have many long, curly chin hairs. The chin hairs were noted to be about an inch long and were covering her entire chin.</p> <p>In an interview on 07/09/2024 at 3:20 p.m., S2 CNA reported staff bathed Resident #2 in the shower on the hall on the unit and that Resident #2 was bathed yesterday. S2 CNA reported Resident #2 does not refuse showers and doesn't have any behaviors. S2 CNA was notified of Resident #2's many long chin hairs. S2 CNA replied that she would shave her and confirmed Resident #2 doesn't refuse to be shaved.</p> <p>(continued on next page)</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an observation on 07/10/2024 at 7:15 a.m., Resident #2 was observed sitting in a wheelchair in the hallway with other residents and staff. Resident #2 was noted to have multiple long, curly chin hairs. In an interview at that time, S3 CNA acknowledged Resident #2's long chin hairs and replied she would shave the resident.</p> <p>In an observation and interview at 07/10/2024 at 7:25 a.m., S4 LPN observed Resident #2 and confirmed observing Resident #2's long chin hairs and said She needs to be shaved.</p> <p>In an interview on 07/10/2024 at 11:05 a.m., S1 DON acknowledged that Resident #2 had been observed over the past three days with multiple long chin hairs that needed to be shaved by staff.</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** 38373</p> <p>Based on record review and interview the facility failed to implement the plan of care to meet the needs of 2 (#1 & #2) of 3 (#1, #2, & #3) sampled residents. The facility failed to monitor and record food intake at each meal as directed in the residents' care plans.</p> <p>Findings:</p> <p>Resident #1</p> <p>Review of Resident #1's medical record revealed an admitted [DATE] with diagnoses that included in part . Unspecified Dementia, Major Depressive Disorder, History of falling, Anxiety Disorder, and Insomnia.</p> <p>Review of Resident #1's Quarterly MDS with an ARD of 04/24/2024 revealed a BIMS score of 4 indicating severe cognitive impairment. Review of the MDS revealed Resident #1 required supervision or touching assistance with eating.</p> <p>Review of Resident #1's current care plan revealed a potential for weight loss with a problem onset of 03/05/2024. Interventions in the care plan included in part .Dietician to evaluate and follow up as needed, determine food preferences, downgrade diet to mechanical soft with chopped meats, house supplement 8 ounces twice daily between meals, monitor food intake at each meal and record and report any decline to physician and dietician.</p> <p>Review of Resident #1's Meal Report from 06/01/2024 through 07/09/2024 revealed food intake at each meal was not recorded on 36 of the 39 days.</p> <p>Review of Resident #1's medical record revealed the following weights which represented a significant weight loss of 17% over a 3 month period:</p> <p>06/07/2024-105.8 pounds</p> <p>05/10/2024-108.2 pounds</p> <p>04/10/2024-111.2 pounds</p> <p>03/29/2024-117.1 pounds</p> <p>03/22/2024-120.4 pounds</p> <p>03/15/2024-127.1 pounds</p> <p>03/05/2024-128 pounds</p> <p>(continued on next page)</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>In an interview on 07/10/2024 at 11:00 a.m., S1 DON acknowledged staff were not documenting meal intake after each meal for Resident #1, as instructed in Resident #1's care plan, and should have been.</p> <p>Resident #2</p> <p>Review of Resident #2's medical record revealed an admitted [DATE] with diagnoses that included in part . Pneumonia, Urinary Tract Infection, Major Depressive Disorder, Dementia, Down's Syndrome, Type 2 Diabetes Mellitus, and Moderate Intellectual Disabilities.</p> <p>Review of Resident #2's QM5 MDS with an ARD of 05/07/2024 revealed a BIMS was not conducted as resident was rarely or never understood. Review of the MDS revealed the resident required set up or clean up assistance with eating, substantial or maximal assistance with toileting hygiene and showering or bathing self, and partial to moderate assistance with personal hygiene.</p> <p>Review of Resident #2's current care plan revealed a potential for weight loss with a problem onset of 03/15/2024. Interventions in the care plan included in part .Dietician to evaluate and follow up as needed, determine food preferences, monitor food intake at each meal and record, and report any decline to physician and dietician.</p> <p>Review of Resident #2's Meal Report from 06/01/2024 through 07/09/2024 revealed food intake at each meal was not recorded on 32 of the 39 days.</p> <p>Review of Resident #2's medical record revealed the following weights which represented a significant weight loss of 12% over a 4 month period:</p> <p>07/05/2024-68.6 pounds</p> <p>06/07/2024-77.8 pounds</p> <p>03/15/2024-78.4 pounds</p> <p>In an interview on 07/10/2024 at 11:00 a.m., S1 DON acknowledged staff were not documenting meal intake after each meal for Resident #2, as instructed in Resident #2's care plan, and should have been.</p>		