

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 02/05/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46773</p> <p>Based on interview and record review the facility failed to ensure a resident's rights to be free from physical abuse, for 1 (#3) of 3 (#2, #3, and #5) residents reviewed for abuse. The facility failed to protect Resident #3 from physical abuse by Resident #5.</p> <p>The facility implemented corrective actions which were completed prior to the State Agency's Investigation, thus it was determined to be a Past Noncompliance citation.</p> <p>Findings:</p> <p>Review of the facility's undated policy on 02/05/2025, titled Abuse Prevention, read in part . The facility is committed to protecting the residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents, consultants, volunteers, staff from other agencies, family members, legal guardian, or any other individual.</p> <p>Resident #3</p> <p>Review of Resident #3's medical record revealed an admitted [DATE], with diagnoses that included: Schizoaffective Disorder Bipolar type, Anxiety Disorder, Major Depressive Disorder, Depression, Glaucoma, Legal Blindness, and Cognitive Communication Deficit.</p> <p>Review of Resident #3's Quarterly MDS with an ARD of 11/14/2024, revealed a BIMS score of 10, indicating moderate cognitive impairment.</p> <p>Review of Resident #3's Care plan with a review date of 01/31/2025, read in part . Altered Mood State related to the following diagnoses: Depression, Anxiety, Schizoaffective disorder, bipolar type. 01/29/2025: Resident to Resident: Victim. Interventions: Care in pairs due to history of making false allegations against staff; ongoing evaluation of the effectiveness of current psychotropic medications to target behaviors; and resident moved off behavior unit on 01/29/2025.</p> <p>Resident #5</p> <p>Review of Resident #5's medical record revealed an admitted [DATE], with diagnoses that included: Schizoaffective Disorder, Depressive type, Anxiety Disorder, Diffuse Traumatic Brain Injury, and Cognitive Social or Emotional Deficit following Cerebrovascular Disease.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #5's Quarterly MDS with an ARD of 01/20/2025, revealed a BIMS of 12, indicating moderate cognitive impairment.</p> <p>Review of Resident #5's Care Plan with a target date of 02/10/2025, read in part .At risk for Psychosocial Well-being and Behavioral Symptoms, and Altered Mood State:</p> <p>01/29/2025 - Resident to Resident - aggressor.</p> <p>Review of a facility incident report dated 01/29/2025, revealed Resident #3 and Resident #5 were eating breakfast in the dining room on Hall X, when S3 CNA and S4 CNA heard Resident #3 yell and tell Resident #5 to give her back her milk. S3 CNA and S4 CNA stated they observed Resident #5 made contact with her fist to Resident #3's face.</p> <p>Review of a witness statement written by S4 CNA on 01/29/2025 at 8:15 a.m. read . I was passing out trays when I heard Resident #3 say 'don't take my milk', then I observed Resident #5 make contact with Resident #3's face.</p> <p>Interview on 02/05/2025 at 1:11 p.m. with S3 CNA revealed she was passing breakfast trays on Hall X and heard Resident #3 say hey, you took my milk. S3 CNA stated while walking over to Resident #3, she observed Resident #5 hit Resident #3 in the mouth with her fist. S3 CNA stated Resident #3 and Resident #5 were immediately separated, and S2 DON was notified.</p> <p>Interview on 02/05/2025 at 2:14 p.m. with S2 DON, revealed she was notified of the incident immediately after it occurred on 01/29/2025. S2 DON stated she assessed Resident #3's face, and observed a discoloration to her upper lip. S2 DON revealed Resident #5 was immediately placed on 1:1 supervision until she was sent to a behavioral hospital on 01/29/2025.</p> <p>Interview on 02/05/2025 2:50 p.m. with S1 Executive Director revealed after the incident occurred with Resident #3 and Resident #5 on 01/29/2025, the following was put into place: Resident #3 and Resident #5 were immediately separated, Resident #5 was put on 1:1 supervision until sent out to a behavioral hospital, an in-service was initiated for all staff on abuse, and body audits/life safety rounds were completed for all residents on Hall X. S1 Executive Director stated per family wishes, Resident #5 was accepted to another facility that would better suit her needs.</p> <p>The facility has implemented the following actions to correct the deficient practice:</p> <ol style="list-style-type: none"> 1. Resident #3 and Resident #5 were separated, and Resident #5 was placed on 1:1 monitoring immediately. 2. Each resident's physician and responsible party were notified regarding the incident. 3. Resident #3 had discoloration observed to upper lip after the incident that was resolved the following day, and had no other injuries. No new physician orders. 4. New orders from Resident #5's physician for an inpatient psychiatric evaluation. Resident #5 continued 1:1 supervision until he was admitted to an inpatient behavioral hospital on 01/29/2025. <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5. Life satisfaction rounds were made on all cognitive residents who resided on Hall X, with no issues noted.</p> <p>6. Body audits were conducted for all residents with low cognition who resided on Hall X, with no issues noted.</p> <p>7. On 01/29/2025, S2 DON initiated an In-service/training, reviewed the facility's abuse policy with staff, and educated staff on Residents with combative behaviors. All in services/training completed for facility staff as of 01/31/2025.</p> <p>7. Resident #5 was transferred to another nursing facility after discharge from the behavioral hospital per family request.</p> <p>Facility correction date of 01/31/2025.</p>