STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195454	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Winnfield Nursing and Rehabilitation Center, LLC	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on interviews and record review, the facility failed to ensure the admission and Quarterly MDS assessments accurately reflected a resident's status for 1 (Resident #1) of 5 sampled residents. Findings: Review of the facility's policy entitled MDS Assessment, revised 06/2023, revealed, in part .these assessments provide information on the resident's condition and facilitate development of an individualized plan of care. Review of Resident #1's medical record revealed an admission date of 01/17/2025 with admission diagnoses which included, in part .Adverse Effect of Methamphetamines, Cannabis Abuse with Intoxication, Suicidal Ideations, History of Suicidal Behavior, PTSD, GAD, Bipolar Disorder, and MDD. Review of Resident #1's Quarterly MDS with ARD of 04/22/2025 revealed, in part .a BIMS Score of 15, which indicated intact cognition. Resident #1 did not have PTSD. Further review of the MDS revealed Resident #1's history of suicidal behaviors, suicidal ideations, and substance use/abuse were not listed. Review of Resident #1's admission MDS with ARD of 01/24/2025 revealed, in part .a BIMS Score 0f 15, which indicated intact cognition. Resident #1 did not have PTSD. Further review of the MDS revealed Resident #1's history of suicidal behaviors, suicidal ideations, and substance use/abuse were not listed. Review of Resident #1's Psychiatric Initial Evaluation dated 02/13/2025 revealed, in part .Resident #1 was positive for methamphetamine upon arrival to the facility. Review of Resident #1's social services progress note dated 01/21/2025 revealed, in part .Resident #1 had a diagnosis of PTSD and a history of substance abuse. Interview with S6SSD on 06/10/2025 at 8:22 a.m. confirmed Resident #1's Social Services History and Initial Assessment completed on 01/21/2025 identified a diagnosis of PTSD, increased anxiety, and a history of substance use/abuse. Interview with S1ADM on 06/12/2025 at 12:50 p.m. confirmed Resident #1's admission and Quarterly MDS assessments did not include diagnosis of PTSD and substance use/abuse, SI, or History of Suicidal Behavior, but should have.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted Based on interview and record review, the facility failed to develop and implement a baseline care plan that included the instructions needed to provide effective and person-centered care that met professional standards of quality care for 1 (Resident #1) of 5 sampled residents. Findings: Review of the facility's policy entitled Comprehensive Person Centered Care Plans, revised 01/2025, revealed, in part .a baseline care plan is the initial plan of care to be used upon admission, until the comprehensive care plan is completed. The baseline care plan is to be developed within 48 hours. A resident-centered goal is to be developed for each problem. Staff approaches are to be developed for each problem. Review of Resident #1's medical record revealed an admission date of 01/17/2025 with diagnoses including, in part .Adverse Effect of Methamphetamines, Cannabis Abuse with Intoxication, Suicidal Ideations, History of Suicidal Behavior, PTSD, GAD, Bipolar Disorder, and MDD. Review of Resident #1's medical record revealed Resident #1 did not have a baseline care plan. Interview with S2DON on 06/12/2025 at 4:59 p.m. revealed she was unable to provide a baseline care plan for Resident #1. S2DON confirmed a baseline care plan was not developed for Resident #1, but should have been.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for 1 (Resident #1) of 5 sampled residents. Findings: Review of the facility's policy entitled Comprehensive Person Centered Care Plans, revised 01/2025, revealed, in part .each resident will have a person-centered plan of care to identify problems, needs, strengths, preferences, and goals that will identify how the interdisciplinary team will provide care. A resident-centered goal is to be developed for each problem. Review of Resident #1's medical record revealed an admission date of 01/17/2025 with diagnoses including, in part .Adverse Effect of Methamphetamines, Cannabis Abuse with Intoxication, Suicidal Ideations, History of Suicidal Behavior, PTSD, GAD, Bipolar Disorder, and MDD. Review of Resident #1's comprehensive care planned revealed Resident #1 was not care-planned for Suicidal Ideations, History of Suicidal Behavior, PTSD, or Substance Use/Abuse. Interview with S1ADM on 06/12/2025 at 12:50 p.m. confirmed Resident #1 was not care-planned for Suicidal Ideations, History of Suicidal Behavior, PTSD, or Substance Use/Abuse, but should have been. Interview with S7MDS on 06/12/2025 at 1:08 p.m. confirmed Resident #1 was not care planned for Substance Use/Abuse, but should have been.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide mental health services as dictated by accepted standards of quality for a resident admitted with multiple mental health diagnoses for 1 (Resident #1) of 5 sampled residents. The facility failed to: 1. Provide a timely referral for mental health services, and 2. Ensure mental health services were provided on a continual basis. Findings: Review of Resident #1's medical record revealed an admission date of 01/17/2025 with diagnoses including, in part .Adverse Effect of Methamphetamines, Cannabis Abuse with Intoxication, Suicidal Ideations, History of Suicidal Behavior, PTSD, GAD, Bipolar Disorder, and MDD. Review of Resident #1's admission MDS with ARD of 01/24/2025 revealed, in part .a BIMS Score 0f 15, which indicated intact cognition. Resident #1 was taking antipsychotic and antidepressant medications on a routine basis. Review of Resident #1's Urine Drug Screen dated 01/22/2025 at 5:00 p.m. revealed Resident #1 was positive for methamphetamine. Review of Resident #1's orders revealed an order to refer to the Psychiatric MP for evaluation of medication management and increased anxiety, dated 02/03/2025. Review of Resident #1's progress notes revealed an Initial Psychiatric Evaluation was conducted on 02/13/2025. Psychiatric Follow-Up Evaluations were conducted on 02/27/2025 and 03/27/2025. No additional mental health encounters were noted. 1. Interview with S6SSD on 06/10/2025 at 8:22 a.m. confirmed Resident #1's Social Services History and Initial Assessment completed on 01/21/2025 identified PTSD, increased anxiety, a history of substance abuse, and previous inpatient psychiatric treatment. S6SSD confirmed Resident #1 should have been referred for mental health services following the assessment, but was not. Interview with S9NP on 06/10/2025 at 11:10 a.m. revealed residents who are admitted with a mental health diagnoses are automatically referred for mental health services. S9NP confirmed Resident #1 should have been referred for mental health services upon admission, but was not. 1.& 2. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with S10MHNP on 06/10/2025 at 11:46 a.m. revealed Resident #1 was admitted to the facility on [DATE]. S10MHNP confirmed Resident #1 should have been referred for mental health services upon admission, but was not. S10MHNP revealed residents taking antipsychotics are seen by the MHNP at least monthly. S10MHNP confirmed Resident #1 had not been seen by the MHNP after 03/27/2025, but should have been.

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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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. Based on interviews and record reviews, the facility failed to provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for 1 (Resident #1) of 5 residents sampled with behavioral health diagnoses by failing to: 1. Develop and implement a person-centered plan of care that addressed Resident #1's history of Substance Use/Abuse; 2. Ensure concerns identified in the provider's progress notes regarding drug diversion were addressed; and 3. Perform monthly UDS as ordered. Findings: Review of the facility's policy entitled Comprehensive Person Centered Care Plans, revised 01/2025, revealed, in part .each resident will have a person-centered plan of care to identify problems, needs, strengths, preferences, and goals that will identify how the interdisciplinary team will provide care. A resident-centered goal is to be developed for each problem. Staff approaches are to be developed for each problem. Review of Resident #1's medical record revealed an admission date of 01/17/2025 with diagnoses including, in part .Adverse Effect of Methamphetamines, Cannabis Abuse with Intoxication, Suicidal Ideations, History of Suicidal Behavior, PTSD, GAD, Bipolar Disorder, and MDD. Review of Resident #1's admission MDS with ARD of 01/24/2025 revealed, in part .a BIMS Score of 15, which indicated intact cognition. Resident #1 did not have PTSD. Substance use/abuse was not indicated. Review of Resident #1's Quarterly MDS with ARD of 04/22/2025 revealed, in part .a BIMS Score of 15, which indicated intact cognition. Resident #1 did not have PTSD. Substance use/abuse was not indicated. 1. Review of Resident #1's comprehensive care plan revealed, in part .resident was not care-planned for History of Substance Use/Abuse. Interview with S1ADM on 06/09/2025 at 2:36 p.m. revealed Resident #1 had been discharged from another facility due to abuse of methamphetamine. S1ADM confirmed Resident #1 was not care-planned for a History of Substance Use/Abuse, but should have been Interview with S11MDS on 06/12/2025 at 1:08 p.m. confirmed Resident #1 was not care planned for Substance Use/Abuse, but should have been. (continued on next page)

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F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Review of Resident #1's provider progress note dated 04/08/2025 revealed, in part .it was brought to the provider's attention that the resident had been diverting scheduled medications and taking medications that were not prescribed to him. Review of Resident #1's provider progress note dated 04/22/2025 revealed, in part .the resident was seen for active substance use. Resident #1 reported he had been actively abusing medications since being admitted to the facility. Review of Resident #1's provider progress note dated 04/29/2025 revealed, in part .klonopin, an antianxiety medication, had recently been discontinued due to active substance abuse. Interview with S9NP on 06/10/2025 at 11:10 a.m. revealed Resident #1 had been actively abusing drugs when admitted to the facility and was positive for methamphetamine on 01/22/2025. S9NP confirmed on 04/08/2025 she documented Resident #1 had been diverting scheduled medications and taking pain medications that were not prescribed to him since admission to the facility. S9NP stated Resident #1 stated he had been pocketing his klonopin and had been trading his medication. S9NP confirmed on 04/22/2025 she documented Resident #1 was seen for active substance abuse within the facility. S9NP confirmed her 04/29/2025 progress note for Resident #1 recorded active substance abuse. Interview with S1ADM on 06/10/2025 at 2:43 p.m. confirmed at the time of Resident #1's death she was unaware of S9NP's progress notes indicating Resident #1 had active substance abuse, had been diverting scheduled medications and taking pain medications that were not prescribed to him since admission to the facility, had been pocketing his klonopin, and trading his medication. S1ADM confirmed no actions had been taken to address these concerns. Interview with S9NP on 06/10/2025 at 7:58 p.m. revealed someone from the facility had called her and made her aware of Resident #1's drug diversion in the facility. S9NP declined to answer the surveyor when asked whom from the facility she had been notified by. 3. Review of Resident #1's orders revealed, in part .monthly UDS, dated 02/21/2025. Review of Resident #1's laboratory reports revealed a UDS collected on 01/22/2025 was positive for methamphetamine. Resident #1 had no UDS dated 02/21/2025 through 05/14/2025. Interview with S1ADM on 06/09/202025 at 4:13 p.m. revealed Resident #1 was ordered a monthly UDS on 02/21/2025. Interview with S1ADM on 06/10/2025 at 9:02 a.m. confirmed a monthly UDS was not performed, as ordered, for Resident #1, but should have been. Interview with S8LPN on 06/10/202025 at 9:18 a.m. revealed she entered the order for monthly UDS on 02/21/2025 at 1:01 p.m. S8LPN confirmed Resident #1 should have had a UDS on 02/21/2025, and then monthly thereafter, but did not.