

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195552	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/28/2026
NAME OF PROVIDER OR SUPPLIER Tri-Community Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7014 Hwy 71 Palmetto, LA 71358	
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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, policy review, and interviews, the facility failed to ensure: Resident #1's grievance was documented and prompt efforts were made to investigate the voiced grievance, and Resident #2's grievance for clothing that was lost by facility was satisfactorily resolved. Findings: Review of the facility's policy titled, Grievance Policy with a revision date of 05/15/2026, read in part, Purpose: 1. To ensure each resident has the right to voice grievance with respect to .care.2. To ensure resident grievance will be followed up by prompt efforts to resolve grievance that the resident have.all grievances will be investigated thoroughly and appropriate corrective action taken.The Facility administrator or designee will act as the grievance official.4. Grievances made by a residents family .are to be documented on the grievance form.The grievance form will include: the date the grievance was received, b. A summary statement of the grievance, c. The steps taken to investigate the grievance, e. A statement as whether the grievance was confirmed or not confirmed, f. Any corrective action taken or to be taken by the facility as a result of the grievance.Resident #1Review of Resident #1's record revealed he was admitted to the facility on [DATE] with diagnoses including, but not limited to, hemiplegia and hemiparesis following a cerebral infarction affecting his left non-dominant side, polyneuropathy, benign prostatic hyperplasia, insomnia, pain, and peripheral vascular disease. Resident #1's sister was his responsible party.On 07/23/2026 at 2:15 p.m., an interview with Resident #1's responsible party confirmed she had called the facility and talked to a nurse at the station on 07/19/2026 and complained that the staff were not waking up Resident #1 and getting him out of bed. She stated S1ADM had returned her call the next day and she complained to S1ADM that staff were not waking Resident #1 up and getting him out of bed.On 07/28/2026 at 8:45 a.m., an interview with S2DON confirmed there was no documentation that Resident #1's responsible party had called in a complaint on 7/19/2026 that the staff were not waking the resident up or getting him out of bed. On 07/28/2026 at 10:12 a.m., an interview with S5SSD confirmed there was no documentation that Resident #1's responsible party had called in a complaint on 07/19/2026 that the staff were not waking the resident up or getting the resident out of bed.On 07/28/2026 at 12:00 p.m., an interview with S1ADM confirmed he had talked to Resident #1's responsible party on Monday, 07/20/2026, after she had called in a complaint on 07/19/2026. S1ADM stated Resident #1's responsible party complained to S1ADM that staff were not getting Resident #1 up early and that the facility must be short staffed over the weekend. S1ADM further confirmed he did not document the complaint voiced by Resident #1's responsible party nor did the facility investigate the complaint.Resident #2Review of the facility's policy titled Resident Personal Belongings, dated 05/15/2026, read in part, It is the policy of this facility to protect Residents right to possess personal belongings such as clothing.The facility will ensure that personal belongings and/or possessions are rightfully returned to the (continued on next page)		

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident, or the residents representative.1. All resident possessions, regardless of their apparent value will be treated with respect.5.The facility will exercise reasonable care for the protection of the resident's property for loss or theft.Review of Resident #2's record revealed she was admitted to the facility on [DATE]. She was her own responsible party. Her current diagnoses included in part, multiple sclerosis, spinal Stenosis, and chronic pain. Her Quarterly MDS (Minimum Data Set) assessment dated [DATE] revealed her BIMS (Brief Interview of Mental Status) score was 15, indicating she was cognitively intact.On 07/27/2026 at 11:37 a.m., an interview with Resident #2 revealed she was her own responsible party and made her own decisions. She stated at the beginning of June 2026, the facility packed a bag of 3 days of her clothes and evacuated her and the other residents to a sister facility due to potential flooding. She stated she returned to this facility on 06/29/2026. She stated her bag of clothing was missing. She complained to S5SSD that her clothes were missing and S5SSD said they would look for her clothes. Resident #2 stated these were her clothes that made her feel comfortable to wear to get out of bed and go do things, like going outside to get some sun. She stated she felt not having her clothes was preventing her from getting out of bed. She stated the only clothes she had in the facility were fall clothes that were too hot to wear. She stated she wanted her summer clothes that were in the bag. She stated S1ADM offered her hospital gowns and used clothing, and she didn't feel good about going around in hospital gowns and used clothing that he offered. She stated that was not very dignified. Resident #2 further stated it had been a month since she returned to the facility and they had not found her clothing.Record review of Resident #2's grievance dated 07/02/2026 revealed the following in part: S5SSD wrote: Resident#2 reported her bag with clothing during evacuation was missing. She reported 2 shirts, 2 pants, 1 Dress, 1 Sock, and 2 sports bras. Summary of investigation read: S5SSD checked laundry room, did not find bag or clothing, S5SSD spoke with S3HKS about Resident #2's missing clothes and made S1ADM aware of the missing clothing. S3HKS and staff will look in other closets for possible mix up of clothing. Bag with clothing was not left in trailer upon transport back to the facility. The Outcome/Corrective action was staff will continue to look for garments at this time.On 07/28/2026 at 10:26 a.m., an interview was conducted with S5SSD. She stated Resident #2 returned to the facility on [DATE] and complained to her on 07/02/2026 that she was missing 2 shirts, a dress, 2 pairs of pants, 1 pair of socks, and 2 sports bra that was in her bag the staff had packed to evacuate. S5SSD stated she checked Resident #2's room and laundry and then talked to S3HKS and informed S1ADM that Resident #2's clothes were missing. She stated, I have been looking and it has been a month since we have been back in the facility and we still have not found her bag. She stated it was up to S1ADM to replace her clothing.On 07/28/2026 at 12:30 p.m., an interview with S3HKS revealed Resident #2 had been back in the facility for about a month. She stated that the clothes that Resident #2 complained were missing were the clothes that was brought to our sister facility during the evacuation. She stated all the residents had a green bag with 3 days of clothing, and when they returned, she passed the green bag of clothes back out to all the residents. Resident #2 did not have a bag. S3HKS stated she looked around and couldn't find Resident #2's bag or the clothes that were in the bag. S3HKS stated the resident's clothing was either left at the sister facility or lost in transfer. S3HKS stated she remembered washing Resident #3's clothing at the sister facility. She stated that all the residents' names were labeled in their clothing, and Resident #2's clothes were not in this facility. On 07/28/2026 at 12:00 p.m., an interview with S1ADM confirmed they had returned to the facility after evacuation on 06/29/2026, and Resident #2 had complained on 07/02/2026 that she was missing her 3 days of clothes that were in the green bag that was packed to evacuate to their sister facility. He confirmed it was the facilities responsibility to ensure Residents' clothing was packed in (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and interviews, the facility failed to provide supervision and protective apron to unsafe smoking residents while smoking for 1 (#1) of 3 sampled residents. Findings: Review of the facility's policy titled, Residents Smoking Policy with a review date of 05/15/2026, read in part, The facility shall establish and maintain safe resident smoking practices. 1. Facility shall designate a formalized smoking area. 7. The resident will be evaluated on admission to determine if he is a smoker or non-smoker. If a smoker, the evaluation will include. d. Ability to smoke safely with or without supervision. 9. The resident ability to smoke safely will be re-evaluated quarterly, upon significant changes and as determined by the staff. The facility may impose smoking restrictions on a resident at any time if it is determined that the resident cannot smoke safely with available levels of support and supervision. Review of Resident #1's record revealed he was admitted on [DATE] with diagnoses that included hemiplegia and hemiparesis following a cerebral infarction affecting his left non dominant side, chronic obstructive pulmonary disease, polyneuropathy, and peripheral vascular disease. The resident's quarterly Minimum Data Set, dated [DATE] revealed his BIMS (Brief Interview of Mental Status) score was 15, indicating he was cognitively intact. Record review of Resident #1's quarterly Smoking Safety Screen dated 5/26/2026 read in part, Decision: Unsafe Smoker. History of dozing off while smoking and dropping ashes on clothing resulting in holes. Smoking apron to be worn when smoking. Record review of Resident #1's care plan with a revision date of 04/07/2026 read in part, Focus: Resident # is at risk for injury when smoking r/t (related to) falling asleep while sitting in Wheel Chair under front breezeway with lite cigarette. Ashes noted on his pants. Goal: He will be compliant with wearing smoking apron when smoking. Interventions: Smoke apron to be worn while smoking. Record review of Resident #1's June 2026 TAR (Treatment Administration Record) revealed an order which read, Smoking apron to be worn while smoking every shift. Start Date 5/1/2026. S6ADON/Tx Nurse had signed off on 07/27/2026 the 6AM-6PM shift indicating she had supervised Resident #1 to ensure he was wearing his apron. On 07/27/2026 at 11:27 a.m., an observation of Resident #1 and interview with S4HK was conducted. Resident #1 was observed sitting in his wheelchair on the front breezeway. His pants were observed with old burned holes. He lit a filter-less cigarette and smoked it without wearing a smoking apron. Resident #1 stated that he smoked anytime he wanted. He stated that most of the time no one is out there to supervise him to ensure he wore his apron. S4HK was observed sitting in the breezeway. She was asked if she was supervising Resident #1. She stated she was newly hired and was not there to supervise any of the residents while they smoked or to ensure they wore an apron. On 07/27/2026 at 3:13 p.m., an observation of Resident #1 and interview with S4HK was conducted. Resident #1 was observed on the front breezeway smoking a filter-less cigarette. He was not wearing a smoking apron over his clothes. A smoking apron was observed on the resident's right side between his right hip and the right arm rest of his wheel chair. S4HK was observed smoking a cigarette. She confirmed the resident had been smoking without an apron and that the resident had old holes on the left side of his pants. She confirmed she was not out there to supervise any of the residents while they smoked or ensure they were wearing an apron. On 07/27/2026 at 3:22 p.m., record review and interview with S7MDS Coordinator confirmed Resident #1 was assessed as an unsafe smoker. She stated he was care planned to wear an apron when he smoked. She stated S6ADON/Tx Nurse was to supervise the resident and ensure he wears his apron when he smoked and document this on the residents TAR (Treatment Administration Record). S7MDS (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinator went to the front breezeway of the facility and observed Resident #1 sitting outside under the breezeway smoking a cigarette without a smoking apron. S4HK was observed sitting under the breezeway and informed S7MDS Coordinator that Resident #1 was smoking his cigarette without wearing an apron and there was no one supervising him. At this time, S7MDS Coordinator observed the burn holes in Resident #1's pants with the apron on his side. S7MDS Coordinator confirmed Resident #1 should be wearing his apron and S6ADON/Tx Nurse should have supervised him. On 07/28/2026 at 8:10 a.m., an interview with S5ADON/Tx Nurse confirmed she was given the task of supervising Resident #1 when he went out to smoke and to ensure he wore a smoking apron. She stated the resident was assessed as an unsafe smoker; non-compliant with wearing his apron; and needed someone to supervise him while smoking. She stated that she didn't have the time to ensure Resident #1 wore his apron every time he decided to go out and smoke.		