STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195555	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sabine Retirement and Rehab Center	965 Fisher Road Many, LA 71449

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Keep residents' personal and medical records private and confidential. Based on observation, record review, and interview the facility failed to protect a resident's right to privacy and confidentiality of personal and medical records by failing to ensure 1 (Resident #4) of 4 sampled resident's name, medical appointment and diagnosis were not visible in a public area within the facility. Findings:Review of a facility policy titled Resident Rights, with no review date read in part.8. Privacy and confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal medical records.b. The resident has a right to secure and confidential personal and medical records.Review of Resident #4's medical record revealed an admit date of 09/24/20215, with diagnoses that included in part.Malignant Neoplasm of Prostate, Vascular Dementia, and Other Sequelae Following Unspecified Cerebrovascular Disease.Review of a Radiation Oncology Consultation note date 06/01/2026 read in part.Chief Complaint: I am here to discuss radiation for my Prostate Cancer. Observation on 06/16/2026 at 10:20 a.m. of nurses' station located at the front entrance into the facility revealed a brown envelope with Resident #4's name, scheduled medical appointment time, name of the hospital with specification of the Cancer Center and telephone number. Observation and interview on 06/16/2026 at 10:25 a.m. with S1 DON at nurses' station located at the front entrance of the facility revealed the brown envelope with Resident #4's name, scheduled medical appointment time, name of the hospital with specification of the Cancer Center and telephone number. S1 DON stated Resident #4 went out to a doctor's appointment, and the envelope should have been sent with him. S1 DON at this time confirmed the envelope was left lying at the nurse's station in a visible area to the public and contained personal and medical information for Resident #4 and should not have been.

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