

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195563	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2024
NAME OF PROVIDER OR SUPPLIER Southwind Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 804 Crowley-Rayne Hwy Crowley, LA 70526	

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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47540</p> <p>Based on record reviews and interviews, the facility failed to obtain the recertification of terminal illness for 3 (Resident #1, #2, and #3) out of 6 (Resident #1, #2, #3, #R1, #R2, and #R3) sampled residents reviewed for hospice.</p> <p>Findings:</p> <p>On 06/11/2024, a review of the facility's agreement with the Contracted Hospice Agency dated 12/21/2022 read in the part, the following V. Records (a) Nursing facility . shall prepare and maintain complete and detailed clinicals records . Each clinical record shall completely, promptly and accurately documents all services provided to, and events concerning each Residential Hospice Patient .</p> <p>Resident #1</p> <p>Review of Resident #1's record revealed she was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, Senile Degeneration of Brain and Encounter for Palliative Care.</p> <p>Review of Resident #1's Quarterly MDS (Minimum Data Set) dated 03/19/2024 revealed the Brief Interview for Mental Status (BIMS) of 3, indicating her cognition was severely impaired. Under Section O: Special Treatments revealed the resident was admitted to hospice.</p> <p>Review of Resident #1's physician's orders revealed an order entry with a start date of 07/07/2023 read in part, Admit to Contracted Hospice for Terminal dx (diagnosis) of Senile Degeneration of Brain.</p> <p>Review of Resident #1's person-centered plan of care, revealed in part, a focus of I have chosen to receive hospice care r/t (related to) dx Senile Degeneration of Brain.</p> <p>Review of Resident #1's hospice documents in the EHR (Electronic Health Record) revealed, in part, the most recent recertification of terminal illness by the Contracted Hospice Agency's physician was signed on 03/04/2024 for the recertification period of 03/03/2024 through 05/01/2024.</p> <p>Resident #2</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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #2's record revealed she was readmitted to the facility on [DATE] with diagnoses which included, but were not limited to, Parkinsonism and Encounter for Palliative Care.</p> <p>Review of Resident #2's Quarterly MDS (Minimum Data Set) dated 05/14/2024 revealed the Brief Interview for Mental Status (BIMS) of 3, indicating her cognition was severely impaired. Under Section O: Special Treatments revealed the resident was admitted to hospice.</p> <p>Review of Resident #2's physician's orders revealed an order entry with a start date of 09/01/2023 read in part, Admit to Contracted Hospice for Terminal dx (diagnosis) of end stage Parkinson's .</p> <p>Review of Resident #2's person-centered plan of care, revealed in part, a focus of I have chosen to receive hospice care admitted with dx of Parkinson's.</p> <p>Review of Resident #2's hospice documents in the EHR revealed, in part, the most recent recertification of terminal illness by the Contracted Hospice Agency's physician was signed on 09/01/2023 for the initial certification period of 09/01/2023 through 11/29/2023. No recertification's noted in Resident #2's EHR.</p> <p>Resident #3</p> <p>Review of Resident #3's record revealed she was readmitted to the facility on [DATE] with diagnoses which included, but were not limited to, Hypertension and Hyperlipidemia.</p> <p>Review of Resident #3's Quarterly MDS (Minimum Data Set) dated 03/03/2024 revealed the Brief Interview for Mental Status (BIMS) of 00, indicating the resident was unable to complete the assessment. Under Section O: Special Treatments revealed the resident was admitted to hospice.</p> <p>Review of Resident #3's physician's orders revealed an order entry with a start date of 11/22/2023 read in part, Admit to Contracted Hospice for Terminal dx of CVD (Cardiovascular Disease) .</p> <p>Review of Resident #3's person-centered plan of care, revealed in part, a focus of I have chosen to receive hospice care r/t diagnosis of CVD .</p> <p>Review of Resident #3's hospice documents in the EHR revealed, in part, the most recent recertification of terminal illness by the Contracted Hospice Agency's physician was signed on 02/16/2024 for the recertification period of 02/20/2024 through 05/19/2024.</p> <p>(continued on next page)</p>		

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/11/2024 at 2:20 p.m., an interview was conducted with S1DON (Director of Nursing). S1DON confirmed she was the designated team member for ensuring all hospice documents were current and scanned into the EHR. She stated the hospice documents are only in the EHR they are not in hospice binders or anywhere else. Review of Resident #1, #2 and #3's hospice documents in the EHR was conducted with S1DON. She confirmed Resident #1's last recertification period that was scanned into the EHR was from 03/03/2024 - 05/01/2024. She confirmed Resident #2's initial certification period that was scanned into the EHR was from 09/01/2023 - 11/29/2023 and there are no recertification's scanned into Resident #2's EHR. She confirmed Resident #3's last recertification period that was scanned into the EHR is from 02/20/2024 - 05/19/2024. S1DON confirmed there were not any current recertification statements for hospice for Resident #1, #2 and #3 and there should have been a current and updated recertification statement scanned into each resident's EHR that was obtained from the resident's contracted hospice facility. She stated she also checked her emails and was unable to locate current recertifications for Resident #1, #2, and #3.</p>		