STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195563	A. Building B. Wing	09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southwind Nursing & Rehabilitation Center	804 Crowley-Rayne Hwy Crowley, LA 70526

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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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to ensure a resident was safe to perform self-administration of medication for 1 (#25) of 54 sampled residents This deficient practice had the potential to affect a census of 110 Residents. Record review revealed Resident #25 was admitted to the facility on [DATE]. The resident had a BIMS (Brief Interview for Mental Status) Score was 10 meaning she had moderate cognitive impairment. Record review of Resident #25's medical record revealed the resident did not have an assessment to self-administer her medications.On 09/15/2025 at 9:03 a.m., an observation in Resident #25's room revealed a bottle of Advanced Eye Relief (Over the counter) eye lubricant on her bedside table. Resident #25 stated she used the medication to relieve her dry eyes. She stated she asked her daughter to bring her this medication. On 09/16/2025 at 10:08 a.m., an observation in Resident #25's room with S6LPN (Licensed Practical Nurse) revealed that the resident had 1 bottle of Advanced Eye Relief, 1 bottle of Refresh Relieve, 1 bottle Blink Lubricating Eye Drops and a 1 bottle of Debrox Ear wax removal Aid (over the counter medications) at the bedside. S6LPN stated the resident does not have these over the counter medications on her medication profile. S6LPN stated the CNAs (certified nurse assistants) are to go through the resident's drawers to ensure they do not have any medication. S6LPN stated the resident should not have these medications in her possession. She stated Resident #25 was not assessed to self-administer her own medications. On 09/16/2025 at 1:04 p.m., an interview with S4CorpNurse revealed nursing staff should have removed the medication from Resident #25's room if she had medication on her bedside table. She stated Resident #25 was not assessed to self-administer her own medications and should not have had medications in her room.

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observations and interview, the facility failed to ensure a safe, clean, and homelike environment for 3 (#79, #88, and #90) out of 5 (#8, #33,#79, #88, and #90) residents investigated for environment. The facility failed to ensure: 1. Wheelchairs were clean for Residents #79 and Resident #90; and 2. The toilet support arm was in good working condition for Resident #88. Findings: A review of the facility's policy titled, Homelike Environment Policy and Procedure, with a last reviewed date of 06/12/2025, read in part Procedure: 1. Physical Environment a. Resident Rooms, ii. Maintain a clean and safe living space according to resident wishes. Resident #79 On 09/15/2025 at 10:15 am, an interview and observation of Resident #79's wheelchair was made with S14LPN (Licensed Practical Nurse). Her wheelchair was observed to have a large amount of dust and grime on the spokes of the wheels and on the bottom bars. S14LPN stated that the wheelchair 100 percent needed to be cleaned. Resident #90 On 09/15/2025 at 10:20 a.m., an interview and observation of Resident #79's wheelchair was made with S14LPN. Her wheelchair was observed to have a large amount of dust and grime on the spokes of the wheels and on the bottom bars. S14LPN confirmed that the resident's chair was dirty and needed to be cleaned. Resident #88 A review of Resident #88's Quarterly MDS (Minimum Data Set) with an ARD (assessment reference date) of 08/15/2025 revealed that the resident had a BIMS (Brief Interview for Mental Status) of 14, indicating the resident's cognition was intact. A review of Resident #88's Care Plan Report, revealed I require assistance for ADL's (Activities of Daily Living): I need assist with ADL care; Request for toilet support arm. On 09/15/2025 at 9:50 a.m., an observation was made of Resident #88's bathroom with S14LPN. The resident's toilet support arm was observed to move in a back and forth motion when pressure was applied indicating that it was loose. The base of the arm was connected to the wall and was observed to be partially coming out of the wall. Sheet rock damage was observed around the around the base of the arm. S14LPN confirmed the findings and further confirmed the toilet support arm was not in good working condition and needed to be repaired. On 09/15/2025 at 9:55 a.m., an interview was conducted with Resident #88. He stated the toilet support arm had been very shaky for about a week.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure a discharge summary was completed for a resident with a planned discharge to the community for 1 (#112) of 3 (#9, #111, and #112) closed records reviewed.Findings:On 09/16/2025, a review of the facility's policy titled, Discharge Summary Policy and Procedure with a revision date of 05/22/2025, read in part, Purpose: To document the resident status throughout the resident stay and on the resident discharge. Policy: Discharge Summary is to be completed within a timely manner of discharge. Procedure.2. Discharge Summary will be completed within a timely manner of discharge. 3. The discharge summary will include the following: 1. Type of discharge 2. A recapitulation of the resident's stay 3. A final status of the resident's status at the time of discharge 4. Reconciliation of medications via discharge instructions form when applicable. 5. Post discharge plan of care.Resident #112 was admitted to the facility on [DATE] with diagnoses that included, but were not limited to, chronic combined systolic (congestive) and diastolic (congestive) heart failure, unspecified abnormalities of gait and mobility, and type 2 diabetes mellitus with diabetic neuropathy.Review of Resident #112's Discharge Minimum Data Set (MDS) assessment, dated 09/08/2025, revealed in Section A0310 that the resident had a planned discharge. Further review revealed in Section A2105 that the resident was discharged to home/community.Review of a Notice of Medicare Non-Coverage notification form issued by the facility, revealed that on 08/07/2025, Resident #112 signed the form notifying him that Medicare coverage of his current skilled nursing services would end on 08/09/2025.Review of Resident #112's physician orders revealed an order written on 08/09/2025 that read in part.D/C (discharge) home with all meds and Narcs. (Narcotics).Review of a social services evaluation narrative summary written by S8SSD (Social Services Director) on 08/08/2025, revealed in part.D/C Assessment: Assessment completed with resident participation.Resident wishes to dc home on Saturday 08/09/2025.Resident happy with facility and happy to be returning home.Review of Resident's #112 Electronic Health Record (EHR) revealed no discharge summary.On 09/16/2025 at 1:33 p.m., an interview was conducted with S8SSD. She confirmed Resident #112 had a planned discharge. S8SSD stated she was not responsible for the discharge summary. She stated S9LPN/QA (Licensed practical Nurse/Quality Assurance Coordinator) was usually the one who completed the discharge summary.On 09/16/2025 at 1:45 p.m., an interview and review of Resident #112's EHR was conducted with S9LPN/QA. She confirmed Resident #112 did not have a discharge summary and stated she had not completed one for the resident. 09/16/2025 at 2:55 p.m., an interview was conducted with S4CorpNurse (Corporate Nurse). She confirmed that a discharge summary was not completed for Resident #112. S4CorpNurse stated a discharge summary should have been completed and a copy placed in the resident's EHR.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and interviews, the facility failed to ensure a resident received a nutritional supplement as ordered for 1 resident (#84) of 9 (#1, #11, #23, #30, #55, #72, #84, #89 and #94) residents investigated for dining.Findings: Resident #84 was admitted to the facility on [DATE] with diagnoses which included, but were not limited to unspecified protein-calorie malnutrition and ataxia following cerebral infarction.A review of Resident #84's current Order Summary Report revealed a physician's order with a start date of 03/28/2025 that read Mighty Shake (nutritional supplement) with meals for weight loss related to unspecified protein calorie malnutrition, add ice cream. A review of Resident #84's meal card revealed Personal Menu Item: 4 fluid ounce Mighty Shake. On 09/17/2025 at 7:30 a.m., an observation was made of Resident #84 in the dining room with his breakfast tray and meal card in front of him. No Mighty shake supplement was observed. On 09/17/2025 at 8:00 a.m., an interview and observation was made of Resident #84's meal tray and meal card with S7CNA (Certified Nursing Assistant). S7CNA confirmed that there was no Mighty shake supplement on Resident #84's meal tray and should have been if the meal card had been followed. S7CNA stated that she had fed the resident and that no Mighty shake had been offered to him for breakfast. On 09/17/2025 at 8:03 a.m., an interview and observation was made of Resident #84's meal card and meal tray with S2DON (Director of Nursing). S2DON also confirmed there was no Mighty shake supplement on Resident #84's meal tray and should have been according to his meal card.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to ensure that residents were provided respiratory care, consistent with professional standards of care for 2 (#61 and $113) of 5 (#8, #49, #61, #108 and #113) residents investigated for respiratory care. The facility failed to:1. Change an empty humidifier bottle for Resident #61, and2. Label oxygen equipment for Resident #113 Findings: On 09/17/2025, a review of the facility's policy titled, Oxygen Administration Policy and Procedure with a last reviewed date of 03/15/2025, read in part, Purpose: To administer oxygen to the resident when insufficient oxygen is being carried by the blood to the tissue. Procedure.5. Prefilled, sealed, disposable humidifiers may be changed per facility procedure, weekly and as needed.g. Label humidifier with date and time opened .9. At regular intervals, check liter flow contents of oxygen cylinder, fluid level in humidifier. Resident #61: Resident #61 was admitted to the facility on [DATE], with diagnoses that included, but were not limited to shortness of breath, myocardial infarction type 2, and encounter for palliative care. Review of Resident #61's physician orders revealed an order written on 06/09/2025 indicating the resident was admitted to hospice care. Further review revealed another order written on 06/09/2025 in part, Oxygen 4L (liters)/min (minute) per nasal cannula. Review of Resident #61's hospice Care Plan Facility Coordination of Care revealed an intervention that read in part, Oxygen: facility nurse change mask, O2 (oxygen) tubing, water bottle. On 09/15/2025 at 10:04 a.m., an observation was made of Resident #61 in his bed. The resident was receiving O2 by nasal cannula. The tubing was connected to an empty humidifier bottle which was connected to an oxygen concentrator. On 09/15/2025 at 11:57 a.m., a second observation was made of Resident #61. The resident was sitting up in his wheelchair and receiving O2 by nasal cannula. Further observation revealed the humidifier bottle remained empty. On 09/15/2025 at 11:57 a.m., an interview and observation of Resident #61's oxygen equipment was conducted with S15LPN (Licensed Practical Nurse). She confirmed the resident's humidifier bottle was empty and should not have been. On 09/17/2025 at 9:23 a.m., an interview was conducted with S2DON (Director of Nursing). She stated Resident #61's oxygen humidifier bottle was not supposed to be empty. S2DON confirmed the facility nurses were responsible for changing the humidifier bottle. Findings: Resident #113 Resident #113 was admitted to the facility on [DATE], with a diagnosis that included, but was not (continued on next page)

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	195563	A. Building B. Wing	09/17/2025

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	limited to shortness of breath. A review of Resident #113's Order Summary Report, revealed a physician's order, with a start date of 09/15/2025, for O2 (Oxygen) at 2 liters/minute/nasal cannula prn (as needed) SOB (shortness of breath)/O2 saturation less than 92% (percent) to relieve hypoxia every 12 hours as needed for SOB related to Shortness of Breath. A review of Resident #113 Care Plan Report, revealed in part: Focus: I have respiratory disease. I have diagnosis of SOB; I am at risk for excessive secretions. I require oxygen as needed; Interventions: Manage my oxygen set up per protocol. On 09/15/2025 at 9:17 a.m., an observation and interview of Resident #113's room was conducted with S14LPN (Licensed Practical Nurse). A humidifier bottle was observed connected to an oxygen concentrator with no date or time on the bottle. S14LPN observed and confirmed that the humidifier bottle should have been labeled with the date and time it was opened.

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	195563	A. Building B. Wing	09/17/2025

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure the medication error rate was less than 5%. A total of 27 opportunities were observed with 2 medication errors, which resulted in a medication error rate of 7.41%. The facility failed to ensure: 1. Resident #8 was administered the correct medication for Guaifenesin ER (Extended Release) as ordered, and 2. Resident #47 was administered Cyanocobalamin as ordered.Findings: Resident #8Review of Resident #8's health record revealed that he was admitted to the facility on [DATE] with diagnoses which included, but were not limited to quadriplegia, encounter for attention to tracheostomy, and cough, unspecified. Review of Resident #8's Order Summary Report, revealed a physician's order for Guaifenesin ER Tablet Extended Release 12 hour 600 mg (milligrams), give 1 tablet via PEG (percutaneous endoscopic gastrostomy) tube two times a day for cough, related to cough, unspecified with a start date of 02/20/2025. On 09/16/2025 at 4:00 p.m., an observation was made of S6LPN (Licensed Practical Nurse) administering medications to Resident #8. S6LPN administered one and one half tabs of Guaifenesin 400 mg. S6LPN confirmed that Resident #8's physician order stated to administer Guaifenesin Extended Release. S6LPN stated that she was unsure if it was OK to administer Guaifenesin in replacement of Guaifenesin Extended Release. Resident #47Review of Resident #47's health record revealed that she was admitted to the facility on [DATE] with diagnoses which included, but were not limited to dementia, vitamin deficiency, and muscle weakness. Review of Resident #47's Medication Administration Record revealed a physician's order for Cyanocobalamin Tablet 500 mcg (micrograms), give 1 tablet by mouth one time a day for vitamin b deficiency related to vitamin deficiency with a start date of 03/01/2025. On 09/16/2025 at 7:53 a.m., an observation was made of S14LPN administering medications to Resident #47. Cyanocobalamin was not administered to Resident #47.A review of Resident #47's Electronic Medication Administration Record revealed that S14LPN documented that she had administered Cyanocobalamin on 09/16/2025 at 7:55 a.m. while being observed by the surveyor.

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	195563	A. Building B. Wing	09/17/2025

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations and interviews, the facility failed to ensure drugs and biologicals used in the facility were stored in accordance with currently accepted professional principles as evidenced by failing to: 1. Discard an expired medication in 1 (Med Cart A) of 2 (Med Cart A and Med Cart B) medication carts inspected for medication storage; 2. Discard loose tablets in 2 (Med Cart A and Med Cart B) of 2 (Med Cart A and Med Cart B); and3. Properly secure medications for Med Cart C at all times during medication pass.Findings: A review of the facility's policy titled, Medication Storage Policy and Procedure with a last review date of 08/12/2025, read in part, Purpose: To properly secure medications and biologicals according to CMS guidelines. Policy: 1. Medications and biologicals will be maintained in a secured location only accessible to designated staff. Procedure: 2. Medications carts will be checked weekly for expired medications, loose pills. a. Any expired medications or loose pills will be destroyed according to the standard guidelines. On 09/17/2025 at 9:05 a.m., an observation was conducted of Med Cart A with S3LPN (Licensed Practical Nurse) and S1ADM (Administrator), which revealed the following: 1 bottle of Lactulose 10 gm (gram)/15 mL (milliliter) with an expiration date of 06/2025 1 loose tablet On 09/17/2025 at 9:18 a.m., an observation and interview was conducted with S3LPN, who confirmed the expiration date on the bottle of Lactulose 10 gm/15 mL was 06/2025, and it should have been discarded and not in the med cart. She confirmed that there was 1 loose tablet in the med cart, and it should not have been in the med cart. On 09/17/2025 at 9:20 a.m., an observation was conducted of Med Cart B with S5LPN and S1ADM, which revealed the following: 1 loose tablet On 09/17/2025 at 9:30 a.m., an observation and interview was conducted with S5LPN, who confirmed that there was 1 loose tablet in the med cart and should not have been in the med cart. On 09/16/2025 at 4:00 p.m., an observation was made of S6LPN (Licensed Practical Nurse) administering medications from Med Cart C. During preparation of medications, S6LPN was observed leaving a medicine cup containing Levetiracetam solution (anti-seizure medication) unattended on the top of Med Cart C as she left the hall to obtain other medications from another hall. A second observation was made when S6LPN left two medicine cups containing unknown medication on the top of Med Cart C after entering a resident's room. Upon S6LPN's return to Med Cart C, she confirmed that she left the medication unsecured on top of the cart on both occasions.

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F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. Based on observations, interviews, and record reviews, the facility failed to ensure the provided diet met the nutritional needs of each resident as evidenced by failing to ensure dietary staff used the appropriate portion size serving utensils when serving the lunch meal. Review of the facility's policy titled Accuracy and Quality of Tray Line Service Policy and Procedure, with a last reviewed date of 05/14/2025, read in part. 7. Each meal will be checked for: Proper portion sizes. On 09/15/2025 at 12:23 p.m., an observation was made of the food service line during lunch. The red beans and sausage were being served with a green handle spoodle, which was 4 ounces. The okra and tomatoes were being served with a green handle scoop, which equaled to 1/3 cup. A review of the Diet Extensions: Monday, Week 3,. 2025 for a regular diet revealed beans and sausage were to be served with a 6 ounce spoodle and the okra and tomatoes were to be served with a 4 ounce spoodle. On 09/15/2025 at 12:28 p.m., an observation of the serving utensils was conducted with S16DM (Dietary Manager). She stated that the dietary staff should have followed the recipes and/or the daily diet spreadsheets (Diet Extensions) that listed the appropriate serving sizes and use the color-coded chart for the serving utensils. She stated this would have ensured they were serving the correct portions. At that time, an observation of the serving utensils for the red beans and sausage and okra and tomatoes was also conducted with S1ADM (Administrator) and S4 CorpNurse (Corporate Nurse). They all agreed that the wrong size serving utensils were used to serve the red beans and sausage and the okra and tomatoes.

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	195563	A. Building B. Wing	09/17/2025

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, observations, and interviews, the facility failed to maintain accurate medical records in accordance with accepted professional standards and practices for 1 (Resident #49) out of 54 sampled residents by failing to ensure the resident's EMAR (Electronic Medication Administration Record) was accurately documented.Findings:A review of the facility's policy titled Charting and Documentation Policy and Procedure with a last review date of 02/18/2025, revealed in part, Purpose: The purpose of charting and documentation is to provide the following: a complete account to the resident's care, treatment, response to the care, signs, symptoms, and progress of resident care.A review of Resident #49's admission record revealed the resident was admitted to the facility on [DATE] with diagnoses that included, but were not limited to, wheezing, coughing, and shortness of breath.A review of Resident #49's clinical physician orders revealed an active physician's order, with a start date of 03/21/2025, which stated oxygen 2L (liters) continuous, directions: twice a day.A review of Resident #49's EMAR for September (09/01/2025 - 09/16/2025) revealed an order which stated oxygen 2L continuous two times a day. Further review of the EMAR revealed this order was checked off and initialed by an LPN (Licensed Practical Nurse) on the morning of 09/15/2025 and on the morning of 09/16/2025.On 09/15/2025 at 11:44 a.m., an observation was made of Resident #49 in her room. No nasal cannula with continuous oxygen was observed on the resident.On 09/16/2025 at 12:00 p.m., a second observation was conducted of Resident #49 in the dining room. No nasal cannula with continuous oxygen was observed on the resident.On 09/16/2025 at 12:51 p.m., a third observation was conducted of Resident #49 in her room. No nasal cannula with continuous oxygen was observed on the resident.On 09/16/2025 at 1:27 p.m., an interview and record review were conducted with S6LPN. A review of Resident #49's physician's orders was conducted with S6LPN. S6LPN confirmed that Resident #49 did have an active order for continuous oxygen. A review of Resident #49's September 2025 MAR was conducted with S6LPN. S6LPN confirmed that she had documented that she administered oxygen to Resident #49 today and yesterday. S6LPN stated she has worked at the facility since July 2025 and had never seen Resident #49 wearing oxygen. S6LPN confirmed that Resident #49 was not receiving continuous oxygen, and she inaccurately documented it in the EMAR.