| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195585 | A. Building<br>B. Wing | 04/01/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Cypress at Lake Providence | 5976 US-65 North<br>Lake Providence, LA 71254 |

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 0600<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 13974<br><br>Based on observation, interviews and record review, the facility failed to protect the resident's right to be free from sexual abuse by another resident for 1 (#1) of 4 (#1, #2, #3, #4) sampled residents. The facility failed to protect resident #1 from being sexually abused by resident #2. The facility failed to provide 1:1 (one to one) supervision to resident #2 after an allegation of sexual abuse.<br><br>This deficient practice resulted in an Immediate Jeopardy situation on 03/15/2025 at 12:33 a.m. when resident #2 returned to the facility and was not monitored 1:1. Resident #1 alleged resident #2 entered her room and touched her breast on 03/14/2025 at 10:44 p.m. Resident #2 was removed from the facility by law enforcement and returned on 03/15/2025 at 12:33 a.m. Resident #2 was placed on 1:1 observation at that time. The facility failed to implement the 1:1 observation; therefore resident #2 entered resident #1's room a second time on 03/15/2025 at 4:47 a.m. and resident #1 alleged resident #2 touched her genitals over her underwear.<br><br>The facility implemented corrective actions which were completed prior to the State Agency's investigation entry on 03/26/2025. It was determined to be a Past Noncompliance Citation.<br><br>Findings:<br><br>Review of the facility's policy on Freedom from Abuse, Neglect and Exploitation dated 03/2023 revealed the following:<br><br>When the facility has identified abuse, the facility should take appropriate steps to remediate the noncompliance and protect resident from additional abuse immediately. This includes but is not limited to: a. Take steps to prevent further potential abuse.<br><br>Review of the facility's One to One Resident Care Guidelines (undated) revealed the following: A resident that requires one to one care means that this resident must be visually monitored every minute of every day until it is identified by the management team that one to one is no longer necessary. This means you may not leave the resident unobserved for any length of time.<br><br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|

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| F 0600<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | Review of the medical record of resident #1 revealed she had an admitted [DATE]. Resident #1 had diagnoses which included hemiplegia to one side upper extremity, hemiparesis, aphasia, acute hepatitis C, history of a traumatic brain injury and dysphagia. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed resident #1 had Brief Interview for Mental Status (BIMS) score of 10 indicating moderate cognitive impairment.<br><br>Review of the medical record of resident #2 revealed he had an admitted [DATE]. Resident #2 had diagnoses which included Parkinson's, schizoaffective bipolar type, vascular dementia and insomnia. Review of the MDS dated [DATE] revealed he had BIMS score of 9 indicating moderate cognitive impairment.<br><br>Review of the facility's investigation dated 03/14/2025 revealed on the night of 03/14/2025 at 10:50 p.m., resident #1 reported resident #2 entered her room and grabbed her breast. In the early morning hours of 03/15/2025, resident #1 reported resident #2 entered her room a second time and touched her genitals over her underwear.<br><br>Review of the progress notes dated 03/14/2025 at 10:50 p.m. revealed S5Licensed Practical Nurse (LPN) documented that a staff member came to the desk and reported that resident #1 alleged resident #2 entered her room. When she sat up her breast fell out of her shirt. Resident #2 grabbed her breast and said he would like to suck on it. Resident #2 then left the room. Resident #1 activated the call light and when staff arrived she reported it to them.<br><br>Review of the progress notes dated 03/14/2025 at 11:20 p.m. revealed resident #2 was escorted from the building by law enforcement.<br><br>Review of the progress notes dated 03/15/2025 at 12:33 a.m. revealed resident #2 was returned to the facility by law enforcement.<br><br>Review of the progress notes dated 03/15/2025 at 5:10 a.m. revealed S5LPN wrote a Certified Nurse Aid (CNA) told her that resident #1 alleged resident #2 entered her room a second time, but that she may have dreamt it. S5LPN spoke with S3CNA who had been assigned to monitor resident #2 one to one. S3CNA reported that resident #2 did not enter the room of resident #1 a second time.<br><br>Review of the progress notes dated 03/16/2025 at 11:58 a.m. revealed S2Director of Nursing (DON) documented she was speaking with resident #1. Resident #1 reported to her that she initially thought she may have dreamt resident #2 entered her room a second time early in the morning of 03/15/2025, but it wasn't a dream. Resident #1 alleged resident #2 touched her panties at her groin.<br><br>On 03/27/2025 at 2:50 p.m., interview with S3CNA revealed on 03/15/2025 after resident #2 was returned to the facility by the police, she was instructed to monitor resident #2 one to one by S2DON. S3CNA reported that while she was monitoring resident #2, she also responded to call lights on hall A.<br><br>(continued on next page) |

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|---|---|
| F 0600<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | On 03/27/2025 at 3:30 p.m., interview with S5LPN revealed on 03/14/2025 shortly before 11:00 p.m., S6CNA approached the nurse's station and reported resident #1 alleged that resident #2 entered her room and grabbed her breast. She went to the resident's room, assessed resident #1, found no injury and resident #1 was not upset. S2DON and the police arrived shortly afterwards. The police escorted resident #2 from the facility. About 1-2 hours later the police returned resident #2 to the facility. After resident #2 returned, S3CNA was assigned to monitor the resident one to one. On the morning of 03/15/2025 around 5:00 a.m., S6CNA approached the nurse's station and reported that resident #1 alleged resident #2 entered her room a second time. The resident was assessed and no injuries were found. Resident #1 said she may have dreamed the incident. After leaving the resident's room, S5LPN asked S3CNA if resident #2 entered the room of resident #1 a second time. S3CNA told her resident #1 did not enter the room of resident #2 a second time.<br><br>On 03/31/2025 at 12:00 p.m., interview with S1Administrator and S2DON revealed after resident #1 alleged resident #2 entered her room on 03/14/2025 and grabbed her breast, the police were called. When they arrived at the facility, resident #2 was arrested and escorted from the building. The police did not say that they would be returning the resident after processing. S2DON reported she was still in the building when resident #2 was returned by law enforcement. S2DON assigned S3CNA to monitor resident one to one for the remainder of the shift. S1Administrator and S2DON reported the investigation of the allegations indicated resident #2 did enter the room of resident #1 twice, once late in the night of 03/14/2025 and again early in the morning of 03/15/2025. They confirmed S3CNA did not monitor resident #2 one to one and failed to protect resident #1 from potential abuse.<br><br>A review of the video footage was conducted. The following was observed:<br><br>On 03/14/2025 at 10:44 p.m., resident #2 entered the room of resident #1.<br><br>At 10:48 p.m., resident #2 exited the room.<br><br>At 10:52 p.m., the call light was activated, a CNA entered the room then exited the room in the direction of the nurse's station.<br><br>On 03/15/2025 at 4:47 a.m., resident #2 entered the room of resident #1.<br><br>At 4:50 a.m., resident #2 exited the room of resident #1.<br><br>At 4:54 a.m., the call light was activated, a CNA entered the room then exited the room in the direction of the nurse's station.<br><br>Resident #2 was alone and there was no staff monitoring the resident one to one.<br><br>During the survey, in-service records and Quality Assurance (QA) monitoring records were reviewed and it was determined that the facility had implemented the following corrective actions to correct the deficient practice prior to entering the facility.<br><br>On 03/14/2025, the facility implemented the following actions to correct the deficient practice with a completion date of 03/18/2025:<br><br>Corrective Action:<br><br>(continued on next page) |

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| F 0600<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | 1) Full body assessment completed on the resident #1 on 03/14/2025.<br><br>2) Resident # 1 was offered to be evaluated at the emergency room and declined on 03/14/2025<br><br>3) Police notified and the accused resident #2 was taken into custody on 03/14/2025.<br><br>4) Accused resident #2 was placed on 1:1 upon return to facility on 03/15/2025.<br><br>5) DON/Designee has put daily monitors in place on 03/15/2025 for each shift for resident #1 that staff will ask resident does she feel safe in the facility with no psycho-social harm exhibited.<br><br>6) DON/Designee has in-serviced all employees and agency personnel starting on 03/14/2025 and will educate all employees and agency staff prior to the beginning of their shift on care expectations of a resident on 1:1 care, abuse, noting sexual and verbal, and the proper reporting procedure and how to identify abuse and signs of abuse. Employees gave verbally returned demonstrations of types of abuse, signs and proper reporting procedures.<br><br>7) A Statewide Incident Management System (SIMS) report was initiated on 03/14/2025<br><br>Identification of others at risk:<br><br>1) All residents had the potential to be affected.<br><br>2) DON/Designee has interviewed all residents with a BIMs of 8 or greater -03/15/2025 to determine if they have experienced sexual/verbal abuse, and if they feel safe in the facility with no findings.<br><br>3) DON/Designee has completed full body assessments and observed psycho-social signs of sexual/verbal abuse with no findings on residents with a BIMs score of 8 or less with no findings 03/15/2025.<br><br>Systemic Change:<br><br>1) DON/Designee in-serviced all employees and agency personnel starting on 03/14/2025 and will educate all employees and agency staff prior to the beginning of their shift on the care expectations of a resident in 1:1 care, abuse, noting sexual and verbal abuse, the proper reporting procedure, and how to identify abuse and signs of abuse. Employees gave verbal return demonstrations of types of abuse, signs, and proper reporting procedures.<br><br>Monitoring<br><br>1) The DON or designee will complete interviews with residents with a BIM score of 8 or greater weekly until they are compliant by 03/18/2025.<br><br>2) DON/Designee has completed full body assessments and observed psycho-social signs of sexual/verbal abuse with no findings on residents with a BIMs score of 8 or less with no findings weekly until compliant-compliant 03/18/2025.<br><br>(continued on next page) |

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| F 0600<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | 3) A regional team or corporate office nurse has been onsite since 03/17/2025 and will contact the facility daily for 2 weeks by phone or onsite to review audits and any new allegations of abuse. Then weekly for 1 month. The nurse(s) from the regional team or home office assist with investigations, observe the treatment of residents, perform chart audits, and provide oversight and consultation.<br><br>4) On 03/18/2025, the DON/Designee will perform walking rounds in which 10 residents (5 with BIMs >8 and 5 with BIMs <8) will be visited by the department head. Five residents will be interviewed regarding abuse for those who can be interviewed. At the same time, a skin check will be completed by a nurse for those residents unable to be interviewed to identify any abuse concerns for 2 weeks. This will then continue with 6 residents (3 with BIMs >8 and 3 with BIMs <8) daily for 4 weeks. Results from the resident interviews, assessments, and staff questionnaires will be reported to the QA committee weekly to assess the ongoing need for continued education or revisions to the plan. At that time, based on evaluations, the QA committee will determine the frequency at which resident interviews, assessments, and staff questionnaires should continue. Any concerns identified will be corrected immediately and reported to the administrator.<br><br>5) The Director of Nursing or a regional staff member will review all resident interviews and assessments daily for grievances/concerns. Starting on 03/15/2025, investigations will be initiated upon receipt.<br><br>6) The Director of Nursing and Administrator will review and discuss all resident-to-resident altercations daily, starting on 03/15/2025, to ensure that the resident is protected, the perpetrator is removed from the resident care area, reports to the Regulatory entities are filed timely, and a thorough investigation is completed. The Administrator and one of the following: Regional [NAME] President, Director of Clinical Operations, Regional Controller and or Regional Nurse Consultant will review the investigation to ensure protection of the resident, that the perpetrator is removed from the resident care area that reports are filed timely, and a thorough investigation has been completed. This will occur daily for 2 weeks. After 2 weeks, it will be discussed in the Quality Assurance Performance Improvement committee meeting, at which time it will be determined at what frequency the audits need to continue.<br><br>7) The Regional Nurse Consultant, Regional Controller, or corporate staff member will complete administrative oversight of the facility daily for two weeks beginning 03/15/2025, then weekly for four weeks, then monthly.<br><br>8) A Quality Assurance meeting will be held weekly until immediacy is removed beginning on 03/18/2025, then for 4 weeks, then monthly for recommendations and further follow-up regarding the above-stated plan. A Quality Assurance meeting was held on 03/19/2025, and an action plan was formulated and implemented. On 03/26/2025, a second Quality Assurance meeting was held to review the current plan for any needed revisions, compliance, and/or further education. At that time, based upon evaluation, the QA Committee will determine at what frequency any ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet resident well-being, identify facility concerns, and implement a correction plan to involve all facility staff. Corporate Administrative oversight of the Quality Assurance meeting will be completed by the Regional Nurse of Clinical or a member of the regional staff daily until the removal of immediacy beginning 03/15/2025, then weekly for 4 weeks, then monthly. |

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| F 0607<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | Develop and implement policies and procedures to prevent abuse, neglect, and theft.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 13974<br><br>Based on observation, interviews and record reviews, the facility failed to ensure it implemented written policies and procedures that prohibited the abuse of residents for 1 (#1) of 4 (#1, #2, #3, #4) sampled residents. The facility failed to implement their Abuse and One to One Monitoring policies. The facility failed to provide one to one (1:1) supervision to resident #2 after an allegation of sexual abuse.<br><br>This deficient practice resulted in an Immediate Jeopardy situation on 03/15/2025 at 12:33 a.m. when resident #2 returned to the facility and was not monitored 1:1. Resident #1 alleged resident #2 entered her room and touched her breast on 03/14/2025 at 10:44 p.m. Resident #2 was removed from the facility by law enforcement and returned on 03/15/2025 at 12:33 a.m. Resident #2 was placed on 1:1 observation at that time. The facility failed to implement the one to one observation; therefore resident #2 entered resident #1's room a second time on 03/15/2025 at 4:47 a.m. and resident #1 alleged resident #2 touched her genitals over her underwear.<br><br>The facility implemented corrective actions which were completed prior to the State Agency's investigation entry on 03/26/2025. It was determined to be a Past Noncompliance Citation.<br><br>Findings:<br><br>Review of the facility's policy on Freedom from Abuse, Neglect and Exploitation dated 03/2023 revealed the following:<br><br>When the facility has identified abuse, the facility should take appropriate steps to remediate the noncompliance and protect resident from additional abuse immediately. This includes but is not limited to: a. Take steps to prevent further potential abuse.<br><br>Review of the facility's One to One Resident Care Guidelines (undated) revealed the following: A resident that requires one to one care means that this resident must be visually monitored every minute of every day until it is identified by the management team that one to one is no longer necessary. This means you may not leave the resident unobserved for any length of time.<br><br>Review of the medical record of resident #1 revealed she had an admitted [DATE]. Resident #1 had diagnoses which included hemiplegia to one side upper extremity, hemiparesis, aphasia, acute hepatitis C, history of a traumatic brain injury and dysphagia. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed resident #1 had Brief Interview for Mental Status (BIMS) score of 10 indicating moderate cognitive impairment.<br><br>Review of the medical record of resident #2 revealed he had an admitted [DATE]. Resident #2 had diagnoses which included Parkinson's, schizoaffective bipolar type, vascular dementia and insomnia. Review of the MDS dated [DATE] revealed he had BIMS score of 9 indicating moderate cognitive impairment.<br><br>(continued on next page) |

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| F 0607<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | Review of the facility's investigation dated 03/14/2025 revealed on the night of 03/14/2025 at 10:50 p.m., resident #1 reported resident #2 entered her room and grabbed her breast. In the early morning hours of 03/15/2025 resident #1 reported resident #2 entered her room a second time and touched her genitals over her underwear.<br><br>Review of the progress notes dated 03/14/2025 at 10:50 p.m. revealed S5Licensed Practical Nurse (LPN) documented that a staff member came to the desk and reported that resident #1 alleged resident #2 entered her room. When she sat up her breast fell out of her shirt. Resident #2 grabbed her breast and said he would like to suck on it. Resident #2 then left the room. Resident #1 activated the call light and when staff arrived she reported it to them.<br><br>Review of the progress notes dated 03/14/2025 at 11:20 p.m revealed resident #2 was escorted from the building by law enforcement.<br><br>Review of the progress notes dated 03/15/2025 at 12:33 a.m. revealed resident #2 was returned to the facility by law enforcement.<br><br>Review of the progress notes dated 03/15/2025 at 5:10 a.m. revealed S5LPN wrote a Certified Nurse Aid (CNA) told her that resident #1 alleged resident #2 entered her room a second time, but that she may have dreamt it. S5LPN spoke with S3CNA who had been assigned to monitor resident #2 one to one. S3CNA reported that resident #2 did not enter the room of resident #1 a second time.<br><br>Review of the progress notes dated 03/16/2025 at 11:58 a.m. revealed S2Director of Nursing (DON) documented she was speaking with resident #1. Resident #1 reported to her that she initially thought she may have dreamt resident #2 entered her room a second time early in the morning of 03/15/2025, but it wasn't a dream. Resident #1 alleged resident #2 touched her panties at her groin.<br><br>On 03/27/2025 at 2:50 p.m., interview with S3CNA revealed on 03/15/2025 after resident #2 was returned to the facility by the police, she was instructed to monitor resident #2 one to one by S2DON. S3CNA reported that while she was monitoring resident #2 she also responded to call lights on hall A.<br><br>On 03/27/2025 at 3:30 p.m., interview with S5LPN revealed that on 03/14/2025 shortly before 11:00 p.m., S6CNA approached the nurse's station and reported resident #1 alleged that resident #2 entered her room and grabbed her breast. She went to the resident's room, assessed resident #1, found no injury and resident #1 was not upset. S2DON and the police arrived shortly afterwards. The police escorted resident #2 from the facility. About 1-2 hours later the police returned resident #2 to the facility. After resident #2 returned, S3CNA was assigned to monitor the resident one to one. On the morning of 03/15/2025 around 5:00 a.m., S6CNA approached the nurse's station and reported that resident #1 alleged resident #2 entered her room a second time. The resident was assessed and no injuries were found. Resident #1 said she may have dreamed the incident. After leaving the resident's room, S5LPN asked S3CNA if resident #2 entered the room of resident #1 a second time. S3CNA told her resident #1 did not enter the room of resident #2 a second time.<br><br>(continued on next page) |

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|---|---|
| F 0607<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | On 03/31/2025 at 12:00 p.m., interview with S1Administrator and S2DON revealed after resident #1 alleged the resident #2 entered her room on 03/14/2025 and grabbed her breast, the police were called. When they arrived at the facility, resident #2 was arrested and escorted from the building. The police did not say that they would be returning the resident after processing. S2DON reported she was still in the building when resident #2 was returned by law enforcement. S2DON assigned S3CNA to monitor resident one to one for the remainder of the shift. S1Administrator and S2DON reported the investigation of the allegations indicated resident #2 did enter the room of resident #1 twice, once late in the night of 03/14/2025 and again early in the morning of 03/15/2025. They confirmed S3CNA did not monitor resident #2 one to one and failed to protect resident #1 from potential abuse.<br><br>A review of the video footage was conducted. The following was observed:<br><br>On 03/14/2025 at 10:44 p.m., resident #2 entered the room of resident #1.<br><br>At 10:48 p.m., resident #2 exited the room.<br><br>At 10:52 p.m., the call light was activated, a CNA entered the room then exited the room in the direction of the nurse's station.<br><br>On 03/15/2025 at 4:47 a.m., resident #2 entered the room of resident #1.<br><br>At 4:50 a.m., resident #2 exited the room of resident #1.<br><br>At 4:54 a.m., the call light was activated, a CNA entered the room then exited the room in the direction of the nurse's station.<br><br>Resident #2 was alone and there was no staff monitoring the resident one to one.<br><br>During the survey, in-service records and Quality Assurance (QA) monitoring records were reviewed and it was determined that the facility had implemented the following corrective actions to correct the deficient practice prior to entering the facility.<br><br>On 03/14/2025, the facility implemented the following actions to correct the deficient practice with a completion date of 03/18/2025:<br><br>Corrective Action<br><br>1) Resident #2 remained on 1:1 care and was sent to in-patient psych on 03/15/2025.<br><br>2) Resident #1 was offered to be evaluated at ER and declined on 03/15/2025<br><br>3) Police notified of the second occurrence on 3/15/2025.<br><br>4) Full body skin assessment of Resident #1 completed on 03/15/2025.<br><br>5) DON/Designee has put daily monitors in place on 03/15/2025 for each shift for resident #1 that staff will ask resident does she feel safe in the facility with no psycho-social harm exhibited<br><br>(continued on next page) |

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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 0607<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | 6) DON/Designee has in-serviced all employees and agency personnel starting on 03/15/2025 and will educate all employees and agency staff prior to the beginning of their shift on care expectations of a resident on 1:1 care, abuse, sexual and verbal, and the proper reporting procedure and how to identify abuse and signs of abuse. Employees gave verbal returned demonstrations of types of abuse, signs and proper reporting procedures.<br><br>7) Staff involved received disciplinary action 03/15/2025 and resigned from her position at the facility.<br><br>Identification of others at risk<br><br>1) All residents had the potential to be affected 03/15/2025.<br><br>2) DON/Designee has interviewed all residents with a BIMs of 8 or greater 03/15/2025 to determine if they have experienced sexual/verbal abuse, and if they feel safe in the facility with no findings.<br><br>3) DON/Designee has completed full body assessments and observed psycho-social signs of sexual/verbal abuse with no findings on residents with a BIMs score of 8 or less with no findings 03/15/2025.<br><br>Systemic Changes<br><br>1) DON/Designee in-serviced all employees and agency personnel starting on 03/14/2025 and will educate all employees and agency staff prior to the beginning of their shift on the care expectations of a resident in 1:1 care, abuse, noting sexual and verbal abuse, the proper reporting procedure, and how to identify abuse and signs of abuse. Employees gave verbal returned demonstrations of types of abuse, signs, and proper reporting procedures.<br><br>2) The Regional Director of Clinical (RDC) educated the DON and Administrator on the policies and procedures for Abuse, including immediate provisions to protect residents in abuse situations. This was completed on 03/16/2025.<br><br>Monitoring:<br><br>1.) DON/designee to complete interviews with residents of a BIMs of 8 or greater and weekly until compliant 03/15/2025.<br><br>2) DON/Designee has completed full body assessments and observed psycho-social signs of sexual/verbal abuse with no findings on residents with a BIMs score of 8 or less with no findings weekly until compliant.<br><br>3) A regional team or corporate office nurse has been onsite since 03/17/2025 and will contact the facility daily for 2 weeks by phone or onsite to review audits and any new allegations of abuse. Then weekly for 1 month. The nurse(s) from the regional team or home office assist with investigations, observe the treatment of residents, perform chart audits, and provide oversight and consultation.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195585 | A. Building<br>B. Wing | 04/01/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Cypress at Lake Providence | 5976 US-65 North<br>Lake Providence, LA 71254 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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|---|---|
| F 0607<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | 4) On 03/18/2025, the DON/Designee will perform walking rounds in which 10 residents (5 with BIMs >8 and 5 with BIMs <8) will be visited by the department head. Five residents will be interviewed regarding abuse for those who can be interviewed. At the same time, a skin check will be completed by a nurse for those residents unable to be interviewed to identify any abuse concerns for 2 weeks. This will then continue with 6 residents (3 with BIMs >8 and 3 with BIMs <8) daily for 4 weeks. Results from the resident interviews, assessments, and staff questionnaires will be reported to the QA committee weekly to assess the ongoing need for continued education or revisions to the plan. At that time, based on evaluations, the QA committee will determine the frequency at which resident interviews, assessments, and staff questionnaires should continue. Any concerns identified will be corrected immediately and reported to the administrator.<br><br>5) The Director of Nursing or a regional staff member will review all resident interviews and assessments daily for grievances/concerns. Starting on 03/15/2025, investigations will be initiated upon receipt.<br><br>6) The Director of Nursing and Administrator will review and discuss all resident-to-resident altercations daily, starting on 03/15/2025, to ensure that the resident is protected, the perpetrator is removed from the resident care area, reports to the Regulatory entities are filed timely, and a thorough investigation is completed. The Administrator and one of the following: Regional [NAME] President, Director of Clinical Operations, Regional Controller and or Regional Nurse Consultant will review the investigation to ensure protection of the resident, that the perpetrator is removed from the resident care area that reports are filed timely, and a thorough investigation has been completed. This will occur daily for 2 weeks. After 2 weeks, it will be discussed in the Quality Assurance Performance Improvement committee meeting, at which time it will be determined at what frequency the audits need to continue.<br><br>7) The Regional Nurse Consultant, Regional Controller, or corporate staff member will complete administrative oversight of the facility daily for two weeks beginning 03/15/2025, then weekly for four weeks, then monthly.<br><br>8) A Quality Assurance meeting will be held weekly until immediacy is removed beginning on 03/18/2025, then for 4 weeks, then monthly for recommendations and further follow-up regarding the above-stated plan. A Quality Assurance meeting was held on 03/19/2025, and an action plan was formulated and implemented. On 03/26/2025, a second quality assurance meeting was held to review the current plan for any needed revisions, compliance, and/or further education. At that time, based upon evaluation, the QA Committee will determine at what frequency any ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet resident well-being, identify facility concerns, and implement a correction plan to involve all facility staff. Corporate Administrative oversight of the Quality Assurance meeting will be completed by the Regional Nurse of Clinical or a member of the regional staff daily until the removal of immediacy beginning 03/15/2025, then weekly for 4 weeks, then monthly. |