

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195585	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/11/2026
NAME OF PROVIDER OR SUPPLIER  Cypress at Lake Providence		STREET ADDRESS, CITY, STATE, ZIP CODE  5976 US-65 North 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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations and interviews, the facility failed to maintain a safe, clean, comfortable and homelike environment for 2 (#2 and #3) of 3 sampled residents reviewed for environmental concerns. The facility failed to ensure: 1) Resident #2's bed frame, bed rails, over-bed table, air conditioner, and nightstand were kept clean and in good repair; and 2) Resident #3's bed frame, bed rails, over-bed table, and floor were kept clean and in good repair. Findings:Resident #2</p> <p>Review of Resident #2's record revealed an admit date of 10/31/2024 with diagnoses including schizoaffective disorder, legal blindness, type 2 diabetes mellitus, peripheral vascular disease, seizures, and depression. Review of the Quarterly MDS assessment dated [DATE] revealed Resident #2 had a BIMS score of 15 which indicated no cognitive impairment.</p> <p>On 03/11/2026 at 9:50 a.m., dirt and grime were observed on Resident #2's bed frame, bed rails, over bed table frame, and top of her nightstand. Further observation also revealed the top drawer was missing from the night stand and a white powdery substance covered the air conditioner vent.</p> <p>On 03/11/2026 at 10:15 a.m., an observation conducted with S1Administrator confirmed Resident #2's bed frame, bed rails, over bed table frame, and night stand were dirty and stained. Further observation with S1Administrator also confirmed that Resident #2's top drawer was missing from the nightstand and the resident's air conditioner vent was covered with a powdery white substance.</p> <p>Resident #3</p> <p>Review of Resident #3's record revealed an admit date of 12/10/2018 with diagnoses that included paraplegia, generalized muscle weakness, hypertensive heart disease with heart failure, and multiple myeloma not having achieved remission. Further review of records revealed a quarterly MDS assessment dated [DATE] documented Resident #3 had a BIMS score of 12 which indicated moderate cognitive impairment with daily decision making.</p> <p>On 03/11/2026 at 9:00 a.m., dirt and stains were observed on Resident #3's bed frame, bed rails, over bed table frame, and floor. Further observation revealed exposed particle board on the over-bed table with broken and missing veneer.</p> <p>On 03/11/2026 at 10:20 a.m., observation conducted with S1Administrator confirmed Resident #3's: 1) bed frame, bed rails, over-bed table frame, and floor were dirty and stained; and 2) over-bed table contained exposed particle board due to broken and missing veneer.</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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