STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195601	A. Building B. Wing	07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
High Hope Care Center	475 High Hope Road Sulphur, LA 70663

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 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 reviews and interviews, the facility failed to notify the State's Long-Term Care Ombudsman of emergency transfers in writing for 1 (#1) of 3 (#1, #2, #3) sampled residents reviewed for transfer and discharge requirements. Findings: Review of Resident #1's Electronic Medical Record (EMR) revealed, in part, Resident #1 was admitted to the facility on [DATE]. Further review of the EMR revealed Resident #1 had an emergency transfer to a local hospital on [DATE]. Review of the facility's Ombudsman notification list of emergency transfers dated 03/01/2025-03/31/2025, Resident #1's transfer on 03/04/2025 was not listed and there was no further evidence the Ombudsman had been notified of the transfer. On 07/09/2025 at 12:30 p.m., a concurrent records review and interview was conducted with S1SSD (Social Services Director). S1SSD confirmed that the accuracy of the State's Long-Term Care Ombudsman list of emergency transfers was her responsibility. S1SSD reviewed Resident #1's EMR and confirmed she had an emergency transfer on 03/04/2025. She then reviewed the Ombudsman list of emergency transfers and confirmed this emergency transfer was not listed and should have been as required. On 07/09/2025 at 1:00 p.m., a request was made for a policy regarding the notification of the State's Long-Term Care Ombudsman of emergency transfers. A policy was not provided by the time of exit.

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