

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195601	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER High Hope Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46169</p> <p>Based on record review and interviews, the facility failed to refer residents with a newly diagnosed mental disorder to the appropriate state-designated authority for Level II PASARR (Preadmission Screening and Resident Review) evaluation and determination for 1 (#36) out of 3(#31, #36, #53) sampled residents investigated for PASARR in a final sample of 33 residents.</p> <p>Findings:</p> <p>On 02/19/2025, a review of the facility's policy titled, Resident Assessment - Coordination with PASARR Program last reviewed January 2025, indicated 1. Negative Level I Screen permits admission to proceed and ends the PASARR process unless a possible serious mental disorder or intellectual disability arises later. 9. Any resident who exhibits a newly evident or possible serious mental disorder, intellectual disability, or a related condition will be referred promptly to the state mental health or intellectual disability authority for a level II resident review.</p> <p>A review of Resident #36's record revealed an admitted [DATE] with diagnoses that included in part, recurrent major depressive disorder and anxiety disorder. A further review of Resident #36's record revealed a Level I PASARR dated 02/07/2022 determined a Level II was not required.</p> <p>Further review of Resident #36's hospital records revealed the resident admitted to an inpatient psychiatric hospital on 07/18/2023. The resident discharged to the facility on [DATE] with a new diagnosis of schizoaffective disorder.</p> <p>A review of Resident #36's annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/27/2024 revealed in part, Section I1600 Active Diagnoses was marked to indicate the resident had a diagnosis of schizophrenia.</p> <p>Further review of Resident #36's records revealed no evidence that a Level II PASARR had been submitted to the appropriate state-designated authority after a new diagnosis of schizoaffective disorder on 07/27/2023.</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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/19/2025 at 10:14 AM, a record review was conducted with S1SW (Social Worker). She confirmed a Level I PASARR dated 02/07/2022 determined a Level II was not required. S1SW confirmed the resident had an inpatient psychiatric hospitalization with new diagnosis of schizoaffective disorder on 7/27/2023. She confirmed a PASARR was not submitted to the appropriate state-designated authority after a new diagnosis of schizoaffective disorder.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47354</p> <p>Based on record reviews and interviews, the facility failed to ensure that residents who required dialysis received such services consistent with professional standards of practice for 1 (Resident #25) out of 1 (Resident #25) residents reviewed for dialysis services by failing to collaborate with the dialysis provider through dialysis communication forms.</p> <p>Findings:</p> <p>On 02/19/2025, a review of the facility's policy titled Hemodialysis, last reviewed January 2025, indicated; The facility will assure that each resident receives care and services for the provision of hemodialysis consistent with professional standards of practice. This will include: the ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatments received at a certified dialysis facility.</p> <p>A review of Resident #25's medical record revealed an admitted [DATE] with diagnosis that include, in part but not limited to; end stage renal disease, metabolic encephalopathy, and acute on chronic diastolic congestive heart failure.</p> <p>A review of Resident #25's Physicians orders revealed an order for the resident to attend hemodialysis on Monday, Wednesday, and Friday.</p> <p>A review of Resident #25's medical record revealed Dialysis Communication forms did not have post treatment vital signs on the following dates: 11/01/2024, 11/08/2024, 11/15/2024, 11/18/2024, 11/29/2024, 12/04/2024, 12/11/2024, 12/13/2024, 12/16/2024, 12/26/2024, 12/27,2024, 01/08/2025, 01/10/2025, 01/13/2025, 01/19/2025, 01/23/2025, 01/24/2025, 01/29/2025, 02/05/2025, 02/07/2025, and 02/10/2025.</p> <p>On 02/19/2025 at 8:24 AM, a concurrent records review and interview was conducted with S2LPN (Licensed Practical Nurse). S2LPN confirmed nursing staff is responsible for assessing Resident #25's complete vital signs before and after hemodialysis treatment and documenting them on the dialysis communication form. She reviewed Resident #25's dialysis communication binder and confirmed the assessment and documentation of vital signs were incomplete.</p> <p>On 02/19/2025 at 8:51 AM, a concurrent records review and interview was conducted with S3DON (Director of Nursing). S3DON confirmed the nursing staff is responsible for assessing Resident #25's complete vital signs before and after hemodialysis treatment and documenting them on the dialysis communication form. She reviewed Resident #25's dialysis communication binder and confirmed the assessment and documentation of vital signs were incomplete.</p>		