STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195610	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Helena Parish Nursing Home	32 North 2nd Street Greensburg, LA 70441

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 Level of Harm - Actual harm Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42681 Based on observation, record reviews and interviews, the facility failed to ensure each resident had the right to be free from physical abuse for 2 (#1 and #2) of 4 (#1, #2, #3, and #R1) residents reviewed for abuse. The facility failed to ensure: 1. Resident #1 was free from physical abuse by S5CNA, and 2. Resident #2 was free from physical abuse by Resident #R1. This deficient practice resulted in actual physical harm on 04/20/2025 at 4:54 a.m., when S5CNA punched Resident #1, a cognitively intact resident, twice on the left side of the face and the left upper lip resulting in Resident #1 being sent to the local emergency room . The resident was diagnosed with a 2.5 cm laceration of left face which required 4 stiches and a contusion of left orbital area. After returning to the facility, Resident #1 continued to have pain when eating and drinking. Findings: Review of the facility's policy titled, dated 01/14/1999, titled Adult, Disabled Person, or Elderly Abuse Recognition and Reporting, revealed, in part: Definitions: Abuse: The willful infliction of injury .with resulting physical harm, pain, or mental anguish. Physical abuse: Includes hitting, slapping, punching, and kicking. The following criteria may be used to assist in the identification of physical abuse: Scratches, cuts, scalp injury, contusions or lacerations inconsistent with the resident's or caregiver's explanation of the injury. 1. (continued on next page)

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

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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 0600 Level of Harm - Actual harm Residents Affected - Some	Review of Resident #1's Clinical Record revealed he was admitted to the facility on [DATE], with diagnoses which included Traumatic Subdural Hemorrhage and Stable Burst Fracture of Second Lumbar Vertebra. Review of Resident #1's Quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 01/15/2025, revealed a BIMS (Brief Interview for Mental Status) of 14, which indicated the resident was cognitively intact. Review of Resident #1's care plan revealed he has an activity of daily living self-care performance deficit related to limited mobility. Resident #1 was totally dependent on staff for dressing, eating, personal hygiene, oral care and toileting needs. Resident #1 required two staff assistance for transfers. Further review revealed Resident #1 was not care planned for making false allegations or confabulations. Review of facility's self-reported incident dated 04/20/2025 at 10:55 a.m. revealed, in part: Date of Incident: 04/20/2025 Time of Incident: 4:00 a.m. Discovered Date and Time: 04/20/2025 at 9:30 a.m. Discovered by: S4LPN Description: Resident #1 alleged that he was struck in the face by S5CNA. Resident #1 was noted by morning staff on 04/20/2025 with a bruise on the left side of his head near his hairline. A laceration was also noted on his upper left lip. Resident #1 provided a description of the staff that allegedly stuck him in the face. The description matched the staff that provided care overnight to Resident #1. S5CNA was suspended pending the outcome of the investigation. Resident #1 was transported to the local emergency room for evaluation and treatment. Review of local emergency room Physician Documentation dated 04/20/2025 at 9:57 a.m., revealed, in part: Wound #1: Location: Left face Type: Linear Wound Measurement: 2.5 centimeters Number of Sutures/Staples: 4 Discharge Diagnosis: Laceration of left face, contusion of left orbital area (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 0600 Level of Harm - Actual harm Residents Affected - Some	Review of emergency room Nurses' Note dated 04/20/2025 at 9:57 a.m. revealed Resident #1 reported to the emergency room staff he had an argument with a CNA around 4:00 a.m. and the CNA punched him in the mouth and eye. Review of diagnostic CT scan conducted on 04/20/2025 at 11:44 a.m. revealed: Exam: CT of Facial/Sinus without contrast Impression: Left orbital soft tissue swelling Review of the facility's medication administrative note for Resident #1 dated 04/20/2025 revealed: Date: 04/20/2025 Time: 11:15 p.m. Author: S3LPN Resident #1 received oxycodone-acetaminophen oral tablet 7.5-325 mg. Resident states his lip is killing him. Follow-Up Pain Scale: 9 out of 10 As Needed Administration: Ineffective On 04/28/2025 at 11:18 a.m., an interview was conducted with S6CNA. She stated on 04/20/2025 at 7:45 a.m. she entered Resident #1's room. She stated at that time she saw he had a bloody cut to his left upper lip and a bruise around his left eye. She stated she asked Resident #1 if he fell and he stated a CNA hit him twice in the face. S6CNA immediately reported this to S4LPN. On 04/28/2025 at 11:24 a.m., an interview was conducted with Resident #1. Resident #1 stated he required assistance with all activities of daily living including transfer from bed to wheelchair and eating, and bowel and bladder incontinence. He stated on 04/20/2025 between 4:00 a.m. and 5:00 a.m., S5CNA entered his room. He said he was in bed and asked S5CNA to get a snack out of his dresser drawer. He stated S5CNA told him he didn't need a snack and he cursed at S5CNA. He stated S5CNA punched him twice in the face. He stated he used his call light to call for help. He stated S3LPN entered his room and he reported S5CNA punched him in the face. He stated S3LPN said yeah right and exited his room. Resident #1 denied falling out of the bed or obtaining the injury by another source. He confirmed S6CNA entered his room and asked what happened to his face. He confirmed he reported to S6CNA he was punched in the face twice by S5CNA. Resident #1 stated he was then sent to the emergency room and had to get stitches to his left upper lip. On 04/28/2025 at 11:39 a.m., an interview was conducted with S4LPN. S4LPN stated on 04/20/2025 at 7:50 a.m., S6CNA reported she needed to see Resident #1 immediately, due to bruising and a cut to Resident #1's face. S4LPN stated upon assessment, Resident #1 had a cut to the left upper lip, which was still bleeding and a black eye on the left side. She stated Resident #1 stated S5CNA punched him in the face. S4LPN sent Resident #1 to the emergency room for an evaluation and treatment. (continued on next page)

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F 0600 Level of Harm - Actual harm Residents Affected - Some	On 04/30/2025 at 11:39 a.m., an observation was conducted of facility video surveillance from the morning of 04/20/2025 with S1DON and S2SUP present. The video surveillance revealed the following: 4:54 a.m.-S5CNA entered Resident #1's room and closed door. 5:00 a.m.-S5CNA exited Resident #1's room. 5:01 a.m.-S5CNA entered Resident #1's room a second time. 5:03 a.m.-S5CNA exited Resident #1's room. 5:05 a.m.-Resident #1's call light alarmed with flashing light. 5:06 a.m.-S5CNA entered Resident #1's room a third time, call light turned off. 5:07 a.m.-S5CNA exited Resident #1's room. 5:10 a.m.-S5CNA entered Resident #1's room a fourth time. 5:10 a.m.-S5CNA exited Resident #1's room. 5:49 a.m.-S3LPN entered Resident #1's room. 5:50 a.m.-S3LPN exited and re-entered Resident #1's room 5:51 a.m.-S3LPN exited Resident #1's room 7:49 a.m.-S6CNA entered and exited Resident #1's room 8:03 a.m.-S6CNA re-entered Resident #1's room 8:04 a.m.-S4LPN entered Resident #1's room 8:12 a.m.-S4LPN exited Resident #1's room On 04/30/2025 at 2:40 p.m., an interview was conducted with S3LPN. She stated she was the nurse taking care of Resident #1 on the night of 04/19/2025. She stated she went in Resident #1's room on 04/20/2025 at 5:30 a.m., to administer pain medication. She stated she saw a red mark to Resident #1's lower lip, but did not turn the room lights on to investigate it. She stated she asked Resident #1 about the red mark and Resident #1 replied he bit his lip so she left the room. On 05/01/2025 at 9:08 a.m., an observation was made of S7LPN administer oral medications to Resident #1. He grimaced while he swallowed medications and sucked water through a straw. On 05/01/2025 at 9:21 a.m., an interview was conducted with S7LPN. She stated Resident #1 is oriented and requires total care. She stated if Resident #1 fell he would require assistance to get off of the floor. She stated due to Resident's swollen lip, he has had difficulty eating and sucking liquids through a straw. (continued on next page)

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F 0600 Level of Harm - Actual harm Residents Affected - Some	On 05/01/2025 at 11:08 a.m., a telephone interview was conducted with S5CNA. She confirmed she was assigned to care for Resident #1 on 04/19/2025 from 6:00 p.m. to 04/20/2025 at 6:00 a.m. S5CNA stated Resident #1 required total care. S5CNA denied Resident #1 had a fall or injuring himself on the night of 04/19/2025 or the morning of 04/20/2025. She stated if Resident #1 would have fallen he would have required assistance to get off of the floor. She stated he could not get up on his own. S5CNA denied observing a laceration and bruise to Resident#1's face that night. She stated on the morning of 04/20/2025, Resident #1 cursed at her. S5CNA denied hitting Resident #1 resulting in a black eye and busted lip. On 05/01/2025 at 10:50 a.m., an interview was conducted with S1DON. S1DON stated Resident #1 was cognitive, could not get off the floor independently. S1DON confirmed on the morning of 04/20/2025, S6CNA found Resident #1 had a left black eye and laceration to his left upper lip and alleged S5CNA punched him in the face. Resident #1 was sent to the emergency room and received stitches to the lip. S1DON stated Resident #1 did not fall or have any other accident or injuries the night of 04/19/2025. S1DON stated physical abuse may have occurred. She stated the facility notified the local police and removed S5CNA from the schedule pending investigation. During the dates of the survey 04/28/2025 to 05/01/2025, attempts were made to interview the facility's administrator. The facility's administrator was on medical leave and not available for interviews. 2. Review of the Clinical Record revealed Resident #2 was admitted to the facility on [DATE], with diagnoses which included Hemiplegia and Hemiparesis following Cerebral Infarction affecting Left Non-Dominant Side. Review of Resident #2's Quarterly MDS with ARD of 02/12/2025, revealed a BIMS of 9, which indicated the resident was moderately cognitively impaired. Review of Resident #R1's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included Hemiplegia and Hemiparesis affecting Right Side. Review of Resident #R1's Quarterly MDS with ARD of 02/19/2025, a BIMS of 4, which indicated the resident was severely cognitively impaired. Review of facility's incident report revealed, in part: Date of Incident: 04/15/2025 Time of Incident: 12:55 p.m. Incident Report Completed by: S4LPN Description: Resident #R1 shouted for me to come to the smoking area. Upon going in the smoking area, Resident #2 had blood coming from his left forehead. Resident #2 was immediately sent to the local emergency room for evaluation. (continued on next page)

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F 0600 Level of Harm - Actual harm Residents Affected - Some	Review of emergency room Physician documentation dated 04/15/2025 at 1:08 p.m., revealed, in part: Chief Complaint for Resident #2: Head laceration Patient is a nursing home resident and was hit by another resident with a hand grabber causing bleeding to scalp. Wound Dimensions: 1.5 centimeter laceration to left scalp superior to forehead. Discharge Diagnosis: Scalp laceration Review of diagnostic CT scan conducted on 04/15/2025 at 1:38 p.m. revealed: Resident #2 Exam: CT of Head without contrast Impression: Suture associated with recent laceration in the left frontal scalp. Review of the local behavioral health hospital discharge instructions revealed Resident #R1 was admitted on [DATE] and discharged on [DATE]. A safety plan was initiated, which included medication adjustments. On 05/01/2025 at 12:41 p.m., an interview was conducted with Resident #2. He stated he was on the smoking patio in early April when Resident #R1 hit him in the head with a hand grabber. He stated he was sent to the hospital and had to get staples placed to left forehead. Resident #2 confirmed he was angry as a result of this incident. On 05/01/2025 at 2:50 p.m., an interview was conducted with Resident #R1. When asked about the incident in April with Resident #2, he was unable to speak clearly, but he motioned lifting his left arm up and swinging the left arm in a downward motion and shook his head in a yes motion when asked if he hit Resident #2. On 05/01/2025 at 10:50 a.m., an interview was conducted with S1DON. She stated she witnessed an incident which involved Resident #2 and Resident #R1 on the smoker's patio on 04/15/2025. She stated Resident #2 was digging for cigarette buds and Resident #R1 told Resident #2 to stop digging for cigarette buds. Resident #2 through an ashtray at Resident #R1. Resident #R1 then swung a hand grabber at Resident #2 and struck Resident #2's forehead. S1DON stated she immediately separated the two residents. She stated she observed blood oozing from Resident #2's forehead. She stated she sent Resident #2 to the emergency room for evaluation. She stated she sent Resident #R1 out for behavioral evaluation. She confirmed as a result of this incident Resident #2 sustained a head injury resulting in staples to his forehead. She confirmed Resident #R1 was admitted to a behavioral hospital on 04/15/2025 and discharged on [DATE]. S1DON stated neither resident had been involved in any other incidents.

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42681 Based on interview and record review, the facility failed to ensure all alleged allegations involving physical abuse was reported immediately, but not later than 2 hours after the allegation was made to the State Survey Agency, for 1 (#2) of 4 (#1, #2, #3 and R1) residents investigated for abuse. Findings: Review of the facility's policy, dated 01/14/1999, titled Adult, Disabled Person, or Elderly Abuse Recognition and Reporting, revealed, in part: Procedure: 1. All cases of suspected abuse must be reported to authorities. 2. All reports received by the administrator or director of nursing shall be referred as appropriate to local or state law enforcement agency and/or shall be referred to the appropriate department providing protective regulatory services. Review of Resident #2's Clinical Record revealed the resident was admitted to the facility on [DATE]. Review of Resident #2's quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 02/12/2025 revealed the resident had a BIMS (Brief Interview for Mental Status) of 9, which indicated the resident was moderately, cognitively intact. Review of the Emergency Transfer Log dated 04/01/2025 to 04/28/2025 revealed, in part: Resident #2 was transferred to local emergency department on 04/15/2025 for a forehead laceration. Review of Emergency Department Physician Documentation dated 04/15/2025 at 1:08 p.m., revealed, in part: Chief Complaint: Head laceration Patient is a nursing home resident and was hit by another resident with a hand grabber causing bleeding to scalp. Review of the facility's self-reported incident dated April 2025 revealed, there were no reports filed for Resident #2. (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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/01/2025 at 10:50 a.m., an interview was conducted with S1DON. She stated she witnessed Resident #2 and Resident #R1 have an encounter on the smoker's patio outside on 04/15/2025. She stated Resident #R1 swung a hand grabber at Resident #2 and struck Resident #2's forehead. She stated the Administrator was responsible for reporting incidents of alleged abuse to the state survey agency. She stated the Administrator was on administrative medical leave and was not available for interview. She confirmed a report of alleged physical abuse was not submitted to the state survey agency and should have.

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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42681 Based on interviews and record reviews, the facility failed to ensure services were provided to meet quality professional standards. The facility failed to ensure nursing staff documented a resident's change in condition for 1 (#1) of 4 (#1, #2, #3, R1) residents sampled. This had the potential to affect 58 residents residing in the facility. Findings: Review of the facility's policy, dated 01/01/1999, titled Notification of Change in Resident's Condition, revealed, in part: Physicians, responsible family members or legal representative shall be notified as soon as possible, within 24 hours or as medically indicated, of any changes in the resident's condition. Procedure: 1. The nurse shall be responsible for notifying the attending physician and the resident's responsible family when a change occurs in the resident's condition 2. These changes shall include significant changes in physical, mental, or psychosocial status as well as any accident 3. Nurse shall document changes on the resident's medical record Review of Resident #1's Clinical Record revealed the resident was admitted to the facility on [DATE] with diagnoses of Traumatic Subdural Hemorrhage, and Chronic Pain. Further review revealed no change in Resident #1's condition documentation on 04/20/2025 by S3LPN. Review of Resident #1's quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 01/15/2025 revealed the resident had a BIMS (Brief Interview for Mental Status) of 14, which indicated the resident was cognitively intact. Review of the Emergency Transfer Log dated 04/01/2025 to 04/28/2025 revealed, Resident #1 was transferred to local emergency department on 04/20/2025 for a lip laceration. Review of the Emergency Department Physician Documentation dated 04/20/2025 at 9:57 a.m. revealed, in part: Wound #1: Location: Left face Type: Linear (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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Wound Measurement: 2.5 cm # Sutures/Staples: 4 Discharge Diagnosis: Laceration of left face, contusion of left orbital area On 04/28/2025 at 11:24 a.m., an interview was conducted with Resident #1. Resident #1 stated early Easter morning, S5CNA punched him in the mouth and in the left eye. Resident #1 further stated he reported this to S3LPN. On 04/28/2025 at 11:39 a.m., an interview was conducted with S4LPN. S4LPN confirmed she was the oncoming nurse on 04/20/2025 at 6:00 a.m. She stated S6CNA notified her of Resident #1's condition and asked her to evaluate Resident #1 immediately. She stated upon assessment, Resident #1 had a cut to the left upper lip, which was still bleeding and a left black eye. She stated S3LPN did not report any change of condition on Resident #1 in morning report. She confirmed she immediately notified S1DON, the physician, resident's family, and sent Resident#1 to the emergency room . Review of S3LPN's handwritten statement revealed, in part: Approximately 5:30 a.m. I entered resident's room to administer his PRN pain pill. While in his room I did observe what appeared to look like a cut on the resident's lower lip. When I asked him what happened he stated that he bit his lip. On 04/30/2025 at 9:15 a.m., an interview was conducted with S1DON. She confirmed S3LPN did not document a change in condition in Resident #1's chart. S1DON confirmed S3LPN did not report a change in condition to the oncoming nurse. On 04/30/2025 at 2:40 p.m., an interview was conducted with S3LPN. She stated she went in Resident #1's room on 04/20/2025 at 5:30 a.m., with the room lights off, to administer pain medication. She confirmed she saw a red mark to Resident #1's lip. She stated Resident #1 reported he bit his lip. She further stated she did not document a change in condition in Resident #1's chart. She confirmed she did not report a change in condition to the oncoming nurse or anyone else.