

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195610	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2026
NAME OF PROVIDER OR SUPPLIER St. Helena Parish Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<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** Based on record review and interviews, the facility failed to: Ensure a resident with an identified mental health diagnosis was referred for a Preadmission Screening Resident Review (PASRR) Level II evaluation as required for 2 (#1 and #3) of 3 sampled residents' records reviewed for PASRR. Ensure a resident with a new psychiatric diagnosis and/or admitted to inpatient psychiatric facility was referred for a Preadmission Screening Resident Review (PASRR) Level II evaluation as required for 2 (#1 and #3) of 3 sampled residents' records reviewed for PASRR.1.</p> <p>Resident #1</p> <p>Review of Clinical Record revealed Resident #1 was admitted on [DATE] with diagnoses as follows: Traumatic Subdural Hemorrhage, Anxiety Disorder, Irritability and Anger, and Major Depressive Disorder.</p> <p>Review of Resident #1's PASRR Level I Form dated 09/12/2024 revealed no mental health diagnoses.</p> <p>Review of Resident #1's MAR for the month of January 2026 revealed the resident was prescribed Seroquel and Sertraline for Major Depressive Disorder.</p> <p>Review of resident record titled, Summary of Episode revealed in part:</p> <p>Resident #1 had a diagnosis of Major Depressive Disorder onset date 10/21/2024.</p> <p>Resident #1 was prescribed Sertraline for Major Depressive Disorder start date 10/22/2024.</p> <p>An interview was conducted on 02/18/2026 at 3:22 p.m. with S3SW. S3SW confirmed she does not have a process to review PASRR forms for residents transferring from another facility.</p> <p>An interview was conducted with S4MDS on 02/18/2026 at 3:44 p.m. She verified the date of approval for the 142 form was 09/12/2024.</p> <p>An interview was conducted with S2DON on 02/19/2026 at 10:58 a.m. She verified that Resident #1's admitting diagnoses included Major Depressive Disorder.</p> <p>Resident #3</p> <p>Review of the Clinical Record revealed Resident #3 was admitted to the facility on [DATE] with no</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 - Some</p>	<p>psychiatric diagnoses upon admit. Further review revealed a diagnosis of Major Depressive Disorder dated 11/17/2021.</p> <p>Review of Resident #3's Level I PASRR Form dated 04/05/2021 and completed by the local hospital revealed Section III: Mental Illness did not have any psychiatric diagnoses selected.</p> <p>An interview was conducted on 02/19/2026 at 4:30 p.m. with S3SW. S3SW reviewed Resident #3's Major Depressive Disorder diagnosis and confirmed the Level I PASRR dated 04/05/2021 did not reflect his mental illness status. S3DSW confirmed there was no process for identifying residents with new mental illness diagnosis who needed a Level 1 PASRR resubmitted. She confirmed she was unaware Level 1 PASRR required resubmission after a new mental illness diagnosis.</p> <p>An interview was conducted on 02/19/2026 at 3:55 p.m. with S2DON. S2DON stated she did not know who was responsible for reviewing the resident's Level I PASRR for accuracy when a new psychiatric diagnosis was identified and/or who was responsible for conducting the resubmission of a Level I PASRR for Level II evaluation when required.</p> <p>An interview was conducted on 02/19/2026 at 2:30 p.m. with S1ADM. S1ADM stated he was not aware a Level I PASRR needed to be resubmitted for Level II PASRR evaluation when a resident had a newly identified psychiatric diagnosis.</p> <p>2.</p> <p>Resident #1</p> <p>An interview was conducted on 02/18/2026 at 2:06 p.m. with S1ADM. He confirmed the date of initial PASRR was 09/12/2024 to meet the 30day criteria Resident #1 would have had to be admitted by 10/12/2024.</p> <p>Review of care plan conference summary dated 12/18/2025 section Mood / Behaviors revealed Resident #1 had irritability, anger, major depression, and anxiety.</p> <p>Review of IOP assessment dated [DATE] revealed in part, patient reports: depression, anxiety, hallucination, delusions, withdrawal and mood swings.</p> <p>An interview was conducted on 02/18/2026 at 3:22 p.m. with S3SW. She confirmed Resident #1 was not admitted within 30 days of the 142 assessment. S3SW confirmed that if a resident is discharged for more than 30 days then a new PASRR would need to be completed. She confirmed Resident #1 was discharged [DATE] and returned on 04/03/2025, and a new PASRR was not completed.</p> <p>An interview was conducted with S4MDS on 02/18/2026 at 3:44 p.m. S4MDS stated to be a complete discharge the resident would have to be gone more than 30 days. She confirmed that according to the MDS records Resident #1 had been gone more than 30days between 02/25/2025 and 4/23/2025.</p> <p>An interview was conducted with S2DON on 02/19/2026 at 10:58 a.m. She confirmed that Resident #1's date of admission was 10/21/2025, she acknowledged the date of approval on the 142 PASRR form 09/12/2025 to be more than 30 days prior to Resident #1's admission date. She acknowledged that a new PASRR assessment should be done if the admission is not within 30 days, if a significant change occurs, and if a resident is discharged and returns to the facility, and Resident #1's PASRR was not.</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with S2DON on 02/19/2026 at 3:45 p.m. She confirmed Resident #1 was PEC'd in October and was not reassessed for PASRR on his return. She also confirmed that Resident #1's medications were increased after that event indicating a significant change.</p> <p>An interview was conducted on 02/19/2026 At 4:04 p.m. with S1ADMN and S2DON. They verified that due to PEC there should have been another PASRR assessment completed. Both stated the Resident Review Form is not something they were aware of. They stated they were not aware that adding IOP services qualified as a significant change thus requiring a new Resident Review Form and PASRR review.</p> <p>Resident #3</p> <p>Review of Resident #3's Discharge MDS with an ARD of 10/10/2025 revealed an unplanned admission to an inpatient psychiatric facility with acute onset of a mental status change from Resident #3's baseline.</p> <p>Review of Resident #3's Inpatient Psychiatric Facility's History and Physical Examination dated 10/11/2025 through 10/24/2025 revealed the following, in part:</p> <p>Resident #3 was referred from the Nursing home facility under a Physician's Emergency Certificate (PEC) due to escalating agitation and threatening behaviors, including an alleged incident in which he kicked a staff member;</p> <p>Diagnosis of Major Depressive disorder, severe; and</p> <p>Increased Ability 5 mg for mood/behavior dated 10/16/2025 due to symptoms uncontrolled.</p> <p>Review of Resident #3's Level 1 PASRR form from admit to current for Level II evaluation revealed no other Level 1 PASRR resubmitted after admission for Resident #3.</p> <p>An interview was conducted on 02/19/2026 at 4:30 p.m. with S3SW. S3SW stated she did not review the residents' admission Level 1 PASRR for accuracy when Resident #3 was sent to the inpatient psychiatric facility for behaviors. She reviewed Resident #3's Major Depressive Disorder diagnosis and confirmed the level 1 PASRR dated 04/05/2021 did not reflect his diagnosis status or inpatient psychiatric admission as mentioned above. She stated she was not aware a level 1 PASRR resubmission for level II PASRR evaluation was required for residents who are admitted to inpatient psychiatric facilities.</p> <p>An interview was conducted on 02/19/2026 at 3:55 p.m. with S2DON. S2DON stated she did not review residents' Level 1 PASRR's upon inpatient psychiatric facility admissions to ensure mental illness diagnoses were accurate. S2DON stated there was no process for the facility to review Level 1 PASRR's to ensure accuracy of the mental illness section. She reviewed Resident #3's Level 1 PASRR and confirmed it indicated the resident did not have a mental illness, which was not accurate. She confirmed Resident #3's PASRR Level 1 had not been resubmitted to the appropriate authority with the accurate mental illness diagnoses selected for Level II evaluation.</p>		