

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 04/09/2025
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)
<p>F 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>46981</p> <p>Based on observation, record review, and interview, the facility failed to ensure the results from the most recent recertification survey was readily available for resident review.</p> <p>This deficient practice had the potential to affect the 56 residents who currently resided in the facility.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled Posting of Survey Results, revealed in part, the following:</p> <p>The facility shall post in a place readily accessible to residents the most recent survey of the facility.</p> <p>Review of the facility's Survey History revealed the most recent recertification survey was on 02/29/2024.</p> <p>An observation was made on 04/07/2025 at 9:30 a.m. of the facility's Survey Results folder located near the nurses' station of the facility.</p> <p>Review of the Survey Results folder revealed the last survey posted in the binder was dated 01/20/2023. Further review revealed no documented evidence of the survey results from the recertification survey dated 02/29/2024.</p> <p>An interview was conducted on 04/07/2025 at 9:35 a.m. with S1DON. She reviewed the facility's Survey Results folder. She confirmed the survey results from the recertification survey dated 02/29/2024 were not located in the folder.</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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident when there is a significant change in condition</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46981</p> <p>48912</p> <p>Based on record reviews and interviews, the facility failed to ensure a Significant Change Minimum Data Set (MDS) Assessment was completed within 14 days for residents who transferred hospice services for 2 of 2 (#19 and #42) sampled residents receiving hospice services.</p> <p>Findings:</p> <p>Resident #19</p> <p>Review of Resident #19's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included Multiple Myeloma.</p> <p>Review of Resident #19's Hospice Admission documents revealed he transferred hospice companies on 03/18/2025.</p> <p>Review of Resident #19's MDS assessments failed to reveal a significant change assessment was submitted when Resident #19 transferred hospice services on 03/18/2025.</p> <p>Resident #42</p> <p>Review of Resident #42's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included Dysphagia Following Cerebral Infarction.</p> <p>Review of Resident #42's Hospice Admission documents revealed he transferred hospice companies on 03/18/2025.</p> <p>Review of Resident #42's MDS assessments failed to reveal a significant change assessment was submitted when Resident #42 transferred hospice services on 03/18/2025.</p> <p>On 04/09/2025 at 9:28 a.m., a telephone interview was conducted with Resident #19's hospice nurse. She stated Resident #42 received care from this hospice company as of 03/18/2025.</p> <p>On 04/09/2025 at 1:25 p.m., an interview was conducted with Resident #42's hospice nurse. She stated Resident #42 received care from this hospice company as of 03/18/2025.</p> <p>On 04/09/2025 at 1:50 p.m., an interview was conducted with S1DON. She reviewed Resident #19 and #42's MDS assessments and confirmed both residents did not have a Significant Change MDS Assessment completed on 03/18/2025 and should have.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43133</p> <p>46981</p> <p>Based on record review and interviews, the facility failed to ensure the Minimum Data Set (MDS) assessments accurately reflected the resident's status for 3 (#14, #52, and #56) of 17 sampled residents reviewed for PASRR.</p> <p>Findings:</p> <p>Resident #14</p> <p>Review of Resident #14's Clinical Record revealed an admitted [DATE] with diagnoses which included Bipolar, Depression, and Dementia.</p> <p>Review of Resident #14's current Care Plan revealed in part, the following:</p> <p>Onset date: 10/02/2024</p> <p>Problem: Level II PASRR</p> <p>Review of Resident #14's Annual MDS with an Assessment Reference Date (ARD) of 11/13/2024 revealed in part, the following:</p> <p>Section A1500: Preadmission Screening and Resident Review (PASRR) was coded No.</p> <p>Resident #52</p> <p>Review of Resident #52's Clinical Record revealed an admitted [DATE] with diagnoses, which included Schizophrenia and Dementia. Further review of the clinical record revealed Resident #52 was issued a Level II PASRR with a temporary period effective 08/16/2023 through 08/14/2024.</p> <p>Review of Resident #52's current Care Plan revealed in part, the following:</p> <p>Onset date: 02/20/2025</p> <p>Problem: Level II PASRR</p> <p>Review of Resident #52's Annual MDS with an Assessment Reference Date (ARD) of 07/10/2024 revealed in part, the following:</p> <p>Section A1500: Preadmission Screening and Resident Review (PASRR) was coded No.</p> <p>Resident #56</p> <p>(continued on next page)</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #56's Clinical Record revealed an admitted [DATE] with diagnoses, which included Paranoid Schizophrenia, Unspecified Psychosis, and Major Depressive Disorder. Further review of the clinical record revealed Resident #56 was issued a Level II PASRR with a temporary period effective 04/09/2024 through 04/08/2025.</p> <p>Review of Resident #56's current Care Plan revealed in part, the following:</p> <p>Onset date: 10/16/2024</p> <p>Problem: Level II PASRR</p> <p>Review of Resident #56's Annual MDS with an Assessment Reference Date (ARD) of 12/11/2024 revealed in part, the following:</p> <p>Section A1500: Preadmission Screening and Resident Review (PASRR) was coded No.</p> <p>On 04/09/2025 at 3:30 p.m., an interview was conducted with S1DON. S1DON reviewed Residents #52 and #56's above mentioned MDS Assessments and Level II PASRRs. S1DON stated the facility was unable to locate Resident #14's PASRR form, and she confirmed Resident #14 had a current Level II PASRR. S1DON confirmed Residents #14, #52, and #56's Section A1500 should have been coded Yes for PASRR, and they were not.</p> <p>48912</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>46981</p> <p>Based on observation, interviews, and record review, the facility failed to ensure nurse staffing data was posted daily in a prominent location readily accessible to residents and visitors. This deficient practice had the potential to affect any of the 56 residents residing in the facility.</p> <p>Findings:</p> <p>Review of the facility's undated policy, titled Nursing Staff Information Daily Posting revealed in part, the following:</p> <p>Policy: The nursing staffing office shall post the following information at the beginning of each shift: name of the facility, current date, total number and actual hours worked, resident census.</p> <p>A tour and observation of the facility was made on 04/07/2025 at 9:30 a.m. No staffing data sheets were observed.</p> <p>An interview was conducted on 04/07/2025 at 9:35 a.m. with S1DON. She stated she was responsible for posting staffing data sheets. She stated the staffing data information was not posted on 04/07/2025 and should have been.</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46645</p> <p>Based on record review and interview, the facility failed to ensure its facility assessment was updated annually and included staffing level(s) needed for emergencies, weekends and specific shifts, such as day, evening, and night. The deficient practice had the potential to affect the 56 residents residing in the facility.</p> <p>Findings:</p> <p>Review of the facility's assessment dated [DATE] revealed the following, in part:</p> <ol style="list-style-type: none"> 1. It was not updated at least annually; 2. It did not include needed staffing level(s) for emergencies, weekends or specific shifts, such as day, evening, and night. <p>On 04/07/2025 at 2:54 p.m., an interview was conducted with S1DON. S1DON confirmed the facility's assessment was not updated annually and it did not include needed staffing levels for weekends or day, evening, and night shifts.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43133</p> <p>Based on observation and interviews, the facility failed to implement and maintain an infection prevention control program to help prevent the development and transmission of infection for 1 (#24) out of 2 (#24 and #8) residents reviewed for wound care. The facility failed to ensure personnel consistently removed soiled PPE and preformed proper hand hygiene during wound care.</p> <p>Findings:</p> <p>Review of Resident #24's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses including Pressure Ulcer of Left Hip, Stage 4.</p> <p>Review of Resident #24's current Physician Orders revealed the following, in part: Start date 11/13/2024 - cleanse pressure ulcer, stage 4 to left hip with wound cleanser, apply silver alginate, cover with border foam dressing every Tuesday, Thursday, Saturday, and PRN until resolved.</p> <p>On 04/08/2025 at 11:54 a.m., an observation was made of wound care performed by S2LPN on Resident #24. S2LPN applied gloves and cleaned wound with wound cleanser. Then using soiled gloves and without preforming hand hygiene, S2LPN applied apply silver alginate and covered wound with border foam dressing. S2LPN then removed soiled gloves and performed hand hygiene.</p> <p>On 04/08/2025 at 11:48 a.m., an interview was conducted with S2LPN. S2LPN stated she was the facility's wound care nurse. S2LPN confirmed her gloves were soiled after cleaning Resident #24's wound. S2LPN confirmed she should have removed her soiled gloves and preformed hand hygiene prior to applying ointment and bandage and did not.</p> <p>On 04/09/2025 at 1:50 p.m., an interview was conducted with S1DON. S1DON confirmed during wound care, nurses should change their gloves and perform hand hygiene after cleaning a wound and place on new gloves before redressing the wound.</p>		