STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195376	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand Cove Nursing & Rehabilitation Center	1525 W McNeese St. Lake Charles, LA 70605

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195376	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand Cove Nursing & Rehabilitation Center	1525 W McNeese St. Lake Charles, LA 70605

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure medical records were accurately documented and maintained in accordance with professional standards of practice for 2 (#1 and #9) residents out of 6 (#1, #2, #3, #4, #6, #9) sampled residents investigated for wound care in a total sample of 9 residents. Findings: Resident #1Review of Resident #1's medical record revealed she was admitted to the facility on [DATE] with diagnoses including non-pressure chronic ulcer of left ankle with unspecified severity.Review of Resident #1's physician's orders revealed an order dated 10/16/2025 that read: clean diabetic ulcer to left lateral malleolus with normal saline; apply moist hydrofera blue; cover with border gauze dressing. Replace prevalon off-loading boot every Tuesday, Thursday and Saturday until healed.Review of Resident #1's October and November 2025 TAR (Treatment Administration Record) revealed the following: clean diabetic ulcer to left lateral malleolus with normal saline; apply moist hydrofera blue; cover with border gauze dressing. Replace prevalon off-loading boot every Tuesday, Thursday and Saturday until healed. Further review of the October 2025 TAR revealed no documentation the treatment was completed on 10/25/2025.On 11/24/2025 at 11:25 a.m., a review of Resident #1's October 2025 TAR and interview was conducted with S1DON (Director of Nursing). S1DON confirmed the wound care for Resident #1 was not documented on the TAR for 10/25/2025. She stated she could not confirm or deny if the wound care had been completed on 10/25/2025. Resident #9Review of Resident #9's medical record revealed she was admitted to the facility on [DATE] with diagnoses including stage 4 pressure ulcer (PU) to right hip and stage 4 PU to left hip.Review of Resident #9's physician's orders revealed orders dated:10/10/2025 - Clean DTI (deep tissue injury) to left lateral malleolus with betadine. Cover with dry dressing every Monday, Wednesday, Friday (QMWF) until healed.10/10/2025 - Clean stage 4 PU to rear left trochanter with normal saline (NS). Apply Santyl to wound bed; apply calcium Alginate (CaAlg) sheet to wound bed and cover with dry dressing QMWF until healed. 10/10/2025 - Clean stage 4 PU to right ischial tuberosity with NS. Apply Santyl to wound bed; apply CaAlg sheet to wound bed; cover with dry dressing QMWF until healed.10/10/2025 - Clean unstageable PU to left lower back with NS. Apply Santyl to wound bed; apply CaAlg sheet to wound bed; cover with dry dressing QMWF until healed.10/10/2025 - Clean stage 2 PU to right malleolus with betadine. Cover with dry dressing QMWF until healed.11/05/2025 - Clean stage 3 PU to left scapula with NS. Apply medihoney to wound and cover with dry dressing QMWF until healed. Review of Resident #9's October and November 2025 TAR revealed the following:Clean stage 2 PU to right lateral thoracic region with betadine. Cover with dry dressing QMWF until healed with discontinue (D/C) date of 11/12/2025.Clean DTI to left lateral malleolus with betadine. Cover with dry dressing QMWF until healed with D/C date of 11/12/2025.Clean DTI to left heel with betadine. Cover with dry dressing QMWF until healed with D/C date of 11/12/2025.Clean skin tear to left inner forearm with NS. Apply triple antibiotic ointment (TAO) to wound and cover with dry dressing QMWF until healed with a D/C date of 11/12/2025.Clean stage 4 PU to rear left trochanter with NS. Apply Santyl to wound bed; apply calcium Alginate (CaAlg) sheet to wound bed and cover with dry dressing QMWF until healedClean stage 4 PU to right ischial tuberosity with NS. Apply Santyl to wound bed; apply CaAlg sheet to wound bed; cover with dry dressing QMWF until healed.Clean stage 2 PU to right malleolus with betadine. Cover with dry dressing QMWF until healed.Clean unstageable PU to left lower back with NS. Apply Santyl to wound bed; apply CaAlg sheet to wound bed; cover with dry dressing QMWF until healed.Further review of the October 2025 TAR revealed no documentation of the treatments completed on 10/24/2025. Review of the November 2025 TAR revealed no documentation of the treatments completed on 11/17/2025. On 11/24/2025 at 11:30 a.m., a review of Resident #9's October 2025 TAR and interview was conducted with S1DON (Director of Nursing). S1DON confirmed the wound care for Resident #9 was not documented on the TAR for 10/24/2025. She stated she could not confirm or deny if the wound had been completed on 10/24/2025. S1DON stated she had provided wound care to Resident #9, on 11/17/2025 and did not document on the TAR the treatment had been provided. On 11/24/2025 at 2:30 p.m., an interview was conducted with S2CRN (Corporate Registered Nurse), she confirmed the documentation for wound care for Resident #9 was not documented on the TAR or in the medical record on 11/17/2025.