

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195393	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2025
NAME OF PROVIDER OR SUPPLIER Deerfield Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 522 Main Street Delhi, LA 71232	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews the facility failed to develop comprehensive person centered care plans for each resident that met each residents' nursing needs for activities of daily living (ADLs) for 5 (#1, #2, #3, #4, #5) of 6 sampled residents. Findings: Resident #1 Review of the medical record of Resident #1 revealed an admission date of 10/15/2001 and diagnoses which included dementia, psychosis, hypertensive heart disease and anxiety. Review of the annual Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #1 was dependent for toileting, personal hygiene and transfers from bed to chair. Review of the Resident #1's plan of care revealed impaired cardiac output - may use 2 person assist with ADL tasks as needed. Further review failed to identify the required assistance of 1 or more staff for each ADL. Resident #2 Review of the medical record of Resident #2 revealed an admission date of 10/11/2003 and diagnoses which included dementia, psychotic disturbance, mood disturbance and anxiety. Review of the annual MDS assessment dated [DATE] revealed Resident #2 was dependent for toileting, personal hygiene and transfers from bed to chair. Review of the Resident #2's plan of care revealed risk for falls related to poor safety awareness - staff to assist with transfers/mobility, check every 2 hours when in room/bed, fall precautions and bowel/bladder incontinence related to immobility - check every 2 hours, provide pericare after each incontinence episode, as needed. Further review failed to identify the required assistance of 1 or more staff for each ADL. Resident #3 Review of the medical record for Resident #3 revealed an admission date of 09/16/2025 and diagnoses which included diabetes, pressure ulcer, dementia, schizoaffective disorder and major depression. Review of the quarterly MDS assessment dated [DATE] revealed Resident #3 was dependent for toileting, personal hygiene and transfers from bed to chair. Review of the Resident #3's plan of care revealed bowel/bladder incontinence related to immobility - assess skin for irritation, pericare after each incontinent episode, perineal care as needed. Further review failed to identify the required assistance of 1 or more staff for each ADL. Resident #4 Review of the medical record for Resident #4 revealed an admission date of 10/18/2022 and diagnoses which included Alzheimer's, osteoporosis and schizoaffective disorder. Review of the quarterly MDS assessment dated [DATE] revealed Resident #4 was dependent for toileting, personal hygiene and required partial, moderate assistance for transfers from bed to chair. Review of the Resident #4's plan of care revealed musculoskeletal - requires assistance for all ADLs related to decreased mobility - may use 1-2 person assist with ADL's hygiene, bathing and transfers as needed. Further review failed to identify the required assistance of 1 or more staff for each ADL. Resident #5 Review of the medical record for Resident #5 revealed an admission date of 05/07/2024 and diagnoses of dementia, hypoglycemia, gastrostomy, schizophrenia and schizoaffective disorder. Review of the significant change MDS assessment dated [DATE] revealed Resident #5 was dependent for toileting, personal hygiene and required substantial/maximal assistance for transfers from bed to chair. Review of the Resident #5's plan of care revealed it failed to identify (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 195393	Facility ID: 195393 If continuation sheet Page 1 of 2

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the required assistance of 1 or more staff for each ADL. During an interview on 10/10/2025 at 8:30a.m. S2Director of Nursing (DON) confirmed the CNAs (certified nursing assistant) should be able to determine a resident was a 2 person assist by accessing the resident care plans on the hallway kiosks. During an interview on 10/10/2025 at 10:00a.m. S3CNA reported she would review the care plan to determine if a resident required 1 or 2 person assist. S3CNA reviewed the care plan of Resident #2 and Resident #3 and confirmed their care plans did not state if the resident required 1 or 2 person assist with ADL care. During an interview on 10/10/2025 at 10:20a.m. S4CNA reported she could check the care plan to see if a resident was 1 or 2 person assist on the kiosk. S4CNA confirmed Resident #1 required 1-2 persons to change. During an interview on 10/10/2025 at 11:30a.m. S2DON reviewed the care plans for Resident #2 and Resident #3 and confirmed their care plans did not instruct staff to use 1 or 2 person assist for each specific ADLs. S2DON further confirmed the care plans should have the degree of assistance required for ADLs of each resident. During an interview on 10/10/2025 at 2:00p.m. S2DON and S5MDS Nurse confirmed the MDS does not explicitly determine if a resident was a 1 or 2 person assist for each ADL. S2DON and S5MDS Nurse further reported the facility did not have an additional assessment that was used to determine which ADLs would require assistance from 1 or 2 staff. During an interview on 10/14/2025 at 10:20a.m. S2DON confirmed the care plan for Resident #5 did not include if they were a 1 or 2 person assist for any ADL. S2DON further confirmed the care plan should describe the degree of assistance needed for each residents' ADLs. During an interview on 10/16/2025 at 9:30a.m. S2DON reported she just found out the facility had weekly MDS GG meetings to review the status of the residents' assistance needs for care. S2DON reported the facility failed to take that information and use it to develop a care plan that accurately reflected the residents' care needs and was clear for the CNAs for when they refer to the care plan. S2DON confirmed the facility did not develop care plans for Resident #1, #2, #3, #4 and #5 that identified the required assistance of 1 or more staff for each ADL.		