

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

Printed: 04/08/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195585	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Cypress at Lake Providence		STREET ADDRESS, CITY, STATE, ZIP CODE 5976 US-65 North Lake Providence, LA 71254	
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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Resident #3 Review of the medical record for Resident #3 revealed an admission date of 01/14/2009 with diagnoses that included cerebral infarction, diabetes mellitus with diabetic neuropathy, chronic obstructive pulmonary disease, psychosis, schizophrenia, and major depressive disorder. Review of the quarterly MDS assessment dated [DATE] revealed a BIMS score of 14 which indicated that Resident #3 was cognitively intact. The MDS also indicated that Resident #3 was prescribed a/an: antipsychotic, antidepressant, opioid, antiplatelet, hypoglycemic, and anticonvulsant. Review of the May 2025 Medication Administration Record (MAR) revealed that Resident #3 received Divalproex for the treatment of schizophrenia, Clozapine for the treatment of psychosis, Mirtazapine for the treatment of depression, and Lorazepam for the treatment of restlessness/agitation. Review of the medical record revealed that there was no consent by Resident #3 for the psychotropic medications. On 05/21/2025 at 12:06 p.m., S7Regional Director of Clinical confirmed that there was no consent for the psychotropic medications: Divalproex, Clozapine, Mirtazapine, and Lorazepam. Resident #36 Review of the medical record for Resident #36 revealed an admission date of 02/07/2025 with diagnoses that included Parkinson's disease, dysphagia, type 2 diabetes mellitus, chronic obstructive pulmonary disease, bipolar disorder, generalized anxiety disorder, major depressive disorder, schizoaffective disorder, and seizures. Review of the Medicare 5 day MDS assessment dated [DATE] revealed a BIMS score of 14 which indicated that Resident #36 was cognitively intact. The MDS also indicated that Resident #3 was prescribed a/an: antipsychotic, antidepressant, opioid, antiplatelet, hypoglycemic, and anticonvulsant. Review of the May 2025 MAR revealed that Resident #36 received Seroquel for the treatment of schizoaffective disorder, Sertraline for the treatment of bipolar disorder, Depakote for the treatment of schizoaffective disorder, Clonazepam for the treatment of generalized anxiety disorder, and Geodon for the treatment of mood. Review of the medical record revealed that there was no consent by Resident #36 for the psychotropic medications. (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

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 05/21/2025 at 12:06 p.m., S7Regional Director of Clinical confirmed that there was no consent for the psychotropic medications: Seroquel, Sertraline, Depakote, Clonazepam, and Geodon. Resident #61 Review of the record for Resident #61 revealed an admission date of 08/28/2024 with diagnoses which included dementia with other behavioral disturbances. Review of the May 2025 Physician Orders revealed the following orders for psychotropic medications for Resident #61: 04/18/2025- Seroquel (antipsychotic) oral tablet 50 milligrams (mg) give 1 tab by mouth (po) in afternoon and Seroquel oral Tablet 50 mg give 1 tablet by mouth one time a day ; and 04/17/2025- Seroquel Oral Tablet 200 mg give 1 tablet by mouth at bed time, and Clonazepam (antianxiety) oral Tablet 0.5 mg give 1 tablet by mouth three times a day. Review of the record revealed no documented evidence of a pyschotropic medication consent for Resident #61 to receive Seroquel and Clonazepam. On 05/21/2025 at 1:40 p.m., interview with S7Regional Director of Clinical confirmed there were no consents for the use of psychotropic medications Seroquel and Clonazepam on Resident #61. Resident #63 Review of the medical record for Resident #63 revealed an admission date of 01/01/2025 with diagnoses including chronic obstructive pulmonary disease (COPD), diabetes mellitus, depression, psychoactive substance induced psychotic disorder, hyperlipidemia, and hypertension. Review of the May 2025 physician orders revealed an order dated 01/03/2025 for Zyprexa (antipsychotic) 2.5 mg to be given at bedtime Review of the medical record for Resident #63 revealed no documented evidence of a psychoactive medication consent for the resident to receive Zyprexa. On 05/21/2025 at 12:00 p.m. interview with S7Regional Director of Clinical confirmed Resident #63 did not have a medication consent for Zyprexa. Based on record reviews, and interviews the facility failed to ensure Residents were informed of the risks, benefits and side effects of an antipsychotic medication for 5 (#3, #32, #36, #61 and #63) of 5 (#3, #32, #36, #61 and #63) Residents reviewed for unnecessary medications. Findings: Resident #32 Review of the medical record for Resident #32 revealed he was admitted on [DATE] with diagnoses which included bipolar disorder and depression. Review of the physician orders revealed the Resident received the psychotropic medications Haldol and Seroquel for the treatment of bipolar disorder and (continued on next page)		

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Escitalopram for the treatment of depression. Review of the medical revealed there was no consent by the Resident for the psychotropic medications. On 05/20/2025 at 3:15 p.m., interview with S2Director of Nurses (DON) confirmed there were no consents for the psychotropic medications Haldol, Seroquel and Escitalopram.		

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F 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the rights of Residents to receive written notice, including the reason for the change, before the Resident's room in the facility is changed for 1 (#41) of 1 Residents reviewed for rights. Findings: Review of the facility's Resident Rights - Right to Share a Room with Person of Choice Policy dated 02/2023 revealed in part: Purpose: Clarify the Resident's rights regarding sharing a room with a roommate of choice. 4. When a Resident is being moved at the request of the facility, the Resident, or family and/or Resident representative receives an explanation in writing as to why the room change is required. Review of the medical record for Resident #41 revealed an admission date of 08/20/2020. Resident #41 had diagnoses including diabetes mellitus, chronic venous hypertension, pain, cognitive communication deficit, reduced mobility, lack of coordination, hypertension, lymphedema, depression and obesity. Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #41 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition for daily decision making. On 05/19/2025 at 11:05 a.m. interview with Resident #41 revealed she was moved to her current room from another room and she was not happy. Review of the nurses notes dated 12/26/2024 at 11:10 a.m. revealed Resident #41 was being moved to a different room. Review of the nurses notes dated 12/25/2024 at 9:00 a.m. revealed Resident #41 was observed to curse and holler at her roommate. Further review of the nurses notes revealed Resident #41 was informed that since she was causing the problem then she will have to be moved to another room. On 05/20/2025 at 5:00 p.m. interview with S2Director of Nursing (DON) revealed she told Resident #41 she had to move to another room due to she was being rude to her previous roommate. S2DON revealed she verbally informed Resident #41 of the room change. S2DON confirmed she did not give Resident #41 or her Responsible Party a written notice of the room change as stated in the facility's policy.		

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F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation and interview, the facility failed to ensure it posted the results of the most recent surveys of the facility by failing to post the results of 3 surveys that occurred after the facility's last annual survey on 05/08/2024. Findings: On 05/21/2025 at 11:35 a.m., observation of the facility posted surveys revealed the results of the annual survey dated 05/08/2024 were accessible to residents in a survey results binder. The facility was also surveyed on 09/26/2024 resulting in 2 deficiencies, on 04/01/2025 resulting in 2 deficiencies and on 04/23/2025 resulting in 3 deficiencies. The results of the 3 surveys were not posted. On 05/21/2025 at 1:45p.m., interview with S1Administrator confirmed the results of the 3 surveys conducted after the annual survey of 05/08/2025 were not posted.		

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on record review and interview, the facility failed to ensure a Resident with a facility initiated discharge with Medicare Part A skilled service with days remaining was provided with a Skilled Nursing Facility Advanced Beneficiary Notice of Non-Coverage from Centers for Medicare and Medicaid Services CMS-10055 and Notice of Medicare Non-coverage (NOMNC) form CMS-10123 for 1 (#16) of 3 (#8, #16, #322) Residents reviewed for termination of Medicare Part A services. Findings: Record review revealed Resident #16's Medicare Part A skilled services episode start date was 01/05/2025. The last covered day of Part A services was 02/03/2025. The facility initiated the discharge from Medicare Part A services when benefit days were not exhausted. Resident #16 remained in the facility. Further review revealed no documented evidence Resident #16 was provided CMS-10055 and CMS-10123 prior to being discharged from Medicare Part A Services. On 05/20/2025 at 11:02 a.m. an interview with S14Clinical Reimbursement Specialist confirmed she was not able to locate the completed forms CMS-10055 and CMS-10123 for Resident #16.		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observations and interviews, the facility failed to maintain a safe, clean, comfortable and homelike environment for 3 (#35, #41 and #63) of 8 (#15, #20, #35, #41, #52, #61, #63, #321) Residents reviewed for environment. Findings: Resident #41 On 05/19/2025 at 9:47 a.m., and 05/21/2025 at 8:30 a.m., observations of Resident #41's room revealed the air/heating unit had grime and debris on the air vents. Resident #63 On 05/19/2025 at 8:45 a.m., and 05/20/2025 at 11:00 a.m., observations of Resident #63's room revealed the air/heating unit had grime and dust on the air vents. On 05/21/2025 at 8:40 a.m. an interview with S2Director of Nursing (DON) confirmed the air/heating units in Residents #41 and #63's room needed to be cleaned. On 05/21/2025 at 8:30 a.m. an interview with S16Maintenance Director confirmed the air/heating units in Residents #41 and #63's room needed to be cleaned. Resident #35 Observations of Resident #35's room on 05/19/2025 at 7:43 a.m. and 05/21/2025 at 8:40 a.m. revealed numerous dead flying insects noted stuck to the bathroom walls, heavy lint buildup to the ceiling vent in the Resident's bathroom, the lid on top of the toilet was ajar with the inside part of the toilet visible, and black buildup noted to the inside of the air conditioner unit in the resident's room. Observation/interview on 05/21/2025 at 12:45 p.m. of Resident #35's room with S2DON and S1Administrator confirmed that Resident #35's air conditioner unit, ceiling vent in bathroom, and bathroom walls needed to be cleaned and lid to commode needed to be adjusted.		

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure a resident's drug regimen was free from unnecessary medications by failing to monitor for side effects and behaviors of psychotropic medications for 1 (#61) of 5 (#3, #32, #36, #61, and #63) residents reviewed for unnecessary medications. Findings: Review of Resident #61's record revealed an admission date of 08/08/2024 with diagnoses including chronic obstructive pulmonary disease, acute/chronic combined systolic and diastolic heart failure, acute kidney failure, unspecified dementia unspecified severity with other behavioral disturbance, cellulitis, hypokalemia, cocaine abuse, hypertension, hyperlipidemia, myocardial infarction, and chronic kidney disease. Review of Resident #61's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 3 indicating severe cognitive impairment. Further review of the MDS revealed Resident #61 required assistance with activities of daily living. Medication section of the MDS revealed Resident #61 received anti-anxiety medications and antipsychotic medications. Review of the Resident #61's current care plan revealed the resident had impaired cognitive function/dementia or impaired thought processes related to dementia, impaired decision making, psychotropic drug use. Further review of the care plan revealed the following interventions: 1) Administer medications as ordered, monitor/document for side effects and effectiveness. 2) Review medications and record possible causes of cognitive deficit: new medications or dosage increases; anticholinergics, opioids, benzodiazepines, recent discontinuation, omission or decrease in dose of benzodiazepines, drug interactions, errors or adverse drug reactions, drug toxicity. Review of the May 2025 Physician's Orders revealed the following active orders for Resident #61: 04/18/2025- Seroquel (antipsychotic) oral tablet 50 milligrams (mg) give 1 tab by mouth (po) in afternoon and Seroquel oral Tablet 50 mg give 1 tablet by mouth one time a day ; and 04/17/2025- Seroquel Oral Tablet 200 mg give 1 tablet by mouth at bed time, and Clonazepam (anxiety) oral Tablet 0.5 mg give 1 tablet by mouth three times a day. Review of the April and May 2025 Medication Administration Record (MAR) revealed no documented evidence of monitoring for side effects and behaviors every shift of antipsychotics and anti-anxiety medications for Resident #61. An interview on 05/21/2025 at 12:10 p.m. with S7Regional Director of Clinical confirmed no documented evidence of monitoring for side effects and behaviors every shift associated with the use of antipsychotics and anti-anxiety medications for Resident #61 from 04/17/2025 through 04/30/2025, and from 05/04/2025 through 05/20/2025.		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Resident #19 Review of the medical record for Resident #19 revealed an admission date of 09/01/2020. Resident #19 had diagnoses including hypertensive heart disease, pain, dysphagia, anxiety, depressive disorder, moderate intellectual disabilities and psychosis. Review of the quarterly MDS assessment dated [DATE] revealed a BIMS score of 5 which indicated Resident #19 had severe cognitive impairment for daily decision making and required assistance with activities of daily living (ADL). Further review of the MDS revealed the number of falls since admission or prior assessment with no injury - 2 or more and the number of falls since admission or prior assessment with injury (except major) - none Review of the Incident/Accident report dated 04/19/2025 at 9:05 a.m. revealed a Certified Nursing Assistant (CNA) reported to the nurse that the Resident was lying on the floor near his wheelchair face down. Nurse noted blood near resident. Laceration to right brow was cleansed with wound cleanser and bandaged. Review of the nurses notes dated 04/19/2025 revealed the Resident returned to the facility at approximately 1:20 p.m. via ambulance from the hospital. The Resident had 5 stitches to middle of his forehead. Review of the current care plan for Resident #19 revealed the Resident had an actual fall on 04/19/2025. On 05/21/2025 at 10:06 a.m. interview with S15LPN/MDS revealed the MDS should have had the number one on the MDS for injury (not major) when Resident #19 received stitches to his forehead on 04/19/2025. On 05/21/2025 at 11:15 a.m. S2DON was notified of the inaccurate assessment for falls on the MDS. Based on interviews and record reviews, the facility failed to ensure the assessments accurately reflected the Residents' status by failing: 1. to ensure Minimum Data Set (MDS) assessments documented falls for Resident #61 and a pressure ulcer for Resident #35 and #62; 2. to ensure MDS assessment was accurate regarding falls for Resident #19; 3. to ensure risk assessments for skin were completed for Resident #35 quarterly; and 4. to ensure risk assessment for falls were completed for Resident #61 quarterly. Findings: Review of the facility's undated Skin and Wound Management Guidelines Policy and Procedure revealed (continued on next page)		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	injury with loss of consciousness, depression, nontraumatic subarachnoid hemorrhage, other reduced mobility, and encephalopathy. Review of quarterly MDS assessment dated [DATE] revealed Resident #62 had a BIMS score of 10 which indicated moderate cognitive impairment. Further review of section M of the MDS assessment reveals that Resident #62 did not have a pressure ulcer/injury over a bony prominence and no unhealed pressure ulcers/injuries. On 05/19/2025 at 7:45 a.m., interview with Resident #62 revealed that he had a wound on his right hip. On 05/20/2025 at 10:12 a.m., Resident #62 observed laying in his bed on his left side watching television. A dressing dated 05/19/2025 was noted to his right hip. On 05/20/2025 at 3:24 p.m., interview with S13 LPN/Treatment Nurse revealed that an outpatient wound consultant currently comes to facility to treat Resident #62's right hip and sacral wounds every Monday and Thursday. On 05/20/2025 at 3:24 p.m., record review revealed Resident #62 had the pressure ulcers to his right hip and sacrum on admission. On 05/21/2025 at 10:00 a.m., an interview conducted with S15LPN/MDS confirmed that Resident #62 did not have an accurate MDS skin assessment on quarterly MDS assessment dated [DATE]. On 05/21/2025 at 10:21 a.m., interview with S2DON confirmed that Resident #62 did not have any wounds documented on the quarterly MDS assessment dated [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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 observations, record reviews and interviews, the facility failed to implement the plan of care for 2 (#13, #62) of 37 total sampled residents. The facility failed to: 1. place a smoking apron on Resident #13 while smoking as stated in the care plan and 2. place a fall mat by Resident #62's bedside as stated in the care plan. Findings: Review of the Physical Environment Facility with Independent and Supervised Smokers revised date 03/2019 revealed in part: Purpose: To provide a safe environment for residents. 2. The Facility will furnish the designated smoking area with a fire extinguisher and proper receptacle for extinguishing smoking materials. Smoking blankets or aprons will be furnished for Residents who are assessed to require a smoking blanket or apron. Resident #13 Review of the medical record for Resident #13 revealed diagnoses including heart disease, chronic obstructive pulmonary disease (COPD), depressive disorder, diabetes mellitus, paranoid schizophrenia, muscle wasting, wasting, cognitive communication deficit, and moderate intellectual disabilities. Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #13 had a Brief Interview for Mental Status (BIMS) score of 14 which indicated the resident had intact cognition for daily decision making. Review of Resident #13's current care plan revealed he was a smoker, was to wear a smoking apron while smoking and required supervision while smoking. Review of the smoking assessment dated [DATE] revealed Resident #13 required a smoke apron while smoking and required supervision while smoking. On 05/20/2025 at 10:15 a.m. Resident #13 was observed sitting outside in the smoking area with a staff member present. Resident #13 was sitting in a wheelchair holding a lit cigarette and he was not wearing a smoking apron. On 05/20/25 at 2:20 p.m. Resident #13 was observed sitting outside in the smoking area. Resident #13 was sitting in a wheelchair holding a lit cigarette and he was not wearing a smoking apron. On 05/20/2025 at 3:35 p.m. interview with S18Activity Director revealed Resident #13 should wear a smoke apron when smoking. On 05/20/2025 at 5:20 p.m. S1Administrator and S2Director of Nursing (DON) were notified of (continued on next page)		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #13 smoking and not wearing a smoke apron as stated in the care plan. Resident #62 Review of Resident #62's medical record revealed an admission date of 01/14/2025 and diagnoses which include in part: osteomyelitis, diffuse traumatic brain injury, unspecified intracranial brain injury with loss of consciousness, depression, nontraumatic subarachnoid hemorrhage, other reduced mobility, and encephalopathy. Review of quarterly MDS assessment dated [DATE] revealed Resident #62 had a BIMS score of 10 which indicates moderate cognitive impairment. On 05/19/2025 at 12:44 p.m., a fall mat was observed in Resident #62's room propped against wall away from the Resident's bed. Resident #62 did not have a fall mat on floor next to his bed. On 05/20/2025 at 10:12 a.m., observation of Resident #62's room revealed that the fall mat was still propped up against the wall away from the Resident's bed. There was no fall mat on the floor next to Resident #62's bed. On 05/20/2025 at 3:50 p.m., review of Resident #62's medical records revealed that Resident #62 fell from his bed on 02/26/2025 and on 05/08/2025. Further review of Resident #62's fall risk care plan revealed that a fall mat should be utilized. On 05/21/2025 at 8:15 a.m., observation of Resident #62's room revealed that there was no floor mat next to the Resident's bed and that the floor mat was still propped against the wall in the corner of the room. On 05/21/2025 at 8:15 a.m., an interview with S4Licensed Practical Nurse (LPN) confirmed that Resident #62 did not have a fall mat next to his bed. On 05/21/2025 at 8:25 a.m., Interview conducted with S2DON at Resident #62's bedside. S2DON confirmed that Resident #62's fall mat was propped against the wall and not at his bedside as care planned. Further review of Resident #62's care plan with S2DON confirmed that Resident #62's plan of care had not been individualized to the Resident's needs.		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews, the facility failed to ensure Residents who were unable to carry out activities of daily living received the necessary services to maintain good grooming and personal hygiene by failing to provide adequate bathing and nail care for 4 (#27, #3, #40, #52) of 4 (#27, #3, #40, #52) Residents reviewed for activities of daily living. Findings: Resident #52 Review of the medical record revealed Resident #52 was admitted to the facility on [DATE] with diagnoses which included cerebrovascular disease and major depression. Review of the 02/24/2025 Minimum Data Set (MDS) assessment revealed Resident #52 had a Brief Interview for Mental Status Score (BIMS) of 14 indicating he was cognitively intact. The MDS assessment also indicated Resident #52 needed assistance with personal hygiene. On 05/19/2025 at 10:17 a.m., observation and interview of Resident #52 revealed he had long dirty fingernails that were in need of care. Resident #52 reported he had asked staff to trim his fingernails recently. On 05/20/2025 at 1:10 p.m., interview with S4Licensed Practical Nurse (LPN) revealed resident #52 was a good historian and would tell the truth when recollecting. At that time S4LPN observed the fingernails of resident #52 and confirmed the fingernails were long and dirty and needed to be trimmed and cleaned. Resident #27 Record review revealed Resident #27 was admitted to the facility on [DATE] with diagnoses that included morbid (severe) obesity, type 2 diabetes mellitus, chronic obstructive pulmonary disease, obstructive sleep apnea, primary pulmonary hypertension, and shortness of breath, atrial fibrillation, generalized muscle weakness, muscle wasting and atrophy multiple sites, and abnormalities of gait and mobility. On 05/19/2025 at 8:30 a.m., an interview with Resident #27 revealed she did not receive a bed bath on Friday (05/16/2025). Resident #27 reported she was to receive bed baths on Monday, Wednesday, and Friday. Review of the quarterly MDS assessment dated [DATE] revealed a BIMS score of 15 which indicated Resident #27 was cognitively intact. Further review revealed Resident #27 required substantial/maximal assistance with toileting, shower/bathe, dressing, bed mobility, and personal hygiene. Review of care plan revealed Resident #27 had an Activities of Daily Living (ADL) self-care deficit. An intervention listed was to provide bed bath on scheduled bath days with maximal assist x 2. Review of the April 2025 Documentation Survey Report v2 revealed Resident #27 was to receive a shower/bath on Monday, Wednesday, and Friday. Further review revealed documentation Resident #27 only received shower/bathe on 04/07/2025. (continued on next page)		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the May 2025 Documentation Survey Report v2 revealed Resident #27 was to receive Shower/bathe on Monday, Wednesday, and Friday. Further review revealed documentation Resident #27 only received shower/bathe on 05/05/2025, 05/12/2025, and 05/19/2025. On 05/20/2025 at 3:22 p.m., an interview with S17LPN revealed she was never notified by any of the aides that Resident #27 had refused a bed bath. On 05/21/2025 at 12:15 p.m., surveyor informed S2Director of Nursing (DON) that Resident #27 reported she did not receive a bed bath on Friday (05/16/2025). S2DON confirmed there was no documentation that Resident #27 received a bed bath on Friday (05/16/2025). Resident #40 Record review revealed Resident #40 was admitted to the facility on [DATE] and readmitted to the facility on [DATE]. Resident #40 diagnoses included unspecified dementia, generalized anxiety disorder, schizoaffective disorder, muscle wasting and atrophy multiple sites, generalized muscle weakness, lack of coordination, and abnormalities of gait and mobility. Review of quarterly MDS assessment dated [DATE] revealed BIMS score of 8 which indicated Resident #40 was moderately cognitively impaired. Further review revealed Resident #40 required substantial/maximal assistance with personal hygiene, dressing upper and lower body, shower/bathe, and toileting. Review of the care plan revealed Resident #40 had an ADL self-care deficit. An intervention listed was maximal assistance x1 with personal hygiene. On 05/19/2025 at 10:28 a.m. and 05/20/2025 at 10:10 a.m., observations of Resident #40 revealed fingernails on both hands were very long. On 05/21/2025 at 9:15 a.m., an observation conducted with S2DON in Resident #40's room revealed Resident #40's fingernails on both hands were very long. S2DON confirmed Resident #40's fingernails were long and needed to be trimmed. Resident #3 Review of the medical record for Resident #3 revealed an admission date of 01/14/2009 with diagnoses that included cerebral infarction, diabetes mellitus with diabetic neuropathy, chronic obstructive pulmonary disease, psychosis, schizophrenia, and major depressive disorder. Review of the quarterly MDS assessment dated [DATE] revealed a BIMS score of 14 which indicated that Resident #3 was cognitively intact. The MDS also indicated that Resident #3 required substantial/maximal assistance with personal hygiene. On 05/19/2025 at 1:35 p.m. it was noted that Resident #3 had lengthy facial hair below the nose and on the chin. On 05/20/2025 at 11:30 a.m., Resident #3 was observed in her room with lengthy facial hair below the nose and on the chin. On 05/20/2025 at 11:52 a.m. an interview with S5Certified Nursing Assistant (CNA) revealed that (continued on next page)		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #3 should receive baths on Monday, Wednesday, and Friday. Review of the April and May 2025 Documentation Survey Report v2 revealed Resident #3's bath days were scheduled for Tuesday, Thursday, and Saturday. Further review of the report revealed the only documentation of bathing was completed on 04/07/2025, 05/05/2025, and 05/19/2025 for the months of April and May 2025. On 05/21/2025 at 12:06 p.m., S2DON confirmed that Resident #3 did not have baths documented.		

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Resident #13 Review of the medical record for Resident #13 revealed an admission date of 09/01/2020. Resident #13 had diagnoses including heart disease, chronic obstructive pulmonary disease (COPD), depressive disorder, diabetes mellitus, paranoid schizophrenia, muscle wasting, cognitive communication deficit, and moderate intellectual disabilities. Review of the Quarterly MDS assessment dated [DATE] revealed Resident #13 had a BIMS score of 14 which indicated the resident had intact cognition for daily decision making and required partial to moderate assistance with toileting and bathing. Review of the Fall Risk assessment dated [DATE] revealed Resident #13 was at risk for falls. Review of the Incident/Accident report dated 04/22/2025 at 9:10 a.m. revealed Resident #13 was found sitting on the floor in front of his wheelchair alert and oriented. Review of the current care plan revealed the Resident had limited physical mobility. Further review of the care plan revealed the fall on 04/22/2025 was not addressed on the care plan. Review of the medical record revealed no documented evidence of an intervention attempted after Resident #13 was found on the floor on 04/22/2025. On 05/21/2025 at 11:55 a.m. S2DON confirmed no new interventions were attempted after Resident #13 had a fall on 04/22/2025 and also confirmed the fall on 04/22/2025 was not addressed on the care plan. Based on interviews, observations, and record reviews, the facility failed to ensure Residents remained as free of accident hazards as possible for 2 (#13 and #61) of 4 (#13, #19, #61 and #62) Residents reviewed for accidents. The facility failed to ensure: 1) an appropriate intervention was attempted after each fall for Resident #61, and 2) new interventions were attempted after each fall for Resident #13 and #61. Findings: Review of the facility's Accident Hazards/Supervision/Devices policy dated 03/2023 revealed in part: Purpose: To provide an environment that is free from controllable accident hazards and provision of supervision and devices needed to prevent avoidable accidents. Policy: The facility will provide an environment that is as free of accident hazards as is possible and provide supervision and assistance devices to Residents to avoid preventable accidents. 5. Facility data will be used to aid in identification of potential hazards, risks and solutions. 10. Interventions will be based on the results of the evaluation and analysis of information (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	related to hazards and risks. Interventions will be consistent with professional standards. 13. Monitoring and modification process may include: a. Verifying that interventions are implemented as planned; b. Evaluating the effectiveness of interventions; c. Modifying or replacing interventions as needed, and; d. Evaluating the effectiveness of new interventions. Resident #61 Review of Resident #61's record revealed an admission date of 08/08/2024 with diagnoses including chronic obstructive pulmonary disease, acute/chronic combined systolic and diastolic heart failure, acute kidney failure, unspecified dementia unspecified severity with other behavioral disturbance, cellulitis, hypokalemia, cocaine abuse, hypertension, hyperlipidemia, myocardial infarction, chronic kidney disease. Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 3 which indicated severe cognitive impairment. Further review of the MDS revealed the Resident required assistance with activities of daily living. Section J of the MDS revealed no falls documented for Resident #61. Review of the facility's incident/accident log revealed falls for Resident #61 on 04/22/2025, 04/23/2025, 05/13/2025, and 05/18/2025. Review of Resident #61's Incident and Accident reports revealed the following: 04/22/2025- staff were walking by Resident's room and heard something hit the floor and saw Resident #61 fall on her bottom with no injuries; 04/23/2025- nurse received report from certified nursing aide (CNA) that the resident lost her balance and hit her head on the door frame, and the CNA caught the resident before she fell, was going to bathroom and lost her balance, no injuries; 05/13/2025- nurse was notified by CNA that Resident #61 had slid out of her wheelchair onto the floor, no injuries; and 05/18/2025- Resident was found on the floor, resident had rolled out of the bed, no injuries. Review of Resident #61's current care plan revealed Resident #61 had actual falls with unsteady gait. Further review of the care plan revealed Resident #61 had a fall on 04/22/2025, 04/23/2025, 05/13/2025, and 05/18/2025. Review of the interventions for the fall on 04/22/2025 revealed staff education to ensure Resident's wheelchair is within reach. (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the interventions for the fall on 04/23/2025 revealed to remind Resident to call for assistance with any transfers or getting from one place to the other. Falls on 05/13/2025 and 05/18/2025 were not added to the fall care plan. An interview on 05/21/2025 at 11:45 a.m. with S2Director of Nursing (DON) confirmed the intervention (reminding the Resident to call for assist with transfers or getting from one place to another) for Resident #61's fall on 04/23/2025 was not appropriate due to resident's cognition. S2DON confirmed that the facility failed to identify and implement interventions for Resident #61's falls on 05/13/2025 and 05/18/2025.		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews the facility failed to ensure Residents who required respiratory care received the care and services consistent with professional standards by failing to properly store nebulizer mouth pieces and post oxygen use signage for 3 (#27, #15, #171) of 3 Residents reviewed for respiratory care. Findings: Resident #15 Review of the medical record revealed Resident #15 was admitted to the facility on [DATE] with diagnoses which included diabetes and shortness of breath. Review of the current physician orders revealed Resident #15 was to receive Ipratropium/Albuterol, 1 application, inhaled orally four times a day for shortness of breath. On 05/19/2025 at 9:25 a.m., observation of the nebulizer mouth piece for Resident #15 was on a bedside dresser open to the air and not contained in a bag. Observation on 05/20/2025 at 7:45 a.m., the nebulizer mouth piece for Resident #15 was on his bed and not contained in a bag. On 05/20/2025 at 10:45 a.m., interview with S2Director of Nursing (DON) confirmed the nebulizer mouth piece should be stored in a plastic bag when not in use. Resident #171 Review of the medical record for Resident #171 revealed an admission date of 05/09/2025. Resident #171 had diagnoses including chronic obstructive pulmonary (COPD) disease, hypertension, heart disease, anxiety, shortness of breath, poly-osteoarthritis and atrial fibrillation. Review of the May 2025 physician orders revealed an order dated 05/09/2025 for Ipratropium-Albuterol solution 0.5-2.5 - 3 milligrams (mg)/3 milliliters (ml) inhale four times a day related to COPD with acute exacerbation at 6:00 a.m., 10:00 a.m. 4:00 p.m. and 8:00 p.m. On 05/19/2025 at 7:45 a.m., 05/20/2025 at 8:05 a.m. and 12:10 p.m. observations of Resident #171's room revealed a nebulizer mouth piece on the bedside table and not stored in a bag. On 05/20/2025 at 12:10 p.m. observation of Resident #171's room with S2DON confirmed the nebulizer mouth piece should be stored in a bag when not in use. Resident #27 Record review revealed Resident #27 was admitted to the facility on [DATE] with diagnoses that included morbid (severe) obesity, type 2 diabetes mellitus, chronic obstructive pulmonary disease, obstructive sleep apnea, primary pulmonary hypertension, atrial fibrillation, and shortness of breath. Review of active May 2025 Physician orders revealed Oxygen at 2 Liters Per Minute (LPM) via Nasal Cannula (NC) continuous to maintain saturation greater than or equal to 93%. (continued on next page)		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the May 2025 Electronic Medication Administration Record (EMAR) revealed documentation Resident #27 received Oxygen at 2 LPM via NC as ordered. On 05/19/2025 at 08:30 a.m. and 05/20/2025 at 10:10 a.m., observations of Resident #27 revealed she was receiving oxygen at 2 LPM via NC. Further observation revealed there was no signage posted outside Resident #27's room indicating no smoking oxygen in use. On 05/20/2025 at 12:10 p.m., an observation and interview conducted with S2Director of Nursing (DON) in Resident #27's room revealed Resident #27 was receiving Oxygen at 2 LPM via NC. Further observation revealed there was no signage posted outside Resident #27's door indicating no smoking oxygen in use. S2DON confirmed there should have been signage posted outside of Resident #27's door indicating no smoking/oxygen in use.		

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, observations, and interviews, the facility failed to: 1) assess Residents for risk of entrapment from bed rails prior to installation of bed rails, 2) obtain informed consent from the Resident or Resident's responsible party for bed rail use, 3) ensure a physician's order for bed rail use, and 4) ensure care plan reflected the use of bed rails for 3 (#8, #18, #321) of 3 (#8, #18, #321) Residents reviewed for bedrails. Findings: Review of the facility's Quality of Care Bedrails policy dated 03/20203 revealed: Purpose: To provide for resident safety if bed rails are used. Policy: The facility will attempt to use alternatives prior to installing a bed rail, including side rails, grab bars, and other assist rails. Prior to implementing a bed rail, the facility will assess the resident for entrapment, inform the resident and or representative of the risk and benefits of bed rails and obtain consent and verify that the bed is suited to the resident's size and weight. Manufacturer's recommendations will be followed when installing bed rails. Guidelines: 1. Prior to utilizing a bed rail, alternative measures will be attempted to meet the resident's needs and provide for his/her safety. 2. The resident will be assessed for risk of entrapment and possible benefits of bed rails, if it is determined that alternative measures are not effective. 3. The resident and/or representative will be informed of the risk and benefits of bed rails and informed consent will be obtained prior to instillation of bed rail. 4. Bed rails will be maintained and installed according to manufacturer recommendations. 5. Bed rails will be compatible with the bed frame and mattress in use by the resident. 6. Bed rails that are in use will be checked routinely to verify condition and installation security. 7. If a bed rail is implemented, the resident will re-assessed at routine intervals to verify the on-going need for the bed rail. 8. A bed rail will be used for the shortest time necessary to meet the needs of the resident. 9. Use of a bed rail will be reflected in the resident care plan. Resident #8 (continued on next page)		

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review revealed Resident #8 was admitted to the facility on [DATE] and readmitted to the facility on [DATE]. Resident #8's diagnoses included type 2 diabetes mellitus, generalized muscle weakness, hypertension, heart failure, chronic kidney disease, pain unspecified, and repeated falls. Review of active May 2025 Physician orders revealed there was no order for Resident #8 to have bilateral quarter bed rails. On 05/19/2025 at 9:40 a.m., 05/20/2025 at 9:00 a.m., and 05/21/2025 at 8:00 a.m., observations of Resident #8 revealed he was lying in bed with head of bed elevated up 15 degrees, quarter bed rails times 2 at the head of bed were in the upright position. Review of the care plan revealed Resident #8's plan of care did not include the use of bilateral quarter bed rails. Further record review revealed no documentation Resident #8 was assessed for the risk of entrapment from bed rails prior to the installation of bed rails or an informed consent was obtained for bed rails. On 05/21/2025 at 9:45 a.m. an interview with S7Regional Director of Clinical confirmed Resident #8 had not been assessed for bed rails, assessed for entrapment prior to the installation of bed rails, obtained an informed consent for bed rails, obtained an order for bed rails, or added bed rails to the care plan. Resident #18 Record review revealed Resident #18 was initially admitted to the facility 12/20/2023 and readmitted to the facility on [DATE]. Resident #18's diagnoses included acute necrotizing hemorrhagic encephalopathy, unspecified pain, paranoid schizophrenia, generalized anxiety disorder, generalized muscle weakness, seizures, and lack of coordination. Review of active May 2025 Physician orders revealed there was no order for Resident #18 to have quarter bed rail. Review of the care plan revealed Resident #18's plan of care did not include the use of a quarter bed rail. Further record review revealed no documentation Resident #18 was assessed for the risk of entrapment from bed rails prior to installation of bed rails or an informed consent obtained for bed rails. On 05/19/2025 at 10:45 a.m., an observation of Resident #18 revealed he was lying on his right side with right quarter bed rail in the upright position at the head of the bed, and left side of the bed was positioned next to the wall. On 05/21/2025 at 9:45 a.m. an interview with S7Regional Director of Clinical confirmed Resident #18 had not been assessed for bed rails, assessed for entrapment prior to the installation of bed rail, obtained an informed consent for bed rails, obtained an order for bed rails, or added bed rail to the care plan. Resident #321 (continued on next page)		

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #321's medical record revealed an admission date of 05/13/2025 with diagnosis which included in part: anemia, syncope and collapse, adult failure to thrive, and subluxation of cervical vertebrae. Review of admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #321 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated that Resident #321 was cognitively intact. Further review of MDS revealed that Resident #321 was able to transfer self with standby assist. Observations on 05/19/2025 at 7:30 a.m., 05/20/2025 at 10:10 a.m., and 05/21/2025 at 8:12 a.m. of Resident #321's right upper quarter bedrail was observed on bed in the up position while the Resident was laying in it. On 05/20/2025 at 11:08 a.m., record review reveals that Resident #321's record did not have a physician's order for bed rail use, care plan, or bed rail assessment. On 05/21/2025 at 9:45 a.m., interview with S7Regional Director of Clinical confirmed that the facility did not assess Resident #321 for bed rails or risks of entrapment prior to the installation of bed rail. S7Regional Director of Clinical also confirmed that Resident #321 did not have a physician's order, consent, or care plans for bed rails.		

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure it had sufficient nursing staff with appropriate competencies and skills to provide nursing services to maintain the highest practicable physical, mental, and psychosocial well-being of each Resident by having staff fail to follow physician orders for 1 (#32) of 5 (#32, #3, #36, #63, #61) reviewed for unnecessary medications. Findings: Review of the medical records revealed Resident #32 was admitted to the facility on [DATE] with a diagnosis of diabetes. Review of the physician orders revealed Resident #32 was to receive accu-checks four times daily. If the results were 401 or greater, staff were to administer 10 units of insulin and call the physician. Review of the accu-check results revealed the following: On 05/02/2025 at 10:00 a.m., Resident #32 had an accu-check of 434. There was no documentation that the physician was notified. On 05/03/2025 at 10:00 a.m., Resident #32 had an accu-check of 407. There was no documentation that the physician was notified. On 05/11/2025 at 10:00 a.m., Resident #32 had an accu-check of 455. There was no documentation that the physician was notified. On 05/16/2025 at 10:00 a.m., Resident #32 had an accu-check of 410. There was no documentation that the physician was notified. On 05/17/2025 at 10:00 a.m., Resident #32 had an accu-check of 423. There was no documentation that the physician was notified. On 05/20/2025 at 3:15 p.m., interview with S2Director of Nursing (DON) confirmed there was no documentation that the staff notified the physician when Resident #32 had an accu-check of 401 or greater.		

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Some	Post nurse staffing information every day. Based on observation and interview, the facility failed to ensure nurse staffing data requirements were posted daily in a prominent location and readily accessible to residents and visitors. This deficient practice had the potential to affect any of the 68 residents who resided in the facility. Findings: On 05/19/2025 at 8:00 a.m., the daily staffing for 05/19/2025 was unable to be located. On 05/20/2025 at 10:05 a.m., the daily staffing for 05/20/2025 was unable to be located. On 05/20/2025 at 10:10 a.m., an interview and observation were conducted with S2Director of Nursing (DON). S2DON confirmed that the daily staffing had not been posted.		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, record reviews and interviews, the facility failed to ensure it provided pharmaceutical services to meet the needs of the Residents by failing to have medications available for administration for 2 (#33, #8) of 3 (#33, #8, #30) Residents observed for a medication pass. Findings: Resident #33 On 05/19/2025 at 7:35 a.m., a medication pass was observed for Resident #33 with S3Licensed Practical Nurse (LPN). During the medication pass, S3LPN reported Vitamin D-2 400 units was not on the cart. Review of the physician's orders revealed Resident #33 was to receive Vitamin D-2 400 units daily. On 05/19/2025 at 9:10 a.m., S3LPN reported that the medication was not available in the facility for administration. On 05/19/2025 at 12:50 p.m. observation of the medication room revealed Resident #33's Vitamin D-2 was not in the medication room. On 05/19/2025 at 1:00 p.m., interview with S2Director of Nursing (DON) confirmed Resident #33's Vitamin D-2 was not available in the facility for administration. Resident #8 On 05/19/2025 at 7:40 a.m., a medication pass was observed for Resident #8 with S3LPN. During the medication pass, S3LPN reported Farxiga 10 milligrams (mg) was not on the cart. Review of the physician's orders revealed Resident #8 was to receive Farxiga 10 mg daily. On 05/19/2025 at 9:10 a.m., S3LPN reported that the medication was not available in the facility for administration. On 05/19/2025 at 12:50 p.m. observation of the medication room revealed #8's Farxiga was not in the medication room. On 05/19/2025 at 1:00 p.m., interview with S2DON confirmed Resident #8's Farxiga was not available in the facility for administration.		

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to ensure the physician documented a rationale for denying a gradual dose reduction for 1 (#32) of 5 (#32, #3, #36, #63, #61) Residents reviewed for unnecessary medications, and 2) The pharmacist failed to identify irregularities related to adequate monitoring of prescribed medications for 2 (#3 and #36) of 5 (#3, #36, #32, #63, #61). Findings: Review of the facility's Pharmacy Services: Medication Regimen Review Policy number 756 dated 03/2023 revealed the following, in part: Policy: The medication regimen will be reviewed at least monthly by a licensed pharmacist. The facility develops a system which supports irregularities acted upon in order to minimize adverse consequences which may be associated with medications. Guidelines: 4. The pharmacist reports any irregularities in a separate written report to the attending physician, medical director and the director of nursing. The recommendations are reviewed, and a response provided, in a timely manner, dependent upon the nature of the concern. 5. If recommendation is declined, the response includes a valid clinical rationale for rejection of the pharmacist's recommendation unless warranted by a change in the resident's condition or other circumstances. Resident #32 Review of the medical record for Resident #32 revealed he was admitted on [DATE] with diagnoses which included bipolar disorder and depression. Review of the physician orders revealed Resident #32 received the medications Haldol and Seroquel for the treatment of bipolar disorder and Escitalopram for the treatment of depression. Review of the consultant Pharmacist reports revealed a dose reduction letter recommending a gradual dose reduction for Seroquel and Escitalopram. The physician chose not to attempt a gradual dose reduction, but the physician failed to give a clinical rationale denying the gradual dose reduction and simply responded with the one word response severity. On 05/20/2025 at 11:45 a.m., interview with S2Director of Nursing (DON), confirmed the physician did not respond with an adequate rationale for declining a dose reduction for Resident #32. Resident #3 Review of the medical record for Resident #3 revealed an admission date of 01/14/2009 with diagnoses that included cerebral infarction, diabetes mellitus with diabetic neuropathy, chronic obstructive pulmonary disease, malignant neoplasm of pancreas, psychosis, schizophrenia, and major depressive disorder. (continued on next page)		

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 14 which indicated that Resident #3 was cognitively intact. Review of the May 2025 Medication Administration Record (MAR) revealed that Resident #3 was prescribed Levothyroxine daily. Review of the monthly drug regimen review revealed that the pharmacist failed to report irregularities related to the need for Resident #3's thyroid level to be monitored. On 05/21/2025 at 1:40 p.m., S7Regional Director of Clinical confirmed that the pharmacist did not identify the irregularity related to monitoring lab work. Resident #36 Review of the medical record for Resident #36 revealed an admission date of 02/07/2025 with diagnoses that included Parkinson's disease, dysphagia, type 2 diabetes mellitus, chronic obstructive pulmonary disease, bipolar disorder, generalized anxiety disorder, major depressive disorder, schizoaffective disorder, and seizures. Review of the Medicare 5 day MDS assessment dated [DATE] revealed a BIMS score of 14 which indicated that resident #36 was cognitively intact. Review of the May 2025 MAR revealed that Resident #36 was prescribed Atorvastatin Calcium nightly. Review of the monthly drug regimen review revealed that the pharmacist failed to report irregularities related to the need for Resident #36's lipid panel to be monitored. On 05/21/2025 at 1:40 p.m., S7Regional Director of Clinical confirmed that the pharmacist did not identify the irregularity related to monitoring lab work.		

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure each resident's medication regimen was free from unnecessary medications by failing to monitor for edema while resident was on a diuretic for 1 (#61) of 5 (#3, #32, #36, #61, and #63) residents reviewed for unnecessary medications. Findings: Review of Resident #61's record revealed an admission date of 08/08/2024 with diagnoses including chronic obstructive pulmonary disease, acute/chronic combined systolic and diastolic heart failure, acute kidney failure, unspecified dementia unspecified severity with other behavioral disturbance, cellulitis, hypokalemia, cocaine abuse, hypertension, hyperlipidemia, myocardial infarction, chronic kidney disease. Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 3 indicating severe cognitive impairment. Further review of the MDS revealed resident required assistance with activities of daily living. Review of the May 2025 Physician's Orders revealed an order dated 04/18/2025 for Hydrochlorothiazide (diuretic) Oral Tablet 25 milligrams (mg) give 1 tablet by mouth one time a day. Review of the April 2025 Medication Administration Record (MAR) revealed no documented evidence of monitoring for edema for 13 times in April 2025. Review of the May 2025 MAR revealed no documented evidence of monitoring for edema for 16 times in May 2025. An interview on 05/21/2025 at 11:45 a.m. with S2Director of Nursing (DON) and S7Regional Director of Clinical confirmed the facility should have been monitoring Resident #61 for edema while she was taking a diuretic. S2DON and S7Regional Director of Clinical confirmed there was no documented evidence of monitoring for edema on Resident #61 while on a diuretic for 13 times in April 2025 and 16 times in May 2025.		

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observations, interview, and record reviews, the facility failed to ensure it did not have a medication error rate of 5 percent or greater by having 2 errors in 27 opportunities resulting in a medication error rate of 7%. Findings: Resident #33 On 05/19/2025 at 7:35 a.m., a medication pass was observed for Resident #33 with S3Licensed Practical Nurse (LPN). During the medication pass, S3LPN reported Vitamin D-2 400 units was not on the cart. Review of the physician's orders revealed Resident #33 was to receive Vitamin D-2 400 units daily. On 05/19/2025 at 9:10 a.m., S3LPN reported that the medication was not available in the facility for administration. This resulted in an error by omission. Resident #8 On 05/19/2025 at 7:40 a.m., a medication pass was observed for Resident #8 with S3LPN. During the medication pass, S3LPN reported Farxiga 10 milligrams (mg) was not on the cart. Review of the physician's orders revealed Resident #8 was to receive Farxiga 10 mg daily. On 05/19/2025 at 9:10 a.m., S3LPN reported that the medication was not available in the facility for administration. This resulted in an error by omission.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and interviews, the facility failed to ensure drugs and biologicals used in the facility were stored properly in a locked compartment by leaving medication at resident's bedside for 2 (#55, #64) of 2 (#55, #64) residents reviewed for medication storage. Findings: Review of the facility Pharmacy Services Medication Administration policy dated (03/2023) revealed the following: 2. Medications will be prepared and administered in accordance with: a. Prescriber's order 15. Medications will be administered within (1) hour before or after the scheduled administration time. Resident #64 Review of Resident #64's medical record revealed an admit date of 01/14/2025 and diagnoses which include in part: depression, bipolar disorder, non-traumatic subarachnoid hemorrhage, cerebral infarction, hypertension, and hypothyroidism. Review of quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #64 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the Resident was cognitively intact. On 05/19/2025 at 7:00 a.m., a bottle of Flonase nasal spray was observed on Resident #64's bedside table. Resident # 64 stated that she kept the medication there and administers it to herself when she feels she needs it. On 05/20/2025 at 10:07 a.m., a Flonase bottle was observed sitting on resident #64's bedside table. On 05/20/2025 at 11:20 a.m., a review of Resident #64's current active orders revealed no order for Flonase nasal spray. On 05/20/2025 at 12:55 p.m., an interview was conducted with S2Director of Nursing (DON) at Resident #64's bedside. S2DON confirmed that Resident #64 had a bottle of Flonase at her bedside and was self-administering the medication. Resident #55 Review of Resident #55's medical record revealed an admit date of 12/23/2023 and diagnoses which include in part: monoplegia of lower limb affecting unspecified side, unspecified psychosis not due to (continued on next page)		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	substance or known physiological condition, human immunodeficiency virus (HIV) disease, other seizures, and constipation. Review of quarterly MDS assessment dated [DATE] revealed Resident #55 had a BIMS score 11 which indicated moderate cognitive impairment. On 05/19/2025 at 7:55 a.m., Resident #55 was observed lying in bed with his bedside table positioned next to his bed within his reach. Observed on the bedside table was a medication administration cup that contained two tablets. On 05/19/2025 a.m., interview with S4Licensed Practical Nurse (LPN) confirmed that there were medications on Resident #55's bedside table. S4LPN identified the medications as Levetiracetam and a stool softener. S4LPN also confirmed that the two medications were Resident #55's night medications and should have been administered the prior night. On 05/20/2025 at 11:20 a.m., review of Resident #55's Medication Administration Record (MAR) revealed there were no documented refusals of medication by Resident #55 on 05/18/2025. On 05/20/2025 at 12:55 p.m., S2DON was notified that on 05/19/2025 Resident #55 had medications left on his bedside table from the prior night and that S4LPN confirmed the medications were left on his bedside table.		

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F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly Based on record review and interview the facility failed to have quarterly Quality Assessment and Assurance (QAA) meetings with required members of the QAA committee present. The failed practice was evidenced by the facility's lack of documentation of QAA meetings being held since the previous annual survey. Findings: On 05/22/2025 at 2:40 p.m., an interview with S1Administrator revealed the facility was unable to locate documentation of any quarterly QAA meetings held since the prior annual survey.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure it maintained an infection control program designed to provide a sanitary environment by having staff store used tube feeding syringes improperly for 1 (#44) of 1 (#44) residents reviewed for tube feeding. Findings: Resident #44 Review of the medical record revealed Resident #44 was admitted to the facility on [DATE] with diagnoses which included cerebral infarction and dysphasia. Review of the physician orders revealed an order to crush crushable medications and to flush with 30 cubic centimeters (cc) of water before and after medications. On 05/20/2025 at 10:11 a.m., observation revealed the tip of the syringe used to administer medications was filled with an orange colored liquid and the plunger of the syringe was in the plunger. On 05/20/2025 at 10:45 a.m., interview with S2Director of Nursing (DON) revealed the syringe should have been rinsed and disassembled before being stored for later use.		

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observations and interviews, the facility failed to ensure it maintained an effective pest control so that the facility was free of pests by having flies throughout the facility on all days of the survey, and by observing flies in Resident #52, #15 and #20's room. Findings: On all days of the survey flies were observed throughout the facility. Resident #52 On 05/19/2025 at 10:16 a.m., Resident #52 reported he had to constantly shoo flies away from his food when he ate. Several flies were observed in the resident's room at that time. On 05/20/2025 at 7:50 a.m., Resident #52 was in his room eating breakfast. Resident #52 was observed swatting flies away as he ate. Resident #52 also reported flies remained a problem in his room. Resident #15 On 05/19/2025 at 9:25 a.m., Resident #15 voiced concerns that flies are bad in his room and throughout the facility. Several flies observed in his room at that time. On 05/20/2025 at 7:45 a.m., Resident #15 was in his room. Resident #15 reported flies remained a problem in his room and several flies were observed in his room. Resident #20 On 05/19/2025 at 11:30 a.m., observation of Resident #20's room revealed numerous flies. On 05/19/2025 at 11:32 a.m., an interview with Resident #20 revealed the flies were bad in his room and in the hallways. On 05/20/2025 at 10:03 a.m., observation of Resident #20's room revealed there were multiple flies. On 05/21/2025 at 01:07 p.m., S1Administrator was informed of the numerous amount of flies in resident rooms and throughout the facility observed during each day the survey. S1Administrator confirmed he had also observed flies within throughout the building.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195585	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Cypress at Lake Providence		STREET ADDRESS, CITY, STATE, ZIP CODE 5976 US-65 North Lake Providence, LA 71254	
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 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on observation and interview, the facility failed to ensure that required dementia management and abuse prevention training was completed for 2 (S11Certified Nursing Assistant [CNA], S12CNA) of 5 (S8CNA, S9CNA, S10CNA, S11CNA, S12CNA) personnel records reviewed. Additionally, the facility failed to ensure that competencies and skills training was provided for 4 (S8CNA, S9CNA, S10CNA, S12CNA) of 5 (S8CNA, S9CNA, S10CNA, S11CNA, S12CNA) personnel records reviewed. Findings: Review of S11CNA's personnel record revealed no documented evidence of required dementia management, abuse prevention training, or competencies and skills training. Review of S12CNA's personnel record revealed no documented evidence of required dementia management and abuse prevention training. Review of S8CNA's personnel record revealed no documented evidence of competencies and skills training. Review of S9CNA's personnel record revealed no documented evidence of competencies and skills training. Review of S10CNA's personnel record revealed no documented evidence of competencies and skills training. On 05/21/2025 at 2:07 p.m., S2Director of Nursing confirmed that there was no documented evidence of dementia management, abuse prevention, and competencies/skills training.		