St. Helena Parish Nursing Home

Report ID: CCN 195610
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§ 1 Facility Identity

Facility	St. Helena Parish Nursing Home
CCN	195610
Location	32 North 2Nd Street, Greensburg, LA, 70441
Ownership type	Government - County
Certified beds	72

§ 2 CMS Federal Record

Civil money penalties on file	$319,733
Deficiency citations — current cycle	15 (400% vs prior 24 months (3))
Deficiency citations — prior 24 months	3
Immediate Jeopardy — current cycle	**1**
Actual-harm (G+) citations — current cycle	0
Special Focus Facility status	SFF candidate
Abuse icon	**Yes — CMS abuse icon currently listed**

§ 3 Federal Penalties in Context

This facility — penalties on file	$319,733
LA state average	$49,913 (this facility is 6.4× the LA average)
National average	$31,239 (this facility is 10.2× the national average)

Averages are CMS-published per-facility fine amounts for the same snapshot. Figures and multiples are stated as published; no inference is drawn here.

§ 4 Current-Cycle Deficiencies

The current survey cycle records the following 15 federal deficiency citations (CMS F-tags). Scope/severity is CMS's own A–L grade; "Immediate Jeopardy" is CMS's most serious classification.

F-TAG	FINDING (CMS)	SCOPE/SEV.	SOURCE
F600	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.	**L · Immediate Jeopardy**	Complaint
F838	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.	F	Standard survey
F644	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.	E	Complaint
F580	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.	E	Complaint
F644	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.	E	Complaint
F656	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.	E	Complaint
F944	Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.	E	Complaint
F637	Assess the resident when there is a significant change in condition	E	Standard survey
F641	Ensure each resident receives an accurate assessment.	E	Standard survey
F628	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.	D	Complaint
F640	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.	D	Complaint

F657	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.	D	Complaint
F880	Provide and implement an infection prevention and control program.	D	Standard survey
F577	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.	C	Standard survey
F732	Post nurse staffing information every day.	C	Standard survey

§ 5 Ownership

Ownership record	Owner on file: BIRCH, SHARON (individual)

§ 6 CMS Care Compare Star Ratings

Overall	1 / 5 (state avg 2.5 · US avg 3)
Health inspection	1 / 5 (state avg 2.9 · US avg 2.8)
Staffing	1 / 5 (state avg 2.4 · US avg 2.9)
Quality measures (QM)	1 / 5 (state avg 2.2 · US avg 3.7)

§ 7 Record Provenance

CMS data as of	Jun 2026
Independent verification	https://www.medicare.gov/care-compare/details/nursing-home/195610
Snapshot SHA-256	08cfc81c717b1131d785603ad14088342a7af7a9b24f53b6ac81f7c23c4071e8
Methodology & version	v1.0 — https://www.caregiverhelpnow.com/methodology

§ 8 For Your Attorney

1. The full survey file (Form 2567) for each inspection cited above is available from the state survey agency or by FOIA request.
2. Quarterly staffing data: CMS Payroll-Based Journal (PBJ) public use files, CCN 195610.
3. Cite this snapshot as “CMS Care Compare, as of Jun 2026” — integrity hash 08cfc81c717b.
4. Deficiency F-tags cited above are searchable in CMS QCOR (qcor.cms.gov).

This snapshot is a frozen record of CMS Care Compare data as of Jun 2026. Independently verifiable at the URL above. Generated by CareSentinel under Nodal Logics LLC. Compiled under CareSentinel methodology v1.0, documented at https://www.caregiverhelpnow.com/methodology; the Snapshot SHA-256 above pins this record to that methodology version.

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