

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195201	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2024
NAME OF PROVIDER OR SUPPLIER The Oaks of Houma		STREET ADDRESS, CITY, STATE, ZIP CODE 1701 Polk Street Houma, LA 70360	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>47487</p> <p>Based on interview and record review, the facility failed to ensure a grievance was addressed and acted upon promptly per the facility's Grievance procedure for 1 (Resident #1) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents investigated for grievances.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Resident's Right, last revised in 12/2023, revealed, in part, a resident should be encouraged to exercise their rights as a resident and present grievances.</p> <p>Review of the facility's policy/procedure titled ,Grievances-Residents, last revised in 10/2023, revealed, in part, the facility shall make prompt efforts to resolve grievances. Further review revealed the Administrator or Designee appointed as the Grievance Official, was responsible for overseeing the grievance process, receiving and tracking the grievances through their conclusion, leading any necessary investigations by the facility, and issuing written grievance decisions to the residents. Further review revealed the Social Worker or Social Services Designee had been appointed by the Administrator to receive concerns, grievances and recommendations by the residents. Further review revealed concerns that cannot be resolved within a shift shall be treated as a grievance. Further review revealed, these grievances shall be directed to the appropriate Department Head and/or Administrator for investigation and follow-up according to the following procedure:</p> <p>-Upon the receipt of a grievance/complaint the staff receiving the complaint would initiate the Grievance/Complaint Form NS-795, and an investigation led by the Administrator based on the allegations would be set forth. Further review revealed the Grievance/Complaint Form NS-795 would be completed electronically in the Quality Assurance module.</p> <p>In an interview on 04/23/2024 at 1:25 p.m., Resident #2 stated her personal underwear, a white undershirt, and an outfit were missing from her room. Resident #2 further stated she asked staff for the missing underwear, and they were unable to produce the missing items.</p> <p>In an interview on 04/23/2024 at 1:30 p.m., S4Certified Nursing Assistant (CNA) indicated she knew of Resident #2 missing personal items, and further indicated Resident #2's missing personal items were unable to be located.</p> <p>(continued on next page)</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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195201	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2024
NAME OF PROVIDER OR SUPPLIER The Oaks of Houma		STREET ADDRESS, CITY, STATE, ZIP CODE 1701 Polk Street Houma, LA 70360	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/23/2024 at 2:05 p.m., S3LPN indicated she was not aware of Resident #2's missing personal items.</p> <p>In an interview on 04/23/2024 at 2:15 p.m., S5Houskeeping/Laundry Supervisor indicated staff had not reported Resident #2's missing personal items to him.</p> <p>In an interview on 04/23/2024 at 2:51p.m., S2Social Services Director indicated a resident's missing personal items should be reported to her immediately.</p> <p>In an interview on 04/24/2024 at 9:05 a.m., Resident #2 indicated her missing personal items had not been found.</p> <p>In an interview on 04/24/2024 at 9:14 a.m., S2Social Services Director indicated she was unaware of any grievance for Resident #2's missing personal items reported yesterday.</p> <p>In an interview on 04/24/2024 at 9:14 a.m., S1Administrator indicated she was unaware of any grievance for Resident #2's missing personal items reported yesterday.</p> <p>In an interview on 04/24/2024 at 9:15 a.m., S2Social Services Director indicated the facility had no documented evidence that a Grievance/Complaint Form NS-795 had been started regarding Resident #2's missing personal items from yesterday.</p> <p>There was no documented evidence, and the facility did not present any documented evidence, the facility's grievance procedure was started regarding Resident #2's grievance of missing personal items.</p> <p>In a phone interview on 04/24/2023 at 9:17 a.m., S5Houskeeping/Laundry Supervisor confirmed he was made aware of Resident #2 missing personal items yesterday, and did not report Resident #2's missing personal items to S2Social Services Director.</p>		