STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195303	A. Building B. Wing	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Twin Oaks Nursing Home	506 West 5th Street Laplace, LA 70068

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 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 ensure a resident's room was maintained free of odors, soiled linens, a spill, and debris for 1 (Resident #56) of 7 (Resident #1, Resident #12, Resident #45, Resident #49, Resident #56, Resident #83, Resident #89) sampled residents investigated for environment. Findings: Observation on 08/11/2025 at 9:26AM, revealed Resident #56's room had a strong unpleasant odor. Observation further revealed linens with an odor were piled on Resident #56's roommate's bed. Further observation of Resident #56's room revealed a small puddle of an unknown liquid by the door, small pieces of paper, a straw, and other small white colored debris scattered on the floor. In an interview on 08/11/2025 at 9:31AM, S7Certified Nursing Assistant (CNA) confirmed the presence of a strong urine odor, soiled linen on Resident #56's roommate's bed, trash and debris on the floor, and a spill by the door. In an interview on 08/13/2025 at 1:42PM, S2Director of Nursing stated S7CNA confirmed the above findings in Resident #56's room. S2DON acknowledged Resident #56's room should not have been in that state.

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 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. Based on observation, interview, and record review, the facility failed to ensure respiratory nebulizer tubing was changed and dated 1 (Resident #22) of 8(Resident #1, Resident #12, Resident #13, Resident #15, Resident #22, Resident #49, Resident #56 and Resident #89) sampled residents investigated for respiratory care. Findings:Review of Resident #22's July 2025 and August 2025 physician's orders revealed, in part, the nurse was to change and date all respiratory tubing/supplies/storage bag every Sunday on the 11:00PM to 7:00AM shift. Observation on 08/11/2025 at 9:58AM revealed Resident #22's nebulizer tubing was dated 07/07/2025. Observation on 08/12/2025 at 2:45PM revealed Resident #22's nebulizer tubing was dated 07/07/2025.In an interview on 08/13/2025 at 1:09PM, S18Licensed Practical Nurse (LPN) indicated nebulizer tubing should be changed every week on Sunday. In an interview on 08/13/2025 at 1:11PM, S17LPN indicated nebulizer tubing should be changed every week on Sunday night. Observation on 08/13/2025 at 1:17PM Resident #22's nebulizer tubing was dated 07/07/2025. In an interview on 08/13/2025 at 1:19PM, S2Director of Nursing (DON) indicated nebulizer tubing was to be changed and dated, with the date tubing was changed, weekly. Observation completed with S2DON on 08/13/2025 at 2:05PM revealed Resident #22's nebulizer tubing was dated 07/07/2025. In an interview on 08/13/2025 at 2:05PM, S2DON confirmed Resident #22's nebulizer tubing had not been changed since 07/07/2025 and should be changed weekly.

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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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observations, interviews, record review, the facility failed to ensure menu substitutions were approved by the facility's dietician. Findings:Review of the facility's approved lunch menu for 08/11/2025 revealed, in part, the facility was to serve white beans, ham, steamed rice, and brussel sprouts.Observation on 08/11/2025 at 12:05PM revealed the lunch menu served was white beans, rice, and beets.In an interview on 08/12/2025 at 10:45AM, S12Dietary Manager (DM) indicated she did not document the substitution of beets for the 08/11/2025, nor had she notified S19RD for approval of the substitution. In an interview on 08/12/2025 at 2:47PM, S1Administrator indicated the before menu revision should have been documented, and S19Registered Dietician (RD) should have been notified of the above mentioned menu change.In an interview on 08/12/2025 at 3:47PM, S19RD indicated the facility had not notified him of the above mentioned substitution. There was no documented evidence, and the facility could not produce any documented evidence, S19RD was notified of the revision to the facility's lunch menu on 08/11/2025.

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations and interviews the facility failed to:1. Ensure food items stored in the facility's three door refrigerator and the facility's freezer were dated once opened; 2. Ensure food items stored in the facility's three door refrigerator were covered; 3. Ensure food items from an outside source which were stored in the facility's freezer were labeled; and, 4. Ensure the sanitization test strips used to test the amount of sanitization in the dishwasher were not expired. Findings: 1. Observation on 08/12/2025 at 8:20AM revealed three undated disposable bowls with round multi colored dry cereal, and one undated disposable bowl of dry corn cereal in the facility's three door refrigerator. In an interview on 08/12/2025 at 8:30AM, S12Dietary Manager (DM) indicated the above mentioned items in the facility's three door refrigerator should have been labeled with an opened date. Observation on 08/12/2025 at 9:10AM revealed an undated partially used container of frozen chicken liver in the facility's freezer. In an interview on 08/11/2025 at 9:10AM, S12DM indicated the above mentioned item should have been labeled with an opened date once in the facility's freezer. In an interview on 8/12/2025 at 2:47PM, S1Administrator indicated above mentioned item should have been labeled with an opened date once in the facility's freezer. Observation on 08/12/2025 at 8:20AM revealed three disposable cups of a pudding like substance with no opened date in the facility's three door refrigerator. In an interview on 08/12/2025 at 8:21AM, S12DM indicated the above mentioned items in the facility's three door refrigerator should have have been labeled with an opened date. In an interview on 8/12/2025 at 2:47PM, S1Administrator indicated the above-mentioned items should have had an open date once opened. 2.Observation on 08/12/2025 at 8:20AM revealed three disposable cups of a pudding like substance not covered and in the facility's three door refrigerator. In an interview on 08/12/2025 at 8:21AM, S12DM indicated the above mentioned items in the facility's three door refrigerator should have been covered. In an interview on 8/12/2025 at 2:47PM, S1Administrator indicated the above-mentioned items should have been covered. 3. Review of the facility's Preventing Foodborne Illness policy and procedure, revised July 2014, revealed the facility only accepted prepared foods from suppliers subject to federal, state or local food service inspections and who remain in good standing with such agencies. Observation on 08/11/2025 at 9:10AM revealed a bottle of frozen hydrate alkaline water and a frozen bottle of an electrolyte drink were stored in the facility's freezer and not labeled to indicate they were from an outside food source and not from an approved supplier. In an interview on 08/11/2025 at 9:11AM, S12DM indicated the above-mentioned bottle of electrolyte drink was for a resident was from an outside source. S12DM further indicated the above-mentioned frozen bottle of hydrate alkaline water was from an outside source. In an interview on 08/12/2025 at 2:47PM, S1Administrator indicated the above mentioned items should not have been in the facility's freezer. 4. Observation on 08/13/2025 at 12:06PM revealed the sanitization test strips for the facility's low temperature dishwasher had an expiration date of 07/2025. In an interview on 08/13/2025 at 12:06PM, confirmed the sanitization test strips with an expiration date of 07/2025 were expired and should not have been used.

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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. Based on observation, interview, and record review, the facility failed to ensure:1. Staff wore the appropriate Personal Protective Equipment (PPE) while moving a mattress in the room of a resident on contact isolation precautions (an infection control strategy that uses gloves and gowns to prevent the spread of multi-drug resistant organisms) (Resident #90); and,2. Staff wore the appropriate PPE while providing care to a resident on Enhanced Barrier Precautions (EBP) (an infection control strategy that uses gloves and gowns during high-contact resident care to reduce the spread of infection) (Resident #4).This deficient practice was identified for 2 (Resident #4, Resident #90) of 5 (Resident #4, Resident #62, Resident #76, Resident #82, Resident #90) sampled residents observed for infection control practices during direct resident care.Findings:1. Review of the facility's Isolation-Categories of Transmission-Based policy and procedure, revised on 09/2022, revealed in part, staff members should wear gloves when entering the room of a resident on contact isolation precautions. Further review revealed staff members were to wear a disposable gown upon entering the room of a resident on contact isolation precautions and avoid touching potentially contaminated surfaces with clothing after the gown was removed. Review of Resident #90's care plan with an initiated date of 08/07/2025 revealed, in part, Resident #90 had osteomyelitis (an infection of the bone). Review of Resident #90's August 2025 physician's orders revealed, in part, an order dated 08/08/2025 for contact isolation precautions related to Resident #90's Methicillin Resistant Staphylococcus Aureus (MRSA) (an infection resistant to certain antibiotics). Observation on 08/12/2025 at 1:03PM revealed Resident #90's door was opened and Resident #90's room door displayed a contact isolation precaution sign. Further observation revealed S10Maintenance moved Resident #90's uncovered mattress without wearing gloves and/or a gown. Further observation revealed as S10Maintenance moved Resident #90's uncovered mattress, the uncovered mattress touched the bottom of S10Maintenance's shirt and the top of S10Maintence's pants. In an interview on 08/12/2025 at 1:03PM, S11Assistant Director of Nursing (ADON) confirmed Resident #90 was on contact isolation precautions. S11ADON further confirmed S10Maintenance was in Resident #90 without a gown and/or gloves. S11ADON further indicated S10Maintenence should have had a gown and/or gloves on when moving Resident #90's mattress. In an interview on 08/12/2025 at 1:04PM, S10Maintenance confirmed he was in Resident #90's room without a gown and/or gloves on 08/12/2025 at 1:03PM and indicated he should have had a gown and/or gloves on when handling Resident #90's mattress. In an interview on 08/12/2025 at 1:10PM, S2Director of Nursing (DON) acknowledged S10Maintenance should have worn a gown and had gloves on while in Resident #90's room. 2. Review of the facility's undated policy and procedure titled Infection Prevention and Control Program revealed it is the policy of the facility for employees to wear Personal Protective Equipment (PPE) when there is a potential for direct exposure to body fluids. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's policy and procedure titled Catheter Care, Urinary, dated 2001, revealed catheter care included in part, emptying the urine collection bag. In an interview on 08/11/2025 at 11:13AM, S20Licensed Practical Nurse (LPN)/Infection Preventionist (IP) indicated residents that are placed on Enhanced Barrier Precautions (EBP) are identified by a yellow sign above the resident's bed which required staff to apply Personal Protective Equipment (PPE). Observation on 08/13/2025 at 9:30AM revealed an EBP sign above Resident #4's bed that indicated a gown must be worn. Further observation revealed S16Certified Nursing Assistant (CNA) was not wearing a gown when she drained the urine from Resident #4's urine collection bag into the output container, and when she emptied the output container into the toilet. In an interview on 08/13/2025 at 9:31AM, S16CNA acknowledged she was not wearing a gown while she drained Resident #4's urine collection bag and emptied it into the toilet. S16CNA indicated she did not think it was required because the EBP sign was not on Resident #4's door. In an interview on 08/13/2025 at 1:39PM, S2DON indicated PPE should be worn for catheter care.