STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195346	A. Building B. Wing	05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Ridge Nursing and Rehabilitation Center,llc	660 Factory Outlet Drive Arcadia, LA 71001

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on record review, and interview the facility failed to inform the resident's responsible party (RP) of a resident's change in condition for 1 (#1) of 3 (#1, #2, #3) sampled residents. The facility failed to notify Resident #1's RP of the initiation of oxygen. Findings: Review of Resident #1's medical record revealed an admit date of 03/19/2025 with diagnoses of but not limited to senile degeneration of brain, not elsewhere classified, unspecified dementia, moderate with agitation, anxiety disorder, essential (primary) hypertension, primary osteoarthritis, and unspecified pain. Review of Resident #1's medical record revealed a progress note dated 04/25/2025 at 5:04 a.m. indicating Resident #1 was started on 3.5 liters of oxygen per nasal cannula. Further review failed to reveal Resident #1's RP was notified of the initiation of oxygen on 04/25/2025. During a telephone interview on 05/21/2025 at 9:56 a.m. Resident #3's RP reported he had not been notified that Resident #1 was placed on oxygen on 04/25/2025. During a telephone interview on 05/20/2025 at 2:16 p.m. S3 LPN (licensed practical nurse) confirmed initiating Resident #1's oxygen on 04/25/2025. S3 LPN further confirmed failing to notify Resident #1's responsible party of the initiation of Resident #1's oxygen. During an interview on 05/21/2025 at 11:30 a.m. S1 DON (director of nurses) confirmed Resident #1's RP should have been notified of Resident #1's initiation of oxygen.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review, and interviews the facility failed to ensure a plan of care was developed for 1(#3) resident of 3 (#1, #2, #3) sampled residents. The facility failed develop a plan of care for Resident #3's hospice care. Findings: Review of Resident #3's medical record revealed an admit date of 04/01/2022 with diagnoses of but not limited to unspecified dementia, psychotic disturbance, anxiety and senile degeneration of the brain. Review of Resident #3's May 2025 Physician's Orders revealed an order to admit Resident #3 to ____Hospice dated 01/23/2025. Review of Resident #3's Comprehensive Plan of Care failed to reveal a problem and approaches addressing Resident #3's hospice care. During an interview on 05/21/2025 at 12:05 p.m. S2 LPN (licensed practical nurse) confirmed, a hospice plan of care should have been initiated when Resident #3 was placed on hospice on 01/23/2025. During an interview 05/21/2025 at 12:15 p.m. S1 DON (director of nurses) confirmed a hospice plan of care of should have been initiated when Resident #3 was placed on hospice.