

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195380	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2024
NAME OF PROVIDER OR SUPPLIER  The Guest House Skilled Nursing Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  9225 Normandie Drive Shreveport, LA 71118	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>39897</p> <p>Based on record review and staff interviews, the facility failed to ensure the plan of care had been revised for 1 (#1) of 3 (#1, 2, 3) residents comprehensive care plans reviewed. The facility failed to ensure resident #1's care plan had been revised for admission to Hospice.</p> <p>Findings:</p> <p>Review of resident #1's physician's orders revealed an order dated 03/13/2024 to admit to Hospice.</p> <p>Review of resident #1's comprehensive care plan failed to reveal the plan had been updated to include admission to Hospice or interventions for Hospice and related care and services.</p> <p>During an interview on 05/08/2024 at 4:00 p.m. S2 MDS (minimum Data Set) Coordinator reported resident #1 was admitted to Hospice on 03/13/2024. S2 MDS Coordinator acknowledged resident #1's comprehensive care plan had not been updated to include Hospice.</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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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39897</p> <p>Based on record review, observation and interview the facility failed to provide residents necessary respiratory care and services in accordance with accepted professional standards of practice for 1 (#3) of 2 (#1, #3) sampled residents reviewed for respiratory services. The facility failed to ensure Resident #3's oxygen concentrator filter was cleaned weekly.</p> <p>Findings:</p> <p>Review of Resident #3's medical records revealed an admitted [DATE] with the following diagnoses, in part: chronic obstructive pulmonary disease/unspecified, hypertensive heart disease without heart failure, chronic pain syndrome, depression/unspecified, edema/unspecified, and anxiety disorder/unspecified.</p> <p>Review of Resident #3's Physician's Orders revealed an order, in part dated 11/07/23 for oxygen: may have oxygen at 2 Liter per nasal cannula. Further review revealed an order dated 11/07/2023 for oxygen: change mask, (oxygen) tubing, water bottle and clean concentrator filter every night shift; every Wednesday and as needed for contamination.</p> <p>Observation on 05/07/2024 at 9:40 a.m. revealed Resident #3 wearing continuous oxygen via nasal cannula at 2LPM (liters per minute). Further observation revealed oxygen concentrator filter covered with a large thick amount of fluffy gray particles covering 80% of the filter.</p> <p>During an interview on 05/07/2024 at 3:25 p.m. S1 DON (Director of Nursing) reported oxygen tubing and cleaning of oxygen filters is completed every Wednesday on the night shift. DON further acknowledged Resident #3's oxygen concentrator filter was dirty and should have been cleaned when the oxygen tubing was changed.</p>