

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 06/20/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34708</p> <p>Based on record reviews and interviews the facility failed to provide pharmaceutical services that met resident's needs by failing to accurately dispose of medications for 1 resident (#1) of 3 residents (#1, #2, #3) reviewed for pharmaceutical services.</p> <p>Findings:</p> <p>Review of the facility policy for Discarding and Destroying Medications dated [DATE] revealed in part the following:</p> <p>2. Non-controlled and Schedule V (non-hazardous controlled substances will be disposed of in an accordance with state regulations and federal guidelines regarding disposition of non-hazardous medications. The facility will maintain all unused medications and destroy them routinely, under any circumstance are any of these medications to be released to family members upon death of a resident. Once a prescription is dispensed for a specified resident, it is illegal to use for anybody else and therefore, has to be destroyed. Meds can only be released to the resident they are prescribed for. The following methods for destroying non-controlled and Scheduled V medications will be utilized for drugs that are eligible for recycling.</p> <p>-unused or discontinued non-controlled and Schedule V medications are to be destroyed by the DON (Director of Nurses) or designee and another licensed nurse;</p> <p>-all drugs and liquids shall be flushed in the proper approved method of destruction (hopper, toilet or medication shredders);</p> <p>-medications are to be kept in a locked medication room and/or locked cabinet until destruction;</p> <p>-a log prescription drug inventory for destruction form will be maintained and will include residents name, prescription number, name of drug, amount of drug destroyed, DON or designee signature, method of destruction and date of destruction. The Prescription Drug Inventory for Destruction form will be kept separate from the locked storage of the medications to be destroyed. The Prescription Drug Inventory for Destruction forms will be kept for a period of two (2) years.</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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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #1's discontinued medication orders revealed in part on order dated [DATE] for Sulfamethoxazole-Trimethoprim ,d+[DATE] every 12 hours for bacterial infection of RLE (right lower extremity) for 7 days that was discontinued on [DATE]. Further review of Resident #1's discontinued medication orders revealed an order dated [DATE] for Sulfamethoxazole-Trimethoprim ,d+[DATE] every 12 hours for bacterial infection of RLE wound until [DATE].</p> <p>Review of Resident #1's [DATE] and February 2024 Medication Administration Records revealed documentation of administration of Sulfamethoxazole-Trimethoprim as ordered with a total of 19 documented tablets administered.</p> <p>During a telephone interview on [DATE] at 1:38 p.m. _____, Pharmacy Technician with _____, revealed two separate medication cards were dispensed for Sulfamethoxazole-Trimethoprim one for Resident #1's order dated [DATE] with 14 tablets dispensed, and one for Resident #1's order dated [DATE] with 18 tablets dispensed for a total of 32 tablets dispensed.</p> <p>Review of the facility's discontinued or expired medication log for destruction failed to reveal documentation of destruction of Resident#1's remaining 13 tablets of Sulfamethoxazole-Trimethoprim.</p> <p>During an interview on [DATE] at 2:40 p.m. S4, Director of Nursing (DON) reviewed Resident #1's record and acknowledged there were two orders for Sulfamethoxazole-Trimethoprim. S4 DON further acknowledged the pharmacy dispensed one order with 14 tablets and another order with 18 tablets for Resident #1 which made a total of 32 tablets Sulfamethoxazole-Trimethoprim that were dispensed for Resident #1. S4 DON further acknowledged Resident #1's record revealed a total of 19 tablets of Sulfamethoxazole-Trimethoprim were documented as administered for Resident #1. S4 DON reviewed the facility destruction of medication logs and confirmed there was not documentation of destruction of the remaining 13 tablets that were not dispensed and should have been.</p> <p>During an interview on [DATE] at 3:00 p.m. S3 Corporate Nurse reviewed Resident #1's record and acknowledged there were two orders for Sulfamethoxazole-Trimethoprim. S3 Corporate Nurse further acknowledged the pharmacy dispensed one order with 14 tablets and another order with 18 for Resident #1 which made a total of 32 tablets Sulfamethoxazole-Trimethoprim that were dispensed for Resident #1. S3 Corporate Nurse further acknowledged Resident #1's record revealed a total of 19 tablets of Sulfamethoxazole-Trimethoprim were documented as administered for Resident #1. S3 Corporate Nurse reviewed the facility destruction of medication logs and confirmed there was not documentation of destruction of the remaining 13 tablets that were not dispensed and should have been.</p>		

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<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34708</p> <p>Based on record reviews and interviews the facility failed to ensure 2 (S6, S7) of 44 staff members required to have a professional license were licensed in accordance with applicable State laws before being allowed to perform the duties of a licensed nurse.</p> <p>Findings:</p> <p>Review of the facility's Credentialing of Nursing Service Personnel dated [DATE] revealed in part the following:</p> <p>-Policy Statement</p> <p>Nursing service personnel who personnel who require a license or certification to provide resident care are treatment without direction or supervision within the scope of the individual's license or certification must present verification of such license or certification prior to or upon employment.</p> <p>-Policy Interpretation and Implementation:</p> <ol style="list-style-type: none"> 1. Nursing personnel who require a license or certification to perform resident care or treatment without direction or supervision must present verification of such license/certification to the Director of Nursing Services prior to or upon employment. 2. Nursing personnel requiring a license/certification are not permitted to perform direct resident care services until all licensing/background checks have been completed. 3. Upon obtaining the applicants informed consent to conducting a license/certification/background investigation, the Director of Nursing Services, or designee will: <ol style="list-style-type: none"> a. Contact the appropriate state licensing boards to obtain a letter of verification/computer printout of such license/certification. 8. A copy of annual license renewals/certifications (as applicable) must be presented to the Director of Nursing Services no later than February 1st of each year. <p>S6</p> <p>Review of S6's employee record revealed their date of hire was [DATE]. Further review of S6's employee record failed to reveal verification of licensure on hire. The facility provided documentation S6 had a single state unencumbered practical nurse license for the state of Texas that expired [DATE]. The facility failed to provide documentation S6 had a practical nurse license for the state of Louisiana.</p> <p>(continued on next page)</p>		

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<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 6:57 p.m. S1 Corporate Administrator and S2 Administrator reviewed S6's employee record and confirmed S6 was licensed to practice in the state of Texas and did not have a current practical nurse license for the state of Louisiana.</p> <p>During an interview on [DATE] at 7:15 p.m. S6 reported she had applied for a Louisiana multistate license but had not received a license from Louisiana. S6 confirmed she only had a license to practice in Texas.</p> <p>S7</p> <p>Review of S7's employee record revealed their date of hire was [DATE]. Further review of S7's record failed to reveal a verification of licensure on hire. The facility provided verification that S7 had a Louisiana practical nurse license that expired on [DATE] with verification of Louisiana registered nurse license that indicated as of [DATE] an alert was provided by the Louisiana Registered Nurse Board of Nursing: Please fax a written request to the Louisiana State Board of Nursing at _____ as the information about this license is not available. The facility failed to provide documentation of further verification from the Louisiana State Board of Nursing that indicated S7 was a licensed registered nurse in the state of Louisiana</p> <p>During an interview on [DATE] at 3:40 p.m. S3 Corporate Nurse verified the facility did not run S7 license verification on hire and had not annually verified registered nurse or licensed practical nurse licensures since S7 date of hire. S3 Corporate Nurse confirmed they could not provide documentation that S7 had an active registered nurse or practical nurse license in the state of Louisiana.</p>		