STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195463	A. Building B. Wing	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Forest Haven Nursing & Rehab Ctr, LLC	171 Thrasher Drive Jonesboro, LA 71251

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 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 observations, record reviews, and interviews, the facility failed to ensure that a resident who received respiratory care was provided such care, consistent with professional standards of practice by not having signage on the outside of the resident's room to indicate oxygen was in use for 2 (#99 and #125) of 2 residents reviewed for oxygen.Findings:Review of the facility's Oxygen Administration Policy (undated) revealed the following in part:Policy:While oxygen is in use, No Smoking, signs will be posted at the entrance to the room. Procedure13. Place the No Smoking, Oxygen in Use warning sign on the resident's room door or in other appropriate location. Resident 99Review of the medical record revealed Resident #99 had an admission date of 04/14/2026.Resident #99 had diagnoses that included orthostatic hypotension, vascular dementia and heart disease.Review of the physician orders dated 06/21/2026 revealed an order for Oxygen at 1 liter per nasal cannula continuously. Observations on 06/22/2026 at 1:02 p.m., 06/23/2026 at 8:30 a.m. and 10:45 a.m. revealed Resident #99 was in the room and received Oxygen 1 liter per nasal cannula, signage was not posted outside of the resident's room door to indicate Oxygen was in use.On 06/23/2026 at 11:15 a.m. observation of Resident #99 with S2DON revealed the resident was in the room and received Oxygen at 1 liter per nasal cannula, no signage was observed outside of Resident #99's room to indicate Oxygen was in use. At this time S2DON confirmed signage to indicate Oxygen in use should have been posted on the outside of the resident's room door. Resident 125Review of the medical record for Resident #125 revealed an admission date of 06/12/2026. Resident #125 had diagnoses that included heart failure, hypotension, atrial fibrillation, pulmonary embolism, and shortness of breath. Review of the June 2026 physician orders revealed an order for Oxygen at 2 liters per nasal cannula as needed related to diagnoses of shortness of breath.Observations on 06/22/2026 at 8:30 a.m., and 10:30 a.m. revealed Resident #125 was in the bed and received Oxygen at 2 liters per nasal cannula, signage was not posted outside of the resident's room to indicate Oxygen was in use.On 06/23/2206 at 11:10 a.m. observation of Resident #125 with S2DON revealed the resident was in the room and received Oxygen at 2 liters per nasal cannula, no signage was observed outside of Resident #125's room to indicate Oxygen was in use. At this time S2DON confirmed signage to indicate Oxygen in use should have been posted on the outside of the resident's room door.

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