

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195488	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/14/2024
NAME OF PROVIDER OR SUPPLIER  White Oak Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2828 Westfork Baton Rouge, LA 70816	

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 - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48912</b></p> <p>Based on record reviews and interviews, the facility failed to provide pharmaceutical services to meet the needs of 1 (#1) of 3 (#1, #2, and #4) sampled residents reviewed for behavioral health services. The facility failed to ensure S2RN administered Resident #1's Ativan per the Physician's Order.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled Medications-Administering, revealed in part, the following:</p> <p>Policy Interpretation and Implementation:</p> <p>3. Medication must be administered in accordance with the orders.</p> <p>Review of Resident #1's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses which included Bipolar Disorder.</p> <p>Review of Resident #1's Physician's Orders revealed the following:</p> <p>A handwritten telephone order for Ativan 1 mg IM x 1 dose for agitation and aggression, written by S2RN ordered on 10/13/2024 at 4:29 p.m.</p> <p>Review of Resident #1's MAR for October 2024 revealed no documentation Ativan had been administered as ordered on 10/13/2024.</p> <p>On 11/13/2024 at 12:22 p.m., a phone interview was conducted with S2RN. She confirmed she received an order for Resident #1 on 10/13/2024 for Ativan 1mg IM for a one time dose for agitation and aggression. S2RN stated she did not administer the medication to Resident #1 because the resident had calmed down. S2RN confirmed she did not call the nurse practitioner back to obtain an order to discontinue the medication.</p> <p>On 11/13/2024 at 1:23 p.m., an interview was conducted with S1DON. He stated he expected staff to follow physician's orders. S1DON stated if staff did not administer a medication, they were expected to call the ordering physician to have the order discontinued.</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
---	-------	-----------