

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  01/27/2025
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43868</p> <p>44590</p> <p>Based on record review and interview, the facility failed to notify the Ombudsman of facility-initiated resident transfers for 2 (#5 and #6) of 3 (#4, #5, and #6) residents reviewed for emergency transfers.</p> <p>This deficient practice had the potential to affect a current census of 76 residents.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled, Transfer and Discharge, revealed, in part, the following:</p> <p>Definitions:</p> <p>Transfer refers to the movement of a resident from a bed in one certified facility to a bed in another certified facility when the resident expects to return to the original facility.</p> <p>12. Emergency Transfers/Discharges - initiated by the facility for medical reasons to an acute care setting such as a hospital, for the immediate safety and welfare of a resident.</p> <p>h. The Social Services Director, or designee, will provide copies of notices for emergency transfers to the Ombudsman, but they may be sent when practicable, such as in a list of residents on a monthly basis, as long as the list meets all requirements for content of such notices.</p> <p>Resident #5</p> <p>Review of Resident #5's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included, in part: History of Cerebral Infarction; Hemiplegia and Hemiparesis secondary to Cerebral Infarction; History of Falling; and Cognitive Communication Deficit. Further review revealed no documented evidence of notification being made to the Ombudsman of an emergency transfer on 12/26/2024.</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
---	-------	-----------

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  01/27/2025
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's Ombudsman Emergency Transfer Log dated December 2024 revealed no documented evidence of Resident #5's emergency transfer on 12/26/2024.</p> <p>Review of the facility's Incident Log, dated 10/01/2024 through 01/14/2025, revealed Resident #5 experienced 1 fall resulting in emergency transfer for further evaluation and treatment on 12/26/2024.</p> <p>Review of Resident #5's Physician Orders, dated 12/01/2024 through 12/30/2024, revealed an order dated 12/26/2024 to send resident to the local emergency department for evaluation and treatment.</p> <p>Review of Resident #5's internal Transfer Record, dated 12/26/2024, indicated Resident #5 required acute transfer following a fall.</p> <p>Review of Resident #5's Physician's Progress Notes, dated 12/01/2024 through 12/31/2024, revealed a note written on 12/30/2024 indicated Resident #5 recently returned from acute care hospital where he had a stay and evaluation for some neck pain following a fall.</p> <p>Review of Resident #5's Nurse Notes, dated 12/01/2024 through 12/31/2024, revealed Resident #5 was transferred to a local hospital on 12/26/2024 following a fall.</p> <p>Resident #6</p> <p>Review of Resident #6's Clinical Record revealed she was admitted to the facility on [DATE], with diagnoses, which included, in part: Dementia, Dysphagia, and Cognitive Communication Deficit. Further review revealed no documented evidence of notification being made to the Ombudsman of an emergency transfer on 11/05/2024.</p> <p>Review of the facility's Ombudsman Emergency Transfer Log dated November 2024 revealed no documented evidence of Resident #6's emergency transfer on 11/05/2024.</p> <p>Review of Resident #6's Physician Orders, dated 11/01/2024 through 11/30/2024, revealed an order dated 11/05/2024 to send resident to the local emergency department for evaluation and treatment.</p> <p>Review of Resident #6's Nurse Notes, dated 11/01/2024 through 11/30/2024, revealed she was transferred to a local hospital on 11/05/2024.</p> <p>An interview was conducted on 01/16/2025 at 4:45 p.m. with S3SSD. S3SSD confirmed she was responsible for documenting resident transfers and discharges on the facility's Ombudsman Emergency Transfer Log and submitting the log to the Ombudsman every month. S3SSD confirmed notification to the Ombudsman would not be documented in a resident's clinical record or anywhere else within the facility, only on the Ombudsman Emergency Transfer Log. S3SSD reviewed the facility's Ombudsman Emergency Transfer Log for December 2024 and confirmed Resident #5's emergency transfer on 12/26/2024 was not documented on the log and should have been. S3SSD reviewed the facility's Ombudsman Emergency Transfer Log for November 2024 and confirmed Resident #6's emergency transfer on 11/05/2024 was not documented on the log and should have been.</p> <p>47546</p>		

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  01/27/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43868</p> <p>44590</p> <p>Based on record reviews, observation, and interviews the facility failed to develop and implement a comprehensive person-centered care plan which met the needs of 3 (#3, #4 and #5) of 5 (#3, #4, #5, #6 and #8) residents reviewed. The facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure Resident #3's PT evaluation was completed as ordered; and</li> <li>2. Ensure Resident #4's care plan was comprehensive and individualized for wandering behaviors; and</li> <li>3. Ensure Resident # 5's every 30 minute checks were completed as ordered.</li> </ol> <p>This deficient practice had the potential to affect a current census of 76 residents.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1.</li> </ol> <p>Resident #3</p> <p>Review of Resident #3's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included, Hemiplegia and Hemiparesis following Cerebrovascular Disease and Unspecific Dementia.</p> <p>Review of Resident #3's most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/29/2024, indicated resident was assessed by the facility to have a Brief Interview of Mental Status (BIMS) of 9, which indicated the facility assessed her to be moderate cognitively impaired. Further review revealed the resident required moderate assistance for transfers.</p> <p>Review of Resident #3's most recent Care Plan revealed the following:</p> <p>Problem: Resident #3 has limited mobility due to Right Hemiplegia</p> <p>Interventions: Provide supportive care, assistance with mobility as needed.</p> <p>1/1/25- fall; PT to screen</p> <p>An interview was conducted with S11PTD on 01/16/2025 at 11:33 a.m. She stated residents with falls were screened by therapy the day after the fall occurs. She confirmed she was not aware of Resident #3's fall on 01/01/2025 and should have been made aware in order to complete the required therapy screening.</p> <p>(continued on next page)</p>		

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  01/27/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with S12PTA on 01/16/2025 at 2:01 p.m. He stated PT screening were completed the day after therapy staff are informed of a residents fall.</p> <p>An interview was conducted with S4MDS on 01/16/2025 at 1:43 p.m. She stated Resident #3 had a fall on 01/01/2025 and her care plan was updated to include a therapy screen. She confirmed therapy staff should have been notified and a therapy screening should have been completed the day after the resident's fall.</p> <p>An interview was conducted with S2DON on 01/16/2025 at 3:18 p.m. He stated all falls are discussed in the morning meeting. He confirmed Resident #3 should have had a therapy screening on 01/02/2025.</p> <p>2.</p> <p>Resident #4</p> <p>Review of Resident #4's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included, Hemiplegia And Hemiparesis following Cerebral Infarction Affecting Left Non-Dominant Side, and Frontal Lobe and Executive Function Deficit following Nontraumatic Intracerebral Hemorrhage.</p> <p>Review of Resident #4's most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/29/2024, indicated resident was assessed by the facility to have a Brief Interview of Mental Status (BIMS) of 5, which indicated the facility assessed him to be severely cognitively impaired. Further review revealed the resident did not have any wandering behaviors.</p> <p>Review of Resident #4's most recent Care Plan did not include any wandering behaviors.</p> <p>Review of Resident #4's elopement risk assessment revealed the following:</p> <p>08/14/2024- Does the resident wander? No</p> <p>01/15/2025- Does the resident wander? No</p> <p>Review of the Resident #4's physician orders revealed:</p> <p>09/25/2024 Resident is to remain in high traffic areas for increased supervision while up in the wheelchair</p> <p>An interview was conducted with S13CNA on 01/16/2025 at 12:20 p.m. She stated Resident #4 wandered up and down the hall and had been found on A and C halls. She stated it was not reported because they would just bring him back to B hall.</p> <p>An interview was conducted with S14LPN on 01/15/2025 at 10:11 a.m. She stated Resident #4 went up and down the hall and required frequent supervision. She stated Resident #4 wandered into other resident rooms and wandered on A and C halls. She stated administration was aware Resident #4 wandered.</p> <p>An interview was conducted with S15CNA on 01/15/2025 at 11:30 a.m. she stated Resident #4 was not cognitive and roamed into other resident's rooms and on the halls.</p> <p>(continued on next page)</p>		

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  01/27/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with S16CNA on 01/15/2025 at 11:41 a.m. She stated Resident #4 scooted himself in the wheelchair up and down the halls. She stated she found Resident #4 on A hall and brought him back to the nurse's station on B hall.</p> <p>An interview was conducted with S4MDS on 01/16/2025 at 1:43 p.m. She stated an elopement assessment was done quarterly based on observations and nurse notes for Resident #4. She stated a resident would be an elopement risk if they had a low BIMS score and aimlessly wandered the building. She confirmed Resident #4's elopement assessment on 01/15/2025 and 12/17/2024 indicated he did not wander. She confirmed if Resident #4 was found on A or C halls without staff present, that would be considered wandering behavior. She further stated she should have been made aware of Resident #4's wandering behavior and updated his care plan to reflect this.</p> <p>An interview was conducted with S2DON on 01/16/2025 at 3:18 p.m. He confirmed Resident #4 was not care planned for wandering behaviors. He further confirmed he was not aware Resident #4 wandered to A and C halls and he should have been made aware.</p> <p>3.</p> <p>Resident #5</p> <p>Review of Resident #5's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included, in part, History of Cerebral Infarction; Hemiplegia and Hemiparesis secondary to Cerebral Infarction; History of Falling; and Cognitive Communication Deficit.</p> <p>Review of Resident #5's most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/06/2024, indicated resident was assessed by the facility to have a Brief Interview of Mental Status (BIMS) of 3, which indicated the facility assessed him to be cognitively impaired.</p> <p>Further review revealed the resident required extensive one-person physical assist for bed mobility, transfers, eating, and toileting.</p> <p>Review of Resident #5's most recent MDS, with an ARD of 12/26/2024, indicated, in part, the following:</p> <p>J1800: Falls since admission: Yes; and</p> <p>J1900: # of Falls since admission: 2 or more.</p> <p>Review of Resident #5's active Physician Orders, as of 01/15/2025, revealed, in part, an order written on 09/26/2024 for every 30 minute checks due to falls.</p> <p>Review of Resident #5's electronic and handwritten Care Plan, as of 01/15/2025, revealed, in part, the following:</p> <p>Focus: The resident is at risk for falls.</p> <p>Goals: Will be free of falls through review date.</p> <p>(continued on next page)</p>		

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  01/27/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interventions/Task: Ensure resident wearing appropriate footwear when ambulating or mobilizing in wheelchair. Follow facility fall protocol. Physical Therapy to evaluate and treat as ordered or as needed. Anticipate and meet needs. Resident needs safe environment. Be sure call light is within reach and encourage resident to use it for assistance as needed. The resident needs prompt response to requests for assistance.</p> <p>Further review revealed no documented evidence of Resident #5's Physician Order for every 30 minute checks being implemented into his Care Plan.</p> <p>Review of Resident #5's Nurses Notes, dated 09/26/2024 through 01/14/2025, revealed, in part, no documented evidence of direct care staff performing rounds every 30 minutes as ordered on 09/26/2024.</p> <p>Review of Resident #5's Medication/Treatment Administration Record (MAR/TAR), dated 09/01/2024 through 01/16/2025, revealed, in part, no documented evidence of direct care staff performing rounds every 30 minutes as ordered on 09/26/2024.</p> <p>Review of Resident #5's current Kardex Tasks, dated 09/26/2024 through 01/15/2025, revealed, in part, the following:</p> <p>Kardex Task: Census Check every 1 hour related to falls and elopement risk; Position: CNA, LPN; Frequency: Every shift: 6-2, 2-10, 10-6.</p> <p>Further review revealed no documented evidence of Resident #5's order for rounds every 30 minutes being added as ordered on 09/26/2024.</p> <p>An interview and observation was conducted on 01/16/2024 at 4:10 p.m. with S8CNA. S8CNA confirmed she was familiar with Resident #5 and worked with him frequently. S8CNA confirmed she performed rounds on Resident #5 every 2 hours and was not aware she should be rounding more frequently.</p> <p>An interview was conducted on 01/16/2025 at 4:55 p.m. with S7CNA. S7CNA confirmed she was familiar with Resident #5 and worked with him frequently. S7CNA confirmed she performed rounds on Resident #5 every 2 hours and was not aware she should be rounding more frequently.</p> <p>An interview was conducted on 01/16/2025 at 5:29 p.m. with S6LPN. S6LPN confirmed she was familiar with Resident #5 and was his regular nurse. S6LPN confirmed Resident #5 was on every 2 hour checks/rounding. S6LPN stated she laid eyes on him every 2 hours and the CNA performed the alternating every 2 hour checks so someone had eyes on him hourly. S6LPN confirmed she was not aware of an order for Resident #5 to have every 30 minute checks and they were not performed at that frequency.</p> <p>An interview was conducted on 01/16/2025 at 5:45 p.m. with S5CNA. S5CNA confirmed she was familiar with Resident #5 and worked with him frequently. S5CNA confirmed she performed rounds on Resident #5 every 2 hours and was not aware she should be rounding more frequently.</p> <p>(continued on next page)</p>		

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  01/27/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted on 01/16/2025 at 3:55 p.m. with S4MDS. S4MDS confirmed she was responsible for updating resident Care Plans and entering tasks to be documented by staff during their shift. S4MDS pulled up Resident #5's Physician Order Summary Report, which included all current active orders, and confirmed there was an active order present for every 30 minute checks due to falls. S4MDS reviewed Resident #5's care plan and confirmed it did not include the order written on 09/26/2024 for every 30 minute checks and should. S4MDS pulled up Resident #5's MAR/TAR and confirmed there was no documentation present to indicate staff were rounding on Resident #5 every 30 minutes since the order was written on 09/26/2024. S4MDS pulled up Resident #5's Kardex Task documentation and confirmed there was no documentation present to indicate staff were rounding on Resident #5 every 30 minutes since the order was written on 09/26/2024. S4MDS pulled up Resident #5's Nurse Notes and confirmed there was no documentation present to indicate staff were rounding on him every 30 minutes since the order was written on 09/26/2024.</p> <p>An interview was conducted on 01/16/2025 at 6:15 p.m. with S2DON. S2DON reviewed Resident #5's current Physician Orders, confirmed there was an active order for every 30 minute checks due to falls written on 09/26/2024 and confirmed he was not aware of this order. S2DON reviewed Resident #5's MAR/TAR, Nurse Notes and Kardex Task Documentation and confirmed they did not contain documentation to indicate staff were rounding on Resident #5 every 30 minutes since the order was written on 09/26/2024. S2DON confirmed staff did not use a handwritten checklist or any other handwritten form to document the performance of resident rounds. S2DON confirmed if there was an active Physician Order, he would expect his staff to be aware of the order and to follow it.</p>		

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  01/27/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43868</p> <p>Based on interviews and record review, the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary care and services to maintain good personal hygiene for 1 (RR1) of 4 (#1, #8, #9 and RR1) residents reviewed for ADL care.</p> <p>Findings:</p> <p>Review of the facility policy titled, Activities of Daily Living (ADLs), undated revealed the following: 3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain . personal and oral hygiene.</p> <p>Review of the clinical record for Random Resident 1 revealed the resident was admitted to the facility on [DATE]. The resident had diagnoses that included Morbid Obesity and Functional Quadriplegia.</p> <p>Review of Random Resident 1's most recent MDS with an ARD of 10/23/2024 revealed the resident was assessed to have a BIMS of 15. Further review revealed she was always incontinent and required extensive assistance for ADL care.</p> <p>Review of the care plan for Random Resident 1 revealed the following:</p> <p>07/30/2024</p> <p>Problem: Resident requires staff assistance to complete ADLs</p> <p>Intervention: Provide amount of assistance per residents toileting needs.</p> <p>On 01/14/2025 at 5:45 a.m., an interview was conducted with S21CNA. She stated when she arrived on 01/13/2025 at 10 p.m., RR1's call light was on. She stated RR1 reported to her she was saturated in urine, requested to be changed at 7 p.m., and had not received incontinent care. S21CNA stated RR1's brief and linen incontinent under pad were completely saturated with urine.</p> <p>On 01/16/2025 at 5:15 p.m., an interview was conducted with RR1. She stated on Monday 01/13/2025 she pressed her call light at 7 p.m. for incontinent care. She stated she did not receive care until the new shift came on at 10 p.m. and was saturated with urine.</p> <p>On 01/16/2025 at 4:45 p.m., an interview was conducted with S22ADON. She reviewed the assignment sheet for 01/13/2025 and confirmed S16CNA was assigned to RR1 on the evening shift.</p> <p>On 01/27/2025 at 10:33 a.m., an interview was conducted with S16CNA. She stated multiple staff are not allowed in RR1's room to provide care. She stated RR1's room was not in her assigned section but would have her room added to her assignment. She stated RR1 was always incontinent but would press her button when she needed to be changed. She was not aware of any times she did not provide incontinent care prior to shift change.</p> <p>(continued on next page)</p>		

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  01/27/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/16/2025 at 6:00 p.m., an interview was conducted with S2DON. He confirmed incontinent care should be completed every 2 hours and prior to change of shift.</p>

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  01/27/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>43868</p> <p>Based on record review and interviews, the facility failed to have sufficient certified nursing assistant staff to provide nursing and related services to maintain the highest practicable physical, mental, and psychosocial well-being of each resident based on the facility assessment.</p> <p>The deficiency had the potential to affect the facility's total census of 76 residents.</p> <p>Findings:</p> <p>Review of the facility's policy titled Sufficient Staff, undated, revealed the following:</p> <p>37. The facility will supply services by sufficient number of each of the following personnel types on a 24 hour basis to provide nursing care to all resident in accordance with resident care plans; CNAs and LPNs.</p> <p>On 01/16/2025 at 3:30 p.m., an interview was conducted with S1ADM. He stated the facility required the following staffing ratio; 8 CNAs on the day shift, 8 CNAs on the evening shift and 4 CNAs on the night shift.</p> <p>Review of the facility's Staffing Pattern revealed on 12/22/2024, 12/29/2024, 01/11/2025, and 01/12/2025, the night shift had 3 CNAs providing direct care.</p> <p>On 01/15/2024 at 10:30 a.m., an interview was conducted with S5CNA. She stated the last two weekends, there were 3 CNAs assigned to provide care and it was not enough staff.</p> <p>On 01/16/2025 at 10:26 a.m., an interview was conducted with S9CNA. She stated the last two weekends, there were 3 CNAs assigned to provide care and it was not enough staff.</p> <p>On 01/14/2025 at 5:40 a.m., an interview was conducted with S10CNA. She stated the last two weekends, there were 3 CNAs assigned to provide care and it was not enough staff.</p> <p>On 01/27/2025 at 9:15 a.m., an interview was conducted with S1ADM. He confirmed on 12/22/2024, 12/29/2024, 01/11/2025, and 01/12/2025, the night shift had 3 CNAs providing direct care and should have had 4 CNAs.</p>		

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  01/27/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43868</b></p> <p>Based on record review and interviews, the facility failed to ensure Activities of Daily Living (ADL) care was accurately documented for 2 (#8 and #9) of 3 (#1, #8 and #9) Residents reviewed for ADL care.</p> <p>Findings</p> <p>Review of the facility policy titled, Documentation, revealed the following, in part:</p> <p>The purpose of charting and documentation is to provide:</p> <ol style="list-style-type: none"> <li>1. A complete account of the resident's care, treatment, response to the care, signs, symptoms, etc., for continuity of care, treatment decision and to support services provided for payment.</li> <li>2. A legal record that protects the resident, physician, nurse and the facility that may be traditional paper record, electronic record or combination of both.</li> </ol> <p>Review of Resident #8's clinical record revealed the resident was admitted to the facility on [DATE] with the following medical diagnoses: Unspecified Injury At unspecified level of Thoracic Spinal Cord and Acute Pain due to Trauma.</p> <p>Review of Resident #8's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/06/2024 revealed a Brief Interview for Mental Status (BIMS) of 14, indicating resident was cognitively intact. Further review revealed he required extensive assistance for ADL care.</p> <p>Review of Resident #8's Bed Bath log, dated 11/01/2024-01/13/2025, revealed no documentation of a bed bath being given for the following days; 11/06/2024, 11/20/2024, 11/22/2024, 11/29/2024, 12/02/2024, 12/09/2024, 12/11/2024, 12/16/2024, 12/18/2024, 12/20/2024, 12,25,2024, 01/01/2025, 01/03/2025, 01/06/202 and, 12/08/2025.</p> <p>Review of Resident #9's clinical record revealed the resident was admitted to the facility on [DATE] with the following medical diagnoses: Chronic Obstructive Pulmonary Disease with Acute Exacerbation, Morbid Obesity and Hypertensive Heart Disease with Heart Failure.</p> <p>Review of Resident #9's MDS with an ARD of 06/12/2024 revealed a BIMS of 15. Further review revealed he required extensive assistance for ADL care.</p> <p>Review of Resident #9's Bed Bath log, dated 11/01/2024-01/13/2025, revealed no documentation of a bed bath being given for the following days; 12/06/2024, 12/09/2024, 12/11/2024, 12/16/2024, 12/20/2024, 01/03/2025 and 01/06/2025.</p> <p>On 01/15/2025 at 3:02 p.m., an interview was conducted with S17LPN. She stated the CNAs are responsible for charting the bed baths in the clinical record, which included any refusals. She reviewed Resident #9's chart and confirmed that bed baths were not documented.</p> <p>(continued on next page)</p>

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  01/27/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/16/2025 at 5:00 p.m., an interview was conducted with S20CRN. She reviewed Resident #8 and #9's chart, she confirmed the above mentioned dates were missing documentation of a refused or completed bed bath.</p>