

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 09/20/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43868</p> <p>Based on observations, interviews and record review, the facility failed to ensure residents received services in the facility with reasonable accommodation of resident needs and preferences by failing to respond to call lights in an appropriate time frame for 1(#192) of 5 (#27, #53, #54, #66 and #192) residents reviewed for call light response.</p> <p>Findings:</p> <p>Review of the facility policy titled, Call Lights: Accessibility and Timely Response, undated revealed the following:</p> <p>20. Ensure the call light system alerts staff members directly or goes to a centralized staff work area.</p> <p>21. All staff members who see or hear an activated call light are responsible for responding. If the staff cannot provide what the resident desires, the appropriate personnel should be notified.</p> <p>Review of Resident #192's clinical record revealed the resident was admitted to the facility on [DATE].</p> <p>On 09/17/2024 at 8:59 a.m., an interview was conducted with Resident #192. Resident #192 stated she was wet and needed to be changed. Resident #192 then pressed the call light for assistance.</p> <p>On 09/17/2024 from 8:59 a.m. to 9:42 a.m., an observation was conducted of the hallway outside of Resident #192's room. Resident #192's call light is noted to be lit up on the hallway. Multiple staff are noted on the hallway but did not go into Resident #192's room. At 9:30 a.m., a CNA entered Resident #192's room, turned off the call light and exited the room without providing any care. At 9:35 a.m., Resident #192 pressed the call light again. The light is noted to be lit up outside of Resident #192's room. At 9:42, CNA staff were observed entering the resident's room to provide care.</p> <p>On 09/18/2024 at 1:40 p.m., an interview was conducted with S22WC. She stated when the call light is pressed the front desk is alerted. She stated after 5 minutes she paged the CNA overhead and after 10 minutes she went to the resident's room.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/18/2024 at 4:11 p.m., an interview was conducted with S23CNA. She stated, when pressed, call lights lit up on the hallway outside of the resident's room and the ward clerk notified them on the overhead. She stated a resident should not have to wait 30 minutes for a response.</p> <p>On 09/19/2024 at 1:51 p.m., an interview was conducted with S3ADN. She stated when the call light is pressed the front desk is alerted. She stated after 5 minutes S22WC paged the CNA overhead and after 10 minutes S22WC went to the resident's room. She stated any staff on the hallway should respond to a call light within 3-5 minutes. She confirmed a resident should not have to wait 30 minutes for a call light response.</p> <p>On 09/19/2024 at 1:53 p.m., an interview was conducted with S2DON. She confirmed any staff on the hallway can respond to a call light and the resident should not have to wait 30 minutes.</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>44590</p> <p>Based on observations and interviews, the facility failed to ensure residents had a safe, clean, comfortable, and homelike environment for 9 of 9 (Room A, Room B, Room C, Room D, Hall E, Hall F, Room G, Room H, and Room I) areas observed for environmental concerns.</p> <p>This deficient practice had the potential to affect a census of 88 residents currently residing in the facility.</p> <p>Findings:</p> <p>Room A</p> <p>An observation was conducted on 09/18/2024 at 12:12 p.m. of Room A. One fluorescent light fixture was observed with no cover in place. One fluorescent light fixture was observed to be broken with dead bugs inside and paint marks on the sides. Two fluorescent light fixtures were observed with dead bugs inside the covers. All four walls were observed with scuff marks, indentations and missing paint. The baseboards were observed to be scuffed, missing paint and had a blackish brown substance beneath them. The floor tiles had stains throughout. The blinds for the window were missing. A stainless steel serving cart had dust visible on all surfaces. The 4 air conditioner vents were covered in rust. The sheetrock on the ceiling was bubbling and had areas of paint peeling away. All three wooden tables in the area were scuffed, missing stain and had various colored paint throughout. Three dead plants were locate on a plastic shelf in the rear corner of the room.</p> <p>Room B</p> <p>An observation was conducted on 09/19/2024 at 1:55 p.m. of the facility's Room B. The threshold transition piece on the floor between the hallway and the dining area was missing with a brown substance on the floor where the threshold was previously located. Doors between the hallway and the dining area were scuffed and missing paint.</p> <p>Room C</p> <p>An observation was conducted on 09/19/2024 at 1:40 p.m. of Room C. Walls were scuffed with missing paint and dried brown substances scattered on the walls throughout. Baseboards had various colors of paint drips and a dried brown substance dripping down throughout. Air conditioner vents in the ceiling had black and brown substances.</p> <p>Room D</p> <p>An observation was conducted on 09/19/2024 at 2:00 p.m. of Room D. Baseboards throughout the area had scuff marks and missing paint. Baseboards surrounding the waterfall and river area had rotten sections of wood. Walls had scuff marks and missing paint. Multiple recessed lights in ceiling were not functioning. Air Conditioner vents in the ceiling were rusted with reddish brown substance on them.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Hall E</p> <p>An observation was conducted on 09/19/2024 at 1:50 p.m. of Hall E. Walls and handrails throughout were scuffed and missing paint. Baseboards throughout were scuffed, missing paint and had a brown substance noted between the baseboards and the floor. Door trim and doors were scuffed and missing paint. Multiple resident rooms throughout the hall had broken and missing pieces of blinds on the patio doors.</p> <p>Hall F</p> <p>An observation was conducted on 09/19/2024 at 1:45 p.m. of Hall F. Walls and handrails throughout were scuffed and missing paint. Baseboards throughout were scuffed, missing paint and had a brown substance noted between the baseboards and the floor. Door trim and doors were scuffed and missing paint. Multiple resident rooms throughout the hall had broken and missing pieces of blinds on the patio doors.</p> <p>Room G</p> <p>An observation was conducted on 09/17/24 at 9:25 a.m. of Room G. The wall located behind the resident's bed and the wall behind the resident's bedside table were observed with scuff marks, indentations, missing sheetrock and missing paint.</p> <p>Room H</p> <p>An observation was conducted on 09/18/2024 at 9:25 a.m. of Room H. The wall located behind the resident's bed and the wall behind the resident's bedside table were observed with scuff marks, indentations, missing sheetrock and missing paint. The long wall to the right when entering the room was observed with missing paint and scuff marks throughout. The bathroom was observed with a 2.5 inch hole in the sheetrock located to the right of the sink. The sheetrock in the bathroom was noted with scuff marks, indentations and missing paint. The blinds on the patio door were broken and missing pieces.</p> <p>A facility tour and interview was conducted on 09/19/2024 at 5:45 p.m. with S30AD. S30AD confirmed S1ADM requested he conduct the tour in his place due to S1ADM being unavailable. S30ADM confirmed the presence of the concerns identified above for Room A, Room B, Room C, Room D, Hall E, Hall F, Room G, and Room H. S30ADM confirmed the facility should be maintained as a safe, clean, comfortable, and homelike environment at all times and it was not.</p> <p>Room I</p> <p>An observation was made of on 09/17/2024 at 10:06 a.m. of Room I. Resident #48 was lying in bed. The windowsill was parallel to the right side of Resident #48's bed. The board for the windowsill was propped up on the window with two nails exposed. An interview was conducted with Resident #48 at that time. Resident #48 stated the windowsill had been like that for about a month.</p> <p>An observation was made on 09/19/24 at 1:29 p.m. of Room I. The windowsill was parallel to the right side of Resident #48's bed. The board for the windowsill was propped up on the window with two nails exposed.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation was conducted on 09/19/2024 at 1:23 p.m. of Room I with S45MS. An interview was conducted with S45MS at that time. S45MS confirmed the windowsill board had been removed and was propped up on the window with two nails exposed. S45MS stated the windowsill board should have been on the windowsill, and he should have been made aware so he could fix it. S45MS stated the removed windowsill had not been placed in the maintenance log and should have been.</p> <p>44965</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44965</p> <p>Based on interviews and record reviews, the facility failed to ensure allegations of physical abuse and misappropriation of resident property were reported to the facility administrator and the state survey agency timely for 1 (#54) of 27 residents reviewed for abuse in the initial pool.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled, Abuse, Neglect and Exploitation revealed the following, in part:</p> <p>Definitions:</p> <p>Abuse means the willful infliction of injury, intimidation, or punishment with resulting physical harm, pain or mental anguish .</p> <p>Review of the facility's policy titled, Abuse Investigation and Reporting with a revision date of October 2019 revealed the following, in part:</p> <p>Policy Statement:</p> <p>All reports of resident abuse, exploitation, misappropriation of resident property, mistreatment shall be promptly reported to local, state and federal agencies (as defined by current regulations) .</p> <p>Reporting:</p> <ol style="list-style-type: none"> 1. All alleged violations involving abuse, exploitation, or mistreatment, including misappropriation of property will be reported by the facility Administrator, or his/her designee to local, state, and federal agencies (as defined by current regulations). 2. Any alleged violation of abuse, exploitation or mistreatment (including misappropriation of property) will be reported immediately, but not later than: <ol style="list-style-type: none"> a. Two (2) hours if the alleged violation involves abuse . b. Twenty-four (24) hours if the alleged violation does not involve abuse . <p>Review of Resident #54's Clinical Record revealed she was admitted to the facility on [DATE].</p> <p>Review of Resident #54's MDS with an ARD of 07/26/2024 revealed, in part, a BIMS summary score of 12, which indicated she was moderately cognitively impaired.</p> <p>Review of Resident #54's Nurse's Note dated 08/27/2024 at 1:02 a.m. by S42LPN revealed the following, in part:</p> <p>(continued on next page)</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At approximately 11:15 p.m., S42LPN was asked to join aide, S46CNA, in Resident #54's room. Upon entering room, S46CNA held up and showed S42LPN a brown glass bottle of liquor. S46CNA proceeded to tell S42LPN that she was giving resident water when Resident #54 requested a drink out of the bottle sitting on her bedside table. Resident #54 stated S38CNA previously gave resident the bottle stating that S38CNA said, I have something for you; I don't drink this, and bottle was left on table. Bottle is not see through and S46CNA stated that cap was on bottle. S46CNA took off cap and put straw into bottle and administered sip to Resident #54 who then stated the drink was nasty and asked if it was old. S46CNA went to examine the bottle when she noticed the smell, which smelled like some sort of cleaning agent, and that's when she went to get the nurse. S42LPN and S46CNA poured some contents out of the bottle into a clear plastic cup. Contents were blue with a strong smell, such as laundry detergent or soap. Resident #54 was sat up in bed and administered water. Resident #54 stated her stomach was upset, and her stomach and throat burned. S46LPN attempted to contact DON, ADON, and administrator without success.</p> <p>Review of Resident #54's Incident Report dated 08/26/2024 at 11:15 p.m. revealed the following, in part:</p> <p>Incident Type: Ingest harmful substance</p> <p>Incident reported by: S46CNA</p> <p>Report Prepared by: S42LPN</p> <p>Narrative of incident: Resident #54 requested sip of liquor that was given to her earlier in day. S46CNA put straw in bottle and gave Resident #54 a sip who stated drink tasted nasty. S46CNA smelled the drink then came and got nurse. S42LPN and S46CNA poured drink into clear cup, and contents were blue and smelled like some sort of cleaning agent.</p> <p>Immediate actions taken: Contact DON, ADON, and Administrator.</p> <p>Review of the facility reported incidents from March 2024 through September 2024 revealed none submitted for Resident #54.</p> <p>An interview was conducted with Resident #54 on 09/17/2024 at 3:15 p.m. She stated S38CNA borrowed her food stamp card and spent all of the money except 12 cents on it. She stated when S38CNA returned, S38CNA told her she brought her a drink. She stated S38CNA brought her a bottle of liquor. She stated, later that day, S46CNA put a straw in the bottle for her. She stated she took a sip and it was blue and stringy. She stated it tasted awful like detergent or dish washing liquid. She stated she notified S20SW of the food stamp card usage by S38CNA and of S38CNA putting dish washing liquid or detergent in a liquor bottle.</p> <p>An interview was conducted with S20SW on 09/19/2024 at 3:21 p.m. She stated she was informed about the incident with Resident #54 and the liquid detergent when she was hired but she was not present for the incident. She stated S1ADM conducted the investigation. She confirmed Resident #54 had also alleged a staff member used her food stamp card, which was investigated by S1ADM.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A telephone interview was conducted with S46CNA on 09/19/2024 at 4:53 p.m. She stated, on the night of 08/26/2024, Resident #54 asked her to put a straw in her liquor bottle. She stated she did, and Resident #54 took a sip. She stated Resident #54 said it was nasty, so she looked in the bottle, and the liquid was blue. She stated she asked the resident if it was supposed to be blue, and the resident said no. She stated she immediately went and got S42LPN. She stated she and S42LPN poured some of it into a cup, and it looked like liquid detergent. She stated Resident #54 said she thought S38CNA purposefully put liquid detergent in the bottle. She stated Resident #54 also reported to her S38CNA used her food stamp card for personal use. She stated she reported the liquid detergent incident to S42LPN. She confirmed Resident #54 alleging S38CNA purposefully putting liquid detergent into her liquor bottled was an allegation of physical abuse. She confirmed Resident #54 alleging S38CNA used her food stamp card for personal use was an allegation of financial abuse. She stated she did not report to anyone the resident saying S38CNA used her food stamp card and should have.</p> <p>An interview was conducted with S42LPN on 09/19/2024 at 5:02 p.m. She stated, on the night of 08/26/2024, S46CNA came and got her, and said the resident had a brown bottle with blue liquid in it. She stated she and S46CNA poured the liquid in a cup, and it looked like liquid detergent. She stated Resident #54 alleged S38CNA purposefully put the liquid detergent in the bottle for Resident #54 to drink. She stated she attempted to call S2DON, S3ADN, and the Administrator with no success. She stated she sent S2DON and S3ADN text messages to notify them of the incident. She stated she notified both of them Resident #54 accused S38CNA of putting the liquid detergent in the liquor bottle for her to drink. She stated this was an allegation of physical abuse.</p> <p>An interview was conducted with S3ADN on 09/19/2024 at 5:10 p.m. She stated, on the night of 08/26/2024, S42LPN sent her a text message saying Resident #54 accused S38CNA of trying to poison her. She stated the morning after the incident, on 08/27/2024, she assessed the blue liquid, and it appeared to be liquid detergent. She stated the allegation Resident #54 saying S38CNA purposefully put the liquid detergent in the bottle was physical abuse.</p> <p>An interview was conducted with S1ADM on 09/19/2024 at 6:15 p.m. He stated, on 08/27/2024 around 8:30 a.m., he was made aware of Resident #54 alleging S38CNA of purposefully placing liquid detergent in her liquor bottle and S38CNA of using her food stamp card for personal use. He stated he was unaware of the allegations until that morning. He stated he should have been notified at that time the allegations were made. He stated allegations of abuse should have been reported to the state survey agency within two hours of the allegation being made, and they were not. He confirmed Resident #54's allegations of abuse were not reported to the state survey agency.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44590</p> <p>Based on interviews and record review, the facility failed to ensure a resident's assessment accurately reflected the resident's status. The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. A resident's annual Minimum Data Set (MDS) assessment was accurately coded in regards to PASRR Level II for 1 (#48) of 6 (#13, #18, #26, #38, #46, and #48) residents reviewed for PASRR; and 2. A resident's quarterly MDS assessment was accurately coded in regards to hospice status for 1 (#4) of 28 residents reviewed in the final sample. <p>Findings:</p> <p>Review of the facility's policy titled MDS - Conducting an Accurate Resident Assessment, with no effective date, revealed, in part, the following:</p> <p>Policy:</p> <p>The purpose of this policy is to assure that all residents receive an accurate assessment of relevant care areas.</p> <ol style="list-style-type: none"> 1. Accurate assessments addressing each resident's status, needs, strengths, and areas of decline must be conducted by qualified staff that are knowledgeable about the resident and correctly documented in the medical record. <p>1.</p> <p>Review of Resident #48's Clinical Record revealed an admitted [DATE] with diagnoses, which included Anxiety Disorder, Major Depressive Disorder, and Schizoaffective Disorder. Further review revealed an approved Level II PASRR from 09/18/2024 to 09/17/2025.</p> <p>Review of Resident #48's Annual MDS Assessment with an ARD of 05/26/2024 revealed question A1500, Resident evaluated for PASRR, was answered as no, and A1510A: Serious Mental Illness was blank.</p> <p>An interview was conducted on 09/19/2024 at 6:20 p.m. with S20SW. S20SW confirmed the MDS with an ARD of 05/26/2024 for Resident #48 was not coded for Level II PASRR or for having a serious mental illness and should have been.</p> <p>2.</p> <p>Review of Resident #4's Clinical Record revealed an admitted [DATE] with diagnoses, which included Chronic Diastolic Congestive Heart Failure and the Presence of Cardiac Pacemaker. Further review revealed resident was admitted to a local hospice agency on 07/09/2024.</p> <p>Review of Resident #4's current Physician Orders revealed, in part, the following:</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>07/09/2024 - Admit to local hospice agency.</p> <p>Review of Resident #4's Hospice Binder revealed, in part, the following:</p> <p>admitted : 07/09/2024;</p> <p>Initial Certification Period: 07/09/2024 through 09/06/2024; and</p> <p>Current Certification Period: 09/07/2024 through 11/05/2024.</p> <p>Review of Resident #4's Quarterly MDS Assessment, with an ARD of 07/17/2024, revealed question O0110K1B, Special Treatments - Hospice Care was left unchecked.</p> <p>An interview was conducted on 09/19/2029 at 1:49 p.m. with S29MDS. S29MDS confirmed Resident #4 was currently on hospice service with a local hospice agency. S29MDS confirmed Resident #4's quarterly MDS assessment with an ARD of 07/17/2024 was not coded for hospice and should have been.</p> <p>On 09/19/2024 at 6:26 p.m., an interview was conducted with S16CON. S16CON confirmed MDS assessments should accurately reflect a resident's status. S16CON further confirmed she would expect all residents to be coded correctly on their MDS Assessments.</p> <p>47546</p>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47546</p> <p>Based on record review and interviews, the facility failed to ensure a resident with an identified mental health diagnosis was referred for a Preadmission Screening and Resident Review (PASRR) Level II evaluation as required for 4 (#13, #18, #26, and #46) of 6 (#13, #18, #26, #38, #46, and #48) sampled resident records reviewed for PASRR.</p> <p>Findings:</p> <p>Resident #13</p> <p>Review of the Clinical Record revealed Resident #13 was admitted to the facility on [DATE] with the following mental health diagnoses: Anxiety Disorder and Schizophrenia (onset date of 11/12/2021). Further review revealed no Resident Review Form for a PASRR Level II determination.</p> <p>Resident #18</p> <p>Review of the Clinical Record revealed Resident #18 was admitted to the facility on [DATE] with the following mental health diagnoses: Depression and Schizophrenia (onset date of 03/31/2023). Further review revealed no Resident Review Form for a PASRR Level II determination.</p> <p>Resident #26</p> <p>Review of the Clinical Record revealed Resident #26 was admitted to the facility on [DATE] with the following mental health diagnoses: Paranoid Personality Disorder (onset date of 01/11/2022), other specified Anxiety Disorder, and Major Depressive Disorder. Further review revealed no Resident Review Form for a PASRR Level II determination.</p> <p>Resident #46</p> <p>Review of the Clinical Record revealed Resident #46 was admitted to the facility on [DATE] with the following mental health diagnoses: Anxiety and Schizoaffective Disorder (onset date of 04/2/2020). Further review revealed no Resident Review Form for a PASRR Level II determination.</p> <p>On 09/19/2024 at 6:20 p.m., an interview was conducted with S20SW. She stated she was responsible for submitting PASRR's for all residents in the facility. She stated when a resident acquired a new mental health diagnosis a new form should be submitted to the Office of Behavioral Health for a PASRR Level II referral. She verified Resident #13, #18, #26, and #46 had qualifying mental health diagnoses and a Resident Review Form was not sent to the appropriate state agency for a PASRR Level II determination and should have been. She confirmed PASRR Level II determinations for Resident #13, #18, #26, and #46 were not on file.</p> <p>On 09/19/2024 at 6:26 p.m., an interview was conducted with S16CON. She confirmed a resident with an approved mental diagnosis should have a Resident Review Form submitted to the appropriate state agency for a PASRR Level II determination.</p>		

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NAME OF PROVIDER OR SUPPLIER White Oak Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2828 Westfork Baton Rouge, LA 70816	
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(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 - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42681</p> <p>Based on record reviews, observations, and interviews, the facility failed to develop and/or implement a comprehensive person-centered care plan for 5 (#4, #14 #32, #54 and #75) of 28 residents reviewed in the sample. The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Resident #4's hospice status was reflected in the care plan; 2. Resident #14's ostomy care was provided per physician's orders; 3. Resident #32 attended her scheduled physician's appointment as per physician's orders; 4. Resident #54's transfer status was reflected in the care plan; and 5. Resident #75's smoking status was reflected in the care plan. <p>Findings:</p> <ol style="list-style-type: none"> 1. <p>Resident #4</p> <p>Review of Resident #4's Clinical Record revealed an admitted [DATE] with diagnoses, which included Chronic Diastolic Congestive Heart Failure and the Presence of Cardiac Pacemaker. Further review revealed resident was admitted to a local hospice agency on 07/09/2024.</p> <p>Review of Resident #4's most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/17/2024, revealed a Brief Interview of Mental Status (BIMS) of 15, which indicated the resident was cognitively intact.</p> <p>Review of Resident #4's current Physician Orders revealed, in part, the following:</p> <p>07/09/2024 - Admit to local hospice agency.</p> <p>Review of Resident #4's Hospice Binder revealed, in part, the following:</p> <p>admitted : 07/09/2024;</p> <p>Initial Certification Period: 07/09/2024 through 09/06/2024; and</p> <p>Current Certification Period: 09/07/2024 through 11/05/2024.</p> <p>Review of Resident #4's most current facility Care Plan revealed no documented evidence of Resident #4's admission to hospice on 07/09/2024.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with 09/19/2029 at 1:49 p.m. with S29MDS. S29MDS confirmed Resident #4 was currently on hospice service with a local hospice agency. S29MDS confirmed Resident #4's current facility care plan did not reflect his admission to a local hospice agency on 07/09/2024 and should have.</p> <p>2.</p> <p>Resident #14</p> <p>Review of Resident #14's clinical record revealed an admitted [DATE].</p> <p>Review of Resident #14's current Physician Orders revealed, in part, the following:</p> <p>04/26/2023 - Colostomy care:</p> <ol style="list-style-type: none"> 1. Colostomy, change bag/wafer as needed for leaking or accidental removal; and 2. Cleanse colostomy site with mild soap and water or peri-wash daily and as needed for soiling. <p>An observation was made on 09/18/2024 at 9:15 a.m. of S10LPN entering Resident #14's room. Resident #14's colostomy site was observed at this time. The colostomy site was open to air, no ostomy bag present, cleaning supplies present at Resident #14's bedside. S10LPN placed a new bag on Resident #14's ostomy site without first cleaning the site with mild soap and water or peri-wash.</p> <p>An interview was conducted on 09/18/24 at 9:19 a.m. with S10LPN. S10LPN confirmed she did not clean the ostomy site as ordered, and should have to prevent potential infection.</p> <p>An interview was conducted on 09/19/24 at 1:02 p.m. with S3ADN. S3ADN confirmed it was the responsibility of the nurse to follow physician orders for cleaning an ostomy site and changing ostomy dressings.</p> <p>3.</p> <p>Resident #32</p> <p>Review of the policy titled, Physician Visits and Physician Delegation with no effective date, revealed the following, in part:</p> <p>Policy:</p> <p>It is the policy of this facility to ensure the physician takes an active role in supervising the care of residents.</p> <ol style="list-style-type: none"> 1. The facility will: <ol style="list-style-type: none"> a. Track due dates of physician visits and track medical appointments. e. Provide transportation to and from medical appointments as needed. <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the clinical record for Resident #32 revealed she was admitted to the facility on [DATE] with a diagnosis of Chronic Kidney Disease Stage 4.</p> <p>A review of Resident #32's Quarterly MDS with an ARD of 8/8/2024 revealed a BIMS Score of 15, indicating the resident was cognitively intact.</p> <p>Review of the facility's Appointment Schedule Log revealed, in part, the following:</p> <p>Resident #32 had an appointment scheduled with a local nephrologist on 9/12/2024 at 10:00 a.m. and should be accompanied by a CNA to the appointment.</p> <p>Review of Physician's Orders for dated 07/10/2024 revealed the following:</p> <p>Nephrology appointment with local nephrologist on 9/12/2024 at 10:00 a.m.</p> <p>An interview was conducted on 09/18/24 1:33 p.m. with a representative at Resident #32's Nephrologist's Office. The representative stated Resident #32 was a no show for her scheduled appointment on 09/12/2024.</p> <p>An interview was conducted on 09/18/2024 at 09:20 a.m. with Resident #32. She stated she missed her nephrology appointment on 09/12/2024 at 10:00 a.m. because there were no staff available to accompany her to the appointment. She further stated she had staff get her up and dressed and ready to go and she was waiting in wheelchair. She stated the van driver showed up to transport her to the appointment, but was told she could not go because there was no staff to go with her. She stated she had never refused to go to any of her appointments and would have asked her daughter to meet her if she had been aware there were no staff to accompany her.</p> <p>An interview was conducted on 09/18/24 at 1:40 p.m. with S22WC. She stated she was responsible for the Appointment schedule and she would notate next to the appointment if the resident refused, was in the hospital, or did not attend. She confirmed if nothing was written to the side of appointment it meant the resident attended the appointment. She reviewed the appointment log dated 9/12/2024 and confirmed that Resident #32 had an appointment with a local nephrologist, and according to her appointment log Resident #32 went to her appointment.</p> <p>An interview was conducted on 9/18/2024 at 2:02 p.m. with S37TP. She stated she arrived at the facility on 09/12/2024 one hour before Resident #32's scheduled appointment. She confirmed Resident #32 was dressed and ready to go but she did not transport Resident #32 because there were no available staff to accompany her to the appointment.</p> <p>An interview was conducted on 09/20/2024 at 9:03 a.m. with S16CON. She stated she was not aware Resident #32 had missed her doctor's appointment on 09/12/2024. She confirmed transportation and accompaniment should have been provided in order for Resident #32 to attend her scheduled appointment as per Physician's order.</p> <p>4.</p> <p>Resident #54</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #54's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Primary Disorders of Muscles, History of Falling, Generalized Muscle Weakness, Spinal Stenosis, and Primary Generalized Osteoarthritis.</p> <p>Review of Resident #54's MDS with an ARD of 07/26/2024 revealed she was dependent on staff for transfers.</p> <p>Review of Resident #54's Physical Therapy Note dated 07/25/2024 revealed she required a Hoyer lift for transfers.</p> <p>Review of Resident #54's current Care Plan revealed no documentation indicating the amount of assistance, supervision, and/or assistive devices the resident required for transfers.</p> <p>An interview was conducted with S36LPN on 09/18/2024 at 1:00 p.m. She confirmed Resident #54's amount of assistance, assistive devices, and/or supervision for transfers was not in her current care plan.</p> <p>5.</p> <p>Resident #75</p> <p>Review of Resident #75's Clinical Record revealed an admitted [DATE] with diagnoses, which included, in part, the following; Cerebral Infarction; Hemiplegia and Hemiparesis following Cerebral Infarction affecting Right Dominant Side; Generalized Muscle Weakness; and Lack of Coordination.</p> <p>Review of Resident #75's most recent MDS, with an ARD of 07/03/2024, revealed a BIMS of 15, which indicated the resident was cognitively intact.</p> <p>An observation and interview was conducted on 09/17/2024 at 9:25 a.m. with Resident #75. He was observed seated in his wheelchair smoking a cigarette on the patio outside of his room. A pack of cigarettes and a lighter was present in the cup holder of the resident's wheelchair. Resident #75 confirmed he was a smoker and had been since he arrived at the facility.</p> <p>An observation was conducted on 09/18/2024 at 9:25 a.m. of Resident #75's wheelchair with a pack of cigarettes and a lighter in the cup holder.</p> <p>Review of Resident #75's Nurses Notes, dated 06/26/2024 through 09/17/2024, revealed staff were aware the resident smoked on the following dates:</p> <p>07/01/2024 at 11:31 a.m. by S43LPN;</p> <p>07/01/2024 at 7:15 p.m. by S43LPN;</p> <p>08/16/2024 at 3:57 p.m. by S33LPN;</p> <p>08/20/2024 at 3:55 a.m. by S42LPN; and</p> <p>08/22/2024 at 5:48 a.m. by S42LPN.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #75's Care Plan, as of 09/17/2024 revealed he was not care planned for being a smoker.</p> <p>An interview was conducted on 09/19/2024 at 9:10 a.m. with S43LPN. She confirmed she was aware Resident #75 was a smoker since he admitted to the facility in June 2024.</p> <p>An interview was conducted on 09/18/2024 at 9:45 a.m. with S29MDS. S29MDS confirmed Resident #75 was not care planned for being a smoker. She confirmed all residents who smoke should be care planned for their smoking status and identified as either a safe or non-safe smoker with necessary interventions listed.</p> <p>An interview was conducted on 09/19/2024 at 2:55 p.m. with S16CON. S16CON confirmed she would expect residents' care plans to appropriately reflect their status and needs, to be up to date and to be accurate.</p> <p>44590</p> <p>47546</p>

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47546</p> <p>Based on interviews and record reviews the facility failed to ensure that a resident who was unable to carry out Activities of Daily Living (ADL's) without assistance received the necessary services to maintain good grooming and personal hygiene for 1 (#32) of 3 (#16, #87, and #32) reviewed for ADL's.</p> <p>Findings:</p> <p>A review of the Bath, Bed Policy and Procedure with no effective date revealed:</p> <p>Policy:</p> <p>Residents will be assisted with bathing as needed. Resident baths will be scheduled per resident preference as possible or at least 3 times weekly. It is the practice of this facility to assist residents with bathing to maintain proper hygiene and help prevent skin issues</p> <p>A review of the Quarterly Minimum Data Set (MDS) with an ARD of 08/08/2024 revealed Resident #32 had an admitted [DATE] and a Brief Interview for Mental Status (BIMS) Score of 15, indicating the resident was cognitively intact.</p> <p>A review of the Clinical Record revealed Resident #32 had the following diagnoses: Type 2 DM with foot ulcer.</p> <p>Review of September 2024 Progress notes revealed the following in part:</p> <p>09/08/2024 - Requires x 1 for max personal care with bathing, dressing, and grooming.</p> <p>A review of the bath log binder provided by S8CNS and the Completed Details Look Back sheets revealed no documentation of completed baths for Resident #32 on the following Saturday dates: 06/29/2024, 07/06/2024, 07/20/2024, 07/27/2024, and 08/31/2024.</p> <p>On 09/18/2024 at 9:20 a.m., an interview was conducted with Resident #32. She stated she was to receive baths 3 times a week on Tuesdays, Thursdays and Saturdays. She stated she had not received baths on Saturdays for the past 4 months. She stated she had never refused a bath.</p> <p>On 06/19/2024 at 10:24 a.m., an interview was conducted with S8CNS. She confirmed Resident #32's bath days were Tuesday, Thursday, and Saturday. She stated CNAs should bathe residents three days a week unless refused. She further confirmed there was no documentation of baths for Resident #32 being performed or refused on the following days: 06/29/2024, 07/06/2024, 07/20/2024, 07/27/2024, and 08/31/2024 and should have been.</p> <p>09/18/2024 at 1:50 p.m., an interview was conducted with S16CON. She was made aware of the lack of documentation for Resident #32's baths. She stated there should be documentation of baths performed by the CNA staff. She stated if no documentation could be provided of tasks being performed, then it was not done.</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44590</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure residents remained free of accident hazards and received adequate supervision and assistance to prevent accidents. The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. An effective system was in place for nursing staff to identify and implement a resident's assessed transfer needs for 1 (#54) of 4 (#32, #38, #54, and #66) residents reviewed requiring a Hoyer lift for transfers; and 2. An effective system was in place for staff to implement safe smoking interventions for 3 (#49, #75, #87) of 4 (#49, #58, #75, and #87) residents reviewed for smoking. <p>1.</p> <p>This deficient practice resulted in an immediate jeopardy situation for Resident #54, a resident who required a Hoyer lift and 2 staff members' assistance for transfers, on 08/28/2024 at 3:45 p.m. when S4CNA transferred Resident #54 independently without a Hoyer lift. Resident #54 fell to the floor and sustained a laceration above her left eyebrow. Resident #54 was transferred to a local hospital, diagnosed with a Left Frontal Scalp Contusion, and required a tissue adhesive. The immediate jeopardy continued when interviews with CNAs and Nursing staff revealed they did not know how to identify residents' assessed transfer needs.</p> <p>S1ADM was notified of the immediate jeopardy situation on 09/18/2024 at 5:00 p.m.</p> <p>The Immediate Jeopardy was removed on 09/20/2024 at 3:10 p.m., as confirmed by onsite verification through observations, interviews, and record reviews the facility implemented an acceptable Plan of Removal (POR) prior to the survey exit.</p> <p>This deficient practice continued at the potential for more than minimal harm for any resident requiring assistive devices and/or supervision with transfers.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. <p>Review of the facility's undated policy titled, Safe Lifting and Movement of Residents revealed the following, in part:</p> <p>Policy Statement: In order to protect the safety and well-being of staff and residents, and to promote quality of care, this facility uses appropriate techniques and devices to lift and move residents'.</p> <p>Policy Interpretation and Implementation:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>3. Nursing staff, in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance on an ongoing basis. Staff will document resident transferring and lifting needs in the care plan.</p> <p>Resident #54</p> <p>Review of Resident #54's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Primary Disorders of Muscles, History of Falling, Generalized Muscle Weakness, Spinal Stenosis, Major Depressive Disorder, and Primary Generalized Osteoarthritis.</p> <p>Review of Resident #54's MDS with an ARD of 07/26/2024 revealed, in part, a BIMS summary score of 12, which indicated moderate cognitive impairment. Further review of the MDS revealed she was dependent on staff for transfers.</p> <p>Review of Resident #54's Physical Therapy Note dated 07/25/2024 revealed, in part, she required a Hoyer lift for transfers.</p> <p>Review of Resident #54's current Physician Orders dated September 2024 revealed no documentation indicating how much assistance, supervision, and/or assistive devices the resident required for transfers.</p> <p>Review of Resident #54's current Care Plan revealed the following, in part:</p> <p>Problem: At risk for falls</p> <p>Fall on 08/28/2024</p> <p>Interventions:</p> <p>08/28/2024 at 3:46 p.m., Resident sent to the emergency room for evaluation and treatment.</p> <p>Further review of Resident #54's care plan revealed no documentation of the amount of assistance, supervision, and/or assistive devices the resident required for transfers.</p> <p>Review of Resident #54's Resident Summary in the clinical record revealed no documentation of the amount of supervision and/or assistive devices Resident #54 required for transfers.</p> <p>Review of Resident #54's Nurse's Note dated 08/28/2024 at 10:57 p.m. by S34LPN revealed the following, in part:</p> <p>At 3:45 p.m., Resident was found on the floor bleeding from head; it was a witnessed fall. S4CNA said she was helping her out of the bed when the resident forcefully tried to get out on her own. Emergency Medical Services was called. Resident was transferred to a local hospital.</p> <p>Review of Resident #54's Incident Report dated 08/28/2024 at 3:46 p.m. revealed the following, in part:</p> <p>Incident type: Fall with head injury</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Associate involved: S4CNA</p> <p>Report prepared by: S34LPN</p> <p>Narrative of incident and description of injuries:</p> <p>S4CNA said she was helping the resident out of the bed when the resident forcefully tried to get out on her own. Resident noted with skin laceration above left eyebrow. Heavy bleeding from site noted with no complaints of pain or dizziness. On-call Nurse Practitioner notified and gave ok for emergency room transfer. Injury to head quarter size bleeding.</p> <p>Review of Resident #54's Hospital Records dated 08/28/2024 revealed the following, in part:</p> <p>HPI Assessment:</p> <p>Patient presented to the Emergency Department after a fall. Patient reports that she tripped and fell while being transferred to the bed with the help of the nurse. She states that she hit her head and has had a bad headache since.</p> <p>Progress Note:</p> <p>Left Frontal Scalp Contusion closed with tissue adhesive by the attending physician.</p> <p>An interview was conducted with Resident #54 on 09/17/2024 at 3:15 p.m. She stated, at the end of August 2024, S4CNA dropped her during a transfer. She stated, at the time of the transfer, she required a Hoyer lift with the assistance of two staff members for transfers. She explained S4CNA attempted to transfer her independently without a Hoyer lift, and she fell face first onto the floor. She stated, as a result of the fall, she sustained a laceration above her left eye, which required gluing in the emergency room .</p> <p>An interview was conducted with S4CNA on 09/17/2024 at 4:00 p.m. She stated, at the end of August 2024, she was assigned to Resident #54 on the evening shift. She stated at that time, she was working as needed with the facility. She stated she became full time with the facility on 09/01/2024. She stated on that particular evening, she was unaware how to identify a resident's transfer status. She stated Resident #54 was cognitively intact so she asked the resident how much assistance she needed to be transferred from the bed to the wheelchair. She stated Resident #54 stated she and S4CNA could do it together. She stated she attempted to transfer Resident #54 independently without the use of the Hoyer lift, and Resident #54 fell and landed on the floor face first. She stated, as a result of the fall, Resident #54 had a laceration above her left eye.</p> <p>An interview was conducted with S34LPN on 09/18/2024 at 2:29 p.m. She stated she was the nurse assigned to Resident #54 when she fell on [DATE] at 3:46 p.m. She stated S4CNA notified her that S4CNA was assisting Resident #54 with a transfer from the bed to the wheelchair when Resident #54 landed on the floor. She stated Resident #54 had a laceration above one of her eyes and was sent to the ER. She explained, 08/28/2024 was her first day working in the facility. She stated, at the time of the incident, she was unaware of the amount of assistance and supervision Resident #54 required with transfers, and she was unaware how to determine the amount of assistance and supervision Resident #54 required. She stated S4CNA was unaware of Resident #54's transfer status.</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 09/20/2024
NAME OF PROVIDER OR SUPPLIER White Oak Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2828 Westfork Baton Rouge, LA 70816	
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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with S35RD on 09/18/2024 at 12:12 p.m. She stated the therapists determined the safest way to transfer each resident. She stated after the therapists completed their assessment, they communicated it with nursing verbally. She stated Resident #54 has required a Hoyer lift for transfers since 07/25/2024. She stated Resident #54's need for a Hoyer lift with transfers was verbally communicated with nursing.</p> <p>An interview was conducted with S36LPN on 09/18/2024 at 1:00 p.m. She stated the CNAs should be able to see each residents' transfer status in the ADL charting. She reviewed Resident #54's transfer status in the ADL documentation and confirmed there was not a transfer status listed for Resident #54. She demonstrated where the transfer lift status would be selected and confirmed it read choose one, which indicated it had not been selected. She confirmed Resident #54's transfer status was not in the care plan. She confirmed the left side of the screen, which read Resident Summary did not include Resident #54's transfer status.</p> <p>An interview was conducted with S10LPN on 09/18/2024 at 1:24 p.m. She stated if she was unsure how Resident #54 should be transferred, she would check the resident's Physician Orders. She reviewed Resident #54's current Physician Orders and confirmed there was no order for a Hoyer lift and/or transfer status. She reviewed Resident #54's Resident Summary, and confirmed it did not reveal how much assistance or supervision Resident #54 required for transfers or that she required a Hoyer lift. She confirmed she was unable to locate any documentation in Resident #54's Clinical Record to determine how much assistance and/or supervision Resident #54 required with transfers.</p> <p>An interview was conducted with S11CNA on 09/18/2024 at 9:09 a.m. She stated if she did not know the transfer status of a resident she would ask another staff or the resident.</p> <p>An interview was conducted with S37TP on 09/18/2024 at 9:18 a.m. She stated she was unaware of how to determine the transfer status of a resident. She stated if she was unsure of a resident's transfer status, she would ask another CNA or the resident.</p> <p>An interview was conducted with S38CNA on 09/18/2024 at 9:47 a.m. She stated there was not a particular place to look to identify a resident's transfer status. She stated when a new resident came into the facility, therapy evaluated them and verbally notified the CNAs how much assistance was needed. She confirmed the only way to know a resident's transfer status was by verbal communication.</p> <p>An interview was conducted with S39CNA on 09/18/2024 at 9:57 a.m. She stated she worked with residents every day and was familiar with each resident's capability. She stated she would transfer each resident based on that resident's capability.</p> <p>An interview was conducted with S27CNA on 09/18/2024 at 10:20 a.m. She stated verbal communication was how she knew how much assistance and supervision each resident required for transfers. She stated if she was unsure how much assistance or supervision the resident required for transfers, she would ask another CNA, the CNA supervisor, or the resident. She stated if a resident's transfer status changed, she was not sure she would be aware.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with S40CNA on 09/18/2024 at 1:15 p.m. She stated she determined how much assistance and supervision each resident required based on her own assessment. She stated there was nowhere for her to go and look to see what therapy determined was the safest for resident transfers. She reviewed Resident #54's ADL charting and Resident Summary and confirmed there was nowhere in the chart indicating the amount of supervision and/or assistance Resident #54 required for transfers.</p> <p>An interview was conducted with S36LPN on 09/18/2024 at 1:50 p.m. She stated she was unaware of how to update a Resident Summary in the resident's clinical record. She stated she did not know how to update anything in the record to be visualized by the CNAs.</p> <p>An interview was conducted with S29MDS on 09/18/2024 at 1:52 p.m. She stated she was unaware of how to update a Resident Summary in the resident's clinical record. She stated she did not know how to update anything in the record to be visible for the CNAs.</p> <p>An interview was conducted with S29MDS and S36LPN on 09/19/2024 at 9:09 a.m. S29MDS reviewed Resident #54's Therapy Note dated 07/25/2024 and confirmed that was the date Resident #54 was determined to require a Hoyer lift for transfers. S29MDS stated the direct care staff were verbally notified of Resident #54 requiring a Hoyer lift for transfers on 07/25/2024. S29MDS confirmed Resident #54 required a Hoyer lift with the assistance of two staff members at the time of her incident on 08/28/2024. S29MDS and S36LPN both stated they were unaware they were responsible to update the Resident Summary until the afternoon of 09/18/2024. S29MDS and S36LPN both stated they did not know how to update anything in a resident's record for the nurses and CNAs to visualize the amount of assistance or supervision required for transfers. S29MDS and S36LPN both stated the way the CNAs and nurses knew a resident's transfer status was verbal communication.</p> <p>An interview was conducted with S16CON on 09/18/2024 at 1:37 p.m. She stated the facility's process to determine a resident's transfer status was for therapy to assess the resident and notify nursing. She stated MDS Nurses were responsible to update the resident's chart, which included the Resident Summary so direct care staff would be able to identify the current transfer status.</p> <p>She stated the amount of assistance and supervision each resident required with transfers, or transfer status, should have been listed on the resident's Resident Summary. She stated all direct care staff should have known to look at the Resident Summary to determine the transfer status. She stated it was never acceptable for a CNA to self-assess a resident or ask the resident to determine transfer status. She stated if a resident was assessed by therapy to require a Hoyer lift for transfers, a Hoyer lift with two staff members should have been used for transfers. She stated MDS should have updated the residents' Resident Summary for the CNA staff to determine a residents transfer needs.</p> <p>2.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>This deficient practice resulted in an Immediate Jeopardy situation for Resident #87, a resident identified as an unsafe smoker that required supervision, on 09/17/2024 at 9:00 a.m. when the resident was observed alone smoking a cigarette in an unapproved smoking area without the presence of staff. On 09/19/2024 at 9:25 a.m., Resident #75, a resident listed as a nonsmoker, was observed smoking unsupervised outside of his room with smoking paraphernalia. On 09/19/2024 at 10:55 a.m., Resident #49, a resident assessed as an unsafe smoker, was observed with smoking paraphernalia in his possession at an undesignated smoking time and area. Staff interviews revealed the facility did not have an effective system to assess and implement interventions for smokers.</p> <p>S1ADM was notified of the immediate jeopardy situation on 09/19/2024 at 4:40 p.m.</p> <p>The Immediate Jeopardy was removed on 09/20/2024 at 3:10 p.m., as confirmed by onsite verification through observations, interviews, and record reviews the facility implemented an acceptable Plan of Removal (POR) prior to the survey exit.</p> <p>This deficient practice continued at the potential for more than minimal harm for any resident requiring assessment, supervision or interventions for smoking safety.</p> <p>Findings:</p> <p>Review of facility's undated policy titled Smoking Policy revealed, in part:</p> <ol style="list-style-type: none"> 1. Any resident who is deemed safe to smoke, with or without supervision, will be allowed to smoke in designated smoking areas at designated times, and in accordance with care plan. 2. Residents who are assessed as not being able to smoke safely will not be allowed to smoke without supervision. 3. If a resident exhibits dangerous behaviors with smoking paraphernalia such as smoking in non-designated areas . the resident will be considered unsafe to maintain smoking paraphernalia and it will be maintained for the resident at the nurse's station or other specified location. <p>10. All personnel caring for residents with smoking restrictions will be alerted to the interventions.</p> <p>Resident #87</p> <p>Review of Resident #87's clinical record revealed he was admitted to the facility on [DATE] with diagnoses which included: Quadriplegia C5-C7 incomplete, Tobacco use, Hereditary and Idiopathic Neuropathy, Progressive Spinal Muscle Atrophy, Central Cord Syndrome at C7 level of Cervical Spinal Cord Sequela, nicotine dependence.</p> <p>Review of Resident #87's Admission MDS with an ARD of 06/20/2024 revealed a BIMS of 15, which indicated he was cognitively intact. Further review revealed functional limitations in range of motion to bilateral sides, current tobacco use, and that resident was dependent on staff for eating, oral hygiene, and toileting, dressing and personal hygiene.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of Resident #87's safe smoking evaluation dated 06/19/2024 at 8:57 a.m. completed per S36LPN revealed: Range of motion with limitations, weak grasp with difficulty holding smoking material, impaired ability to see adequate light, smoking materials used by the resident cigarettes, resident is unable to independently and safely light smoking materials. Resident was deemed an unsafe smoker.</p> <p>Review of Physician's Orders dated 06/26/2024 revealed: Resident is deemed as an unsafe smoker.</p> <p>Review of Resident #87's Nurse's Note dated 07/27/2024 at 9:04 a.m. revealed the resident was informed by staff that smoking on the patio was not allowed and Resident #87 was informed of the designated area by the dining room with a smoker's aid. Signed by: S32LPN</p> <p>Review of Resident #87's current Care Plan revealed the following, in part:</p> <p>Problem: 09/01/2024-Resident wishes to smoke and is designated an unsafe and impaired smoker. This smoker requires observation or constant supervision or protective gear.</p> <p>Interventions: Provide resident with the following while smoking: observation, constant supervision, protective gear.</p> <p>An observation was conducted of Resident #87 on 09/17/2024 at 9:00 a.m. Resident #87 was smoking unsupervised on the patio outside of his room without protective gear. He had in his possession a pack of cigarettes and a yellow lighter.</p> <p>An observation was conducted of Resident #87 on 09/17/2024 at 3:33 p.m. Resident #87 was smoking unsupervised on the patio outside of his room without a protective gear. The resident was observed leaning forward in his wheelchair and using the hand rail to knock the ashes off the lit cigarette in his mouth. Numerous smoked cigarette butts were noted on the ground by his outdoor patio.</p> <p>An interview was conducted with Resident #87 on 09/17/2024 at 11:14 a.m. Resident #87 reported he smoked about a half pack of cigarettes a day, usually on his outdoor patio. He reported he can light his cigarette, but it takes two hands.</p> <p>An interview was conducted with S29MDS on 09/17/2024 at 4:11 p.m. S29MDS reported she was responsible for performing smoking assessments. She confirmed Resident #87 was an unsafe smoker due to limited motion with his hands, and should not have possession of cigarettes and lighters. She confirmed she was unaware Resident #87 was smoking unsupervised without protective gear in undesignated areas.</p> <p>An interview was conducted with S33LPN on 09/17/2024 at 3:59 p.m. S33LPN confirmed Resident #87 was an unsafe smoker. She confirmed she was unaware he was smoking unsupervised without protective gear in undesignated areas.</p> <p>An interview was conducted with S8CNS on 09/17/2024 at 4:26 p.m. S8CNS reported she was unaware Resident #87 was smoking unsupervised without protective gear in an undesignated area.</p> <p>An interview was conducted with S25AD on 09/18/2024 at 9:07 a.m. S25AD reported she was unaware which residents were safe or unsafe smokers, until she was provided a list on 09/17/2024 by administration staff. She confirmed she bought Resident #87 three packs of cigarettes and placed them in his top television dresser drawer in the past.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with S24SA on 09/18/2024 at 10:43 a.m. S24SA reported she was employed by the facility on 09/09/2024. She stated she was not provided with a safe or unsafe smokers list until the evening of 09/17/2024. She stated prior to 09/17/2024 she was unaware of who was a safe or unsafe smoker or the interventions required. She reported the facility provided a lock box for resident's cigarettes on the evening of 09/17/2024. She stated prior to 09/17/2024 she did not have a lock box and each resident held their own cigarettes.</p> <p>An interview was conducted with S32LPN on 09/19/2024 at 12:05 p.m. S32LPN confirmed knowing Resident #87 was smoking in undesignated areas in July. She confirmed she did not report this incident to administration.</p> <p>An interview was conducted with S1ADM on 09/19/2024 at 1:04 p.m. S2DON, S16CON, and S1ADM were present for the interview. S1ADM confirmed residents should only be smoking in the designated smoking area. S16CON confirmed unsafe smokers should not possess cigarettes or lighters and should only smoke during constant supervision.</p> <p>Resident #75</p> <p>Review of Resident #75's Clinical Record revealed the resident was admitted to the facility on [DATE] with diagnoses, which included, in part, the following; Cerebral Infarction; Hemiplegia and Hemiparesis following Cerebral Infarction affecting Right Dominant Side; Generalized Muscle Weakness; and Lack of Coordination. Further review of the clinical record revealed no documentation of Resident #75 being a smoker or a safe smoking evaluation being completed.</p> <p>Review of Resident #75's most recent MDS, with an ARD of 07/03/2024, revealed a BIMS of 15, which indicated the resident was cognitively intact. Further review revealed the resident required assistance from staff for eating, oral hygiene, toileting, showering/bathing and dressing.</p> <p>Review of the facility's Resident Smoker List conducted on 09/17/2024 revealed Resident #75 was not on the list to indicate he was a smoker.</p> <p>Review of Resident #75's Care Plan and Physician's Orders, dated 06/26/2024 through 09/17/2024, revealed no documentation of the resident's smoking status and needs.</p> <p>Review of Resident #75's Nurses Notes, dated 06/26/2024 through 09/17/2024, revealed staff were aware the resident smoked on the following dates:</p> <p>07/01/2024 at 11:31 a.m. by S43LPN;</p> <p>07/01/2024 at 7:15 p.m. by S43LPN;</p> <p>08/16/2024 at 3:57 p.m. by S33LPN;</p> <p>08/20/2024 at 3:55 a.m. by S42LPN; and</p> <p>08/22/2024 at 5:48 a.m. by S42LPN.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An observation and interview was conducted on 09/17/2024 at 9:25 a.m. with Resident #75. Resident #75 was observed seated in his wheelchair smoking a cigarette on the patio outside of his room. He confirmed this was where he typically smoked. A pack of cigarettes and a lighter were present in the cup holder of Resident #75's wheelchair. Resident #75 confirmed his smoking paraphernalia remained in his possession at all times and he was not aware of a designated smoking area. Resident #75 confirmed he was a smoker and had been since he was admitted to the facility in June 2024. Resident #75 confirmed he had not been assessed for smoking safety since he was admitted .</p> <p>An observation was conducted on 09/18/2024 at 9:25 a.m. of Resident #75 seated in his wheelchair inside of his room with a pack of cigarettes and a lighter in the cup holder.</p> <p>An interview was conducted on 09/19/2024 at 9:10 a.m. with S43LPN. S43LPN confirmed knowing Resident #75 was a smoker since he was admitted to the facility in June 2024. S43LPN confirmed Resident #75 frequently smoked on the patio outside of his room. S43LPN confirmed the patio outside of a resident's room was not considered a designated smoking area. S43LPN confirmed Resident #75 was allowed to keep his cigarettes and lighter on him at all times. S43LPN confirmed Resident #75 was not on the smokers list but she assumed he was left off by mistake. S43LPN confirmed floor nurses were not responsible for identifying a resident as a safe or unsafe smoker. S43LPN stated floor nurses and floor CNAs did not monitor residents while outside or hold their cigarettes or lighters. S43LPN confirmed she never made the MDS nurses aware Resident #75 was a smoker because they should be given that information by the admission team upon admit. S43LPN confirmed she was unaware floor nurses should alert anyone to a resident's smoking status.</p> <p>An interview was conducted on 09/18/2024 at 9:45 a.m. with S29MDS. S29MDS confirmed Resident # 75 was not identified as a smoker since admission to the facility. S29MDS confirmed Resident #75 had never been assessed to determine if he was a safe or unsafe smoker. S29MDS confirmed the MDS team had not been made aware Resident #75 was a smoker and required a safe smoking assessment. S29MDS stated when a resident was admitted to the facility, it was the responsibility of the floor nurse to alert the MDS team if a safe smoking evaluation was needed. S29MDS confirmed all residents who smoke should be identified immediately then assessed as either a safe or unsafe smoker with necessary interventions identified. S29MDS stated once a resident was identified as a smoker and determined safe or unsafe, they were added to the facility's smoker list and the list was updated for staff to reference.</p> <p>An interview was conducted on 09/19/2024 at 1:04 p.m. with S16CON. S16CON confirmed MDS was responsible for performing safe smoking assessments then updating the resident's plan of care. S16CON confirmed direct care staff should access care task in the computer for information on which residents are safe and unsafe smokers. S16CON confirmed all smoking residents should be assessed for smoking safety upon their admission. S16CON confirmed the facility had only one designated smoking area, which was the smoking patio to the rear of the dining room. S16CON confirmed residents should only smoke in the designated smoking area, not on the patios off of their rooms.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview was conducted on 09/19/2024 at 6:00 p.m. with S1ADM. S1ADM stated when a resident was admitted to the facility, the facility reviewed their hospital paperwork to determine if they were a smoker. S1ADM stated the person completing the admission should also ask cognitive and verbal residents or their family member if they are a smoker. S1ADM stated once an admitting resident was identified as a smoker, MDS should be alerted by the person completing the admission that a safe smoking assessment should be performed. S1ADM confirmed all smoking residents should be assessed for being a safe or unsafe smoker. S1ADM reviewed Resident #75's admission paperwork and confirmed it indicated Resident #75 was not a smoker. S1ADM stated Resident #75's smoking status was obtained from his hospital paperwork not resident interview. S1ADM confirmed Resident #75 was cognitive and verbal and should have been interviewed regarding his smoking status during the admission process and he was not. S1ADM confirmed if floor staff observed Resident #75 as a smoker and did not see him on the smoker list, they should have alerted MDS or their supervisor to ensure the proper assessments had been completed. S1ADM confirmed upon Resident #75's admission to the facility, the facility failed to identify Resident #75 as a smoker and a safe smoking assessment was not performed. S1ADM confirmed residents were required to smoke in the designated smoking area where staff were present to supervise. S1ADM confirmed the patio off of resident rooms was not a designated smoking area and staff should not have allowed residents, including Resident #75, to smoke there.</p> <p>Resident #49</p> <p>Review of the clinical record revealed Resident #49 was admitted to the facility on [DATE] with diagnosis which included Tobacco Use and Nicotine dependence, cigarettes.</p> <p>Review of Resident #49's most recent MDS, with an ARD 08/29/2024, revealed a BIMS of 15, which indicated the resident was cognitively intact. Further review revealed the resident used a manual wheelchair and required set up and clean up assistance with eating, partial to moderate assistance with toileting and bathing, and supervision or touching assistance with transfers.</p> <p>Review of Resident #49's Safe Smoking Evaluation dated 06/14/2024 revealed the resident was noncompliant in following smoking policies and all smoking materials must be kept at the nurse's station.</p> <p>Review of Resident #49's Physicians order dated 09/16/2024 revealed the following in part: Unsafe smoker: All smoking paraphernalia to be kept at nurse's station.</p> <p>Review of Resident #49's current Care Plan revealed the following:</p> <p>Problem: 08/29/2024 Resident wishes to smoke and is designated an Impaired Smoker. This smoker requires: observation or constant supervision history of smoking in room.</p> <p>Interventions: Resident will smoke safely at designated areas at scheduled times through next review, Provide resident with the following while smoking : Observation, Resident oriented to smoking procedure and areas, Resident will ask for smoking materials at main nurse's station</p> <p>An observation was made of Resident #49 on 09/19/2024 at 10:55 a.m. Resident #49 was sitting in his wheelchair with cigarettes beside him and lighter in his wheelchair cup holder.</p> <p>An interview was conducted with S12LPN on 09/19/2024 at 4:50 p.m. S12LPN stated Resident #49 was an unsafe smoker and should not keep his own smoking materials.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An observation was conducted of Resident #49 on 09/19/2024 at 11:10 a.m. Resident #49 was observed in the hallway on his way to the smoking patio with cigarettes and a lighter in his possession. Immediately following the observation, S20SW walked into hallway and confirmed the resident had cigarette paraphernalia with him, she confirmed if a resident was assessed as an unsafe smoker they should not have smoking materials in their possession.</p> <p>An interview was conducted with S16CON on 09/19/2024 at 11:15a.m. S16CON confirmed Resident #49 had cigarettes and a lighter in his possession. She confirmed Resident #49 was an unsafe smoker and should not have the above in his possession.</p> <p>44965</p> <p>47546</p> <p>48333</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 09/20/2024
NAME OF PROVIDER OR SUPPLIER White Oak Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2828 Westfork Baton Rouge, LA 70816	

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43868</p> <p>Based on observations, interviews, and record review, the facility failed to maintain acceptable parameters of nutritional status by failing to provide the ordered therapeutic diet for 1 (#21) of 4 (#21, #22, #42, and #66) residents reviewed for nutrition.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled Nutrition Services, revealed the following, in part:</p> <p>Policy Interpretation and Implementation</p> <p>2. Nursing personnel will ensure that residents are served the correct food tray.</p> <p>Review of Resident #21's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included End Stage Renal Disease.</p> <p>Review of Resident #21's MDS with an ARD of 07/02/2024, revealed a BIMS of 15, which indicated intact cognition.</p> <p>Review of Resident #21's current Physician Orders revealed the following, in part:</p> <p>Start date 04/25/2024- Diet: liberal renal; 1000 ml fluid restriction</p> <p>Start date 06/25/2024-No soups/broth</p> <p>Review of Resident #21's Nutrition Assessment Notes, dated 06/24/2024, revealed the following, in part:</p> <p>Resident #21 is dependent on Dialysis. Diet: Liberal Renal with 1000 ml fluid restriction.</p> <p>Review of Resident #21's Care Plan, revealed, in part, the following:</p> <p>Problem: Resident is at risk for nutritional/dehydration</p> <p>Intervention: Diet as ordered</p> <p>Review of the Winter/Spring Menu for Liberal Renal Diet revealed the following, in part:</p> <p>Tuesday Lunch: California Blend Veg 1/2 cup and Parslied Noodles 1/2 cup</p> <p>Tuesday Dinner: Turkey sandwich 1 white and Savory Chicken Noodle Soup 6 oz</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with Resident #21 on 09/17/2024 at 12:45 p.m. He stated he frequently received soup and should not have soup. He further stated the meal was frequently not much food and it did not fill him up. An observation was made of the lunch tray with 1/2 cup of California blend vegetables, 1/2 cup of parslied noodles and no protein noted.</p> <p>An interview was conducted with S21DS on 09/18/2024 at 11:04 a.m. She confirmed the liberal renal diet lunch tray on 09/17/2024 consisted of 1/2 cup of California blend vegetables and 1/2 cup of parslied noodles and the dinner tray consisted of 1 turkey sandwich and 6 oz. of savory chicken noodle soup.</p> <p>An interview was conducted with S13RD on 09/18/2024 at 12:54 p.m. She stated Resident #21 was on dialysis and received a liberal renal diet, which included increased protein. She confirmed Resident #21 should have received a protein with his lunch tray on 09/17/2024 and was unsure why he did not. She confirmed Resident #21 should not receive soup.</p> <p>An interview was conducted with S2DON on 09/19/2024 at 1:53 p.m. She confirmed Resident #21 should have received a liberal renal diet as ordered.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43868</p> <p>Based on observations, interviews, and record review, the facility failed to ensure a resident received enteral feedings as ordered by the physician for 1 of 1 (#43) residents reviewed for tube feeding.</p> <p>Findings:</p> <p>Review of Resident #43's Clinical Record revealed he was admitted to the facility on [DATE] and had diagnoses, which included Cerebral Vascular Infarction, Aphasia, and Dysphagia.</p> <p>Review of Resident #43's Quarterly MDS with an ARD of 08/09/2024 revealed the provider assessed the resident as having a BIMS of 0, indicating the resident was rarely/never understood. Further review revealed, Resident #43 had a feeding tube.</p> <p>Review of Resident #43's current Physician Orders revealed the following, in part:</p> <p>10/12/2023 - Enteral feeding; Glucerna 1.2 at 70ml/hour continuous for 22 hours daily, feeding held for up to 2 hours to provide daily routine care</p> <p>11/23/2021 - Diet Type: NPO (Enteral Feedings Only)</p> <p>An observation was made of Resident #43 on 09/17/2024 at 8:45 a.m. Resident #43's feeding tube was not running, the Glucerna bottle was empty, and a full bottle of Glucerna was noted sitting on the nightstand. The pump displayed the following error message: feed error, bag empty, clog in line, and valve not loaded.</p> <p>An observation was made of Resident #43 on 09/17/2024 at 12:45 p. Resident #43's feeding tube was not running, the Glucerna bottle was empty, and a full bottle of Glucerna was noted sitting on the nightstand. The pump displayed the following error message: feed error, bag empty, clog in line, and valve not loaded.</p> <p>An observation was made of Resident #43 on 09/17/2024 at 4:00 p. Resident #43's feeding tube was not running, the Glucerna bottle was empty, and a full bottle of Glucerna was noted sitting on the nightstand. The pump displayed the following error message: feed error, bag empty, clog in line, and valve not loaded.</p> <p>An interview and observation was conducted with S15LPN on 09/17/2024 at 4:05 p.m. S15LPN walked into Resident #43's room and immediately pressed the button on the pump to initiate the pump, grabbed the bottle of Glucerna from the nightstand, and hung the bottle. She stated normally the pump would alarm when it was empty and did not know why it did not alarm.</p> <p>(continued on next page)</p>

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with S13RD on 09/18/2024 1:10 p.m. She stated Resident #43's enteral feedings were scheduled continuous for 22 hours to allow 2 hours to provide daily care. She was made aware of the aforementioned findings and confirmed Resident #43 did not receive continuous enteral feeding per the physician order when it was not running from 8:45 a.m. to 4:00 p.m. on 09/17/2024.</p> <p>An interview was conducted with S16CON on 09/19/2024 at 1:53 p.m. She stated Resident #43 had continuous enteral feeding for 22 hours. She was made aware of the aforementioned findings and confirmed Resident #43's enteral feeding should have been administered as ordered.</p>

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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43868</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure nursing staff had the appropriate competencies and skills sets to provide nursing and related services to assure resident safety, as determined by resident assessments and individual plans of care. The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. An effective system was in place to ensure licensed nurses and nurse aids were competent to identify and implement a resident's assessed transfer needs for 1 (#54) of 4 (#32, #38, #54, and #66) residents reviewed requiring a Hoyer lift for transfers; and 2. An effective system was in place to ensure licensed nurses and nurse aids were competent to identify and implement safe smoking interventions for residents who smoked for 3 (#49, #75, #87) of 4 (#49, #58, #75, and #87) residents reviewed for smoking; and 3. An effective system was in place to ensure licensed nurses and nurse aids were competent in the skill sets required to meet resident needs for 10 of 10 (S4CNA, S9WCN, S11CNA, S24CNA, S27CNA, S38CNA, S40CNA, S43LPN, S47CNA, and S48CNA) personnel files reviewed for documentation of skills competency. <p>1.</p> <p>This deficient practice resulted in an immediate jeopardy situation for Resident #54, a resident who required a Hoyer lift and 2 staff members' assistance for transfers, on 08/28/2024 at 3:45 p.m. when S4CNA transferred Resident #54 independently without a Hoyer lift. Resident #54 fell to the floor and sustained a laceration above her left eyebrow. Resident #54 was transferred to a local hospital, diagnosed with a Left Frontal Scalp Contusion, and required a tissue adhesive. The immediate jeopardy continued when interviews with CNAs and Nursing staff revealed they did not know how to identify residents' assessed transfer needs.</p> <p>S1ADM was notified of the Immediate Jeopardy on 09/19/2024 at 4:40 p.m.</p> <p>The Immediate Jeopardy was removed on 09/20/2024 at 3:10 p.m., as confirmed by onsite verification through observations, interviews and record reviews the facility implemented an acceptable Plan of Removal (POR) prior to the survey exit.</p> <p>This deficient practice continued at the potential for more than minimal harm for any of the 75 residents requiring assistive devices and/or supervision with transfers.</p> <p>Cross Reference: F-689.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the facility's undated policy titled, Safe Lifting and Movement of Residents revealed the following, in part:</p> <p>Policy Statement: In order to protect the safety and well-being of staff and residents, and to promote quality of care, this facility uses appropriate techniques and devices to lift and move residents'.</p> <p>Policy Interpretation and Implementation:</p> <p>6. Staff will be observed for competency in using mechanical lifts and observed periodically for adherence to policies and procedures regarding use of equipment and safe lifting techniques.</p> <p>Resident #54</p> <p>Review of Resident #54's Clinical Record revealed she was admitted to the facility on [DATE] and had diagnoses, which included Primary Disorders of Muscles, History of Falling, Generalized Muscle Weakness, Spinal Stenosis, and Primary Generalized Osteoarthritis.</p> <p>Review of Resident #54's MDS with an ARD of 07/26/2024 revealed, in part, a BIMS summary score of 12, which indicated moderate cognitive impairment. Further review of the MDS revealed she was dependent on staff for transfers.</p> <p>Review of Resident #54's Physical Therapy Note dated 07/25/2024 revealed, in part, she required a Hoyer lift for transfers.</p> <p>Review of Resident #54's current Care Plan revealed no documentation of the amount of assistance, supervision, and/or assistive devices required for transfers.</p> <p>Review of Resident #54's Resident Summary on 09/18/2024 in the clinical record revealed no documentation of the amount of supervision and/or assistive devices Resident #54 required for transfers.</p> <p>An interview was conducted with Resident #54 on 09/17/2024 at 3:15 p.m. She stated, at the end of August 2024, S4CNA dropped her during a transfer. She stated, at the time of the transfer, she required a Hoyer lift with the assistance of two staff members for transfers. She explained S4CNA attempted to transfer her independently without a Hoyer lift, and she fell face first onto the floor. She stated, as a result of the fall, she sustained a laceration above her left eye, which required gluing in the emergency room .</p> <p>An interview was conducted with S4CNA on 09/17/2024 at 4:00 p.m. She stated, at the end of August 2024, she was assigned to Resident #54 on the evening shift. She confirmed, at the time of the incident, she was unaware how to identify a resident's transfer status. She stated Resident #54 was cognitively intact so she asked the resident how much assistance she needed to be transferred from the bed to the wheelchair. She stated she attempted to transfer Resident #54 independently without the use of the Hoyer lift, and Resident #54 fell and landed on the floor face first.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with S4CNA on 09/18/2024 at 3:40 p.m. She stated upon hire she was made aware verbally of what each resident required in only the resident section she was working in. She stated she was not trained on how to determine the amount of assistance and/or supervision a resident needed for transfers. She stated she made her own assessment of the resident or asked the resident how much assistance they needed for transfers. She stated she had not been observed by anyone to ensure she was competent in performing tasks.</p> <p>An interview was conducted with S34LPN on 09/18/2024 at 2:29 p.m. She stated she was the nurse assigned to Resident #54 when she fell on [DATE] at 3:46 p.m. She stated, at the time of the incident, she was unaware of the amount of assistance and supervision Resident #54 required with transfers, and she was unaware how to determine the amount of assistance and supervision Resident #54 required.</p> <p>An interview was conducted with S35RD on 09/18/2024 at 12:12 p.m. She stated Resident #54 has required a Hoyer lift for transfers since 07/25/2024.</p> <p>An interview was conducted with S11CNA on 09/18/2024 at 9:09 a.m. She stated if she did not know the transfer status of a resident she would ask another staff or the resident.</p> <p>An interview was conducted with S37TP on 09/18/2024 at 9:18 a.m. She stated she was unaware of how to determine the transfer status of a resident. She stated if she was unsure of a resident's transfer status, she would ask another CNA or the resident.</p> <p>An interview was conducted with S38CNA on 09/18/2024 at 9:47 a.m. She stated there was not a particular place to look to identify a resident's transfer status. She stated when a new resident came into the facility, therapy evaluated them and verbally notified the CNAs how much assistance was needed. She confirmed the only way to know a resident's transfer status was by verbal communication.</p> <p>An interview was conducted with S39CNA on 09/18/2024 at 9:57 a.m. She stated she worked with residents every day and was familiar with each resident's capability. She stated she would transfer each resident based on that resident's capability.</p> <p>An interview was conducted with S27CNA on 09/18/2024 at 10:20 a.m. She stated verbal communication was how she knew how much assistance and supervision each resident required for transfers. She stated if she was unsure how much assistance or supervision the resident required for transfers, she would ask another CNA, the CNA supervisor, or the resident. She stated if a resident's transfer status changed, she was not sure she would be aware.</p> <p>An interview was conducted with S40CNA on 09/18/2024 at 1:15 p.m. She stated she determined how much assistance and supervision each resident required based on her own assessment. She stated there was nowhere for her to go and look to see what therapy determined was the safest for resident transfers. She reviewed Resident #54's ADL charting and Resident Summary and confirmed there was nowhere in the chart indicating the amount of supervision and/or assistance Resident #54 required for transfers.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with S29MDS and S36LPN on 09/19/2024 at 9:09 a.m. S29MDS reviewed Resident #54's Therapy Note dated 07/25/2024 and confirmed that was the date Resident #54 was determined to require a Hoyer lift for transfers. S29MDS stated the direct care staff were verbally notified of Resident #54 requiring a Hoyer lift for transfers on 07/25/2024. S29MDS confirmed Resident #54 required a Hoyer lift with the assistance of two staff members at the time of her incident on 08/28/2024. S29MDS and S36LPN both stated they were unaware they were responsible to update the Resident Summary until the afternoon of 09/18/2024. S29MDS and S36LPN both stated they did not know how, and were not trained, to update, anything in a resident's record for the nurses and CNAs to visualize the amount of assistance or supervision required for transfers. S29MDS and S36LPN both stated the way the CNAs and nurses knew a resident's transfer status was verbal communication.</p> <p>An interview was conducted with S16CON on 09/18/2024 at 1:37 p.m. She stated the facility's process to determine a resident's transfer status was for therapy to assess the resident and notify nursing. She stated MDS Nurses were responsible to update the resident's chart, which included the Resident Summary so direct care staff would be able to identify the current transfer status.</p> <p>She stated the amount of assistance and supervision each resident required with transfers, or transfer status, should have been listed on the resident's Resident Summary. She stated all direct care staff should have known to look at the Resident Summary to determine the transfer status. She stated it was never acceptable for a CNA to self-assess a resident or ask the resident to determine transfer status. She stated if a resident was assessed by therapy to require a Hoyer lift for transfers, a Hoyer lift with two staff members should have been used for transfers.</p> <p>An interview was conducted with S3ADN on 09/19/2024 at 9:50 a.m. She stated competency checks and skills checkoffs were supposed to be conducted on newly hired nursing staff by herself and S2DON, and CNAs were to be completed by S8CNS, however, competency and skills checkoffs had not been completed and there was no documentation they had been completed. She stated prior to yesterday afternoon, the amount of staff required and how to transfer a resident was not listed in the residents' clinical record, including the Resident Summary, for the CNAs to see. She stated prior to yesterday afternoon, the only process the facility had in place for a resident's transfer status was by word of mouth. She stated it was not acceptable for a CNA to assess a resident for their transfer status.</p> <p>2.</p> <p>This deficient practice resulted in an Immediate Jeopardy situation for Resident #87, a resident identified as an unsafe smoker that required supervision, on 09/17/2024 at 9:00 a.m. when the resident was observed alone smoking a cigarette in an unapproved smoking area without the presence of staff or protective gear. On 09/19/2024 at 9:25 a.m., Resident #75, a resident listed as a nonsmoker, was observed smoking outside of his room with smoking paraphernalia unsupervised. On 09/19/2024 at 10:55 a.m., Resident #49, a resident assessed as an unsafe smoker, was observed with smoking paraphernalia in his possession at an undesignated smoking time and area. Staff interviews revealed the facility did not have an effective system to assess and implement interventions for smokers. The Immediate Jeopardy continued when interviews with CNAs and Nursing Staff revealed they did not know their role in identifying, assessing and implementing safe smoking interventions for residents who smoked.</p> <p>S1ADM was notified of the immediate jeopardy situation on 09/19/2024 at 4:40 p.m.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The Immediate Jeopardy was removed on 09/20/2024 at 3:10 p.m., as confirmed by onsite verification through observations, interviews, and record reviews the facility implemented an acceptable Plan of Removal (POR) prior to the survey exit.</p> <p>This deficient practice continued at the potential for more than minimal harm for any of the 26 residents identified by the facility as being a smoker.</p> <p>Findings:</p> <p>2.</p> <p>Review of facility's undated policy titled Smoking Policy revealed, in part:</p> <p>1. Any resident who is deemed safe to smoke, with or without supervision, will be allowed to smoke in designated smoking areas at designated times, and in accordance with care plan.</p> <p>2. Residents who are assessed as not being able to smoke safely will not be allowed to smoke without supervision.</p> <p>3. If a resident exhibits dangerous behaviors with smoking paraphernalia such as smoking in non-designated areas . the resident will be considered unsafe to maintain smoking paraphernalia and it will be maintained for the at the nurses station or other specified location.</p> <p>10. All personnel caring for residents with smoking restrictions will be alerted to the interventions.</p> <p>Resident #87</p> <p>Review of Resident #87's Clinical Record revealed he was admitted to facility on 06/14/2024 with diagnoses which included: Tobacco use, and nicotine dependence.</p> <p>Review of Resident #87's Safe Smoking Evaluation dated 06/19/2024 at 8:57 a.m. completed per S36LPN revealed Resident #87 was deemed an unsafe smoker.</p> <p>Review of Physician's Orders dated 06/26/2024 revealed: Resident is deemed as an unsafe smoker.</p> <p>Review of Resident #87's current Care Plan revealed the following, in part:</p> <p>Problem: Onset date of 09/01/2024, Resident wishes to smoke and is designated an unsafe and impaired smoker. This smoker requires observation or constant supervision or protective gear.</p> <p>Further review revealed Resident #87 did not have a care plan for smoking prior to 09/01/2024.</p> <p>An observation was conducted of Resident #87 on 09/17/2024 at 3:33 p.m. Resident #87 was smoking unsupervised on the patio outside of his room without protective gear. The resident was observed leaning forward in his wheelchair and using the hand rail to knock the ashes off the lit cigarette in his mouth. Numerous smoked cigarette butts were noted on the ground by his outdoor patio.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with S29MDS at 4:11 p.m. She confirmed she was responsible for performing smoking assessments. She confirmed Resident #87 was an unsafe smoker due to limited motion with his hands, and should not have possession of cigarettes and lighters. She confirmed floor nurses and floor CNAs were responsible to notify her if they observed residents smoking in undesignated areas and/or without their smoking interventions.</p> <p>An interview was conducted with S25AD on 09/18/2024 at 9:07 a.m. She reported being unaware which residents were safe or unsafe smokers, until provided a list on 09/17/2024 per administration staff. She confirmed she bought Resident #87 three packs of cigarettes and placed them in his top television dresser drawer in the past without knowing he was an unsafe smoker.</p> <p>An interview was conducted with S24SA on 09/18/2024 at 10:43 a.m. She stated since she was employed she was not provided with a safe or unsafe smokers list until the evening of 09/17/2024, and she would depend on staff to tell her which were safe or unsafe smokers. She stated prior to 09/17/2024 she was unaware of who was a safe or unsafe smoker or the interventions required. She reported the facility provided a lock box for resident's cigarettes on the evening of 09/17/2024. She stated prior to 09/17/2024 she did not have a lock box and each resident held their own cigarettes.</p> <p>An interview was conducted with S32LPN on 09/19/2024 at 12:05 p.m. She confirmed knowing Resident #87 was smoking in undesignated areas in July. She confirmed she did not report this incident to administration as she thought they read her nurse's notes.</p> <p>An interview was conducted with S1ADM on 09/19/2024 at 1:04 p.m. He confirmed the facility's process for a newly admitted resident was to review their History and Physical, assess the resident and if they were a smoker, and if so MDS would perform a smoking evaluation. He confirmed the MDS nurses were responsible to update the computer system which staff could review to identify any safe or unsafe smokers. He reported MDS was also responsible for verbally communicating any changed smoking interventions with the staff during the 2:00 p.m. staff meeting. He confirmed residents should only smoke in the designated smoking area, unsafe smokers should not possess cigarettes or lighters, and unsafe smokers should only smoke during constant supervision.</p> <p>Resident #75</p> <p>Review of Resident #75's Clinical Record revealed an admitted [DATE].</p> <p>Review of Resident #75's most recent MDS, with an ARD of 07/03/2024, revealed a BIMS of 15, which indicated the resident was cognitively intact.</p> <p>Review of the facility's Resident Smoker List conducted on 09/17/2024 revealed Resident #75 was not on the list to indicate he was a smoker.</p> <p>Review of Resident #75's Safe Smoking Evaluation on 09/17/2024 revealed no documented evidence a smoking evaluation was completed.</p> <p>Review of Resident #75's Physician Orders, dated 06/26/2024 through 09/17/2024, regarding his smoking status was attempted on 09/17/2024 with no documented evidence available for review.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER White Oak Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2828 Westfork Baton Rouge, LA 70816	
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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of Resident #75's current Care Plan, as of 09/17/2024, regarding his smoking status was attempted with no documented evidence available for review.</p> <p>Review of Resident #75's Nurses Notes revealed staff were aware the resident smoked on the following dates:</p> <p>07/01/2024 at 11:31 a.m. by S43LPN;</p> <p>07/01/2024 at 7:15 p.m. by S43LPN;</p> <p>08/16/2024 at 3:57 p.m. by S33LPN;</p> <p>08/20/2024 at 3:55 a.m. by S42LPN; and</p> <p>08/22/2024 at 5:48 a.m. by S42LPN.</p> <p>An observation and interview was conducted with Resident #75 on 09/17/2024 at 9:25 a.m. Resident #75 was seated in his wheelchair smoking a cigarette on the patio outside of his room and confirmed this was where he typically smoked. Resident #75 confirmed he was a smoker and had been since he admitted to the facility in June of 2024. Resident #75 confirmed he had not been assessed for smoking safety since he was admitted nor had any members of the staff observed him smoking. A pack of cigarettes and a lighter was present in the cup holder of Resident #75's wheelchair. Resident #75 confirmed his smoking paraphernalia remained in his possession at all times and he was not aware he was only supposed to smoke in a designated smoking area.</p> <p>An interview was conducted with S29MDS on 09/18/2024 at 9:45 a.m. S29MDS stated upon a resident's admission to the facility, it was the responsibility of the floor nurse to alert the MDS team if a resident was a smoker so they could be assessed for smoking safety. S29MDS confirmed the MDS team was responsible for performing resident smoking assessments to determine safe or unsafe smoker. S29MDS confirmed the MDS team was responsible for using the smoking assessment results to update a resident's care plan with smoking interventions to ensure resident safety. S29MDS confirmed the MDS team was responsible for updating the facility's list of smoking residents, which also identified if they were safe or unsafe. S29MDS stated the list of smoking residents was kept at all nurses stations and all staff were expected to use it and assist with ensuring interventions were implemented. S29MDS stated if a resident was not on the list as a smoker but staff saw them smoking, the staff member should alert MDS to perform a smoking assessment. S29MDS confirmed all residents who smoke should be identified immediately and assessed as either a safe or unsafe smoker with necessary interventions identified and implemented. S29MDS confirmed Resident #75 was admitted to the facility on [DATE]. S29MDS confirmed the MDS team was not aware Resident #75 was a smoker. S29MDS confirmed Resident #75 was not assessed to determine if he was a safe or unsafe smoker and if he required any interventions for smoking safety.</p> <p>An interview was conducted with S33LPN on 09/18/2024 at 10:45 a.m. S33LPN confirmed she was aware Resident #75 was a smoker and could not say if he was on the smoking list or not. S33LPN confirmed Resident #75 frequently smoked on the patio outside of his room. S33LPN confirmed Resident #75 was allowed to keep his cigarettes and lighter on him at all times. S33LPN confirmed she never made the MDS nurses or anyone else aware Resident #75 was a smoker and was not aware she should.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with S27CNA on 09/19/2024 at 8:51 a.m. S27CNA stated if she saw a change in a resident's smoking status, she would check the list to see if they were safe or unsafe but was unaware she should alert anyone to their change in smoking status.</p> <p>An interview was conducted with S40CNA on 09/19/2024 at 9:00 a.m. S40CNA confirmed she frequently trained newly hired CNAs. S40CNA confirmed she did not provide any training to new hires regarding the facility's smoking procedure, identifying safe smokers, designated smoking areas or implementing safe smoking interventions. S40CNA confirmed floor CNAs did not have anything to do with the smoking process or alerting anyone of a newly admitted resident being a smoker.</p> <p>An interview was conducted with S43LPN on 09/19/2024 at 9:10 a.m. S43LPN confirmed she had been aware Resident #75 was a smoker since he admitted to the facility in June 2024. S43LPN confirmed Resident #75 frequently smoked on the patio outside of his room. S43LPN confirmed Resident #75 had been allowed to keep his cigarettes and lighter on him at all times. S43LPN confirmed Resident #75 was not on the smokers list and she assumed he was left off by mistake. S43LPN confirmed she never made the MDS nurses or anyone else aware Resident #75 was a smoker and was not aware she should. S43LPN stated she was under the impression residents were assessed for smoking status during admission and if they were a smoker they would be added to a list for MDS to assess for safety then the facility's overall list would be updated afterwards. S43LPN confirmed she was never trained or made aware of anything she should be doing or responsible for in regards to identifying or implementing interventions for smoking residents. S43LPN confirmed the patio outside of a resident's room was not considered a designated smoking area. S43LPN confirmed she had never intervened to have them smoke in the designated area. S43LPN confirmed she was not aware direct care staff were responsible for intervening when residents smoked in undesignated areas or when they were not following smoking safety protocol. S43LPN confirmed she was not aware direct care staff were responsible for confiscating smoking paraphernalia from residents who were not supposed to have it in their possession. S43LPN confirmed she was not aware direct care staff were responsible for monitoring residents while outside, even if smoking, and were responsible for holding smoking paraphernalia at the nurses station then handing it out at smoking times. S43LPN confirmed she was not aware floor nurses were responsible for identifying a resident as a safe or an unsafe smoker and were responsible for notifying anyone of a resident's smoking status. S43LPN confirmed she was unaware floor nurses should alert anyone to a resident's smoking status. S43LPN confirmed she could not recall receiving any specific training on the smoking policy or her responsibilities in regards to residents who smoke. S43LPN stated she the facility had a smoking attendant so anything smoking related was their responsibility.</p> <p>An interview was conducted with S34LPN on 09/19/2024 at 9:15 a.m. S34LPN confirmed she was unaware she should know if a resident was a safe or unsafe smoker and did not know where to find that information. S34LPN confirmed she was unaware she should notify anyone of a resident's change in smoking status.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with S16CON on 09/19/2024 at 1:04 p.m. S16CON confirmed the MDS team was responsible for performing safe smoking assessments then updating the resident's plan of care, and updating administrative staff during the daily 2pm staff meeting. S16CON reported the MDS team would verbally alert direct care staff of any changes in interventions. S16CON confirmed direct care staff should access care tasks in the computer charting system to review information on which residents are safe or an unsafe smokers and what interventions should be implemented for each resident. S16CON confirmed the smoking policy and resident specific smoking interventions should be monitored and implemented by all members of staff to ensure resident safety. S16CON confirmed all smoking residents should be assessed for smoking safety upon their admission. S16CON confirmed if a resident was found to be a smoker but had not been identified previously, she would expect the person who identified the information to alert their supervisor or the MDS team so a smoking assessment could be performed. S16CON confirmed the facility had only one designated smoking area, which was the smoking patio to the rear of the dining room. S16CON confirmed residents should only smoke in the designated smoking area, not on the patios off of their rooms. S16CON confirmed she would expect floor staff to inform residents not to smoke on their patios and to make their supervisor or someone in administration aware if a resident remained noncompliant with this policy.</p> <p>An interview was conducted with S1ADM on 09/19/2024 at 6:00 p.m. S1ADM stated when a resident was admitted to the facility, the facility reviewed their hospital paperwork to determine if they were a smoker. S1ADM stated the person completing their admission paperwork should also interview the resident or their family member to confirm if they were a smoker. S1ADM stated once a resident was identified as a smoker, MDS should be alerted by the person completing the admission that a safe smoking assessment should be performed. S1ADM confirmed if a resident was found to be a smoker but had not been identified previously, he would expect the person who identified the information to alert their supervisor or the MDS team so a smoking assessment could be performed. S1ADM confirmed all smoking residents should be assessed for being a safe or unsafe smoker. S1ADM confirmed residents were required to smoke in the designated smoking area where staff were present to supervise. S1ADM confirmed the patio off of resident rooms was not considered a designated smoking area and staff should not have allowed residents to smoke there. S1ADM reviewed Resident #75's admission paperwork and confirmed it indicated Resident #75 was not a smoker. S1ADM stated Resident #75's smoking status was obtained from his hospital paperwork received prior to admission. S1ADM confirmed Resident #75's smoking status should have also been verified with him upon admission. S1ADM confirmed if floor staff later identified Resident #75 to be a smoker and did not see him on the smoker list, they should have alerted MDS or their supervisor to ensure the proper assessments were completed. S1ADM confirmed upon Resident #75's admission to the facility, the facility failed to identify Resident #75 as a smoker and a safe smoking assessment was not performed. S1ADM confirmed floor staff should not have been allowing Resident #75 to smoke unsupervised on his patio.</p> <p>Resident #49</p> <p>Review of the clinical record revealed Resident #49 was admitted to the facility on [DATE] with diagnosis which included Tobacco Use and Nicotine dependence, cigarettes.</p> <p>Review of Resident #49's Safe Smoking Evaluation, dated 6/14/2024, revealed resident was noncompliant in following smoking policies and all smoking materials must be kept a the nurses station.</p> <p>Review of Resident #49's current Physicians Order revealed, in part, the following:</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>09/16/2024 - Unsafe smoker: All smoking paraphernalia to be kept at nurse's station.</p> <p>Review of Resident #49's Care Plan revealed, in part, the following:</p> <p>Problem: 8/29/2024 - Resident wishes to smoke and is designated an Impaired Smoker. This smoker requires observation or constant supervision. Has a history of smoking in his room.</p> <p>Further review revealed Resident #87 did not have a care plan for smoking prior to 08/29/2024.</p> <p>An observation was made of Resident #49 on 09/19/2024 at 10:55 a.m. Resident #49 was sitting in his wheelchair with cigarettes beside him and lighter in his wheelchair cup holder.</p> <p>An observation was conducted of Resident #49 on 09/19/2024 at 11:10 a.m. Resident #49 was observed in the hallway on his way to the smoking patio with cigarettes and a lighter in his possession. Immediately following the observation, S20SW walked into hallway and confirmed the resident had cigarette paraphernalia with him, she confirmed if a resident was assessed as an unsafe smoker they should not have smoking materials in their possession.</p> <p>3.</p> <p>Review of the facility's Competency Skills Check Offs was attempted for the following employees with no documented evidence produced for review:</p> <p>S4CNA;</p> <p>S9RN;</p> <p>S11CNA;</p> <p>S24CNA;</p> <p>S27CNA;</p> <p>S38CNA;</p> <p>S40CNA;</p> <p>S43LPN;</p> <p>S47CNA; and</p> <p>S48CNA.</p> <p>An interview was conducted with S9RN on 09/19/2024 at 8:54 a.m. S9RN confirmed she began working at the facility 2 months ago. S9RN confirmed the facility did not require her to perform competency skills check offs prior to being allowed to provide care to residents independently.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with S27CNA on 09/19/2024 at 9:09 a.m. S27CNA confirmed she was responsible for training newly hired CNAs. S27CNA confirmed she did not perform competency skills check offs for any of the newly hired CNAs and had never monitored them in other ways to ensure they were competent before they were allowed to provide direct resident care independently. S27CNA confirmed the facility had not required her to perform competency skills check offs annually.</p> <p>An interview was conducted with S43LPN on 09/19/2024 at 9:10 a.m. S43LPN stated she began working at the facility 6 months ago. S43LPN confirmed the facility did not require her to perform competency skills check offs prior to being allowed to provide direct resident care independently.</p> <p>An interview was conducted with S40CNA on 09/19/2024 at 9:00 a.m. S40CNA confirmed she frequently trained newly hired CNAs. S40CNA confirmed she would only teach the new hire the things she was doing in her normal day with her current resident assignment; there was no checklist of things to cover. S40CNA confirmed she did not perform competency skills check offs for any of the newly hired CNAs and had never monitored them in other ways to ensure they were competent before they were allowed to provide direct resident care independently. S40CNA confirmed the facility had not required her to perform competency skills check offs annually.</p> <p>An interview was conducted with S3ADN on 09/19/2024 at 10:07 a.m. S3ADN confirmed she, S8CNS, and S2DON were responsible for ensuring direct care staff were competent to perform their jobs. S3ADN stated CNAs, upon hire and annually, performed a competency skills check offs with either herself or S2DON. S3ADN confirmed she did not have any documentation of staff competency skills check offs. S3ADN confirmed new hire and annual competency skills check offs were given to the human resources department to be kept in employee files.</p> <p>An interview was conducted with S31HR on 09/19/2024 at 9:07 a.m. S31HR confirmed she was responsible for maintaining personnel files. S31HR confirmed she was never given any new hire or annual competency skills check offs to be put in employee files. S31HR reviewed the requested personnel files and confirmed the files did not contain any competency skills check offs in them.</p> <p>An interview was conducted with S2DON on 09/19/2024 at 9:01 a.m. S2DON stated training for direct care CNA's and LPN's consisted of 3 days of shadowing a preceptor o [TRUNCATED]</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>46981</p> <p>Based on observation and interviews, the facility failed to ensure nurse staffing data was posted daily in a prominent location readily accessible to residents and visitors. This deficient practice had the potential to affect any of the 88 residents residing in the facility.</p> <p>Findings:</p> <p>An observation was made on 09/19/2024 at 9:45 a.m. of the facility. No staffing data sheets observed.</p> <p>An interview was conducted on 09/19/2024 at 9:50 a.m. with S3ADN. She stated she was responsible for posting staffing data sheets. She stated the last daily staffing data sheet completed was 09/18/2024.</p> <p>An interview was conducted on 09/19/2024 at 9:55 a.m. with S1ADM. He confirmed the last daily staffing data sheet completed was 09/18/2024.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>42681</p> <p>Based on observations, record review, and interviews, the facility failed to ensure drugs and biologicals used in the facility were stored in accordance with currently accepted professional principles. The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Medication carts were free of loose pills for 2 (Med Cart A and Med Cart B) of 2 (Med Cart A and Med Cart B) medication carts reviewed. 2. Medication carts were free of expired drugs or biologicals for 1 (Med Cart B) of 2 (Med Cart A and Med Cart B) medication carts reviewed. 3. Medications were stored at proper temperatures in 1 (Med Frig D) of 1 (Med Frig D) medication refrigerators reviewed. <p>Findings:</p> <p>Review of the facility's policy titled, Medications Storage, revealed, the following, in part:</p> <p>Policy Interpretation and Implementation</p> <ol style="list-style-type: none"> 2. The nursing staff shall be responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. 4. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. <ol style="list-style-type: none"> 1. <p>On 09/18/2024 at 8:30 a.m., an observation was made of Med Cart A with S10LPN, which revealed the following:</p> <ul style="list-style-type: none"> 2-Round white tablets loose in the cart 1-Round orange tablet loose in the cart <p>On 09/18/2024 at 8:32 a.m., an interview was conducted with S10LPN. She confirmed the above pills were loose in the cart and should not have been.</p> <p>On 09/18/2024 at 9:47 a.m., an observation was of Med Cart B with S15LPN, which revealed the following:</p> <ul style="list-style-type: none"> 1-Round white tablet loose in the cart <p>(continued on next page)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/18/2024 at 9:48 a.m., an interview was conducted with S15LPN. She confirmed loose pills were in the cart and should not have been.</p> <p>On 09/18/2024 at 8:50 a.m. an interview was conducted with S3ADN. She confirmed the above pills were loose in the cart and should not have been. She stated every cart should be checked by the nurse daily.</p> <p>2.</p> <p>On 09/18/2024 at 9:47 a.m., an observation was of Med Cart B with S15LPN, which revealed the following: 1-500ml Sterile Water bottle, expiration date 04/23/2024</p> <p>On 09/18/2024 at 9:48 a.m., an interview was conducted with S15LPN. She confirmed an expired medication was in the cart and should not have been.</p> <p>3.</p> <p>On 09/18/2024 at 9:55 a.m., an observation was made of Med Frig D with S15LPN. The temperature read 29 degrees Fahrenheit. Approximately seven insulin pens and four vials of antibiotics were inside of Med Frig D.</p> <p>On 09/18/2024 at 9:56 a.m., an observation was made of the temperature log attached to Med Frig D revealed the following:</p> <p>1. Nursing Refrigerator Check List-the temperature of the refrigerator should always be between 36-45 degrees.</p> <p>2. 09/04/2024-Temperature 46F 09/06/2024-Temperature 46F</p> <p>On 09/18/2024 at 9:56 a.m., an interview was conducted with S15LPN. She confirmed there were medications stored in the Med Frig D. She confirmed temperatures observed were out of range and should not be. She was unsure if above findings were reported to anyone.</p> <p>On 09/18/2024 at 10:00 a.m., an interview as conducted with S2DON. She confirmed that loose pills and expired items should not be in the medication carts. She confirmed the nurse is responsible for temperature logs of the refrigerators in the medication storage rooms. She confirmed temperatures were out of range and should not be.</p> <p>On 09/18/2024 at 10:00 a.m., an interview was conducted with S16CON. She confirmed temperatures out of range should have been adjusted and reported to maintenance and administration and it had not been.</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>42681</p> <p>Based on observation, interview and record review, the facility failed to ensure 5 out of 5 dietary staff hired were trained on how to test the chemical dishwasher for chlorine.</p> <p>Findings:</p> <p>On 09/18/2024 at 1:41p.m., an observation was made of S14CHD placing the following items through a low temperature dishwasher:</p> <ol style="list-style-type: none"> 1. 1 full rack of black serving trays 2. 1 full rack of cups 3. 1 full rack of bowls <p>No testing of chlorine was observed.</p> <p>On 09/18/2024 at 1:43 p.m., an interview was conducted with S14CHD. He stated he washes dishes on the day shift. He confirmed he did not test the low temperature dishwasher for chlorine. He was not able to demonstrate how to test the low temperature dishwasher for chlorine. He confirmed he was not trained on how to test the low temperature dishwasher for chlorine.</p> <p>On 09/18/2024 at 1:45 p.m., an interview was conducted with S7DEM. He confirmed all kitchen staff should be using the chemical rinse method to sanitize dishes. He further stated there were 5 dietary staff hired to operate the low temperature dishwasher. He was unable to provide documentation/proof of training was completed on all 5 dietary staff hired to use the low temperature dishwasher.</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 09/20/2024
NAME OF PROVIDER OR SUPPLIER White Oak Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2828 Westfork Baton Rouge, LA 70816	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42681</p> <p>Based on observations, interviews and record review, the facility failed to store food in accordance with professional standards for food service safety. This had the potential to affect 81 residents who were served from the kitchen.</p> <p>Findings:</p> <p>Review of the facility's policy, titled Food Safety Guidelines for Dry Storage to Know, dated 05/05/2024, revealed, in part:</p> <p>Label and Date- Labeling and dating aren't just for food you keep in cold storage. Always label any food not in its original container.</p> <p>An initial tour of the kitchen was conducted on 09/17/2024 at 8:34 a.m. with S7DEM. Observations were made of the following items:</p> <p>11oz. container of opened parsley flakes without a label indicating an open date or expiration date.</p> <p>6 lb. container of opened onion powder without a label indicating an open date or expiration date.</p> <p>6 lb container of opened garlic powder without a label indicating an open date or expiration date.</p> <p>11 oz. container of opened ground garlic and ginger mix without a label indicating an open date or expiration date.</p> <p>On 09/17/24 at 8:58 a.m., a tour of the refrigerator was conducted with S7SEM. Observations were made of the following items:</p> <p>1 lb. of sliced American cheese in an opened and unsealed package without a label indicating an open date or expiration date.</p> <p>1 zip lock gallon bag of sliced American cheese without a label indicating an open date or expiration date.</p> <p>1 lb. of shredded American cheese without a label indicating an open date or expiration date.</p> <p>1 gallon of boiled eggs in a solution, unsealed and exposed, without a label indicating an open date or expiration date.</p> <p>1 box of opened concentrated liquid coffee without a label indicating when it was opened.</p> <p>8 lb. opened fruit salad deluxe without a label indicating when it was opened.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER White Oak Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2828 Westfork Baton Rouge, LA 70816	

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(2) 6 oz. packs of pepperoni with an expiration date of 08/02/2024.</p> <p>On 09/17/24 at 9:15 a.m., a tour of the freezer was conducted with S7DEM. Observations were made of the following items:</p> <p>1 box of opened, unsealed, premade pancakes</p> <p>1 box of opened, unsealed, French fries</p> <p>1 box of opened, unsealed, white sheet cake without a label indicating when it was opened or the expiration date.</p> <p>On 09/17/24 at 9:19 a.m., a tour was conducted of the dry pantry with S7DEM. The following item was observed:</p> <p>1 box of opened, unsealed and exposed fish fry without a label indicating when it was opened.</p> <p>On 09/17/24 at 9:22 a.m., an interview was conducted with S7DEM regarding all of the above findings. He stated all food items should be stored appropriately and labeled with the date when it was opened. He confirmed the above findings did not have labels indicating open dates and/or expiration dates and they should have.</p>

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44590</p> <p>Based on observations, interviews, and record reviews, the facility failed to be administered in a manner that enabled its resources to be used effectively and efficiently to attain the highest practicable physical, mental, and psychosocial well-being for each resident residing in the facility. The facility failed to have an effective system in place to:</p> <ol style="list-style-type: none"> 1. Ensure licensed nurses and nurse aids were trained and competent to update, implement, and identify a resident's assessed transfer needs for 1 (#54) of 4 (#32, #38, #54, and #66) residents reviewed requiring a Hoyer lift for transfers; 2. Ensure licensed nurses and nurse aids were trained and competent to implement and identify safe smoking interventions for residents who smoked for 3 (#49, #75, #87) of 4 (#49, #58, #75, and #87) residents reviewed for smoking; and 3. Ensure licensed nurses and nurse aids were competent in the skills sets required to meet resident needs for 10 of 10 (S4CNA, S9RN, S11CNA, S24SA, S27CNA, S38CNA, S40CNA, S43LPN, S47CNA, and S48CNA) personnel files reviewed for competency skills check offs. <p>Cross Reference: F689 and F726.</p> <ol style="list-style-type: none"> 1. <p>This deficient practice resulted in an immediate jeopardy situation for Resident #54, a resident who required a Hoyer lift and 2 staff members' assistance for transfers, on 08/28/2024 at 3:45 p.m. when S4CNA transferred Resident #54 independently without a Hoyer lift. Resident #54 fell to the floor and sustained a laceration above her left eyebrow. Resident #54 was transferred to a local hospital, diagnosed with a Left Frontal Scalp Contusion, and required a tissue adhesive. The immediate jeopardy continued when interviews with CNAs and Nursing staff revealed they did not know how to identify residents' assessed transfer needs.</p> <p>S1ADM was notified of the Immediate Jeopardy on 09/19/2024 at 4:40 p.m.</p> <p>The Immediate Jeopardy was removed on 09/20/2024 at 3:10 p.m., as confirmed by onsite verification through observations, interviews and record reviews the facility implemented an acceptable Plan of Removal (POR) prior to the survey exit.</p> <p>This deficient practice continued at the potential for more than minimal harm for any of the 75 residents requiring assistive devices and/or supervision with transfers.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the facility's undated policy titled, Safe Lifting and Movement of Residents revealed the following, in part:</p> <p>Policy Statement: In order to protect the safety and well-being of staff and residents, and to promote quality of care, this facility uses appropriate techniques and devices to lift and move residents'.</p> <p>Policy Interpretation and Implementation:</p> <p>3. Nursing staff, in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance on an ongoing basis. Staff will documents resident transferring and lifting needs in the care plan.</p> <p>6. Staff will be observed for competency in using mechanical lifts and observed periodically for adherence to policies and procedures regarding use of equipment and safe lifting techniques.</p> <p>Review of S4CNA's personnel file revealed a hire date of 12/23/2023. Further review revealed no documented evidence of any performance evaluations or competency/skills check offs were completed.</p> <p>Review of S11CNA's personnel file revealed a hire date of 03/06/2024. Further review revealed no documented evidence of any performance evaluations or competency/skills check offs for safe lifting were completed.</p> <p>Review of S27CNA's personnel file revealed a hire date of 12/28/2020. Further review revealed no documented evidence of any performance evaluations or competency/skills check offs for safe lifting were completed.</p> <p>Review of S38CNA's personnel file revealed a hire date of 10/03/2023. Further review revealed no documented evidence of any performance evaluations or competency/skills check offs for safe lifting were completed.</p> <p>Resident #54</p> <p>Review of Resident #54's Clinical Record revealed she was admitted to the facility on [DATE] and had diagnoses, which included Primary Disorders of Muscles, History of Falling, Generalized Muscle Weakness, Spinal Stenosis, Major Depressive Disorder, and Primary Generalized Osteoarthritis. Further review revealed the resident was dependent on staff and required a Hoyer lift for transfers.</p> <p>Review of Resident #54's current Care Plan revealed no documentation of the amount of assistance, supervision, and/or assistive devices required for transfers.</p> <p>Review of Resident #54's Resident Summary in the clinical record revealed no documentation of the amount of supervision and/or assistive devices Resident #54 required for transfers.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with Resident #54 on 09/17/2024 at 3:15 p.m. She stated, at the end of August 2024, S4CNA dropped her during a transfer. She explained S4CNA attempted to transfer her independently without a Hoyer lift, and she fell face first onto the floor. She stated, as a result of the fall, she sustained a laceration above her left eye, which required gluing in the emergency room .</p> <p>An interview was conducted with S4CNA on 09/17/2024 at 4:00 p.m. She stated, at the end of August 2024, she was assigned to Resident #54 on the evening shift. She confirmed, at the time of the incident, she was unaware how to identify a resident's transfer status. She stated she attempted to transfer Resident #54 independently without the use of the Hoyer lift, and Resident #54 fell and landed on the floor face first.</p> <p>An interview was conducted with S34LPN on 09/18/2024 at 2:29 p.m. She stated she was the nurse assigned to Resident #54 when she fell on [DATE] at 3:46 p.m. She stated, at the time of the incident, she was unaware of the amount of assistance and supervision Resident #54 required with transfers, and she was unaware how to determine the amount of assistance and supervision Resident #54 required.</p> <p>An interview was conducted with S29MDS and S36LPN on 09/19/2024 at 9:09 a.m. S29MDS confirmed Resident #54 was determined to require a Hoyer lift for transfers on 07/25/2024. S29MDS stated direct care staff were verbally notified of Resident #54 requiring a Hoyer lift for transfers on 07/25/2024. S29MDS confirmed Resident #54 required a Hoyer lift with the assistance of two staff members at the time of her incident on 08/28/2024. S29MDS and S36LPN both stated they were unaware they were responsible to update the Resident Summary to show a resident's transfer status until the afternoon of 09/18/2024. S29MDS and S36LPN both stated they did not know how, and were not trained, to update anything in a resident's record for the nurses and CNAs to visualize the amount of assistance or supervision required for transfers. S29MDS and S36LPN both stated the way the CNAs and nurses knew a resident's transfer status was verbal communication.</p> <p>An interview was conducted with S16CON on 09/18/2024 at 1:37 p.m. She stated the facility's process to determine a resident's transfer status was for therapy to assess the resident and notify nursing. She stated MDS Nurses were responsible to update the resident's chart, which included the Resident Summary so direct care staff would be able to identify the current transfer status.</p> <p>She stated the amount of assistance and supervision each resident required with transfers, or transfer status, should have been listed on the resident's Resident Summary. She stated all direct care staff should have known to look at the Resident Summary to determine the transfer status. She stated it was never acceptable for a CNA to self-assess a resident or ask the resident to determine transfer status. She stated if a resident was assessed to require a Hoyer lift for transfers, a Hoyer lift with two staff members should have been used for transfers. She stated MDS should have updated the residents' Resident Summary for the CNA staff to determine a residents transfer needs.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with S3ADN on 09/19/24 at 9:50 a.m. She stated competency checks and skills checkoffs were supposed to be conducted on newly hired nursing staff by herself and S2DON, and CNAs were to be completed by S8CNS, however, competency and skills checkoffs had not been completed and there was no documentation they had been completed. She stated prior to yesterday afternoon, the amount of staff required and how to transfer a resident was not listed in the residents' clinical record for the CNAs to see. She stated prior to yesterday afternoon, the only process the facility had in place for a resident's transfer status was by word of mouth. She stated it was not acceptable for a CNA to assess a resident for their transfer status.</p> <p>2.</p> <p>This deficient practice resulted in an Immediate Jeopardy situation for Resident #87, a resident identified as an unsafe smoker that required supervision, on 09/17/2024 at 9:00 a.m. when the resident was observed alone smoking a cigarette in an unapproved smoking area without the presence of staff or protective gear. On 09/19/2024 at 9:25 a.m., Resident #75, a resident listed as a nonsmoker, was observed smoking outside of his room with smoking paraphernalia unsupervised. On 09/19/2024 at 10:55 a.m., Resident #49, a resident assessed as an unsafe smoker, was observed with smoking paraphernalia in his possession at an undesignated smoking time and area. Staff interviews revealed the facility did not have an effective system to assess and implement interventions for smokers. The Immediate Jeopardy continued when interviews with CNAs and Nursing Staff revealed they did not know their role in identifying, assessing and implementing safe smoking interventions for residents who smoked.</p> <p>S1ADM was notified of the immediate jeopardy situation on 09/19/2024 at 4:40 p.m.</p> <p>The Immediate Jeopardy was removed on 09/20/2024 at 3:10 p.m., as confirmed by onsite verification through observations, interviews, and record reviews the facility implemented an acceptable Plan of Removal (POR) prior to the survey exit.</p> <p>This deficient practice continued at the potential for more than minimal harm for any of the 26 smoking residents requiring assessment, supervision or interventions for smoking safety.</p> <p>Findings:</p> <p>2.</p> <p>Review of facility's undated policy titled Smoking Policy revealed, in part:</p> <p>1. Any resident who is deemed safe to smoke, with or without supervision, will be allowed to smoke in designated smoking areas at designated times, and in accordance with care plan.</p> <p>2. Residents who are assessed as not being able to smoke safely will not be allowed to smoke without supervision.</p> <p>3. If a resident exhibits dangerous behaviors with smoking paraphernalia such as smoking in non-designated areas . the resident will be considered unsafe to maintain smoking paraphernalia and it will be maintained for the at the nurses station or other specified location.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>10. All personnel caring for residents with smoking restrictions will be alerted to the interventions.</p> <p>Resident #87</p> <p>Review of Resident #87's Clinical Record revealed he was admitted to facility on 06/14/2024 with diagnoses which included: Tobacco use, and nicotine dependence.</p> <p>Review of Resident #87's Safe Smoking Evaluation dated 06/19/2024 at 8:57 a.m. completed per S36LPN revealed Resident #87 was deemed an unsafe smoker.</p> <p>Review of Resident #87's Physician Order, dated 06/26/2024, revealed resident deemed an unsafe smoker.</p> <p>Review of Resident #87's current Care Plan revealed the following, in part:</p> <p>Problem: Onset date of 09/01/2024 Resident wishes to smoke and is designated an unsafe and impaired smoker. This smoker requires observation or constant supervision or protective gear.</p> <p>Further review revealed Resident #87 did not have a care plan for smoking prior to 09/01/2024.</p> <p>An observation was conducted of Resident #87 on 09/17/2024 at 3:33 p.m. Resident #87 was smoking unsupervised on the patio outside of his room without a smoking apron. The resident was observed leaning forward in his wheelchair and using the hand rail to knock the ashes off the lit cigarette in his mouth. Numerous smoked cigarette butts were noted on the ground by his outdoor patio.</p> <p>An interview was conducted with S29MDS on 09/17/2024 at 4:11 p.m. S29MDS confirmed she was responsible for performing the facility's safe smoking assessments. S29MDS confirmed Resident #87 was an unsafe smoker due to limited use of both hands, and should not be in possession of cigarettes or lights.</p> <p>An interview was conducted with S25AD on 09/18/2024 at 9:07 a.m. S25AD confirmed she was not made aware which residents were safe or unsafe smokers. S25AD confirmed she had purchased Resident #87's cigarettes in the past then given them to him to keep in his possession.</p> <p>An interview was conducted with S24SA on 09/18/2024 at 10:43 a.m. S24SA confirmed she was responsible for supervising resident smoking in the facility's designated smoking area. She confirmed she was not made aware which residents were safe or unsafe smokers. She confirmed she was not made aware of what interventions the facility's unsafe smokers required. She confirmed she was not provided with a lock box to store resident's smoking paraphernalia and was not aware she should. She confirmed all smoking residents were allowed to hold their own smoking paraphernalia at all times.</p> <p>(continued on next page)</p>

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with S1ADM on 09/19/2024 at 1:04 p.m. He confirmed the facility's process for a newly admitted resident was to review their hospitalization paperwork and to assess the resident in person. S1ADM confirmed if a resident was a smoker, MDS should perform a safe smoking assessment. He confirmed MDS nurses were responsible to update the computer system to allow floor staff to identify safe or unsafe smokers and the interventions they required. S1ADM confirmed MDS was also responsible for verbally communicating any changes in interventions to the facility's staff during the daily 2pm staff meeting. He confirmed residents were only allowed to smoke in the designated smoking area. He confirmed unsafe smokers should not have smoking paraphernalia in their possession and should only smoke with constant staff supervision. S1ADM confirmed the facility's policies and procedures were not implemented to provide supervision and prevent accidents for resident's that smoke.</p> <p>Resident #75</p> <p>Review of Resident #75's Clinical Record revealed he was admitted to the facility on [DATE].</p> <p>Review of Resident #75's most recent MDS, with an ARD of 07/03/2024, revealed a BIMS of 15, which indicated the resident was cognitively intact.</p> <p>Review of the facility's Resident Smoker List conducted on 09/17/2024 revealed Resident #75 was not on the list to indicate he was a smoker.</p> <p>Review of Resident #75's Safe Smoking Evaluation on 09/17/2024 revealed no documented evidence a smoking evaluation was completed.</p> <p>Review of Resident #75's Physician Orders, dated 06/26/2024 through 09/17/2024, regarding his smoking status was attempted on 09/17/2024 with no documented evidence available for review.</p> <p>Review of Resident #75's current Care Plan, as of 09/17/2024, regarding his smoking status was attempted with no documented evidence available for review.</p> <p>An observation and interview was conducted with Resident #75 on 09/17/2024 at 9:25 a.m. Resident #75 was seated in his wheelchair smoking a cigarette on the patio outside of his room and confirmed this was where he typically smoked. Resident #75 confirmed he was a smoker and had been since he admitted to the facility in June of 2024. Resident #75 confirmed he had not been assessed for smoking safety since he was admitted nor had any members of the staff observed him smoking. A pack of cigarettes and a lighter was present in the cup holder of Resident #75's wheelchair. Resident #75 confirmed his smoking paraphernalia remained in his possession at all times and he was not aware he was only supposed to smoke in a designated smoking area.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with S29MDS on 09/18/2024 at 9:45 a.m. S29MDS stated upon a resident's admission to the facility, it was the responsibility of the floor nurse to alert the MDS team if a resident was a smoker so they could be assessed for smoking safety. S29MDS confirmed the MDS team was responsible for performing resident smoking assessments to determine safe or an unsafe smoker. S29MDS confirmed the MDS team was responsible for using their smoking assessment results to update a resident's care plan with smoking interventions to ensure resident safety. S29MDS confirmed the MDS team was responsible for updating the facility's list of smoking residents, which also identified if they were safe or unsafe. S29MDS stated the list of smoking residents was kept at all nurses stations and all staff were expected to use it and assist with ensuring interventions were implemented. S29MDS stated if a resident was not on the list as a smoker but staff saw them smoking, the staff member should alert MDS to perform a smoking assessment. S29MDS confirmed all residents who smoke should be identified immediately and assessed as either a safe or non-safe smoker with necessary interventions identified and implemented. S29MDS confirmed Resident #75 was admitted to the facility on [DATE]. S29MDS confirmed the MDS team was not aware Resident #75 was a smoker. S29MDS confirmed Resident #75 was never assessed to determine if he was a safe or an unsafe smoker and if he required any interventions for smoking safety.</p> <p>An interview was conducted with S40CNA on 09/19/2024 at 9:00 a.m. S40CNA confirmed she frequently trained newly hired CNAs. S40CNA confirmed she did not provide any training to new hires regarding the facility's smoking procedure, identifying safe smokers, designated smoking areas or implementing safe smoking interventions. S40CNA confirmed floor CNAs did not have anything to do with the smoking process or alerting anyone of a newly admitted resident being a smoker.</p> <p>An interview was conducted with S16CON on 09/19/2024 at 1:04 p.m. S16CON confirmed the MDS team was responsible for performing safe smoking assessments then updating the resident's plan of care, and updating administrative staff during the daily 2pm staff meeting. S16CON reported the MDS team would verbally alert direct care staff of any changes in interventions. S16CON confirmed direct care staff should access care tasks in the computer charting system to review information on which residents are safe or an unsafe smokers and what interventions should be implemented for each resident. S16CON confirmed the smoking policy and resident specific smoking interventions should be monitored and implemented by all members of staff to ensure resident safety. S16CON confirmed all smoking residents should be assessed for smoking safety upon their admission. S16CON confirmed if a resident was found to be a smoker but had not been identified previously, she would expect the person who identified the information to alert their supervisor or the MDS team so a smoking assessment could be performed. S16CON confirmed the facility had only one designated smoking area, which was the smoking patio to the rear of the dining room. S16CON confirmed residents should only smoke in the designated smoking area, not on the patios off of their rooms. S16CON confirmed she would expect floor staff to inform residents not to smoke on their patios and to make their supervisor or someone in administration aware if a resident remained noncompliant with this policy.</p> <p>(continued on next page)</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with S1ADM on 09/19/2024 at 6:00 p.m. S1ADM stated when a resident was admitted to the facility, the facility reviewed their hospital paperwork to determine if they were a smoker. S1ADM stated the person completing their admission paperwork should also interview the resident or their family member to confirm if they are a smoker. S1ADM stated once a resident was identified as a smoker, MDS should be alerted by the person completing the admission that a safe smoking assessment should be performed. S1ADM confirmed if a resident was found to be a smoker but had not been identified previously, he would expect the person who identified the information to alert their supervisor or the MDS team so a smoking assessment could be performed. S1ADM confirmed all smoking residents should be assessed for being a safe or an unsafe smoker. S1ADM confirmed residents were required to smoke in the designated smoking area where staff were present to supervise. S1ADM confirmed the patio off of resident rooms was not considered a designated smoking area and staff should not have been allowing residents to smoke there. S1ADM reviewed Resident #75's admission paperwork and confirmed it indicated Resident #75 was not a smoker. S1ADM stated Resident #75's smoking status was obtained from his hospital paperwork received prior to admission and since Resident #75 was cognitive, his smoking status should have also been verified with him upon admission. S1ADM confirmed if floor staff later identified Resident #75 to be a smoker and did not see him on the smoker list, they should have alerted MDS or their supervisor to ensure the proper assessments were completed. S1ADM confirmed upon Resident #75's admission to the facility, the facility failed to identify Resident #75 as a smoker and a safe smoking assessment was not performed. S1ADM confirmed floor staff should not have been allowing Resident #75 to smoke unsupervised on his patio. S1ADM confirmed the facility's policies and procedures were not followed and implemented as they should if a resident identified by staff to be a smoker was not assessed for smoking safety and was being allowed to knowingly smoke unsupervised in an undesignated smoking area.</p> <p>Resident #49</p> <p>Review of Resident #49's Clinical Record revealed he was admitted to the facility on [DATE] with diagnosis which included Tobacco Use and Nicotine dependence, cigarettes.</p> <p>Review of Resident #49's Safe Smoking Evaluation, dated 6/14/2024, revealed resident was noncompliant in following smoking policies and all smoking materials must be kept at the nurses station.</p> <p>Review of Resident #49's current Physicians Order revealed, in part, the following:</p> <p>09/16/2024 - Unsafe smoker: All smoking paraphernalia to be kept at nurse's station.</p> <p>Review of Resident #49's Care Plan revealed, in part, the following:</p> <p>Problem: 8/29/2024 - Resident wishes to smoke and is designated an Impaired Smoker.</p> <p>Interventions: This smoker requires observation or constant supervision. Has a history of smoking in his room.</p> <p>Further review revealed Resident #87 did not have a care plan for smoking prior to 08/29/2024.</p> <p>An observation was made of Resident #49 on 09/19/2024 at 10:55 a.m. Resident #49 was sitting in his wheelchair with cigarettes beside him and lighter in his wheelchair cup holder.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER White Oak Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2828 Westfork Baton Rouge, LA 70816	

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An observation was conducted of Resident #49 on 09/19/2024 at 11:10 a.m. Resident #49 was observed in the hallway on his way to the smoking patio with cigarettes and a lighter in his possession. Immediately following the observation, S20SW walked into hallway and confirmed the resident had cigarette paraphernalia with him, she confirmed if a resident was assessed as an unsafe smoker they should not have smoking materials in their possession.</p> <p>An interview was conducted with S16CON on 09/19/2024 at 11:15 a.m. S16CON confirmed a resident assessed to be an unsafe smoker should not have cigarettes and lighter in their possession. S16CON confirmed the facility's policies and procedures had not been followed and implemented as they should if Resident #49 possessed a cigarette and lighter when not under staff supervision.</p> <p>3.</p> <p>Review of Annual and/or New Hire Competency Skills Check Offs was attempted for the following employees with no documented evidence produced for review:</p> <p>S4CNA;</p> <p>S9RN;</p> <p>S11CNA;</p> <p>S24SA;</p> <p>S27CNA;</p> <p>S38CNA;</p> <p>S40CNA;</p> <p>S43LPN;</p> <p>S47CNA; and</p> <p>S48CNA.</p> <p>An interview was conducted with S27CNA on 09/19/2024 at 9:09 a.m. S27CNA confirmed she worked at the facility for 9 years. S27CNA confirmed she was responsible for training newly hired CNAs. S27CNA confirmed she did not perform competency skills check offs for any of the newly hired CNAs and had never monitored them in other ways to ensure they were competent before they were allowed to provide direct resident care independently. S27CNA confirmed the facility had not required her to perform competency skills check offs annually.</p> <p>(continued on next page)</p>

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with S40CNA on 09/19/2024 at 9:00 a.m. S40CNA confirmed she worked at the facility for over [AGE] years. S40CNA confirmed she frequently trained newly hired CNAs. S40CNA confirmed she did not perform competency skills check offs for any of the newly hired CNAs and had never monitored them in other ways to ensure they were competent before they were allowed to provide direct resident care independently. S40CNA confirmed the facility had not required her to perform competency skills check offs annually.</p> <p>An interview was conducted with S3ADN on 09/19/2024 at 10:07 a.m. S3ADN confirmed she, S8CNS, and S2DON were responsible for ensuring direct care staff were trained and competent to perform their jobs. S3ADN stated CNAs, upon hire and annually, performed a competency skills check offs with either herself or S2DON. S3ADN confirmed she did not have any documentation of staff competency skills check offs. S3ADN confirmed new hire and annual competency skills check offs were given to the human resources department to be kept in employee files.</p> <p>An interview was conducted with S31HR on 09/19/2024 at 9:07 a.m. S31HR confirmed she was responsible for maintaining personnel files. S31HR confirmed she was never given any new hire or annual competency skills check offs to be put in employee files. S31HR reviewed the requested personnel files and confirmed the files did not contain any competency skills check offs in them.</p> <p>An interview was conducted with S2DON on 09/19/2024 at 9:01 a.m. S2DON stated training for direct care CNA's and LPN's consisted of 3 days of shadowing a preceptor on their assigned floor. S2DON stated after shadowing was complete, new hire competency was determined by their preceptor by asking the preceptor if they felt the new employee was ready to work independently. S2DON confirmed she was unaware if the facility conducted or documented new hire and annual competency skills check offs for their direct care staff.</p> <p>An interview was conducted with S41COO on 09/19/2024 at 9:55 a.m. S41COO confirmed competency checks and skills checkoffs were supposed to be conducted on newly hired nursing staff by S3ADN and S2DON, and CNAs were to be completed by S8CNS, however, competency and skills checkoffs had not been completed and there was no documentation they had been completed. S41COO confirmed the facility's policies and procedures had not been implemented as they should if direct care nurses and CNAs were allowed to provide direct care to residents without first demonstrating their competency through competency checks and skills checkoffs.</p> <p>44965</p> <p>46981</p> <p>47546</p> <p>48333</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42681</p> <p>Based on interviews and record reviews, the facility failed to ensure residents understood the binding arbitration signed on admission for 2 (#143 and #192) of 3 (#44, #143, and #192) residents reviewed for arbitration.</p> <p>Findings:</p> <p>Review of the facility's Optional Binding Arbitration, page 2 of 3, dated 09/16/2019, revealed, in part:</p> <p>Section G. Other Provisions:</p> <p>Opportunity to Read: the resident or legal representative acknowledges that he/she has received a copy of this agreement and has had ample opportunity to read it before accepting it.</p> <p>Resident #143</p> <p>Review of Resident #143's clinical record revealed he was admitted on [DATE].</p> <p>Review of Resident #143's clinical record revealed a form titled, Optional Binding Arbitration. The arbitration form was dated and signed on 09/05/2024 by Resident #143 and S6CAC.</p> <p>On 09/17/2024 at 3:58 p.m., an interview was conducted with Resident #143. He stated he was admitted to the facility from the hospital. He stated he did not know what an arbitration agreement was. He stated no one explained what an arbitration agreement was prior to signing. He confirmed he did not understand what he had signed on the Optional Binding Arbitration form.</p> <p>Resident #192</p> <p>Review of Resident #192's clinical record revealed she was admitted on [DATE].</p> <p>Review of Resident #192's clinical record revealed a form titled, Optional Binding Arbitration. The arbitration form was dated and signed on 09/05/2024 by Resident #192 and S6CAC.</p> <p>On 09/17/2024 at 3:48 p.m., an interview was conducted with Resident #192. She stated all admissions paperwork was completed when she was in the hospital. She stated she did not know what an arbitration agreement was. She confirmed she did not understand what she had signed on the Optional Binding Arbitration form.</p> <p>On 09/17/2024 at 1:13 p.m., an interview was conducted with S5DMA. She stated S6CAC is responsible for explaining the admissions process and all admissions documents to residents who will be admitted to the facility from the hospital.</p> <p>(continued on next page)</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/18/2024 at 3:06 p.m., an interview was conducted with S6CAC. She confirmed she did review the admissions packet and contractual agreements with Residents #143 and #192 while they were in the hospital. She stated Residents #143 and #192 did not ask any questions about the arbitration agreement, therefore she assumed they understood the arbitration agreement.</p>

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>44590</p> <p>Based on observations, interviews and record reviews, the facility failed to develop and implement appropriate plans of action to correct and ensure ongoing compliance with identified quality deficiencies.</p> <p>This deficient practice had the potential to affect a census of 88 residents currently residing in the facility.</p> <p>Cross Reference: F558, F609, F656, F677, F689, F802, F812, F835, and F880,</p> <p>Findings:</p> <p>Review of the facility's most recent Quality Assurance and Performance Improvement (QAPI) Team Meeting Notes, held 08/28/2024 at 10:00 a.m., revealed in part, the following:</p> <p>1. Dietary Management Review: Review of ServSafe Protocols, Diets, Customer Service and Quality of Meals and Beverages continues in daily QAPI; and</p> <p>2. Monitoring and audits for all Complaint Surveys dated 06/10/2024 through 08/23/2024 showing continued compliance in all areas previously cited including, in part: therapeutic diets, food storage, abuse reporting and enhanced barrier precautions. Monitoring and audits of these areas through the end of September 2024.</p> <p>Review of the facility's Areas of Deficiency cited during the Complaint Survey on 06/10/2024 revealed, in part, the following:</p> <p>Abuse Reporting;</p> <p>Therapeutic Diets; and</p> <p>Food Storage.</p> <p>Review of the facility's Areas of Deficiency cited during the Complaint Survey on 07/18/2024 revealed, in part, the following:</p> <p>Enhanced Barrier Precautions.</p> <p>Review of the Areas of Deficiency for the current Annual and Complaint Survey revealed in part, the following areas of continued noncompliance were identified:</p> <p>Therapeutic Diets;</p> <p>Food Storage;</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Abuse Reporting; and</p> <p>Enhanced Barrier Precautions.</p> <p>An interview was conducted with S1ADM on 09/19/2024 at 6:45 p.m. S2DON and S16CON were present. S1ADM confirmed the facility's last QAPI meeting was held on 08/28/2024. S1ADM stated he was not the facility's Administrator at the time of the meeting so he could not speak to what was discussed and/or reviewed during the meeting any more than the meeting notes documented above. S1ADM confirmed the facility had not held a QAPI meeting since he began as the facility's administrator. S1ADM reviewed the QAPI meeting notes and confirmed the notes indicated the facility's on-going monitoring and audits for all complaint surveys dated 06/10/2024 through 08/23/2024 showed continued compliance in all areas. S1ADM confirmed the notes also indicated monitoring and audits of all areas of deficiency from the complaint surveys dated 06/10/2024 through 08/23/2024 would continue through the end of September 2024. S1ADM confirmed he could not provide any additional documentation of monitoring and audits aside from what was provided with the meeting notes. S1ADM reviewed a list of all areas of deficiency identified during the complaint surveys dated 06/10/2024 through 08/23/2024. S1ADM discussed and reviewed all areas of deficiency identified by the survey team while onsite during the current survey with the survey team lead and confirmed if current deficiencies were found then the facility was not in compliance as it was stated during the QAPI meeting. S1ADM stated he would prefer not to confirm the facility's QA/QAPI process was ineffective.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48333</p> <p>Based on observations, interviews and record review, the facility failed to implement an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of infection. The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Proper Personal Protective Equipment (PPE) was worn by staff for 2 (#5 and #49) of 2 residents on Enhanced Barrier Precautions (EBP); and 2. Urine soiled laundry was removed from a resident's room for 1 (#87) of 27 (#4, #8, #13, #16, #18, #21, #22, #25, #26, #27, #32, #38, #42, #43, #46, #48, #49, #53, #54, #56, #58, #64, #65, #66, #85, #87, #192) residents observed during initial pool. <p>Findings:</p> <ol style="list-style-type: none"> 1. Resident #5 A review of the facility's policy titled, Enhanced Barrier Precautions, dated 05/2023 revealed, in part: Definitions: Enhanced barrier precautions refer to the use of gown and gloves for use during high-contact resident care activities. 48. High-contact care activities include: c. transferring, g. device care or use: feeding tubes Review of Resident #5's clinical record revealed she was admitted on [DATE] with diagnoses which include Gastrostomy Infection and Dysphagia. Further review of Resident #5's clinical record revealed physician order, dated 06/26/2024, for Enhanced Barrier Precautions related to Peg Tube. On 09/18/2024 at 3:42 p.m., an observation was made of S12LPN administering medications through Resident #5's peg tube. S12LPN was not wearing a gown during this high-contact procedure. On 09/18/2024 at 3:43 p.m., an interview was conducted with S12LPN. She stated Resident #5 was on Enhanced Barrier Precautions, and confirmed the signage was present on Resident #5's door. She confirmed she was administering medications through Resident #5's peg tube. She confirmed she did not wear a gown during this high-contact procedure and should have. Resident #49 (continued on next page)

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #49's clinical record revealed he was admitted on [DATE] with diagnoses which include Pressure Ulcer of Sacral Region, Stage 4.</p> <p>Further review of Resident #49's clinical record revealed physician order, dated 08/26/2024, for Enhanced Barrier Precautions related to wounds.</p> <p>On 09/19/24 at 2:18 p.m., an observation was made of S17CNA entering Resident #49's room without donning PPE. Upon exiting Resident #49's room, an interview was conducted with S17CNA. S17CNA stated she had provided incontinence care for Resident #49 and put him in his wheelchair. She stated she did not use PPE during this high-contact procedure and should have.</p> <p>On 09/19/24 at 1:02 p.m., an interview was conducted with S3ADN. S3ADN confirmed staff providing direct care to residents on EBP should wear appropriate PPE (gown and gloves).</p> <p>2.</p> <p>Resident #87</p> <p>On 09/17/2024 at 11:14 a.m., an observation of Resident #87's room revealed a pile of urine soiled laundry on the floor.</p> <p>On 09/17/2024 at 11:24 a.m., an observation was made of a CNA leaving Resident #87's room with a clear trash bag, the urine soiled laundry remained on Resident #87's bedroom floor.</p> <p>On 09/17/2024 at 4:00 p.m., further observation of Resident #87's room revealed the pile of urine soiled laundry remained on the floor.</p> <p>On 09/17/2024 at 4:19 p.m., an interview was conducted with S19HS and S18AHS who stated CNA's were responsible for removing urine soiled laundry from residents' rooms.</p> <p>On 09/17/2024 at 4:26 p.m., an interview was conducted with S8CNS. S8CNS reported CNA's are responsible to pick up soiled laundry and should not leave urine soiled laundry on a resident's floor. She stated at a minimum, laundry should be picked up after each shift. She confirmed CNA morning shifts ended at 2:00 pm. S8CNS further confirmed urine soiled laundry was on the floor of Resident #87's room and it should not have been placed on the floor.</p> <p>On 09/19/2024 at 3:40 p.m., an interview with S16CON it was not acceptable for a Resident #87 to have urine soiled clothing on his floor all day. She confirmed this was an infection control risk.</p>