STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195488	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Oak Post Acute Care	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure a resident's MDS Assessment accurately reflected their status for 5 (#4, #7, #13, #21, and #43) of 19 residents in the sample. The facility failed to ensure: 1. Resident #7 was coded correctly for antipsychotics; 2. Resident #43 was coded correctly for insulin; 3. Resident #13 was coded correctly for their Level II PASRR status; and 4. Resident #4 and #21 were coded correctly for restraint status. This deficient practice had the potential to affect a current census of 92 residents. 1. Review of Resident #7's Clinical Record revealed an admission date of 02/20/2024 with diagnoses which included Major Depressive Disorder, Anxiety Disorder, Schizophrenia, Delusional Disorders, and Unspecified Dementia. Review of Resident #7's Quarterly MDS with an Assessment Reference Date (ARD) of 10/02/2025 revealed, in part, the following: Section N. Medications N0415. High-Risk Drug Classes: Use and Indication A. Antipsychotic: Yes Review of Resident #7's Physician Orders dated September 2025 to current revealed no antipsychotic medication was ordered for this resident. On 12/03/2025 at 10:36 a.m., an interview was conducted with S8MDS. He reviewed Resident #7's September 2025 through October 2025 physician orders and confirmed Resident #7 had not received an antipsychotic medication. He reviewed Resident #7's Quarterly MDS with ARD of 10/03/2025. He confirmed Section N0415 was coded as Resident #7 taking an antipsychotic, which was coded inaccurately. He confirmed Resident #7 had not taken an antipsychotic medication therefore Section N0415 of the MDS was coded inaccurately. On 12/03/2025 at 12:50 p.m., an interview was conducted with S3DON. She confirmed Resident #7 had not received an antipsychotic medication therefore Section N0415 of the MDS was coded inaccurately. She confirmed all residents' MDS should be accurately coded for the medications they received. 2. Review of Resident #43's Clinical Record revealed an admission date of 08/06/2025 with diagnoses (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195488	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Oak Post Acute Care	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	which included Diabetes. Review of Resident #43's Quarterly MDS with an ARD of 11/03/2025 revealed in part, the following: Section N. Medications N0350. Insulin A. Insulin injections. Record the numbers of days that insulin injections were received during the last 7 days or since admission/entry or reentry if less than 7 days: 1. Review of Resident #43's Physician Orders dated October 2025 to current revealed no insulin injection was ordered. Review of Resident #43's Medication Administration Record (MAR) dated October 2025 to current revealed no administration of insulin injections. On 12/03/2025 at 9:45 a.m., an interview was conducted with S8MDS. He reviewed Resident #43's Quarterly MDS with an ARD of 11/03/2025 and confirmed the resident was coded for insulin. S8MDS reviewed Resident #43's medical record and confirmed the resident had not received insulin. S8MDS confirmed Resident #43 was inaccurately coded for receiving an insulin injection and should not have been. On 12/03/2025 at 10:17 a.m., an interview was conducted with S3DON. She stated she reviewed Resident #43's Quarterly MDS and medical record. S3DON confirmed the MDS coding for insulin was inaccurate. 3. Review of Resident #13's Clinical Record revealed she was admitted to the facility on [DATE]. Further review revealed, in part, active diagnoses of Schizophrenia and Depression. Review of Resident #13's Annual MDS with an ARD of 06/18/2025, revealed, in part, the following: Section A - Identification InformationA1500. PASRR - Is the resident currently considered by the state's Level II PASRR process to have serious mental illness and/or intellectual disability or a related condition? 0. No. Section I - Active Diagnoses: I5800. Depression (other than bipolar) – Yes; and I6000. Schizophrenia – Yes. Review of Resident #13's current PASRR Level II Evaluation Summary and Determination Notice, dated 10/20/2025, revealed, in part, the following: Approved for admission by Level II Authority for a temporary period effective 10/20/2025 through 10/20/2026 due to qualifying diagnoses of Paranoid Schizophrenia and Depression. Review of Resident #13's current Care Plan, as of 12/01/2025 at 12:45 p.m., revealed, in part, the following problem identified by the facility: Level II PASRR. On 12/03/2025 at 11:50 a.m., an interview was conducted with S9MDS. S9MDS confirmed a resident's MDS should be accurately coded to reflect their Level II PASRR and Resident #13's was not. On 12/03/2025 at 2:00 p.m., an interview was conducted with S3DON. S3DON confirmed she expected a resident's MDS to accurately reflect their Level II PASRR status and Resident #13's did not. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195488	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Oak Post Acute Care	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. Resident #4Review of Resident #4's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses which included Obesity and Congestive Heart Failure. Further review revealed she was currently receiving treatment for multiple wounds. Review of Resident #4's Annual MDS with an ARD of 10/23/2025 revealed, in part, she was assessed to have a BIMs of 15 which indicated she was cognitively intact. Further review revealed, in part, the following:Section GG – Functional StatusGG0115. Functional Limitation in Range of Motion. Upper Extremities: No impairment. Lower Extremities: Impairment on both sides. GG0130. Self Care. Eating, Oral Hygiene, Toileting, Shower/Bath, Dressing Upper Body: Independent. Dressing Lower Body, Footwear: Dependent on staff.GG0170. Mobility. Repositioning, Roll Side to Side, Sit to Lying: Independent. Transfers: Dependent on staff. Section M - Skin ConditionsM0150. Risk of Pressure Ulcers/Injuries: Yes. M1030. Number of Venous and Arterial Ulcers: 1. Section P - Restraints and Alarms - Physical restraints are any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. P0100A - Restraints used in bed: A. Bed Rail: 2 - Used daily. Review of Resident #4's Physician Orders, dated 04/01/2025 through 12/02/2025, revealed, in part, the following: An order written on 04/08/2025 and discontinued on 08/04/2025 for Grab bar x2 to assist with bed mobility; An order written on 11/05/2024 and discontinued on 05/28/2025 for Requires Hoyer lift with 2 person assist for transfer; and An order written on 08/04/2025 for Grab bar x1 to assist with sliding board transfer. Review of Resident #4's current Care Plan, as of 12/01/2025, revealed, in part, the following problem identified by the facility: Requires assistance with transfers. Review of Resident #4's Restraint Reduction - Safety Device Assessment, dated 08/16/2025, revealed, in part, the following: 3. Device type: Grab bars x2. 4. When used: While in bed. 5. Can the device be easily removed by the resident: Yes. 6. Does the device limit the resident's normal freedom of movement in any way: No.7. Does the device limit the resident's normal access to their body in any way: No. 8. Restraint or safety device: Safety Device. 9. Cognitive Status: Alert/Oriented. 10. Short-term memory: No impairment. 11. Mobility: Independently in wheelchair. 12. Elimination: Incontinent. 15. Weight bearing status: Non-weight bearing. 2. Does resident use grab bars: Yes. 3. Uses grab bar for mobility: Yes. 3. Specific medical symptom which requires device: Debility and wounds. 7. Is this the least restrictive intervention possible: Yes. On 12/02/2025 at 1:50 p.m., an interview was conducted with Resident #4. She confirmed she utilized the grab bar(s) to aide with repositioning in the bed and to assist with using the slide board to transfer in/out of bed. She confirmed the grab bars did not restrict her movement or prevent her from getting in/out of bed but actually improved her ability to do so. Resident #21Review of Resident #21's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses which included, in part, Epilepsy; History of Cerebral Infarction; Abnormal Posture; and Spastic Quadriplegic Cerebral Palsy. Further review revealed she was currently receiving treatment for a sacral wound. Review of Resident #21's Quarterly MDS with an ARD of 10/22/2025 revealed, in part, she was assessed to have a BIMs of 12 which indicated she was moderately cognitively intact. Further review revealed, in part, the following: Section GG – Functional StatusGG0115. Functional Limitation in (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195488	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Oak Post Acute Care	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Range of Motion. Upper and Lower Extremities: Impairment on both sides. GG0130. Self Care. Eating, Oral Hygiene, Toileting, Shower/Bath, Dressing and Footwear: Dependent on staff.GG0170. Mobility. Repositioning, Roll Side to Side, Sit to Lying, Transfers: Dependent on staff. Section P - Restraints and Alarms - Physical restraints are any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. P0100A - Restraints used in bed: A. Bed Rail: 2 - Used daily. Review of Resident #21's Physician's Orders, dated 03/01/2025 through 12/02/2025, revealed, in part, the following: An order written on 11/05/2024 for Requires Hoyer lift & 2 person assist with transfer; An order written on 04/08/2025 and discontinued on 08/04/2025 for Grab bar x2 to assist with bed mobility; and An order written on 08/16/2025 for Grab bar x2 to assist with bed mobility, transfers, safety. Review of Resident #21's current Care Plan, as of 12/01/2025, revealed, in part, the following:Problem: At Risk for Falls. Interventions: Grab bar x2 to assist with bed mobility. Problem: Stage 4 Sacral Pressure Ulcer.Interventions: Grab bar x2 on bed for repositioning.Problem: Requires assistance with transfers. Interventions: Grab bar x2 for bed mobility and repositioning. Problem: Impaired Mobility - Requires staff assistance to complete ADLs. Interventions: Grab bar x2 for bed mobility and repositioning; Hoyer lift for all transfers. Review of Resident #21's Restraint Reduction - Safety Device Assessment, dated 08/05/2025, revealed, in part, the following: 3. Device type: Grab bar x2. 4. When used: While in bed. 5. Can the device be easily removed by the resident: Yes. 6. Does the device limit the resident's normal freedom of movement in any way: No.7. Does the device limit the resident's normal access to their body in any way: No. 8. Restraint or safety device: Safety Device. 9. Cognitive Status: Alert/Oriented. 10. Short-term memory: No impairment. 11. Mobility: Bed mobility with assistance. 12. Elimination: Incontinent. 15. Weight bearing status: Non-weight bearing. 2. Does resident use grab bars: Yes. 3. Uses grab bar for mobility: Yes. 3. Specific medical symptom which requires device: History of Stroke. 7. Is this the least restrictive intervention possible: Yes. On 12/03/2025 at 11:28 a.m., an interview was conducted with S10CNA. S10CNA confirmed she was familiar with Resident #4 and #21. S10CNA confirmed Resident #4 and #21 had grab bars to increase their mobility and assist with safety. S10CNA confirmed the grab bars did not restrict their movement or ability to access their own bodies. S10CNA confirmed Resident #4 actually utilized the grab bars when using her slide board to transfer in and out of bed, as well as to aid in repositioning while in bed. S10CNA confirmed Resident #21 was not physically capable of getting out of bed independently and required a Hoyer lift for transfers. S10CNA confirmed Resident #21 utilized her grab bars for repositioning herself in bed and when receiving incontinence care from staff. On 12/03/2025 at 11:30 a.m., an interview was conducted with S11CNA. S11CNA confirmed she was familiar with Resident #4 and #21. S11CNA confirmed Resident #4 and #21 had grab bars to increase their mobility and assist with safety. S11CNA confirmed the grab bars did not restrict their movement or ability to access their own bodies. S11CNA confirmed Resident #4 actually utilized the grab bars when using her slide board to transfer in and out of bed, as well as to aid in repositioning while in bed. S11CNA confirmed Resident #21 was not physically capable of getting out of bed independently and required a Hoyer lift for transfers. S11CNA confirmed Resident #21 utilized her grab bars for (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195488	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Oak Post Acute Care	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	repositioning herself in bed and when receiving incontinence care from staff. On 12/03/2025 at 10:51 a.m., an interview was conducted with S13NP. S13NP confirmed he was familiar with Resident #4 and #21, as well as their orders. S13NP confirmed he had written orders for Resident #4 and #21 to utilize bed rails/grab bars to increase their mobility and assist with safety. S13NP confirmed Resident #4 and #21 did not have restraints in use. On 12/03/2025 at 11:50 a.m., an interview was conducted with S9MDS. S9MDS reviewed the MDS Resident Assessment Instrument's instructions for coding Section P regarding side rails as a restraint. S9MDS confirmed the instructions indicated side rails/grab bars would only be considered a restraint if they restricted a resident's freedom of movement or access to their own body. S9MDS confirmed Resident #4 and #21 utilized side rails/grab bars to increase their mobility and assist with safety and did not restrict their movement or prevent access to their own body. S9MDS confirmed Resident #4 and #21 did not have restraints in use and their MDS was coded incorrectly. On 12/03/2025 at 11:55 a.m., an interview was conducted with S8MDS. S8MDS confirmed Resident #4 utilized the grab bars when using her slide board to transfer in/out of bed, as well as to aid in repositioning while in bed. S8MDS confirmed Resident #21 was not physically capable of getting in/out of bed independently, required a Hoyer lift for transfers and two person staff assist for all ADLs. S8MDS confirmed Resident #21 utilized her grab bars for repositioning in bed and/or while receiving incontinence care from staff. S8MDS confirmed Resident #4 and #21's side rails/grab bars did not restrict their movement or prevent them from accessing their own body and should not have been coded as a restraint. On 12/03/2025 at 2:00 p.m., an interview was conducted with S3DON. S3DON confirmed she expected a resident's MDS to accurately reflect whether or not they had restraints in use and Resident #4 and #21's did not.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195488	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Oak Post Acute Care	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews and record review, the facility failed to store food in accordance with professional standards for food service safety. The facility failed to ensure food was properly labeled, dated, and sealed. This had the potential to affect 92 residents who were served from the kitchen.Findings:On 12/01/2025 at 8:28 a.m., an initial tour of the kitchen was conducted with S5DM. The observations were made of the following items available for consumption:Main kitchen area:1 clear bag of Grits (1/2 bag) opened, undated, and not sealed.2 clear bags of cornbread mix opened and undated.5 clear bags of seasoning mixes opened and undated.1 box of powdered sugar opened, undated, and not sealed.Walk-In Cooler: 1 Large, plastic bag of cheddar cheese opened and undated.1 Large, plastic bag of parmesan cheese opened and undated.1 tray of liquid-filled drinking cups (10 cups) undated and unlabeled.8 bowls of fruit cocktail undated, and unlabeled. On 12/01/2025 at 8:45 a.m., an interview was conducted with S5DM. He confirmed the above items were not dated and should have been. He confirmed the liquid-filled drinking cups and bowls of fruit cocktail were not labeled and should have been. He confirmed the grits and powdered sugar were not sealed and should have been.On 12/02/2025 at 3:45 p.m., an interview was conducted with S1ADM. She was made aware of the aforementioned findings in the kitchen. She confirmed all food and drink items should be sealed, dated, and labeled.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195488	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Oak Post Acute Care	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to maintain accurate records in accordance with accepted professional standards and practices for 3 (#10, #79, and #95) of 19 sampled residents. The facility failed to ensure:1. Medication administration was accurately documented on the MAR for Residents #10 and #95; and2. Colostomy changes were documented for Resident #79.1. Review of the facility's undated policy titled, Medication-Documentation of Administration revealed the following, in part: Policy Statement: The facility shall maintain a medication administration record to document all medications administered. Policy Interpretation and Implementation: 1. A nurse shall document all medications administered to each resident on the resident's medication administration record (MAR). Resident #10 Review of Resident #10's Clinical Record revealed an admission date of 02/05/2025 and diagnoses, which included Hypertensive Heart Disease and Peripheral Vascular Disease. Review of Resident #10's Quarterly MDS with an ARD of 11/12/2025 revealed a BIMS of 15, which indicated intact cognition. Review of Resident #10's current Physician Orders revealed the following, in part: Lasix oral tablet 40 mg by mouth twice daily at 5:00 a.m. and 12:00 p.m. Review of Resident #10's MAR dated 12/01/2025 revealed the following, in part: Lasix 40 mg by mouth at 12:00 p.m. with a check mark and initials indicating S7LPN administered Resident #10's Lasix at 12:00 p.m. On 12/01/2025 at 3:55 p.m., an observation was made of Resident #10. She had a white tablet in a medication cup on her bedside table. An interview was conducted with Resident #10 at that time. She identified the white pill as her Lasix. She stated she was not going to take her Lasix. On 12/01/2025 at 4:00 p.m., an observation was made of Resident #10 with S7LPN. S7LPN confirmed Resident #10 had a white tablet in a medication cup on her bedside table. S7LPN identified the white tablet in the medication cup as Resident #10's 12:00 p.m. Lasix. On 12/01/2025 at 4:02 p.m., an interview was conducted with S7LPN. She confirmed she left Resident #10's 12:00 p.m. Lasix at Resident #10's bedside and did not observe her consume the medication. She confirmed she documented the Lasix as being administered when the resident did not (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195488	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Oak Post Acute Care	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	consume the medication, which was inaccurate. On 12/02/2025 at 2:33 p.m., an interview was conducted with S3DON. She confirmed nurses should witness the resident consume their medications. She confirmed medication administration documentation was not accurate and should have been. Resident #95 Review of Resident #95's clinical record revealed the resident was admitted to the facility on [DATE] with a diagnosis of Neoplasm Related Pain. Review of Resident #95's current Physician Orders revealed the following, in part: Oxycodone HCl Oral Tablet 5 MG, give 1 tablet by mouth every 4 hours as needed for Pain related to Neoplasm Related Pain. Start date: 10/30/2025 Review of Resident #95's MAR dated 11/01/2025-11/30/2025 revealed administration of Oxycodone HCL oral tablet 5 mg was documented as the following, in part: 11/01/2025: no administrations documented 11/02/2025: administered 3 times 11/03/2025-11/07/2025: administered 1 time daily 11/08/2025-11/09/2025: no administrations documented 11/10/2025-11/11/2025: administered 1 time daily 11/12/2025: no administrations documented 11/13/2025: administered 1 time 11/14/2025: no administrations documented 11/15/2025-11/17/2025: administered 1 time daily 11/18/2025: administered 2 times 11/19/2025-11/22/2025: administered 1 time daily 11/23/2025-11/24/2025: administered 2 times daily 11/25/2025-11/26/2025: administered 1 time daily 11/27/2025: administered 2 times 11/28/2025: administered 1 time (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195488	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Oak Post Acute Care	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	11/29/2025: administered 3 times 11/30/2025: administered 1 time Review of Resident #95's Narcotic Log dated 10/30/2025, revealed administration of Oxycodone HCL oral tablet 5 mg was documented as the following, in part: 11/01/2025 at 8:00 a.m., amount given 1, amount left 89. 11/02/2025 at 11:22 p.m., amount given 1, amount left 88 11/03/2025 at 5:43 a.m., amount given 1, amount left 87 11/03/2025 at 10:00 a.m., amount given 1, amount left 86 11/03/2025 at 2:00 p.m., amount given 1, amount left 85 11/03/2025 at 6:00 p.m., amount given 1, amount left 84 11/04/2025 at 9:45 a.m., amount given 1, amount left 83 11/04/2025 at 6:00 p.m., amount given 1, amount left 82 11/05/2025 at 8:57 a.m., amount given 1, amount left 81 11/05/2025 at 8:00 p.m., amount given 1, amount left 80 11/06/2025 at 5:00 a.m., amount given 1, amount left 79 11/06/2025 at 8:57 a.m., amount given 1, amount left 78 11/06/2025 at 7:00 p.m., amount given 1, amount left 77 11/07/2025 at 9:12 a.m., amount given 1, amount left 76 11/07/2025 at 6:00 p.m., amount given 1, amount left 75 11/08/2025 at 9:00 a.m., amount given 1, amount left 74 11/08/2025 at 4:00 p.m., amount given 1, amount left 73 11/09/2025 at 12:00 a.m., amount given 1, amount left 72 11/09/2025 at 9:00 a.m., amount given 1, amount left 71 11/09/2025 at 1:00 p.m., amount given 1, amount left 70 11/10/2025 at 1:15 a.m., amount given 1, amount left 69 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195488	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Oak Post Acute Care	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	11/10/2025 at 8:00 a.m., amount given 1, amount left 68 11/10/2025 at 6:00 p.m., amount given 1, amount left 67 11/11/2025 at 9:10 a.m., amount given 1, amount left 66 11/11/2025 at 6:00 p.m., amount given 1, amount left 65 11/12/2025 at 8:00 a.m., amount given 1, amount left 64 11/12/2025 at 12:00 p.m., amount given 1, amount left 63 11/12/2025 at 6:00 p.m., amount given 1, amount left 62 11/13/2025 at 8:18 a.m., amount given 1, amount left 61 11/13/2025 at 6:00 p.m., amount given 1, amount left 60 11/14/2025 at 1:00 a.m., amount given 1, amount left 59 11/14/2025 at 9:02 a.m., amount given 1, amount left 58 11/15/2025 at 9:02 a.m., amount given 1, amount left 57 11/16/2025 at 4:00 a.m., amount given 1, amount left 56 11/16/2025 at 8:00 p.m., amount given 1, amount left 55 11/17/2025 at 2:15 a.m., amount given 1, amount left 54 11/17/2025 at 6:00 a.m., amount given 1, amount left 53 11/17/2025 at 10:00 a.m., amount given 1, amount left 52 11/18/2025 at 7:29 a.m., amount given 1, amount left 51 11/19/2025 at 8:32 a.m., amount given 1, amount left 50 11/21/2025 at 8:02 a.m., amount given 1, amount left 49 11/22/2025 at 2:00 a.m., amount given 1, amount left 48 11/22/2025 at 10:00 p.m., amount given 1, amount left 47 11/22/2025 at no time documented, amount given 1, amount left 46 11/22/2025 at 4:00 p.m., amount given 1, amount left 45 11/23/2025 at 3:00 a.m., amount given 1, amount left 44 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195488	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Oak Post Acute Care	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	11/23/2025 at 7:00 a.m., amount given 1, amount left 43 11/23/2025 at 5:00 p.m., amount given 1, amount left 42 11/24/2025 at 4:33 a.m., amount given 1, amount left 41 11/24/2025 at 10:05 a.m., amount given 1, amount left 40 11/24/2025 at 6:00 p.m., amount given 1, amount left 39 11/25/2025 at 3:00 a.m., amount given 1, amount left 38 11/25/2025 at 6:00 p.m., amount given 1, amount left 37 11/26/2025 at 3:00 a.m., amount given 1, amount left 36 11/26/2025 at 8:55 a.m., amount given 1, amount left 35 11/26/2025 at 1:00 p.m., amount given 1, amount left 34 11/27/2025 at 12:00 a.m., amount given 1, amount left 33 11/27/2025 at 4:00 a.m., amount given 1, amount left 32 11/27/2025 at 8:30 a.m., amount given 1, amount left 31 11/27/2025 at 12:30 p.m., amount given 1, amount left 30 On 12/03/2025 2:10 p.m., an interview was conducted with S3DON. She stated all narcotic medications administered should be accurately documented on the resident's MAR and the narcotic log. She reviewed Resident #95's MAR, dated 11/01/2025-11/30/2025, and narcotic log for Oxycodone HCL oral tablet 5 mg and confirmed the administration was not documented accurately on the MAR and should have been. 2. Resident #79 Review of Resident #79's clinical record revealed the resident was admitted to the facility on [DATE] with a diagnosis of Colostomy. Review of Resident #79's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/19/2025, revealed a BIMS of 15, which indicated intact cognition. Review of Resident #79's current physician orders revealed the following, in part: Order date: 11/28/2025. Change colostomy bag every 72 hours and as needed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195488	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Oak Post Acute Care	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	SPACE Further review of Resident #79's current Physician Orders revealed no orders to change his colostomy prior to 11/28/2025. Review of Resident #79's current MAR revealed no documentation indicating his colostomy had been changed since admission on [DATE]. Review of Resident #79's Nurses' Notes, dated from, 11/17/2025 to 12/02/2024, revealed no documentation indicating Resident #79's colostomy had been changed. On 12/01/2025 at 11:30 a.m., an interview was conducted with Resident #79. He stated he had concerns with the night shift not changing his colostomy bag. On 12/03/2025 at 1:10 p.m., an interview was conducted with S4ADON. She reviewed Resident #79's clinical record and confirmed there was no documentation indicating his colostomy had been changed. On 12/03/2025 at 11:12 a.m., an interview was conducted with S3DON. She stated she reviewed Resident #79's clinical record and could not find documentation indicating staff had changed his colostomy bag. She confirmed colostomy bag changes for Resident #79 were not documented and should have been.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195488	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Oak Post Acute Care	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)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interview, the facility failed to coordinate assessments with the resident's Pre-admission Screening and Resident Review (PASRR) Level II by failing to incorporate PASRR Level II determinations and recommendations into a resident's transitions of care for 1 (#98) of 4 (#3, #13, #66, and #98) residents reviewed for PASRR.Findings: Review of the facility's undated policy titled Resident Assessment-Coordination with PASRR Program revealed the following, in part: Policy Explanation and Compliance Guidelines:7. Recommendations, such as any specialized services, from a PASRR Level II Determination and/or PASRR evaluation report will be incorporated into the resident's assessment, care planning, and transitions of care. Review of Resident #98's clinical record revealed he was admitted to the facility on [DATE] with diagnoses, which included Bipolar Disorder and Unspecified Psychosis. Review of Resident #98's Form 142 revealed he was approved for admission by Level II authority for a temporary period of 01/09/2025 - 01/08/2026. Review of Resident #98's PASRR Level II Evaluation Summary and Determination Notice dated 01/09/2025 revealed the Level II authority had approved 365 days of nursing facility placement with the following to occur during his stay: 1. Assertive Community Treatment2. Substance Use Disorder Assessment by a Licensed Addictions Counselor3. Substance Use Disorder outpatient treatment a. Individual counseling by a Licensed Addictions Counselor b. Group counseling by a Licensed Addictions Counselor UHC to assist with any needed referrals. Review of Resident #98's clinical record revealed none of the PASRR Level II recommendations listed above had been implemented or had attempted to be implemented. On 12/02/2025 at 1:30 p.m., an interview was conducted with S1ADM. She stated she reviewed Resident #98's medical record and confirmed none of his PASRR level II recommendations had been implemented.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195488	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Oak Post Acute Care	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observations, interviews, and record review, the facility failed to ensure services provided, as outlined in the comprehensive care plan, met professional standards of quality by nursing staff failing to observe and ensure a resident consumed medication for 1 (#10) of 7 residents reviewed for medication administration.Findings: Review of Resident #10's Clinical Record revealed an admission date of 02/05/2025 and diagnoses, which included Hypertensive Heart Disease and Peripheral Vascular Disease. Review of Resident #10's Quarterly MDS with an ARD of 11/12/2025 revealed a BIMS of 15, which indicated intact cognition. Review of Resident #10's current Physician Orders revealed the following, in part: Lasix oral tablet 40 mg by mouth twice daily at 5:00 a.m. and 12:00 p.m. Review of Resident #10's MAR dated 12/01/2025 revealed the following, in part:Lasix 40 mg by mouth at 12:00 p.m. with a check mark and initials indicating S7LPN administered Resident #10's Lasix at 12:00 p.m. An observation was made of Resident #10 on 12/01/2025 at 3:55 p.m. She had a white tablet in a medication cup on her bedside table. An interview was conducted with Resident #10 at that time. She stated she woke up from a nap and the tablet was on her bedside table. She identified the white pill as her Lasix. She stated she did not take her Lasix if it was after 1:00 p.m. because she would urinate all night. She stated, since she woke up after 1:00 p.m., she decided not to take her Lasix. An observation was made of Resident #10 with S7LPN on 12/01/2025 at 4:00 p.m. S7LPN confirmed Resident #10 had a white tablet in a medication cup on her bedside table. S7LPN identified the white tablet in the medication cup as Resident #10's 12:00 p.m. Lasix. An interview was conducted with S7LPN on 12/01/2025 at 4:02 p.m. She confirmed she left Resident #10's Lasix at her bedside this afternoon. She confirmed she should have observed Resident #10 consume her Lasix to ensure it was taken. An interview was conducted with S3DON on 12/02/2025 at 2:33 p.m. She confirmed nurses should witness the resident consume their medications. She confirmed medications should never be left at the bedside.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195488	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Oak Post Acute Care	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)
F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to obtain informed consent prior to the installation of bed rails/grab bars for 1 (#13) of 19 residents in the sample. This deficient practice had the potential to affect a current census of 92 residents. Findings: Review of Resident #13's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses including severe morbid obesity. Review of Resident #13's quarterly MDS Assessment with an ARD of 09/18/2025, revealed she was assessed to have a BIMs score of 15, indicating she was cognitively intact. Review of Resident #13's Physician Orders, dated 10/01/2024 through 12/01/2025, revealed, in part, the following: 04/01/2025 - Grab bars x2 to assist with bed mobility.Review of Resident #13's current Care Plan, revealed, in part, the following: Problem: Resident uses bed rails/grab bars x2 for bed mobility and repositioning. Intervention: Ensure valid consent on chart prior to initiating.Review of Resident #13's Physical Restraint / Safety Device Consent, as of 12/02/2025 at 11:08 a.m., revealed, in part, the following: Box #1 - Restraint/Device recommended: Blank;When/Where to be used: Blank;Specific Target Behaviors: Blank; and Medical Symptoms: Blank. Box #2 - Restraint/Device recommended: Blank;When and where too be used: Blank:Specific Target Behaviors: Blank; andMedical Symptoms: Blank. Box #3 - Less restrictive approaches tried and proven ineffective: Blank. Consent Section - I agree to the use of the restraints/devices listed above: Checked. Resident Signature: Resident #13's signature present; Date of Resident's Signature: Blank. An interview was conducted on 12/03/2025 at 2:00 p.m. with S3DON. S3DON confirmed in order for a consent to be considered valid, it must contain the resident's name/signature, the date the resident signed the document, and what they were specifically consenting to. S3DON confirmed if the consent was for the use of a safety device like bed rails or grab bars, the consent should specify what device, the number of devices and where the device(s) would be applied. S3DON reviewed Resident #13's aforementioned consent and confirmed it was not valid because it did not include the type of safety device, number of devices, location the device(s) would be applied or the date Resident #13's signature was obtained. S3DON confirmed she expected all consents to be completed appropriately to ensure they were valid and Resident #13's was not.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195488	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Oak Post Acute Care	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 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 Insulin pens were labeled with an opened date on 2 (MCa and MCb) of 2 medication carts reviewed. This deficient practice had the potential to affect all residents who received insulin in the facility.Findings:On 12/01/2025 at 2:55 p.m., an observation was made of MCa with S6LPN, which revealed Resident #92's Lantus Subcutaneous Solution Pen-Injector was opened and was not labeled with an opened date. On 12/01/2025 at 2:58 p.m., an interview was conducted with S6LPN. S6LPN confirmed Resident #92's Lantus Subcutaneous Solution Pen-Injector was not labeled with an opened date. She stated she did not know when the pen was opened.On 12/01/2025 at 3:25 p.m., an observation was made of MCb with S7LPN, which revealed Resident #80's Lantus Subcutaneous Solution Pen-Injector was opened and was not labeled with an opened date.On 12/01/2025 at 3:27 p.m., an interview was conducted with S7LPN. S7LPN confirmed Resident #80's Lantus Subcutaneous Solution Pen-Injector was not labeled with an opened date. S7LPN stated she did not know when the pen was opened. S7LPN confirmed all insulin pens should be labeled with an opened date. On 12/02/2025 at 10:48 a.m., an interview was conducted with S3DON. S3DON confirmed nurses were expected to write the date insulin pens were opened upon removal of insulin pens from the refrigerator, and prior to storing in medication carts.