

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2024
NAME OF PROVIDER OR SUPPLIER River Oaks Retirement Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 E. Simcoe Street Lafayette, LA 70501	

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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>47540</p> <p>Based on observation, record review and interviews, the facility failed to ensure resident rights were maintained as evidenced by:</p> <ol style="list-style-type: none"> 1. Failing to ensure the results of the most recent complaint survey dated 08/08/2024 was available for residents, visitors or other individuals to review; and 2. Failing to ensure residents were aware of where to locate state inspection results to review for 4 (#4, #41, #49, and #71) out of 4 (#4, #41, #49, and #71) residents that attended the Resident Council meeting. The facility census was 79. <p>Findings:</p> <p>Review of Resident #4's Quarterly MDS (Minimum Data Set) dated 09/04/2024 revealed the Brief Interview for Mental Status (BIMS) score of 15, indicating her cognition was intact.</p> <p>Review of Resident #41's Annual MDS (Minimum Data Set) dated 08/03/2024 revealed the Brief Interview for Mental Status (BIMS) score of 15, indicating her cognition was intact.</p> <p>Review of Resident #49's Quarterly MDS (Minimum Data Set) dated 06/18/2024 revealed the Brief Interview for Mental Status (BIMS) score of 15, indicating her cognition was intact.</p> <p>Review of Resident #71's Quarterly MDS (Minimum Data Set) dated 07/09/2024 revealed the Brief Interview for Mental Status (BIMS) score of 10, indicating his cognition was moderately intact.</p> <p>On 09/16/2024 at 1:45 p.m., a Resident Council meeting was conducted with Residents #4, #41, #49, and #71. Each resident stated they were unaware of the results of the state inspection surveys were available to read and where this information was located.</p> <p>An observation was made on 09/16/2024 at 3:15 p.m. of the facility's binder labeled, Annual State Survey Results located near the entrance of the facility on top of a high dresser. Further review of the facility's binder revealed no documented evidence of the survey results from the most recent complaint survey dated 08/08/2024 was available for review.</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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 09/16/2024 at 3:25 p.m., an interview was conducted with S2ADM (Administrator) who stated it was S1DON's (Director of Nursing) responsibility to update the survey results binder.</p> <p>On 09/16/2024 at 3:30 p.m., an interview was conducted with S1DON. S1DON stated it was her responsibility to update the survey results binder. She confirmed the most recent complaint survey results dated 08/08/2024 was not in the survey results binder for residents, visitors, or other individuals to review.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47540</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, clean, and homelike environment for 2 (#47 and #74) of 4 (#25, #47, #74 and #78) residents investigated for environment in a final sample of 36 residents as evidenced by:</p> <ol style="list-style-type: none"> 1. failing to ensure clean bed linen was provided for Resident #47, and 2. failing to ensure the toilet was in good repair for Resident #74. <p>Findings:</p> <p>On 09/17/2024, a review of the facility's policy titled Homelike Environment with a last reviewed date of 09/06/2024, read in part . Policy Statement: In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment . This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. Policy Interpretation and Implementation: . 4. The facility will provide and maintain bed and bath linens that are clean and in good condition .</p> <p>Resident #47:</p> <p>Review of Resident #47's record revealed she was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, Paraplegia, Muscle Wasting and Atrophy, and Unspecified Dementia.</p> <p>On 09/16/2024 at 10:45a.m., an observation was made of Resident #47's bed. The resident's flat sheet and fitted sheet revealed multiple areas of dark red stains.</p> <p>On 09/16/2024 at 12:52 p.m., a second observation was made of Resident #47's bed. The multiple areas of dark red stains were still on the bed linen.</p> <p>On 09/17/2024 at 1:57 p.m., a third observation was made of Resident #47's bed. The resident's bed linen was still stained.</p> <p>On 09/17/2024 at 2:01 p.m., an interview and observation of Resident #47's room was conducted with S7CNA (Certified Nursing Assistant) and S8CNA. They confirmed the multiple areas of dark red stains on Resident #47's flat sheet and fitted sheet. They confirmed there should not be any stains on the residents' bed linen and it should have been changed before the bed was made.</p> <p>On 09/17/2024 at 2:40 p.m., an interview was conducted with S1DON (Director of Nursing). S1DON confirmed bed linens should be changed and cleaned at all times if stains are noted.</p> <p>Resident #74:</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 - Few</p>	<p>Review of Resident #74's record revealed he was admitted to the facility on [DATE], with diagnoses which included, but were not limited to, Cerebral Infarction, Hemiplegia and Hemiparesis, and Dysphagia.</p> <p>Review of Resident #74's Annual MDS (Minimum Data Set) dated 07/02/2024, revealed in Section G - Functional Status: Toilet Use 2. One person physical assist.</p> <p>On 09/16/2024 at 9:17 a.m., an observation and interview was conducted with Resident #74. Resident #74 walked to the toilet in his bathroom and picked up the toilet seat cover and seat which revealed part of the toilet seat cover and seat were detached from the toilet. Resident #74 shook his head yes when asked if he had notified staff of his toilet seat cover and seat not attached securely to the toilet.</p> <p>On 09/17/2024 at 2:05 p.m., an observation of Resident #74's toilet and an interview was conducted with S7CNA and S8CNA. They stated that Resident #74 used the toilet by himself at times. S7CNA and S8CNA confirmed that part of the toilet seat cover and seat were detached from the toilet.</p> <p>On 09/17/2024 at 2:14 p.m., an observation of Resident #74's toilet and an interview was conducted with S6MS (Maintenance Supervisor). S6MS stated that he had not been making periodic rounds in any of the residents' rooms or bathrooms to check on their environment. He stated he only went in residents' rooms when staff wrote maintenance concerns in the maintenance work order binder. S6MS confirmed that Resident #74's toilet seat cover and seat were partially detached from the toilet and should have been completely attached to the toilet. He confirmed this was not a homelike environment.</p>

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47123</p> <p>Based on interviews and record review, the facility failed to initiate a grievance for 1 (Resident #21) of 1 sampled residents reviewed for grievances in a final sample of 36 residents.</p> <p>Findings:</p> <p>Review of the facility's policy, Grievance/Complaint Policy, with a review date of 09/06/2024, revealed in part . residents have the right to file grievances either orally or in writing, to the facility staff. The administrator and staff will make prompt efforts to resolve grievances to the satisfaction of the resident 1. Any resident, may file a grievance or complaint to the facility that hears grievances concerning theft of property, and other concerns regarding their LTC (Long Term Care) facility stay . 4. Upon receipt of a grievance and/or complaint, the grievance official will ensure prompt investigation and resolution of the allegations.</p> <p>Review of Resident #21's clinical record revealed an admitted [DATE].</p> <p>Review of Resident #21's Quarterly MDS (Minimum Data Set) dated 08/27/2024 revealed Resident #21 had a BIMS (Brief Interview of Mental Status) score of 15 indicating intact cognition.</p> <p>On 09/17/2024 at 2:34 p.m., an interview was conducted with Resident #21. She reported that a pair of her brown pants had been missing for four months. Resident #21 stated she informed a laundry employee about her missing brown pants.</p> <p>On 09/18/2024 at 8:58 a.m., an interview was conducted with S3LAUN (Laundry). She stated she did recall that Resident #21 had mentioned she was missing brown pants approximately four months ago, and she was unable to locate them for the resident. S3LAUN admitted she forgot to report the missing item to the SSD (Social Services Director) for her to create a grievance for the missing item.</p> <p>On 09/18/2024 at 9:10 a.m., an interview was conducted with S4SSD. She confirmed that she had not been informed by S3LAUN about Resident #21's missing brown pants. S4SSD confirmed Resident #21 had an inventory log of brown pants that were labeled with her name. She also stated that grievances raised by residents should be reported to the SSD so that an official grievance can be filed and addressed, which did not happen in this situation.</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>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** 47965</p> <p>Based on observations, interview, and record review, the facility failed implement the resident's plan of care by not following a physician's order to ensure the resident's indwelling catheter was the correct size for 1 (#25) out of 2 (#19 and #25) residents investigated with Urinary Tract Infection out of a total sample of 36 residents.</p> <p>Findings:</p> <p>A review of Resident #25's record revealed the resident was admitted to the facility on [DATE] with diagnoses which included, but were not limited to Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms, Retention of Urine, Overactive bladder and Hydonephrosis with Renal and Ureteral Calculous Obstruction, and Urinary Tract Infection.</p> <p>A review of Resident #25's physician's orders revealed an order written on 09/10/2024 which read: Indwelling Catheter draining to GU (Genitourinary) bag. Change q (every) month and PRN (as needed) every day shift every 1 month(s) starting on the 14th for 1 day(s) for BPH w/ LUTS (Benign Prostatic Hyperplasia with Lower Urinary Tract symptoms) 16 Fr(French) /10 cc (cubic centimeter) bulb AND every 24 hours as needed for BPH w/ LUTS 16 Fr/10 cc bulb.</p> <p>On 09/18/2024 at 8:14 a.m., an observation was made of S5CNA (Certified Nursing Assistant) performing Resident #25's indwelling catheter care. She stated the resident had a 16 Fr/5 cc bulb catheter.</p> <p>On 09/18/2024 at 8:56 a.m., an observation of resident #25's indwelling catheter was made with S1DON (Director of Nursing). She confirmed the resident had a 16 Fr/5 cc bulb catheter.</p> <p>On 09/18/2024 at 9:05 a.m., S1DON confirmed that the nurse should have used a 16Fr/10cc bulb catheter per the doctor's order. S1DON reviewed the resident's medical record and confirmed that there was no new order for the resident to have a 16Fr/5cc bulb catheter.</p>