STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195502	A. Building B. Wing	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Oaks Retirement Manor	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to ensure services provided meet professional standards as evidenced by the nurse failing to follow the facility's policy for verbal orders for 1(#3) of 34 sampled residents. Findings:Review of the facility's policy titled, Verbal Orders Policy read in part, Policy: Physician orders may be received by telephone, by a licensed nurse or other licensed or registered health care specialist who are legally authorized to do so .3. Enter the order into the medical record manually or electronically .Review of Resident #3's comprehensive MDS (Minimum Data Set) dated 12/03/2025 revealed she was admitted to the facility on [DATE]. Her active diagnoses include, but not limited to stroke, dementia, and UTI (urinary tract infection). Her BIMS (Brief Interview of Mental Status) was 3, severe cognitive impairment. On 12/10/2025 at 10:30 a.m., a review of Resident #3's November 2025 MAR (Medication Administration Record) revealed the following medications: 1. Invanz (antibiotic) Injection Solution Reconstituted 1 gm (gram)-inject 1 gram intramuscularly one time a day for UTI for 5 days, with a discontinue date 11/16/2025 at 1535 (3:35 p.m.), 2. Invanz (antibiotic) Injection Solution Reconstituted 1 gm (gram)-inject 1 gram intramuscularly one time a day for UTI for 5 days, with a discontinue date 11/16/2025 at 1544 (3:44 p.m.), 3. Lidocaine HCL (Hydrochloride) injection solution 1% (Lidocaine HCL (Local Anesth. (anesthetic))---inject 3.2ml (milliliter) intramuscularly one time a day for Abx (antibiotic) for 5 days mix 3.2ml with Invanz injection, with a discontinue date of 11/16/2025 at 1635 (4:35 p.m.), and4. Sodium Chloride intravenous (into or within a vein) solution 0.9%--Use 1 liter intravenously one time a day for AKI (Acute Kidney Injury) at 100ml(milliliter) per hour with a discontinue date of 11/14/2025 at 1241 (12:41 p.m.)Further review of Resident #3's electronic medical record, including physician orders, progress notes/nurse assessment notes failed to reveal written physician orders for the above mentioned medication.On 12/10/2025 at 10:35 a.m., an interview and record review was conducted with S1DON (Director of Nursing). S1DON reviewed Resident #3's electronic medical record and confirmed there was no written physician orders for the above mentioned medications on the MAR. S1DON was asked what the facility's process was when the nurse takes a verbal order from the doctor or the NP (Nurse Practitioner). She stated the nurse should write the order on a progress note and/or the nurse's assessment. The nurse then should enter the order in the computer, which populates to the physician order form and the order goes to the pharmacy. The nurse should put the order on the resident's MAR. S1DON reviewed the resident's electronic medical record and confirmed that there was no written physician order by the nurse on a progress note and/or nurse assessment for the Sodium Chloride on 11/14/2025 and Invanz on 11/16/2025.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Based on observation and interview, the facility failed to ensure the daily nurse staffing information was posted in a prominent place readily accessible to residents and visitors. This deficient practice had the potential to affect the 69 residents residing in the facility. Findings: A review of the facility's policy titled Posting Direct Care Daily Staffing Numbers which was last reviewed on 04/05/2025, read in part, Policy Interpretation and Implementation: 1. The number of licensed nurses (Registered Nurses, Licensed Practical Nurses, and Licensed Vocational Nurses) and the number of unlicensed nursing personnel (Certified Nursing Assistants and Nurses Assistants) directly responsible for resident care is posted in a prominent location (accessible to residents and visitors) and in a clear and readable format. On 12/08/2025 3:45 p.m., observations were made throughout the main prominent areas of the facility in the attempt to locate daily staffing information. This surveyor was unable to locate the staffing hours visually. After asking assistance from a staff member, this surveyor was directed to the location of the daily staffing information in a small alcove off of a main walk area. The alcove was small with bulletin boards mounted on a side and back wall with various postings, and the staff clock-in device was mounted on the remaining side wall. This surveyor had to walk into the alcove to visualize the staffing information posted on the back wall bulletin board. On 12/08/2025 at 4:32 p.m., an observation was made with S1DON (Director of Nursing) of the daily nurse staffing information posted on the inner wall of an alcove where the employee time clock was located, near a main hallway. The alcove was connected to a small hall that contained three doors with signs that read, Laundry, Boiler Room, and Employees Only. The staffing information was not easily visible from the main walk area located outside of the alcove. On 12/09/2025 at 1:43 p.m., an interview was conducted with S1DON. S1DON stated that she could see how the location used to post daily nurse staffing information would be perceived as not a very visible area.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, record review, and interview, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections as evidenced by failing to ensure staff removed PPE (Personal Protective Equipment) prior to exiting a resident's room that was on enhanced barrier precautions for 1 (Resident #28) out of 34 sampled residents.Findings: Review of the facility's Enhanced Barrier Precautions Policy last reviewed on 04/05/2025 read in part, Policy Statement: Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents . 3. Implementation of Enhanced Barrier Precautions: d. Position a trash can inside the resident room for discarding PPE after removal. On 12/09/2025 at 8:50 a.m., S2TN (Treatment Nurse) was observed completing wound care/treatment. S2TN was observed exiting out of Resident #28's room wearing PPE (gown and gloves) that was used throughout the resident's wound care/treatment. S2TN was asked by the surveyor if she should have exited out of the resident's room wearing the used PPE. S2TN responded no. During this observation, S3ADON (Assistant Director of Nurses) was present standing in the hall outside Resident #28's room. S3ADON observed S2TN exit the resident's room wearing the PPE. S3ADON confirmed that S2TN should have removed and discarded the used PPE in the resident's room prior to exiting the room. On 12/10/2025 at 10:30 a.m., an interview was conducted with S1DON (Director of Nurses). S1DON reviewed the enhanced barrier precautions policy and confirmed that PPE should be discarded in a trash can inside the resident's room. The DON confirmed the used PPE should be discarded in the resident's room and not after exiting out of the room.