STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195529	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Oaks Care Center	50 Pinecrest Drive Pineville, LA 71360

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 and to help prevent the development of communicable diseases and infection by failing to ensure staff sanitized reusable medical equipment between each resident use, and performed hand hygiene after direct resident contact. Findings: Review of facility policy on 01/06/2026 at 1:30 p.m. titled Hand Hygiene Policy and Procedure dated 07/01/2020 revealed in part.Policy: Hand Hygiene shall be performed: (3) Before and after direct resident contact for which hand hygiene is indicated by acceptable professional practice. (12) Before as appropriate and after coming in contact with a resident's intact skin (e.g. when taking a pulse, blood pressure, and lifting a resident). Observation of medication administration on 01/06/2026 from 8:20 a.m. until 8:45 a.m. revealed S3LPN used a wrist blood pressure cuff to monitor the blood pressure of multiple residents. Observation revealed the blood pressure cuff was not sanitized between uses on the residents. Observation revealed S3LPN did not perform hand hygiene between multiple residents during medication administration. Interview with S3LPN on 01/06/2026 at 8:47 a.m. confirmed she did not sanitize the wrist blood pressure cuff or perform hand hygiene between residents, but should have.

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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, record review and interview the facility failed to develop and implement a comprehensive person-centered care plan for each resident consistent with the resident's rights for 2 (Resident #10 and Resident#12) of 20 Sampled Residents. The facility failed to: 1. Develop a focus of weight loss for Resident #10; and2. Develop a focus of depression for Resident # 12. Findings: Resident #10 Review of Resident #10's electronic health record revealed an admission date of 08/21/2020 with diagnoses which included: Alzheimer's disease, Schizoaffective Disorder, Dementia, Anxiety, Severe Intellectual Disabilities, Chronic Kidney Disease, Unspecified Severe Protein-Calorie Malnutrition, Dysphagia, and Vitamin Deficiency. Review of Resident #10's Quarterly MDS with an ARD of 11/04/2025 revealed that a BIMS was not conducted due to Resident #10 being rarely/never understood. Resident #10 was dependent on staff for all ADLs. Review of Resident #10's weight record revealed the following which represented a significant weight loss: 06/06/2025: 102.1 lbs. 07/08/2025: 98.8 lbs. 08:15:2025: 99 lbs. 09/08/2025: 98.5 lbs. 10/03/2025: 99 lbs. 11/07/2025: 95 lbs. 12/03/2025: 91.8 lbs. Review of Resident #10's weight note dated 12/03/2025 read in part. Current weight is 91.8 lbs. Resident newly triggering for weight loss of -10% from comparison weight 102.1 on 06/06/2025. Review of Resident #10's comprehensive care plan, initiated on 08/06/2024, revealed no documented problem statements, goals, or interventions addressing Resident #10's significant weight loss. Interview on 01/06/2026 at 2:45 p.m., S2 MDS Team Member revealed that MDS nurses are responsible for updating residents' comprehensive care plans. S2 MDS Team Member stated that care plans are reviewed and updated quarterly and as needed, including daily updates when warranted by a change in condition. S2 MDS Team Member stated that when a resident experiences significant weight loss, the issue should be reflected in the residents' care plan along with corresponding interventions. S2 MDS Team Member confirmed that the Resident #10's significant weight loss and related interventions were not listed in Resident #10's care plan, but should have been. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #12 Review of electronic health record for Resident #12 revealed an admission date of 03/13/2025 with diagnoses which included Depression and Anxiety. Review of Resident #12's Quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 11/04/2025 revealed a BIMS (Brief Interview Mental Status) of 12 indicating intact cognition. Resident #12 was on an antidepressant medication and had a diagnosis of depression. Review of Resident #12's current Care Plan revealed no focus for depression. During an interview on 01/07/2026 at 8:52 a.m. with S2MDS Team Leader revealed if a resident has a diagnosis of depression and received antidepressant medication, the Resident's care plan should reveal a focus of depression with appropriate interventions in place. S2MDS Team Leader confirmed Resident #12's diagnosis of depression was not care planned, but should have been.

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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 observation, record review, and interview the facility failed to provide care and services that met professional standards of quality by failing to ensure Physician's Orders were implemented. Total sample size was 20. Findings:Review of Resident #73's electronic health record revealed an admission date of 01/03/2017 with diagnoses which included: Chronic Obstructive Pulmonary Disease, Mild Protein-Calorie Malnutrition, Generalized Osteoarthritis, Mild Cognitive Impairment, Dementia, Gout, and Encounter for Prophylactic Measures. Review of Resident #73's Quarterly MDS with an ARD of 10/09/2025 revealed a BIMS score of 1 indicating severe cognitive impairment. Resident #73 had bilateral upper extremity functional limitations in range of motion. Review of Resident #73's Physician's Order dated 08/04/2025 revealed in part. rolled gauze or hand roll to right hand every shift. Multiple observations of Resident #73 revealed that no rolled gauze or hand roll was present in Resident #73's hand. Observations occurred on the following dates and times:01/05/2026 at 1:30 p.m.01/06/2026 at 8:32 a.m.01/07/2026 at 9:46 a.m.01/07/2026 at 11:46 a.m.01/07/2026 at 1:47 p.m. On 01/07/2026 at 01:50 p.m., the surveyor accompanied S4LPN to Resident #73's room. S4LPN confirmed that the Resident #73 did not have a rolled gauze or hand roll present in her right hand at the time of observation, but should have. On 01/07/2026 at 01:53 p.m. An interview with S1DON confirmed that Resident #73 had a physician's order for a rolled gauze or hand roll to be applied to the right hand every shift. S1DON acknowledged that during multiple observations, Resident #73 did not have a rolled gauze or hand roll in place, but should have.