

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195531	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER Ouachita Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7950 Millhaven Road Monroe, LA 71203	

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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43405</p> <p>Based on record review and interviews, the facility failed to document a discharge summary when a resident was discharged from the facility for 1 (#160) of 3 (#34, #160, and #213) sampled residents reviewed for discharge.</p> <p>Findings:</p> <p>Review of the closed record for resident #160 revealed an admitted [DATE] with diagnoses including cerebral infarction, acute and chronic respiratory failure with hypoxia, unspecified protein-calorie malnutrition, morbid obesity, epilepsy, and type 2 diabetes mellitus.</p> <p>Review of resident #160's Admission Minimum Data Set (MDS) assessment dated [DATE] revealed the resident required partial to moderate assistance with activities of daily living.</p> <p>Review of the closed record revealed resident #160 was discharged home on 12/30/2024. Further review of the record revealed no documentation of a discharge summary was completed.</p> <p>An interview on 03/11/2025 at 2:06 p.m. with S2Director of Nursing (DON) confirmed that resident #160 was discharged from the facility on 12/30/2024, and the facility failed to document a discharge summary on discharge for this resident.</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
---	-------	-----------