STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195531	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ouachita Healthcare and Rehabilitation Center	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record reviews, the facility failed to ensure it notified the resident's representative of a significant change in the resident's physical, mental, or psychosocial status by failing to notify the responsible party of significant changes for 2 (#1, #2) of 3 sampled residents.Findings: Review of the facility Change in Condition Policy and Procedure, effective date 08/27/2018, revealed it defined an acute change in condition as a sudden, clinically important deviation from a resident's baseline in areas such as physical, cognitive, behavioral, functional, etc. The policy read in part, The resident and or the resident's representative will also be notified and documented in the electronic medical record and on physician order as appropriate. Resident #1 Record review revealed Resident #1 was admitted to the facility on [DATE] diagnoses included hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, unspecified dementia, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, history of UTI, overactive bladder unspecified, chronic kidney disease stage3B, primary insomnia, unspecified glaucoma, primary generalized (osteo)arthritis, cognitive communication deficit, type 2 diabetes mellitus with diabetic polyneuropathy, dysphagia oral phase, leiomyoma of uterus, bladder neck obstruction, essential (primary) hypertension, depression, and chronic obstructive pulmonary disease. Review of the Quarterly MDS assessment dated [DATE] revealed a BIMS score of 11 which indicated moderate cognitive impairment. Further review revealed Resident #1 had a urine lab result date 05/13/2026 indicating the resident had a UTI. Resident #1 had a Urine culture and sensitivity dated 05/14/2026 which indicated the resident had a UTI caused by a bacteria (Klebsiella pneumoniae) that was susceptible to Ceftriaxone (antibiotic). Review of May 2026 Physician Orders revealed an order dated 05/18/2026 Ceftriaxone Sodium solution reconstitute 1 gm Administer 1 gm intravenously every 24 hours for 7 days for UTI. On 06/15/2026 at 10:05 a.m. a telephone interview with Resident #1's responsible party revealed she was not notified of Resident #1 had a UTI with hallucinations and that she was receiving IV antibiotics to treat the UTI until 05/23/2026 when S5LPN called her to inform her Resident #1's IV had infiltrated. (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
	195531	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ouachita Healthcare and Rehabilitation Center	7950 Millhaven Road Monroe, LA 71203

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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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/16/2026 at 12:16 p.m. an interview with S4LPN revealed Resident #1 was ordered a UA and culture and sensitivity due to her having some hallucinations. S4LPN reported he received an order on 05/18/2026 for Ceftriaxone Sodium solution reconstitute 1 gm Administer 1 gm intravenously every 24 hours for 7 days for UTI. S4LPN confirmed he did not notify Resident #1's responsible party about her having hallucinations, UTI, or the new order for the intravenous antibiotic to treat her UTI. Review of the progress notes revealed there was no documentation the responsible party was notified in the change of Resident #1's condition. On 06/15/2026 at 1:30 p.m. an interview with S3DON confirmed S4LPN should have notified Resident #1's responsible party about her hallucinations, UTI, and the new order for the intravenous antibiotic to treat her UTI. Resident #2 Review of the medical record revealed Resident #2 had an admission date of 3/18/2026 with diagnoses which included dementia, anxiety and major depression. Review of the 03/18/2026 significant change MDS assessment revealed the resident had a BIMS score of 8 which indicated moderate cognitive impairment. Review of the medical record revealed Resident #2 had a urine lab result dated 06/01/2026 indicating the resident had a UTI. Review of the June 2026 physician orders revealed Resident #2 was started on the antibiotic Augmentin for the treatment of a UTI. Review of the progress notes revealed there was no documentation the responsible party was notified in the change of condition. On 06/15/2026 at 11:40 a.m., interview with the responsible party of Resident #2 revealed he was not notified that Resident #2 developed a UTI. On 06/16/2026 at 9:50 a.m., interview with S2Assistant Administrator confirmed there was no documentation that the responsible party was notified when Resident #2 developed a UTI.