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	04/17/2024

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22575 Based on record review and interview, the facility failed to ensure all medical records regarding the resident's code status consistently reflected the resident's wishes for 1 (#77) of 38 residents reviewed in the initial pool screening for advanced directives. Findings: Review of the facility Advance Directive Policy and Procedure dated 04/10/2023 revealed in part: Identify, clarify, and periodically review the existing care instructions on whether the resident wishes to change or continue instructions. If changes are made to the existing advance directive, a copy of the updated advanced directive will be given to the director of nursing (DON) to ensure physician orders are carried out and the resident's medical record is updated accordingly. Review of resident #77's medical record revealed she was admitted to the facility on [DATE] with diagnoses of unspecified dementia, and cerebral infarction. Review of resident #77's Quarterly Minimum Data Set assessment dated [DATE] revealed she had a Brief Interview for Mental Status score of 3, which indicated she was severely cognitively impaired. Further review revealed she required supervision to moderate assistance for most activities of daily living. Review of resident #77's medical record (paper copy) revealed an Advance Directive Consent dated 06/01/2023 that revealed in part: Full Code was selected for her code status and the form was signed by resident #77's family member on 06/01/2023. Further review revealed a 10/11/2023 physician's order for Do Not Resuscitate (DNR). Also, resident #77's current care plan revealed on 07/17/2023 the resident's Advance Directive was a DNR. Review of resident #77's electronic medical record revealed a 10/11/2023 physician's order for Do Not Resuscitate (DNR). On 04/16/2024 at 4:29 p.m. an interview with S2Director of Nursing (DON) revealed she was not aware of the discrepancy in resident #77's code status when comparing resident #77 medical record (paper copy) to the electronic record. S2DON confirmed resident #77's Advance Directive Consent revealed she was a full code and her electronic medical record revealed her status was DNR.

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
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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 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** 43405 Based on observation, interviews, and record reviews, the facility failed to provide services that met professional standards during medication administration for 1 (#90) of 2 (#46 and #90) sampled residents. The facility failed to follow policies and procedures to ensure safe medication administration practices. Findings: Review of the facility's Medication Administration Policy and Procedure dated 08/27/2018 revealed the following, in part: Procedure: 1. Medication Administration: Prior to administration, the Nursing staff member administering the medication shall ensure that the following steps are accomplished. a. verify the medication selected matches the order and label; b. verify the medication is being administered at the proper time, in the prescribed dose, and by the correct route; Resident #90: Review of the record for resident #90 revealed an admitted [DATE] with diagnoses including cerebral infarction, pressure ulcer of left hip, hemiplegia following cerebral infarction affecting left non-dominant side, type 2 diabetes mellitus, and hypertension. An observation on 04/16/2024 at 7:20 a.m. of resident #90's medication pass revealed S7Licensed Practical Nurse (LPN) administered a blood pressure medication, Nifedipine Extended Release (ER) 30 milligrams (mg) 1 tablet by mouth (po). Review of resident #90's April 2024 Physician's Orders revealed an order dated 02/04/2024 for Procardia XL 90 mg 1 tablet po daily (Nifedipine ER generic name for Procardia XL). On 04/16/2024 at 10:40 a.m., S7LPN and surveyor reviewed resident #90's current blister pack medication card label and found the following: Nifedipine ER 30 mg tablet, give 1 tablet po daily, and the date medication was filled 03/07/2024. S7LPN confirmed that resident #90's April 2024 Physician's orders revealed an order for Procardia XL 90 mg tablet po daily. S7LPN confirmed she did administer the wrong dosage of Nifedipine to resident #90 on 04/16/2024. S7LPN confirmed she did not check the medication card label against the Electronic- Medication Administration Record (e-MAR) before administration. An interview on 04/17/2024 at 12:20 p.m. with pharmacist (from pharmacy listed on medication label) revealed that Nifiedipine XR 30 mg was filled on 03/07/2024 for resident #90. (continued on next page)

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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview on 04/17/2024 at 12:40 p.m. with S2DON revealed that a nurse sent in a label from a previously discontinued dosage of Nifedipine for resident #90, therefore Nifedipine ER 30 mg was filled by pharmacy on 03/07/2024. S2DON confirmed that S7LPN did not follow policy and procedure for medication administration for resident #90 by failing to verify the medication selected matches the order and label, and verifying the medication being administered at the prescribed dose.

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22575 Based on record review, observation and interviews, the facility failed to ensure that a resident received treatment and care in accordance with professional standards of practice and the comprehensive person centered care plan. The facility failed to address resident #69's positioning needs in a timely manner. Findings: Review of resident #69's medical record revealed she was admitted to the facility on [DATE] with diagnoses of Parkinson's disease, cerebrovascular disease, and unspecified dementia. Review of resident #69's Quarterly Minimum Data Set, dated dated dated [DATE] revealed she had a Brief Interview for Mental Status score of 99, which indicated the interview was not successful. Further review revealed she required moderate to maximal assistance for most activities of daily living (ADLs). Review of resident #69's current care plan revealed she required staff assistance for all ADLs. The care plan was revised on 03/08/2024 with an intervention to assist resident with repositioning while in her wheelchair with lap tray. On 04/16/2024 at 8:20 a.m. an observation revealed resident #69 was in her high back wheelchair with soft lap tray that was tilted to the right. Resident #69's feet were dangling and were not supported with the wheelchair footrest. On 04/16/2024 at 1:47 p.m. an observation revealed resident # 69 was in her high back wheelchair with soft lap tray that had a plastic overlay. There was an approximate 3 inch tear in the right corner of plastic overlay on the lap tray which caused a rough edge. Also, the lap tray was not level and was tilted to the right. Further observation revealed the footrest was folded up and the resident's heels were positioned on the top edge of the folded up footrest which was not properly supporting her feet. On 04/16/2024 at 4:41 p.m. an observation revealed resident # 69 was in the hall in her high back wheelchair with soft lap tray. She was leaning to the right with her arm dangling off the lap tray and her arm was positioned on top of the wheelchair wheel. On 04/17/2024 at 2:30 p.m., an interview with S9CNA, reported resident #69's wheelchair was not easy to work with and she had difficulty moving the footrest up. On 04/17/2024 at 2:42 p.m., an observation revealed resident # 69 was in her high back wheelchair with soft lap tray. She was leaning to the right with her arm dangling off the lap tray and her arm was positioned on top of the wheelchair wheel. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/17/2024 at 2:55 p.m., an interview with S8LPN revealed there has been an ongoing issue with resident 69's positioning in the high back wheelchair and the lap tray slanting down. She also confirmed that the height of the wheelchair footrest is not right and does not properly support her feet. On 04/17/2024 at 4:52 p.m., S2DON was informed of the positioning concerns with resident #69's high back wheelchair and that the soft lap tray was not level. She confirmed the facility failed to address resident #69's positioning concerns in a timely manner.

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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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43405 Based on observation, interviews, and record review, the facility failed to accurately obtain pharmaceutical services, including supplying routine medications with the appropriate strength as ordered by the physician for 1 (#90) of 2 (#46 and #90) residents observed during medication administration pass. Findings: Resident #90: Review of the record for resident #90 revealed an admitted [DATE] with diagnoses including cerebral infarction, dysphagia, pressure ulcer of left hip, hemiplegia following cerebral infarction affecting left non-dominant side, type 2 diabetes mellitus, and hypertension. Observation on 04/16/2024 at 7:20 a.m of resident #90's medication pass revealed S7Licensed Practical Nurse (LPN) administered a blood pressure medication, Nifedipine Extended Release (ER) 30 milligrams (mg) 1 tablet by mouth (po). Review of resident #90's April 2024 Physician's Orders revealed an order dated 02/04/2024 for Procardia XL 90 mg 1 tablet po daily (Nifedipine ER generic name for Procardia XL). An interview on 04/17/2024 at 12:20 p.m. with pharmacist (from pharmacy listed on medication label) revealed that Nifiedipine XR 30 mg 1 po daily was filled on 03/07/2024 for resident #90. An interview on 04/17/2024 at 12:40 p.m. with S2Director of Nursing (DON) revealed that a nurse sent in a label from a previously discontinued dosage of Nifedipine for resident #90, therefore Nifedipine ER 30 mg was filled by pharmacy on 03/07/2024. S2DON confirmed resident #90 should be receiving Nifedipine ER 90 mg tablet po daily.

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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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19098 Based on observation, record review, and interview the facility failed to ensure pharmaceutical services was provided to meet the needs of each resident that were consistent with state and federal requirements and reflect current standards of practice by failing to ensure medications were not left at the bedside for 1 (#38) of 1 (#38) residents with medications observed at the bedside. Findings: On 04/17/2024 review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #38 had a Brief Interview Mental Status (BIMS) of 10 indicating moderate cognitive impairment. Further review of the record revealed Resident #38 had diagnoses in part of: cerebral infarct due to embolism of unspecified pre-cerebral artery, type 2 diabetes, hypertension, chronic atrial fibrillation, end stage renal disease requiring dialysis, systolic congestive heart failure, history of cardiac arrest, history of hypotension, chronic metabolic acidosis, and dysphagia. On 04/17/2024 at 7:25 a.m. observation of Resident #38 room revealed a cup of pills sitting on the bedside table. Further observation revealed Resident #38 was up in a wheelchair waiting on breakfast. On 04/17/2024 at 7:34 a.m. S6LPN confirmed there was a cup of pills left at the bedside. S6LPN said Resident #38 receives his medications at 6:00 a.m. prior to her arrival because he goes to dialysis and she does not give Resident #38 any medications until noon. S6LPN confirmed the medications should not have been left at the bedside. On 04/17/2024 at 10:31 a.m. interview with S2DON confirmed the medications were not supposed to be left at the bedside in Resident #38's room.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19098 Based on observation, record review and interview the facility failed to ensure: 1) dietary orders were followed for 2 (#38, #62) of 2 (#38, #62) residents having orders for mighty shakes and 2) dietary preferences were followed for 1 (#73) of 1 (#73) resident reviewed for dining. Findings: Resident #38 On 04/16/2024 at 2:35 p.m. record review for Resident #38 revealed diagnoses in part of end stage renal disease, cerebral vascular accident due to embolism of pre-cerebral artery, type 2 diabetes, chronic atrial fibrillation, dysphagia, systolic congestive heart failure, and stage 3 pressure ulcer of the sacral region. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) of 10 indicating moderate cognitive impairment. Review of the current physician orders for April 2024 revealed an order for mighty shakes, three times a day (TID). Review of the dietary card revealed Resident #38 was receiving a regular, no added salt, low concentrated sweet diet. Further review of the dietary card under preferences for Resident #38 revealed for breakfast, lunch and supper Resident #38 was to receive mighty shakes. On 04/16/2024 at 4:59 p.m., observation of Resident #38 supper meal revealed Resident #38 did not receive the mighty shake. On 04/17/2024 at 7:30 a.m. observation of the breakfast meal revealed Resident #38 did not receive the mighty shake. On 04/17/2024 at 8:20 a.m. an interview with S4Culinary Supervisor Asst. revealed the dietary staff are supposed to put the mighty shakes in the tub on top of cart in ice with the other drinks. Observation at that time of the refrigerator revealed there was a full case of un-opened mighty shakes in the refrigerator available for the residents. S4 Culinary Supervisor Asst. confirmed the dietary department should have put the mighty shakes on the meal carts. On 04/17/2024 at 9:00 a.m., an interview with S5CNA (Certified Nursing Assistant) revealed they are supposed to read the diet cards and give the drinks from that to the residents with their meals. S5CNA confirmed there were no mighty shakes on the cart for the residents and then said, they don't drink them anyway. Resident #62 (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 04/17/2024 review of the record for Resident #62 revealed diagnoses in part of bilateral above the knee amputation, abnormal weight loss, cerebral vascular disease, stage 3 pressure ulcer sacrum, type 2 diabetes, unspecified protein-calorie malnutrition, hypertension, vascular dementia, and atrial flutter. Review of the MDS assessment dated [DATE] revealed a BIMS of 8, indicating moderate cognitive impairment. Further review of the record revealed a current order for mighty shakes three times a day with meals. On 04/16/2024 at 8:22 a.m. observation of Resident #62's breakfast meal revealed there was no mighty shake on breakfast tray. On 04/16/2024 at 11:30 a.m. observation of Resident #62's lunch meal revealed there was no mighty shake served to Resident #62. On 04/16/24 at 4:22 p.m., review of the dietary card for Resident #62 revealed mighty shakes were listed to be served to Resident #62. On 04/16/24 at 5:00 p.m., observation of Resident #62 supper meal revealed there was no mighty shake served to Resident #62. On 04/17/2024 at 7:30 a.m., observation of Resident #62 breakfast tray revealed there was no mighty shake served to Resident #62. On 04/17/2024 at 8:20 a.m., an interview with S4 Culinary Supervisor Asst. revealed the dietary staff are supposed to put the mighty shakes in the tub on top of cart in ice with the other drinks. Observation at that time of the refrigerator revealed there was a full case of un-opened mighty shakes in the refrigerator available for the residents. S4 Culinary Supervisor Asst. confirmed the dietary department should have put the mighty shakes on the meal carts. On 04/17/2024 at 9:00 a.m., interview with S5CNA revealed they are supposed to read the diet cards and give the drinks from that to the residents with the meals. S5 CNA confirmed there were no mighty shakes on the cart for the residents and then said, they don't drink them anyway. 41829 Resident # 73 Record review revealed resident #73 was admitted to the facility on [DATE] with diagnoses that include atherosclerotic heart disease of native coronary artery with unstable angina pectoris, chronic obstructive pulmonary disease, chronic atrial fibrillation, type 2 diabetes mellitus with diabetic neuropathy, mild protein-calorie malnutrition, anemia, chronic pain, essential hypertension, dysphagia following unspecified cerebrovascular disease, hypothyroidism, and vascular dementia unspecified severity without behavioral disturbance. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview Mental Status (BIMS) score of 15 which indicated resident #73 was cognitively intact. Review of the active April 2024 physician orders revealed resident #73 was to receive a regular Low Concentrated Sugar (LCS), No Added Salt (NAS) diet. On 04/15/2024 at 09:52 a.m. an interview with resident #73 reported that she prefers wheat bread, but for the last couple months all they give her was white bread. On 04/15/2024 at 12:24 p.m. an observation of resident #73's lunch meal consisted of a chef salad, ranch dressing, turkey and Swiss cheese sandwich on white bread, vanilla pudding, ice water and ice tea. Review of resident #73's lunch meal slip revealed the following: regular, LCS, NAS diet. Dislikes: chili seasoning, toast, corndogs, fruit punch, gravy or BBQ sauce, white bread, [NAME]. Preferences: baked potato, broccoli, Brussel sprouts, cabbages, squash, chicken, cold sandwich on wheat, pasta sometimes, roast beef non gravy, thin liquids ice tea (1 cup). On 04/17/2024 at 08:20 a.m. an observation of resident #73's breakfast meal consisted of scrambled eggs, bacon, oat meal, white toast, jelly, salt/pepper, water and apple juice. Resident #73 reported that she already told them she does not like white bread and prefers wheat bread, but they keep giving her white bread. On 04/17/2024 at 08:35 a.m. an interview with S3Culinary Supervisor reveal they have wheat bread available. S3Culinary Supervisor was informed that resident #73 was served a turkey and Swiss cheese sandwich on white bread and chef salad for lunch on 04/15/2024. S3Culinary Supervisor was also informed resident #73 was served white bread toast with her breakfast meal today. S3Culinary Supervisor confirmed resident #73 should have been served wheat bread instead of white bread according to her preference.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 22575 Based on observations and interviews, the facility failed to store, prepare, distribute, and serve food under sanitary conditions. This had the potential to affect all residents who received meals from the kitchen. Findings: On 04/15/2024 at 08:20 a.m. during initial tour of the facility, an observation of the facility kitchen revealed the following: 1. Small and large deep fryers had a large build-up of grease and grime in the lower compartment underneath the fryers. 2. Large toaster had old food particles noted underneath the rack on the bottom surface of the toaster and there was a sticky build up on the front panel of the toaster and also around the control knobs. 3. Large covered bin on shelf in Dry Storage Area had 1 large opened spiral noodle bag with 1/2 of the spiral noodles noted in bag, 1 large opened macaroni with 1/4 of shells noted in bag, and 1 large opened small macaroni noodle bag with 1/2 of noodles noted in bag. There were no open dates on any of the pasta bags. On 04/17/2024 at 4:00 p.m., an observation revealed 2 of the small microwaves located on top of 2 of the covered dietary carts revealed there was old food particles noted on bottom, top, and sides of both microwaves. On 04/17/2024 at 4:00 p.m. an interview with S3CulinarySupervisor confirmed the above food items were not labeled with open dates and confirmed the above kitchen appliances were in need of cleaning.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22575 Based on record review, observations, and interviews, the facility failed to ensure all patient care equipment was maintained in safe operating condition by failing to repair a wheelchair lap tray in a timely manner for 1(#69) resident reviewed for positioning. Findings: Review of resident #69's medical record revealed she was admitted to the facility on [DATE] with diagnoses of Parkinson's disease, cerebrovascular disease, and unspecified dementia. Review of resident #69's Quarterly Minimum Data Set, dated dated dated [DATE] revealed she had a Brief Interview for Mental Status score of 99, which indicated the interview was not successful. Further review revealed she required moderate to maximal assistance for most activities of daily living (ADLs). Review of resident #69's current care plan revealed she required staff assistance for all ADLs. The care plan was revised on 03/08/2024 with an intervention for a wheelchair with lap tray. On 04/16/2024 at 08:20 a.m. an observation revealed resident #69 was in her high back wheelchair with soft lap tray that was tilted to the right. On 04/16/2024 at 01:47 p.m. an observation revealed resident #69 was in her high back wheelchair with soft lap tray that had a plastic overlay. There was an approximate 3 inch tear in the right corner of plastic overlay which caused a rough edge. Also, the lap tray was not level and was tilted to the right. On 04/16/2024 at 04:41p.m. an observation revealed resident #69 was in the hall in her high back wheelchair with soft lap tray tilted to the right. On 04/17/2024 at 02:42 p.m., an observation revealed resident #69 was in her high back wheelchair with soft lap tray tilted to the right. Further observation of the tray revealed there was a blue substance under the torn right corner of the plastic overlay. Resident #69 was picking at this area with her right hand and she had a blue substance on her fingers. On 04/17/2024 at 02:55 p.m., an interview with S8LPN revealed there had been an ongoing issue with resident #69's lap tray slanting down to the right. She also revealed on 04/13/2024 she was made aware of the tear in the right corner of resident #69's lap tray and it was noted on the 04/13/2024 Nurses' Report Form. S8LPN was unsure if maintenance was aware that resident #69's lap tray needed to be repaired or changed out. On 04/17/2024 at 4:52 p.m., S2DON was informed of the following concerns with resident #69's soft lap tray: tear in the right corner of the soft lap tray, blue substance underneath the torn area, and the lap tray was not level, tilting to the right. S2DON confirmed the above areas should have been addressed and repaired.