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	04/15/2026

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and interviews, the facility failed to ensure respiratory care was provided in accordance with professional standards of practice for 3 (#36, #84 and #169) of 5 residents reviewed for respiratory care. The facility failed to:1) Change oxygen tubing, and humidified water bottles per the policy for 2 (#36, #84), and2) ensure the BiPAP nasal prongs were stored properly when not in use for Resident #169.Findings:Review of the facility's Oxygen Concentrator Cleaning Policy and Procedure dated 11/16/2014 Purpose: To Keep Oxygen concentrator and equipment clean. Policy: Resident's Oxygen concentrator will be kept clean when in resident room. Procedure: 1. All Surfaces areas of the machine will be cleaned with disinfectant wipe or spray when needed. 2. Store Oxygen tubing, cannula, and mask in a plastic bag when not in use. 3. Oxygen tubing, cannula, and mask to be changed out weekly and as needed. 4. Oxygen concentrator filter to be cleaned and or changed out weekly and as needed. Resident #36 Record review revealed Resident #36 was admitted to the facility on [DATE] with diagnoses including unspecified sequelae of cerebral infarction; acute and chronic respiratory failure with hypoxia; chronic obstructive pulmonary disease, unspecified; weakness; and shortness of breath. Review of Resident #36's quarterly MDS assessment dated [DATE] revealed Resident #36 had a BIMS score of 15, indicating Resident #36 was cognitively intact. Further review of the MDS assessment revealed Resident #36 was on oxygen therapy. Review of Resident #36's active physician's orders revealed an order for oxygen to be administered at 2 liters per nasal cannula continuously. Further review of the active physician's orders also revealed an order to change the oxygen tubing and humidifier every Monday on the night shift. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 04/13/2026 at 7:05 a.m., Resident #36 was observed lying in bed with nasal cannula in place administering oxygen at a rate of 2 liters per minute. Further review of Resident #36's oxygen concentrator revealed the humidifier water bottle was empty and dated 03/03/2026. On 04/14/2026 at 4:00 p.m., S2DON informed of finding of Resident #36's oxygen humidifier empty and dated 03/03/2026 when surveyor made observation on 04/13/2026. Resident 84 Review of the medical record for Resident #84 revealed an admit date of 06/29/2022. Resident #89 had diagnoses that included obstructive sleep apnea, chronic respiratory failure with hypoxia, shortness of breath, congestive heart failure, and COPD. Review of Resident #89's April 2026 physician orders revealed an order dated 07/01/2024 for oxygen: tubing and humidifier change every week on Monday night shift and as needed. Review of the care plan for Resident #84 revealed the resident had COPD and chronic respiratory failure. Further review revealed she required oxygen continuously and humidified via nasal prongs at 4 liters. Observation on 04/13/2026 at 5:24 a.m. of Resident #84 revealed she had oxygen at 4 liters per nasal cannula. The oxygen tubing was undated and the date on the humidifier was 03/31/2026. On 04/15/2026 at 4:00 p.m. S2DON confirmed Resident #84's oxygen tubing and humidifier were not changed in a timely manner. Resident 169 Review of the medical record for Resident #169 revealed an admit date of 04/02/2026. Resident #169 had diagnoses that included dementia, disorders of the lung, interstitial pulmonary disease, pleural effusion and shortness of breath. Review of the April 2026 physician orders revealed an order dated 02/25/2026 for oxygen- BiPAP to be used at bedtime. Review of the care plan for Resident #169 revealed the resident had chronic lung disorder/interstitial pulmonary disease and sleep apnea and to use oxygen via nasal prongs at 2 liters every hour of sleep. Observation on 04/13/2026 at 10:00 a.m. of Resident #169 revealed the BiPAP was not in use, and the nasal prongs were not stored in a bag. On 04/15/2026 at 11:20 a.m. S2DON confirmed the BiPAP nasal prongs should be stored in a bag when not in use.

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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. Based on observations and interviews, the facility failed to store, prepare, distribute and serve food in accordance with professional standards. According to S2DON the facility provided meals from the kitchen to 159 residents.Findings: On 04/13/2026 at 5:20 a.m. an initial observation of the kitchen revealed the following:The storage pantry contained a large bottle of browning serving sauce that had spills and splatters on the outside of the bottle, and a bag of miniature marshmallows was open to air and did not contain an open date.The freezer revealed a bag of meat pies was open to air and was not sealed properly.The refrigerator revealed a large ziplock bag of cheese was open to air, and an opened bag of turkey was open to air and not sealed properly.Two large fryers contained grease buildup on the inside compartments and on the outside of the fryers. On 04/13/2026 at 5:40 a.m. interview with S5Assistant Dietary Manager confirmed the above issues in the kitchen. On 04/14/2026 at 9:20 a.m. S6Dietary Manager was notified of the issues observed in the kitchen.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews and interviews, the facility failed to maintain and establish an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 2 (#9 and #13) of 2 residents reviewed for infection control, by having staff not utilize appropriate PPE while caring for residents on EBP.Findings:Review of the facility's Enhanced Barrier Precautions Policy and Procedure dated 04/01/2024 revealed the following in part: Enhanced Barrier Precautions refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities. 4. For residents for who EBP are indicated, EBP is employed when performing the following high-contact resident care activities: c. Transferring g. Device care or use (Central line, urinary catheter, feeding tube, tracheostomy) Resident 9 Review of the medical record for Resident #9 revealed an admission date of 06/23/2025. Resident #9 had diagnoses that included Parkinson's disease, retention of urine, malignant neuroendocrine tumors and benign neoplasm of prostate. Review of the April 2026 physician orders revealed an order dated 01/16/2025 for EBP: utilize gown and gloves during high -contact care activities for residents with chronic wounds or indwelling medical devices. Further review of the orders revealed an order dated 01/20/2025 for a urinary catheter. Review of the significant change MDS assessment dated [DATE] revealed Resident #9 had a BIMS score of 11 which indicated Resident #9 had moderate cognitive impairment with daily decision making. Further review of the MDS assessment revealed Resident #9 had an indwelling urinary catheter. Review of care plan revealed Resident #9 had an indwelling catheter related to urine retention. On 04/13/2026 at 5:55 a.m. observation of the outside of Resident #9's door revealed signage to indicate EBP. At this time, S7CNA entered Resident #9's room, donned gloves and emptied the urinary catheter bag but failed to don a gown. On 04/13/2026 at 6:00 a.m. interview with S7CNA revealed she was not sure when to wear a gown with residents that were on EBP. On 04/14/2026 at 4:10 p.m. S2DON confirmed Resident #9 was on EBP related to a urinary catheter and S7CNA should have worn gloves and a gown when emptying resident #9's urinary catheter bag. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #13 Review of the record for Resident #13 revealed an admission date of 02/12/2026 with diagnoses that included multiple sclerosis, type 2 diabetes mellitus, protein calorie malnutrition, pressure ulcer sacral region stage 4, dysphagia following CVA, neuromuscular dysfunction of bladder, and hypertension. Review of the comprehensive MDS assessment dated [DATE] revealed a BIMS score of 9 which indicated Resident #13 had moderate cognitive impairment with daily decision making. Further review of the MDS assessment revealed Resident #13 had an indwelling catheter and an unhealed pressure ulcer. On 04/14/2026 at 9:09 a.m., observation revealed EBP signage posted on Resident #13's door. Further observation revealed Resident #13 had an indwelling urinary catheter and a left arm midline IV access. At this time, S8CNA and S9CNA were observed transferring Resident #13 wearing gloves without a gown. On 04/14/2026 at 9:20 a.m., S8CNA and S9CNA confirmed in an interview that EBP precautions were not implemented appropriately due to the failure to don a gown when Resident #13 was transferred. On 04/14/2026 at 9:59 a.m., S2DON was informed of findings and did not disagree that gowns should have been donned during the transfer of Resident #13.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to maintain a safe, clean, comfortable and homelike environment for 1 (#106) of 1 sampled resident reviewed for environmental concerns. The facility failed to ensure that residents' wheelchairs were clean and maintained in good repair. Findings:Review of Resident #106's record revealed an admit date of 08/02/2024 with diagnoses including bilateral primary osteoarthritis of hip, muscle wasting and atrophy, unspecified lower leg weakness, and spondylosis of the lumbar region. Review of the quarterly MDS assessment dated [DATE] documented Resident #106 utilized a wheelchair for mobility.On 04/13/2026 at 9:28 a.m., 04/14/2026 at 8:55 a.m., and 04/15/2026 at 8:00 a.m. observations of Resident #106's wheelchair revealed the wheelchair arm padding to be cracked and torn with foam exposed. Further observations revealed Resident #106's wheelchair frame revealed dirt and debris on the wheelchair frame.On 04/15/2026 at 12:40 p.m., an observation and interview conducted with S2DON confirmed Resident #106's wheelchair armrest was cracked, torn, and in need of replacement. Further observation and interview with S2DON confirmed Resident #106's wheelchair frame had dirt and debris on it and needed to be cleaned.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to develop a comprehensive care plan related to the need for counseling and mental health services for 1 (#3) of 2 residents reviewed for PASARR. Findings: On 04/13/2026 at 8:38 a.m., an interview with Resident #3 revealed she said she has Post Traumatic Stress Disorder related to an incident that occurred when she was eight years old. Resident #3 further said that she goes to her counselor about every 3 weeks and to a mental health clinic.On 04/14/2026 review of the record for Resident #3 revealed diagnoses, in part, of anxiety disorder, personality disorders, depression, post-traumatic stress disorder and bi-polar disorder.Review of the social history and assessment dated [DATE] revealed Resident #3 was alert and oriented. Resident #3 scored 14 on BIMS indicating resident is cognitively intact.On 04/14/2026 at 11:32 a.m., an interview with S4Social Service Specialist revealed Resident #3 was recently admitted to the facility from another nursing home. She said Resident #3 is going to a counselor and to a mental health clinic.On 04/14/2026 at 11:46 a.m., review of the care plan revealed no documentation of Resident #3's mental health needs and that Resident #3 was attending counseling and a mental health clinic.On 04/14/2026 at 1:30 p.m., an interview with S2DON confirmed there was no care plan developed for counseling and mental health services for Resident #3.