STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195542	A. Building B. Wing	02/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Oaks	1000 McKeen Place Monroe, LA 71201

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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Abbreviations:BIMS- Brief Interview for Mental StatusMDS- Minimum Data SetRP- Responsible PartySSD- Social Services DirectorDON- Director of NursingBased on record reviews and interviews, the facility failed to ensure the resident had the right to participate in the development and implementation of their person-centered plan of care by not inviting the resident and/or responsible party to quarterly care plan meetings for 3 (#1, #2, and #3) of 4 sampled residents reviewed.Findings:Resident #1Review of Resident #1's record revealed an admission date of [DATE] with diagnoses including unspecified atrial fibrillation, unspecified fractures of ribs right side, type 2 diabetes mellitus without complications, stroke, hypertension, and age related osteoporosis without current pathological fracture.Review of the Quarterly MDS assessment dated [DATE] revealed a BIMS score of 13 indicating no cognitive impairment. Review of the record revealed Resident #1 expired at the hospital on [DATE]. Further review of the record revealed no documented evidence of quarterly care plan meetings for Resident #1An interview on [DATE] at 11:15 a.m. with S4SSD confirmed she was hired in [DATE] and was responsible for scheduling care plan meetings quarterly for Resident #1 but had not scheduled any care plan meetings.An interview on [DATE] at 12:00 p.m. with S2DON confirmed the facility failed to conduct care plan meetings for Resident #1.Resident #2Review of Resident #2's record revealed an admission date of [DATE] with diagnoses including conversion disorder with seizures or convulsions, unspecified dementia severe with other behaviors disturbance, benign prostatic hypertrophy with lower tract symptoms, vascular dementia severe with agitation, primary syphilis of other sites, hypertension, malignant neoplasm of prostate, other acute kidney failure, other specified depressive episodes, repeated falls, other specified mental disorders due to known physiological condition. Review of the Quarterly MDS assessment dated [DATE] revealed a BIMS score of 6 indicating severe cognitive impairment. An interview on [DATE] at 11:15 a.m. with S4SSD confirmed she was hired in [DATE] and was responsible for scheduling care plan meetings quarterly for Resident #2 but had not scheduled any care plan meetings. S4SSD revealed the last care plan meeting for Resident #2 was on [DATE].An interview on [DATE] at 12:00 p.m. with S2DON confirmed the facility failed to conduct care plan meetings for Resident #2. Resident #3Review of Resident #3's record revealed an admission date of [DATE] with diagnoses including Bell's Palsy, chronic pain syndrome, paroxysmal atrial fibrillation, gastro-esophageal reflux disease without esophagitis, chronic diastolic (congestive) heart failure, major depressive disorder, trigeminal neuralgia generalized anxiety disorder, metabolic encephalopathy, and Parkinson's disease. Review of the Quarterly MDS assessment dated [DATE] revealed a BIMS score of 12 indicating moderate cognitive impairment. An interview on [DATE] at 11:15 a.m. with S4SSD confirmed she was hired in [DATE] and was responsible for scheduling care plan meetings quarterly for Resident #3 but had not scheduled any care plan meetings.An interview on [DATE] at 12:00 p.m. with S2DON confirmed the facility failed to conduct care plan meetings for Resident #3.

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure all allegations of injuries of unknown source with serious bodily injury was reported immediately, or within 2 hours of the allegation to the Administrator for 1 (#1) of 4 sampled residents.Findings:Review of the facility's Abuse, Neglect, Exploitation or Misappropriation- Reporting and Investigating Policy and Procedure, revision date [DATE], revealed the following, in part:Policy StatementAll reports of resident abuse (including injuries of unknown origin), neglect/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported.Policy Interpretation and ImplementationReporting Allegations to the Administrator and Authorities1. If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. 2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies:a. The state licensing/certification agency responsible for surveying/licensing the facility.3. Immediately is defined as:a. Within two hours of the allegation involving abuse or result in serious bodily injury.Review of Resident #1's record revealed an admission date of [DATE] with diagnoses including unspecified atrial fibrillation, unspecified fractures of ribs right side, type 2 diabetes mellitus without complications, stroke, hypertension, and age related osteoporosis without current pathological fracture.Review of the Quarterly MDS assessment dated [DATE] revealed a BIMS score of 13 indicating no cognitive impairment. Further review of MDS revealed resident required supervision or touching assistance with bed mobility, transfers, and toileting, and partial/moderate assistance with bathing. Resident had no functional limitations in ROM to upper and lower extremities and no falls since her last MDS assessment.Review of the facility reported incident dated [DATE] for Resident #1 revealed the resident was found lying on her stomach in her room by S3LPN on [DATE] around 6:30 a.m. Further review revealed Resident #1 was unresponsive and had a hematoma to the right side of her head and a laceration to the back of her head on the right side, and blood was noted on the floor. S3LPN sent Resident #1 to the local emergency room by the ambulance service, and the resident expired at the hospital on [DATE].An interview on [DATE] at 4:40 p.m. with S2DON revealed she was notified on [DATE] around 7:00 a.m. by S3LPN that Resident #1 was found on the floor unresponsive with a hematoma to the right side of her head and a laceration to back of right side of her head. S2DON confirmed she notified S1Corporate Administrator about this fall on [DATE] at 9:15 a.m., but failed to notify him the fall was unwitnessed with serious bodily injury which included unresponsiveness with a hematoma to the right side of her head and a laceration to the back of her head. An interview on [DATE] at 11:40 a.m. with S3LPN revealed she was working the night shift on [DATE] with Resident #1. S3LPN reported when she went into resident's room to administer her morning medications around 6:30 a.m. she found Resident #1 lying face down on the floor in her room and she was unresponsive, she assessed resident for injuries and found a bruise to the side of the resident's head and a laceration to the back of the resident's head. S3LPN reported she notified S2DON of this incident on [DATE] around 7:00 a.m.An interview on [DATE] at 10:30 a.m. with S1Corporate Administrator confirmed he was notified of Resident #1 having a fall on [DATE] at 9:15 a.m. by S2DON with no additional details. S1Corporate Administrator confirmed S2DON should have notified him immediately of Resident #1's unwitnessed fall which resulted in serious bodily injury including unresponsiveness with a hematoma and laceration to her head.