

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195551	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/19/2025
NAME OF PROVIDER OR SUPPLIER  Guest House Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  109 Guest House Drive West Monroe, LA 71292	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>17835</p> <p>Based on observation, review of the policy, and interviews, the facility failed to ensure that all drugs and biologicals are stored in locked compartments by having an unlocked, open medication room that was not being monitored by licensed nursing staff.</p> <p>Findings:</p> <p>Review of facility's policy and procedure for Administering Medications (no date) revealed the following:</p> <p>Medications and biological are stored safely, securely, and properly following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing or medical personnel and pharmacy personnel.</p> <p>Observation on 03/18/2025 at 5:02 a.m. revealed the medication room (medication room a) door was unlocked and propped open by a wooden board. No nursing staff were present in the nurse's station or medication room at this time.</p> <p>Interview on 03/18/2025 at 5:05 a.m. with S4 Certified Nursing Assistant (CNA) confirmed that the medication room door was unlocked and propped open and that no nurses were in the room or in view of the medication room.</p> <p>Interview on 03/18/2025 at 5:10 a.m. with S3 Licensed Practical Nurse (LPN) confirmed that the door was unlocked and propped open and that it should have been locked. S3LPN confirmed that no nurses were in medication room and that only authorized nurses are to have access to the medication room.</p> <p>Interview on 03/18/2025 at 8:30 a.m. with S2 Director of Nursing confirmed that medication rooms are to be locked at all times if staff are not present and that the door is never to be propped open.</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
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