STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195551	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guest House Nursing and Rehabilitation	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)
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. Based on record reviews and interview the facility failed to ensure each resident received the care and treatment in accordance with professional standards of practice for 2 (#1, #2) of 3 sampled residents. The facility failed to assess, monitor, and document edema in accordance with the physician's orders and/or the comprehensive plan of care.Findings: Resident #1Review of resident #1's records revealed diagnoses that include edema, permanent atrial fibrillation, chronic right heart failure, hypertension, restless legs syndrome, disorder of peripheral nervous system and diabetes.Review of resident #1's Physician's Orders revealed an order dated 04/17/2026 for Lasix oral tablet 20 mg (milligrams). Give 1 tablet by mouth every 24 hours as needed for edema.Review resident #1's Comprehensive Plan of Care revealed resident has diagnosis of chronic kidney disease Stage II- risk for excess fluid volume, decreased urine output, and sodium retention. Monitor for generalized edema.Review of resident #1's April 2026 MAR (medication administration record) failed to reveal documentation of assessment or monitoring for edema was completed.Resident #2Review of resident #2's records revealed diagnoses that include rheumatoid arthritis, functional urinary incontinence, sarcoidosis of lung, age related physical debility, chronic kidney disease, and localized edema.Review of resident #2's Physician's Orders revealed an order dated 10/15/2025 Lasix oral tablet 20 mg. Give 1 tablet by mouth every 24 hours as needed for bilateral lower extremities edema.Review resident #2's Comprehensive Plan of Care revealed resident takes diuretic-at risk for dehydration. Intervention listed was to assess and record edema. Administer medication as ordered by physician. Assess and record edema.Review of resident #2's May 2026 MAR failed to reveal documentation of assessment or monitoring for edema was completed.During an interview on 05/13/2026 at 11:40 a.m. S1 ADON (Assistant Director of Nursing) reported if a resident is to be assessed or monitored for edema the nurses should document on the resident's MAR. S1 ADON checked resident #1 and #2's records and was unable to provide documentation that edema checks had been completed. S1 ADON agreed resident #1 and #2 should have been assessed for edema and they were not.

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