

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Southern Oaks Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1524 Glen Oaks Place Shreveport, LA 71103	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39897</p> <p>Based on record reviews and interview the facility failed to ensure the plan of care was followed for 2 (#2, #3) of 3 (#1, #2, #3) sampled residents. The facility failed to ensure physician orders were followed.</p> <p>Findings:</p> <p>Resident #2</p> <p>Review of Resident #2's medical record revealed an admitted [DATE] with diagnoses that include in part: rheumatoid arthritis, chronic venous insufficiency - peripheral, long term use of insulin, and diabetes mellitus due to underlying condition with hyperglycemia.</p> <p>Review of Resident #2's physician orders revealed in part:</p> <p>07/02/2024 Lantus Subcutaneous (SQ) Solution 100 unit/ml (milliliter) (Insulin Glargine) inject 60 units subcutaneously before meals</p> <p>07/01/2024 Gabapentin Oral Capsule 300 mg (milligram) Give 1 capsule by mouth before meals</p> <p>07/01/2024 Humulin R (Regular) Injection Solution, inject as per sliding scale .SQ before meals and at bedtime.</p> <p>Review of Resident #2's July 2024 Medication Administration Record (MAR) failed to reveal evidence the following medications had been provided on the indicated time/dates:</p> <p>6:00 a.m. dose of Humulin R injection per sliding scale .SQ before meals and at bedtime: 07/01/2024, 07/05/2024, 07/21/2024, 07/23/2024, 07/26/2024, 07/27/2024, and 07/28/2024.</p> <p>6:00 a.m. dose of Lantus SQ 100 units/ml inject 60 units SQ before meals: 07/01/2024, 07/04/2024, 07/05/2024, 07/21/2024, 07/23/2024, 07/26/2024, 07/27/2024, and 07/28/2024.</p> <p>6:00 a.m. dose of Gabapentin capsule 300 mg give 1 capsule by mouth before meals: 07/01/2024, 07/21/2024, 07/27/2024, and 07/28/2024.</p> <p>(continued on next page)</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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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #3</p> <p>Review of Resident #3's medical record revealed an admitted [DATE] with diagnoses that include in part: type 2 diabetes mellitus, acute and chronic respiratory failure with hypoxia, non-ST elevation (nonSTEMI) myocardial infarction, metabolic encephalopathy, viral hepatitis C, Progressive Supranuclear Ophthalmoplegia (Steele-[NAME]-[NAME]), dementia, major depressive disorder-recurrent-severe with psychotic symptoms, and epilepsy.</p> <p>Review of Resident #3's physician orders revealed in part:</p> <p>07/23/2024 Insulin Aspart FlexPen SQ 100 units/ml Inject as per sliding scale .</p> <p>07/23/2024 Night: change nebulizer tubing, medication chamber and mask on night shift every Saturday</p> <p>07/23/2024 Levothyroxine Sodium oral tablet 50 mcg (micrograms) give 1 tablet by mouth before meals</p> <p>07/23/2024 Protonix oral tablet delayed release 40 mg give 1 tablet by mouth before meals</p> <p>07/23/2024 Check edema status every shift</p> <p>07/23/2024 Hydralazine HCl (Hydrochloride) oral tablet 50 mg give 1 tablet by mouth three times a day</p> <p>07/23/2024 Monitor for side effects of psychotropic meds</p> <p>07/23/2024 Monitor for behaviors of psychotropic meds</p> <p>07/23/2024 Monitor for abnormal signs or symptoms of bleeding related to anticoagulant therapy</p> <p>07/25/2024 Listen to resident's lungs with stethoscope for abnormal breath sounds 3 times a day for the diagnosis of acute on chronic respiratory failure. Document any abnormal findings in the nurse's notes and notify MD (medical doctor). Every shift, 0 = Clear lung sounds, 1 = crackles, rales, rhonchi, wheezing or rub *Record minutes of treatment</p> <p>Review of Resident #3's July 2024 MAR failed to reveal evidence the following had been conducted/administered for the indicated times/dates:</p> <p>6:00 a.m. dose of Insulin Aspart FlexPen SQ 100 units/ml inject as per sliding scale .: 07/27/2024, 07/28/2024, and 07/29/2024.</p> <p>Night shift: Change nebulizer tubing, medication chamber and mask on night shift every Saturday: 07/27/2024.</p> <p>6:00 a.m. dose of Levothyroxine Sodium oral tablet 50 mcg give 1 tablet by mouth before meals: 07/27/2024, 7/28/2024.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>6:00 a.m. dose of Protonix oral tablet delayed release 40 mg give 1 tablet by mouth before meals: 07/27/2024, 07/28/2024.</p> <p>Night shift: Check edema status every shift: 07/26/2024, 07/27/2024.</p> <p>Night shift: Complete vital signs daily x 10 days every shift: 07/26/2024, 07/27/2024, and 07/28/2024.</p> <p>Night shift: Document seizure activity. Document any seizure activity in the nurse's notes and notify the MD. Every shift: 07/25/2024, 07/26/2024, and 07/27/2024.</p> <p>6:00 a.m. dose of Hydralazine HCl oral tablet 50 MG give 1 tablet by mouth three times a day: 07/27/2024, 07/28/2024.</p> <p>Night shift: Monitor for side effects of psychotropic meds: 07/25/2024, 07/26/2024, and 07/27/2024.</p> <p>Night shift: Monitor for behaviors of psychotropic meds: 07/25/2024, 07/26/2024, and 07/27/2024.</p> <p>Night shift: Monitor for abnormal signs or symptoms of bleeding related to anticoagulant therapy: 07/25/2024, 07/26/2024, and 07/27/2024.</p> <p>Night shift: Listen to resident's lungs with stethoscope for abnormal breath sounds 3 times a day for the diagnosis of acute on chronic respiratory failure. Document any abnormal findings in the nurse's notes and notify MD. Every shift, 0 = Clear lung sounds, 1 = crackles, rales, rhonchi, wheezing or rub *Record minutes of treatment: 07/25/2024, 07/26/2024, and 07/27/2024.</p> <p>During an interview on 07/31/2024 at 10:15 a.m. S1 DON (Director of Nursing) reviewed the July MAR for Resident #2 and #3 and acknowledged the missing documentation. S1 DON further reported the MAR shows the medications were not given and there was not a nursing note for documentation of medication administration. S1 DON further stated if it wasn't documented, it wasn't done and should have been.</p>		