

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  04/17/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40015</b></p> <p>Based on record review, observations and interviews the facility failed to provide services to prevent further contractures and potential decline in range of motion for 1 (#22) of 2 (#22, #26) residents reviewed for position and mobility out of a total sample of 17 residents. The facility failed to ensure hand rolls were placed for Resident #22 who had bilateral hand contractures.</p> <p>Findings:</p> <p>Review of Resident #22's medical record revealed an admitted [DATE] with diagnoses that included, in part, quadriplegia, contracture of muscle multiple sites, contracture of bilateral hands, contracture of right wrist, contracture of left wrist, muscle wasting and atrophy not elsewhere classified multiple sites.</p> <p>Review of Resident #22's physician orders revealed:</p> <p>-03/13/2023 Apply hand roll to both hands Q (every) AM. Inspect skin. May remove for baths.</p> <p>-03/15/2024 Remove hand rolls from both hands Q afternoon. Inspect skin.</p> <p>Review of Resident #22's 02/08/2024 quarterly MDS (Minimum Data Set) revealed Resident #22 was cognitively intact with a BIMS (Brief Interview Mental Status) score of 15.</p> <p>Review of Resident #22's Care Plan revealed:</p> <p>-Impaired mobility: requires staff assistance related to quadriplegia with interventions that included, in part, hand roll to bilateral hands. On at 8am, off at 2pm, inspect skin, may remove for bathing.</p> <p>Observation on 04/15/2024 at 12:28 p.m. revealed Resident #22 was lying in bed with pillows supporting each arm and contractures were noted to bilateral hands with no hand roll in place in either hand.</p> <p>During an interview on 04/15/2024 at 12:28 p.m. Resident #22 confirmed he did not have any hand rolls in his hands. Resident #22 further reported he had hand rolls in the past but they would get dirty and had been removed.</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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 04/16/2024 at 2:15 p.m. revealed Resident #22 was lying in bed, positioned using pillows on each side and no hand rolls were in place.</p> <p>Observation on 04/17/2024 at 9:20 a.m. revealed Resident #22 was lying in bed with arms positioned using pillows and no hand rolls were in place.</p> <p>During an interview on 04/17/2024 at 9:20 a.m. Resident #22 reported they had taken his hand rolls to have them cleaned last week and he had not had them since.</p> <p>During an interview on 04/17/2024 at 9:32 a.m. S2 CNA (Certified Nursing Assistant) observed Resident #22 and confirmed Resident #22 did not have hand rolls in place and should have.</p> <p>During an interview on 04/17/2024 at 9:36 a.m. S1 LPN (Licensed Practical Nurse) reported Resident #22's hand rolls were sent to be washed.</p>		