

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195561	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER River Oaks Nursing & Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3612 Baker Blvd Baker, LA 70714	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45270</p> <p>Based on observations, interviews, and record review, the facility failed to ensure that each resident was treated with respect and dignity in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life for 2 (#43 and #120) of 28 residents reviewed in the final sample. The facility failed to ensure residents were assisted with meals in a dignified manner as evidenced by staff standing over and sitting on Residents #43 and #120's beds while assisting them to eat.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled, Feeding A Resident revealed the following, in part:</p> <p>Procedure:</p> <p>5. Sit in a chair to feed the resident.</p> <p>Resident #43</p> <p>Review of Resident #43's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses of Senile Degeneration of Brain and Dementia.</p> <p>On 08/20/2024 at 7:35 a.m., an observation was made of Resident #43 in bed. S11CNA was observed feeding Resident #43 while standing next to his bed. S11CNA then sat on Resident #43's bed and continued feeding him the rest of the meal.</p> <p>On 08/20/2024 at 1:30 p.m., an interview was conducted with S11CNA. She confirmed the aforementioned observations. She confirmed she should sit in a chair to feed a resident.</p> <p>Resident #120</p> <p>Review of Resident #120's Clinical Record revealed she was admitted to the facility on [DATE] with a diagnosis of Dementia.</p> <p>On 08/20/2024 at 7:43 a.m., an observation was made of Resident #120 in bed. S10CNA was observed standing next to the bed and then sat on Resident #120's bed to feed the resident.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/20/2024 at 1:25 p.m., an interview was conducted with S9LPN. She confirmed CNA's should not stand while feeding residents or sit on the resident's bed, they should sit in a chair.</p> <p>On 08/20/2024 at 2:05 p.m., an interview was conducted with S10CNA. She confirmed the aforementioned observations. She confirmed she should sit in a chair to feed a resident.</p> <p>On 08/20/2024 at 4:50 p.m., an interview was conducted with S2DON. She confirmed CNA's should not be standing or sitting in the resident's beds while feeding a resident, they should be seated in a chair next to the resident.</p>