STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195561	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Oaks Nursing & Rehabilitation Center LLC	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45270 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. Findings: Review of the facility's undated policy titled, Feeding A Resident revealed the following, in part: Procedure: 5. Sit in a chair to feed the resident. Resident #43 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. 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. 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. Resident #120 Review of Resident #120's Clinical Record revealed she was admitted to the facility on [DATE] with a diagnosis of Dementia. 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. (continued on next page)

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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 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. 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.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47546 Based on interviews and record reviews, the facility failed to ensure allegations of verbal abuse were reported immediately but no later than 2 hours after the allegation was made to the State Survey Agency for 1 (#33) of 8 (#1, #5, #15, #33, #46, #47, #73, and #106) residents interviewed during the initial pool and reviewed for abuse. Findings: Review of the facility's document titled Abuse/Neglect Policy Statement dated March 2016 revealed in part, the following: Definitions: Abuse - the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Alleged Violation - the terminology used when a verbal allegation of resident abuse has been made either by a resident, family member, visitor, or employee . Verbal Abuse - the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend or disability . Physical Abuse - includes hitting, slapping, pinching, and kicking . Review of the facility's Policy titled Abuse/Neglect Investigation, Protection, and Reporting dated March 2016 revealed in part, the following: In the event of any evidence involving abuse .an occurrence will be immediately reported to the Administrator or designee of the facility, who will immediately notify corporate office and the appropriate state officials per state guidelines . Review of Resident #33's clinical record revealed the resident was admitted to the facility on [DATE]. Review of the incident reports for Resident #3 revealed no report regarding alleged verbal abuse by S17CNA. Review of Resident #33's Quarterly MDS with an ARD of 06/11/2024 revealed Resident #33 had a BIMS of 15, which indicated the resident was cognitively intact. On 08/19/2024 at 10:00 a.m., an interview was conducted with Resident #33. Resident stated S17CNA yelled and cursed at him on Saturday. Resident #33 stated he reported what S17CNA had done to S16LPN and S1ADM on the morning of 08/19/2024. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 08/19/2024 at 10:00 a.m., an interview was conducted with Resident's roommate. He stated he saw and heard S17CNA yelling and cursing at Resident #33. Resident #33. On 08/19/2024 at 10:48 a.m., an interview was conducted with S16LPN. She stated Resident #33 told her this morning S17CNA had yelled and cursed at him. She stated she immediately notified S2DON and S1ADM. On 08/20/2024 at 2:00 p.m., an interview was conducted with S2DON. She stated S16LPN notified her on the morning of 08/19/2024 Resident #33 reported S17CNA had yelled and cursed at him. She stated any allegations of staff yelling or cursing at residents would be considered abuse. On 08/20/2024 at 2:30 p.m., an interview was conducted with S1ADM. S1ADM confirmed he was informed of S17CNA yelling and cursing at Resident #33 on 08/19/2024 by S16LPN and confirmed he had not reported it to the state survey agency. S1ADM stated staff yelling or cursing at a resident was considered abuse.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45270 Based on record review and interviews, the facility failed to ensure a resident's assessment accurately reflected the Discharge Status for 1 (#130) of 28 residents reviewed in the final sample. Findings: Review of Resident #130's Clinical Record revealed she was admitted to the facility on [DATE]. Review of Resident #130's Discharge MDS, with an ARD of 07/09/2024, indicated, in part, the following; Section A: Planned/Unplanned Discharge: 1. Planned. discharge date : 07/09/2024. Discharge Status: 4. Short Term General Hospital. Assessment Reference Date: 07/09/2024. Review of Resident #130's Physician Orders revealed, in part, an order written on 07/09/2024 to discharge to a private facility. Review of Resident #130's Nurses Notes revealed, in part, a note written on 07/09/2024 at 5:50 p.m. by S8LPN indicating Resident #130's son has arrived to transport this resident to a group home . On 08/20/2024 at 4:00 p.m., an interview was conducted with S7SSD. She stated Resident #130 discharged from the facility to a group home. On 08/20/2024 at 4:20 p.m., an interview was conducted with S6RN. She confirmed she was responsible for entering MDS Assessments for the facility. She reviewed Resident #130's Discharge MDS and Nurses Notes dated 07/09/2024. She confirmed the resident was discharged to a group home, not a short term hospital and the MDS was coded incorrectly.

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F 0660 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Plan the resident's discharge to meet the resident's goals and needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48537 Based on record review and interviews, the facility failed to develop and implement an effective discharge planning process which focused on the resident's discharge goals for 1 (#71) of 1 residents reviewed for choices. The facility failed to update the discharge plan to accurately reflect the discharge wishes of the resident. Findings: Review of the facility's undated policy titled Discharge Planning revealed the following: Policy: It is the policy of this facility that discharge planning and evaluating services be provided by the Department of Social Services for each resident. Discharge planning involves the resident, the family and/or representative, interdisciplinary staff, and other resources as needed. Review of Resident #71's clinical record revealed he was admitted to the facility on [DATE]. Review of Resident #71's quarterly MDS with an ARD of 07/03/2024 revealed he had a BIMS of 12, which indicated he had moderate cognitive impairment. Review of Resident #71's facility facesheet revealed he was his own responsible party. Review of Resident #71's care plan revealed the following: Onset: 04/30/2024 Problem: Discharge plans - Resident and RP plans are for the resident to remain in the facility Intervention: Assess residents and responsible party's feelings and desires toward discharge; Support and assist resident in making own choices Review of Resident #71's care team notes dated April 2024 to August 2024 revealed the following: 04/04/2024 at 3:16 p.m. - He is understood when making request and needs known . Resident scored 12 on BIMS scale which indicates that he is moderately impaired. Resident does not care for this facility and desires to transfer to a facility closer to his home. Signed by: S7SSD 04/04/2024 at 5:03 p.m.-Resident is new to facility and lives out in general population .No plans for discharge at this time. Signed by: S12AD 05/10/2024 at 10:52 a.m. - He is understood when making request and needs known . Resident expects to transfer to other facility . Signed by: S7SSD 05/15/2024 at 12:13 p.m. - Resident is new admit to facility .No plans for discharge at this time. Signed by: S12SSD (continued on next page)

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F 0660 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 08/19/2024 at 9:48 a.m., an interview was conducted with Resident #71. He stated he requested to be transferred to a facility closer to his family. He stated he talked with S7SSD about this, but nothing had been done about it. On 08/20/2024 at 9:58 a.m., an interview was conducted with S4LPN. She stated Resident #71 was able to communicate and make his needs known. She stated he had voiced to her he wanted to leave the facility, but never stated or specified he wanted to be moved to another facility closer to home. On 08/20/2024 at 10:18 a.m., an interview was conducted with S13CNA. She stated Resident #71 had mentioned to her his desire to be transferred to another facility closer to his family. On 08/20/2024 at 11:10 a.m., an interview was conducted with S7SSD. She stated Resident #71 was a new resident at the facility and was admitted in March. She stated he told her he wanted to be transferred to a facility closer to where his family was located. She confirmed she had not sent any documents for approval of transfer to another facility closer to his home because he was newly admitted to this facility.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47546 48333 Based on observations, interviews, and record reviews, the facility failed to ensure all drugs and biologicals were stored in accordance with currently accepted professional principles by failing to: 1. Ensure medications were in locked compartments permitting only authorized personnel to have access for 1 (#33) of 8 (#1, #5, #15, #33, #46, #47, #73, and #106) residents observed during the initial pool; and 2. Ensure Schedule III-IV medications were stored in a permanently affixed compartment and/or a single unit package drug distribution system for 1 (Room A) of 1 Medication Storage Room reviewed. Findings: Review of the facility's undated Policy titled, Medication Storage in the Facility revealed the following: Policy Statement: Medication and biologicals 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. Procedure: 2. Only licensed nurses, the consultant pharmacist, and those lawfully authorized to administer medications are allowed access to medications . 1. Resident #33 Review of Resident #33's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses of Glaucoma. Review of Quarterly MDS with ARD of 6/11/2024 that resident had a BIMS of 15 which revealed resident was cognitively intact. Review of Resident #33's August 2024 Physician Orders revealed the following, in part: (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Start date: 01/01/2022- Brimonidine Tartratetimolol Maleate 0.2%-0.5% eye drops. Instill 1 drop in right eye two times a day. Start date: 01/01/2022 - Latanoprost 0.005% Eye drops. Instill 1 drop in both eyes at bedtime. Review of Resident #33's August 2024 MAR revealed the following, in part: Brimonidine Tartratetimolol 0.2-0.5% was administered on 08/19/2024 at 8:00 p.m. Latanoprost 0.005% was administered on 08/19/2024 at 8:00 p.m. On 08/20/2024 at 8:52 a.m., an observation was made of two bottles of eye drops, Latanaprost 0.005% and Brimonidine 0.2-0.5%, at Resident #33's bedside. Resident #33 stated the eye drops were his and were left last night by the nurse. On 08/20/2024 at 8:59 a.m., an observation and interview was conducted with S12LPN. She confirmed eye drops, Latanaprost 0.005% and Brimonidine 0.2-0.5%, had been left at Resident #33's bedside. She stated medications, including eye drops, should not have been left at Resident #33's bedside. On 08/20/2024 at 10:35 a.m., an interview was conducted with S3ADON. She confirmed nurses should never leave medications at a resident's bedside, including eye drops. 2. On 08/19/2024 at 9:40 a.m., an observation was made of Room A with S4LPN. There was a small tan colored box, Controlled Substance Emergency Kit, present in Room A on a corner shelf. The Controlled Substance Emergency Kit was not permanently affixed. S4LPN picked the entire Controlled Substance Emergency Kit up and held it in her hands. An interview was conducted with S4LPN at that time. S4LPN confirmed the Controlled Substance Emergency Kit contained Schedule III-IV medications and was not permanently affixed. Review of the list of medications present in the Controlled Substance Emergency Kit revealed the following Schedule III - IV medications were present in the kit: 1. Alprazolam 0.25mg tablet - Quantity 8 tablets 2. Clonazepam 0.5mg tablet - Quantity 8 tablets 3. Lorazepam 0.5mg - Quantity 8 tablets 4. Tramadol HCL 50mg - Quantity 8 tablets 5. Tramadol/APAP 37.5mg/325mg tablet - Quantity 8 tablets 6. APAP/Codeine 300/30mg tablet - Quantity 8 tablets 7. APAP/Codeine 300/60mg tablet - Quantity 8 tablets (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 08/19/2024 at 2:44 p.m., an interview was conducted with S2DON and S3ADON in Room A. S2DON and S3ADON both reported every floor nurse and administrative nurse had keys to Room A and had access to the Controlled Substance Emergency Kit. S2DON picked up the Controlled Substance Emergency Kit containing Schedule III-IV medications and held it in her hands. Both S2DON and S3ADON confirmed the Controlled Substance Emergency Kit box was not permanently affixed and could easily be removed from Room A. S2DON and S3ADON both confirmed the Controlled Substance Emergency Kit was not a single unit dose distribution system and contained Scheduled III-IV medications. S2DON stated she was unaware the Controlled Substance Emergency Kit should have been stored in a permanently affixed compartment. On 08/20/2024 at 10:00 a.m., an interview was conducted with S1ADM who confirmed he was unaware controlled medications should have been in a permanently affixed compartment or a single unit dose distribution system.

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F 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45270 Based on record review, observations and interviews, the facility failed to provide drinks consistent with resident preferences. The facility failed to ensure staff passed ice and water to 2 (#10 and #112) of 33 residents reviewed in the initial pool. Findings: Review of the facility's undated policy titled, Hydration Management revealed the following, in part: Procedure: 1. A pitcher of ice water will be available to all residents in their rooms . Efforts will be made to keep water pitchers within the resident's reach . 2. Water pitchers will be filled with ice not less than three times per 24 hours. Resident #10 Review of Resident #10's Clinical Record revealed he was admitted to the facility on [DATE]. Review of Resident #10's Admission MDS with ARD of 06/26/2024 revealed Resident #10 had a BIMS of 14, which indicated he was cognitively intact. Review of Resident #10's current Physician Orders revealed the following, in part: Start date: 08/01/2024- Low Concentrated Sweets/Controlled Carbohydrate Diet, Regular texture. On 08/19/2024 at 9:11 a.m., an interview was conducted with Resident #10. Two plastic pink cups were observed sitting on the air conditioning unit by his bed. Resident #10 removed the lids off both cups and they were observed empty. He stated he had no ice or water and was lucky to get his cup filled once a day. On 08/19/2024 at 2:15 p.m., an interview was conducted with Resident #10. Two plastic pink cups were observed sitting on the air conditioning unit by his bed. Resident #10 removed the lids off both cups and they were observed empty. He stated staff had not filled his cup with water and ice for 2 weeks and he would like some. On 08/20/2024 at 8:30 a.m., an observation was made of Resident #10 room. Two plastic pink cups were observed empty sitting on the air conditioning unit by Resident #10's bed. Resident #112 Review of Resident #112's Clinical Record revealed he was admitted to the facility on [DATE]. (continued on next page)

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F 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #112's Quarterly MDS with an ARD of 05/24/2024 revealed Resident #112 had a BIMS of 3, which indicated he was severely cognitively impaired. Review of Resident #112's current Physician Orders revealed the following, in part: Start date: 08/01/2024- Regular diet, Regular texture, Regular/thin consistency. On 08/19/2024 at 2:18 p.m., an interview was conducted Resident #112. No ice or water was observed on his bedside table. A pink cup was observed empty on the cabinet shelf out of the resident's reach. Resident #112 stated no ice or water were passed or offered by the CNA's. He stated he used to ask the CNA's for ice and water, but they never bring any, so he quite asking them because it was a waste of time. On 08/20/2024 at 8:30 a.m., an observation was made of Resident #112's room. A pink cup was observed empty on the cabinet shelf out of Resident #112's reach. No ice or water was observed on Resident #112's bedside table. On 08/20/2024 at 12:48 p.m., an interview was conducted S9LPN. She stated the plastic pink cups in the resident rooms should have ice and water in them. She stated the CNA's should pass ice and water to the residents every shift and as requested. On 08/20/2024 at 1:30 p.m., an interview was conducted with S11CNA. She stated the plastic pink cups in the resident rooms should be filled up with ice and water. She stated the CNA's had not passed ice and water to Resident #10 and Resident #112's room this week and should have. On 08/20/2024 at 1:50 p.m., an interview was conducted with S10CNA. She stated she was assigned to Resident #10 and Resident #112 today, 08/20/2024. She confirmed she did not pass ice or water to Resident #10 or Resident #112 during her shift and should have. She stated ice and water should be offered to residents each shift and as requested. On 08/20/2024 at 4:50 p.m., an interview was conducted with S2DON. She stated the CNA's should pass ice and water once to twice a shift and as requested by residents.

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45270 Based on record review and interviews, the facility failed to maintain accurate records in accordance with accepted professional standards and practices. The facility failed to ensure Physician Orders for monitoring of behaviors and side effects for a psychotropic medication were obtained and documented for 1 (#124) of 28 residents reviewed in the final sample. Findings: Review of Resident #124's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses of Major Depressive Disorder, Other Specified Depressive Episodes and Severe Vascular Dementia with Other Behavioral Disturbance. Review of Resident #124's current Physician Orders revealed the following, in part: Revision Date: 08/01/2024 Sertraline HCl Tab 100 mg give 1 tablet by mouth one time a day. Further review revealed no orders pertaining to monitoring for behaviors or side effects of psychotropic medications. Review of Resident #124's MAR dated June 2024-August 2024 revealed the following, in part: Start date: 04/24/2024 Sertraline 100 mg tablet administer 1 tablet by mouth one time a day. Further review revealed no documentation pertaining to monitoring for behaviors and side effects of psychotropic medications. On 08/20/2024 at 12:38 p.m., an interview was conducted with S9LPN. She stated she was assigned to Resident #124. She reviewed Resident #124's physician orders and MAR and verified he received the antidepressant medication Sertraline daily. She confirmed there was no physicians order or task assigned to the nurses to monitor Resident #124 for behaviors or side effects related to the antidepressant and there should have been. On 08/20/2024 at 4:30 p.m., an interview was conducted with S14LPN. She reviewed Resident #124's clinical record and confirmed he received psychotropic medications. She confirmed Resident #124 did not have orders for monitoring behaviors and side effects for psychotropic medication and should have. On 08/20/2024 at 4:40 p.m., an interview was conducted with S2DON. She reviewed Resident #124's physician orders and MAR and confirmed he was prescribed Sertraline for depression. She confirmed a physician's order was not entered or a task assigned to the nurses for the monitoring of the psychotropic medication.