

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195575	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2025
NAME OF PROVIDER OR SUPPLIER  Oak Haven Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1515 Highway 107 Center Point, LA 71323	

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 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</b></p> <p>Based on observation and interview the facility failed to maintain a clean, comfortable and homelike environment, by failing to provide an uncluttered neat and well-kept room for 1 (Resident #2) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents.</p> <p>Findings:</p> <p>Review of Resident #2's medical record revealed an admitted [DATE] with diagnoses that included in part . Type 2 Diabetes Mellitus with Diabetic Retinopathy, Bipolar Disorder, Borderline Personality Disorder, Pain Unspecified and Legal Blindness.</p> <p>Review of Resident #2's Quarterly MDS with ARD of 12/06/2024 revealed a BIMS score of 15 which indicated intact cognition. The MDS revealed Resident #2 was coded as setup or clean-up assistance for eating, toileting, oral hygiene, and supervision or touching assistance with bathing.</p> <p>Review of Resident #2's Care Plan with a review date of 04/13/2025 revealed in part .</p> <p>1. I have an ADL self-care performance deficit related visual deficit: Diagnosis of Macular Degeneration with interventions which included assist me with bed mobility, toileting, eating, personal hygiene, grooming, dressing and bathing as needed.</p> <p>2. I have impaired visual function related to Macular Degeneration with interventions which included I prefer to have my room and things arranged to promote independence.</p> <p>Interview on 02/04/2025 at 11:00 a.m. with Resident #2 revealed she was concerned about a recent room change that occurred while she was out of the facility in the hospital. Resident #2 revealed when she returned to the facility all of her personal belongings had been thrown into a new room. Resident #2 revealed her closet was a mess and her personal belongings were packed in boxes and thrown in drawers. Resident #2 revealed she was legally blind and had difficulty seeing and kept her room arranged so she could easily find items. Resident #2 revealed it was hard for her to find her belongings in the new room and no one had offered to assist her in rearranging the new room.</p> <p>Review of a nurse's progress note dated 11/29/2024 at 3:47 p.m. read in part .Resident returned from behavioral hospital per facility van. Diagnosis Bipolar. Awake alert x 3 ambulatory per walker. Resident seems content with new room assignment.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation and interview on 02/05/2025 at 8:32 a.m. revealed Resident #2 sitting in her room on the side of her bed. In the corner by Resident #2's bathroom were four boxes on the floor stacked on top of one another, which contained clothes and personal items. Observation with Resident #2 of her nightstand drawers revealed numerous personal items in disarray. Resident #2 revealed she couldn't find anything in her nightstand drawers. Resident #2 revealed in her previous room she had her closet organized so she could find her clothes easier due to her blindness.</p> <p>Observation and interview on 02/05/2025 at 8:46 a.m. with S3 Administrator in Resident #2's room revealed four boxes sitting in the corner by the bathroom stacked on top of one another. Resident #2 revealed to S3 Administrator that the boxes contained her clothes and personal belongings from her recent room change and that was how staff had left them. S2 Administrator shown Resident #2's night stand drawers and personal items in disarray. S2 Administrator confirmed the above findings and stated staff should have assisted Resident #2 in unpacking her clothes and personal belongings when she changed rooms.</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>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</b></p> <p>Based on interview and record review the facility failed to develop/implement a Person-Centered Care Plan for 1 (Resident #1) out of 3 (Resident #1, Resident #2 and Resident #3), sampled residents to include smoking and appropriate nursing interventions.</p> <p>Findings:</p> <p>Review of Resident #1's medical record revealed an admitted [DATE] with diagnoses that included in part . Multiple Sclerosis, Paraplegia Unspecified, Anxiety Disorder, Personality Disorder, Pressure Ulcer of Left Buttock Stage 2, Bipolar Disorder and Insomnia.</p> <p>Review of Resident #1's Admission's MDS with an ARD of 11/1/2024 revealed a BIMS score of 12 which indicated moderately impaired cognition. The MDS revealed Resident #1 was coded as extensive assistance with 2 person assistance for bed mobility and toilet use; Dependent for transfers and Independent with eating.</p> <p>Review of a progress note dated 12/04/2024 at 1:18 PM by S2 LPN revealed in part .reassessed blisters on Resident's abdomen. NP diagnosed them as burns. Resident stated that she did not burn herself and that she does not have a lighter.</p> <p>Telephone interview on 02/04/2025 at 11:15 a.m. with Resident #1 revealed she was a safe smoker at the nursing home and smoked whenever she wanted to.</p> <p>Review of Resident #1's Care Plan revealed no documentation of Resident #1 being a smoker.</p> <p>Interview on 02/04/2025 at 12:55 p.m. with S1 DON confirmed Resident #1 smoked when she was a resident at the facility. S1 DON confirmed a Care Plan had not been developed with appropriate nursing interventions for Resident #1 having been a smoker, and it should have been.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</b></p> <p>Based on observation, interview and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development of communicable diseases and infection by failing to ensure staff performed hand hygiene after touching contaminated areas during wound care for 1 (Resident #3) out of 3 (Resident #1, Resident #2 and Resident #3), sampled residents.</p> <p>Findings:</p> <p>Review of the Facility's Policy titled Dressing Clean with an effective date of 09/01/2023 read in part .</p> <p>Purpose: To provide guidelines for the care of wounds and soiled dressings, to decrease the potential for nosocomial infection.</p> <p>Process:</p> <p>4. Wash hands and put on clean gloves.</p> <p>5. Loosen the tape and remove the existing dressing, moisten with prescribed cleaning solution if needed to remove dressing, discard old dressing.</p> <p>6. Wash hands and put on clean gloves</p> <p>11. Discard disposable items and gloves into appropriate trash receptacle and wash hands.</p> <p>Review of Resident #3's medical record revealed an admitted [DATE] with diagnoses that included in part . Cerebral Palsy, Unspecified Protein-Calorie Malnutrition, Pressure induced deep tissue damage Left Heel, Dysphagia, Cognitive Communication Deficit, Gastrostomy Status and Unspecified Intellectual Disabilities.</p> <p>Review of Resident #3's 02/2025 Physician's Order with an order date of 11/01/2024 read in part .Pressure Stage 3 Left Heel Distal-cleanse with Dakins and gauze, pat dry with gauze, apply Zinc to Peri-wound, apply Medi-Honey and Calcium Alginate to wound bed and cover with ABD pad and wrap with gauze bandage every day and as needed until resolved.</p> <p>An observation of wound care for Resident #3 on 02/05/2025 at 11:10 a.m. with S4 RN Treatment Nurse revealed she donned a pair of gloves and removed a soiled dressing from Resident #3's Left Heel. S4 RN Treatment nurse then donned a clean pair of gloves without washing/sanitizing hands. S4 RN Treatment Nurse cleansed the wound to the Left Heel, then removed gloves and donned a new pair without washing/sanitizing hands. S4 RN Treatment Nurse applied medications to Left Heel and wrapped it. S4 RN Treatment nurse removed soiled gloves without washing/sanitizing hands.</p> <p>Interview on 02/05/2025 at 11:15 a.m. with S4 RN Treatment Nurse confirmed she had not washed or sanitized her hands at any time while providing wound care to Resident #3's Left Heel.</p> <p>(continued on next page)</p>		

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F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Interview on 02/05/2025 at 1:27 p.m. with S1 DON confirmed that hand hygiene should have completed prior to S4 RN Treatment Nurse donned gloves and after removing soiled gloves.		