STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195584	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allen Oaks Nursing and Rehab Center	909 East 6th Avenue Oakdale, LA 71463

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based interview and record review, the facility failed to ensure a resident was free of chemical restraints for 1 (Resident #8) of 5 residents reviewed for unnecessary medications by failing to ensure: 1. A new order was obtained for an as-needed (PRN) psychotropic drug after 14 days; and2. Indications of use were documented for the administration of a PRN psychotropic drug Review of the facility's undated policy titled, Antipsychotic Medication Use revealed in part . Antipsychotic medications may be considered for residents with dementia, but only after medical, physical, functional, psychological, emotional, psychiatric, social and environmental causes of behavioral symptoms have been identified and addressed. Antipsychotic medications will be prescribed at the lowest possible dosages for the shortest period of time and are subject to gradual dose reduction and re-review. 14. The need to continue PRN orders for psychotropic medications beyond 14 days requires that the practitioner document the rationale for the extended order. The duration of the PRN order will be indicated in the order. Review of Resident #8's medical record revealed an admission date of 11/25/2019 with diagnoses that included, in part. Unspecified Dementia Severe with Psychotic Disturbance, Depression, and Adjustment Disorder with Mixed Anxiety and Depressed Mood. Review of Resident #8's Quarterly MDS with ARD of 04/06/2026 revealed Resident #8 had a BIMS score of 5, indicating severe cognitive impairment. Review of Resident #8's 06/2026 active orders revealed in part. Ativan Oral Tablet 2 MG (Lorazepam) Give 2 mg by mouth every 8 hours as needed for target behavior: skin picking, agitation, restlessness related to depression, unspecified. Start date: 02/12/2026 and End date: Indefinite. 1. In an interview on 06/16/2026 at 2:59 p.m., S2 DON revealed that per the facility policy and procedure, PRN psychotropic drugs can only be ordered for 14 days at a time. Resident #8's 06/2026 medication administration record (MAR) was reviewed with S2 DON. S2 DON confirmed Resident #8's PRN Ativan order did not have a stop date and should have. S2 DON confirmed that Resident #8's PRN Ativan order should have been discontinued after 14 days, but was not.2.Review of Resident #8's 05/2026 MAR documentation revealed in part. Ativan oral tablet 2 MG by mouth every 8 hours as needed for target behavior: Skin picking, agitation, restlessness, related to depression. 05/19/2026: No behaviors observed. Administered 08:46 p.m.05/23/2026: No behaviors observed. Administered 08:15 a.m.05/23/2026- No behaviors observed. Administered 08:14 p.m.05/24/2026: No behaviors observed. Administered 08:30 p.m. Review of Resident #8's 05/2026 progress notes revealed no documentation of the behaviors that prompted the above listed PRN Ativan 2mg administrations. Review of 05/2026 MAR for behavior monitoring every shift revealed no behaviors documented for 05/19/2026, 05/23/2026, or 05/24/2026.In an interview on 06/17/2026 at 10:58 a.m. Resident #8's 05/2026 MAR was reviewed with S2 DON. S2 DON confirmed that the above documentation indicated no behaviors were observed for the above listed PRN Ativan medication administrations. In an interview on 06/17/2026 at 11:20 a.m. S2 DON confirmed that behaviors should have been documented, reflecting the need for PRN Ativan on the MAR, but were not. S2 DON confirmed Resident #8's medical record did not have any documentation reflecting the indications of use for the above PRN doses of Ativan, but should have

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