

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195584	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Allen Oaks Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47004</p> <p>Based on observation, record review, and interview the facility failed to ensure a resident who was fed by enteral means received appropriate treatment and services to prevent complications of enteral feeding by failing to check placement and gastric residual volume (GRV) for 1 (#45) of 2 (#34, and #45) residents reviewed for Tube Feeding. Findings:</p> <p>Review of the facility's current policy titled Confirming Placement of Feeding Tubes dated 03/2015 read in part . The purpose of this procedure is to ensure proper placement of the feeding tube to prevent aspiration during feedings. If feeding has been interrupted for a few hours, observe and check the pH of aspirate.</p> <p>Review of the facility's current policy titled Checking Gastric Residual Volume (GRV) dated 03/2015 read in part .The purpose of this procedure is to assess tolerance of enteral feeding and minimize the potential for aspiration. Check the position of the feeding tube before the initiation of each feeding. Measure GRV with at least a 60 mL syringe.</p> <p>Review of Resident #45's Medical Record revealed Resident #45 was admitted to the facility on [DATE] and had diagnoses that included in part . Cerebral Infarction, Heart Failure, Epilepsy, Dementia, Acute Necrotizing Hemorrhagic Encephalopathy, Gastrostomy Status, Type 2 Diabetes Mellitus, Gastroesophageal Reflux Disease, and Chronic Kidney Disease.</p> <p>Review of Resident #45's Quarterly MDS with ARD of 01/23/2024 revealed Resident #45 had a BIMS score of 02 (severe cognitive impairment). Resident #45 was dependent on staff for eating, oral hygiene, toileting, bathing, dressing, and personal hygiene.</p> <p>Interview on 04/14/2024 at 1:20 p.m. with Resident #45's RP in room revealed Resident #45 had been out of the facility on pass since approximately 9:30 a.m. on this day, and he had notified staff that Resident#45 needed to be connected back to her tube feeding. Observation at this time revealed Resident #45 was disconnected from her tube feeding. Observation also revealed the feeding was set at 40ml/hr. continuously, and flush was set for 40ml/hr. continuously via pump.</p> <p>Observation on 04/14/2024 at 1:40 p.m. revealed S5 LPN entered Resident #45's room donned gloves, cleaned feeding tube connection with an alcohol wipe, then connected the tubing to Resident #45's PEG and placed the pump to run.</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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 04/14/2024 at 1:57 p.m. with S5 LPN confirmed she did not check for placement or residual prior to administering Resident #45's enteral feeding, but should have.</p> <p>Interview on 04/15/2024 at 10:30 a.m. with S2 DON to discuss above finding revealed S5 LPN should have checked placement prior to initiating Resident #45's enteral feeding.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</p> <p>Based on observation, interview and record review the facility failed to provide respiratory care consistent with professional standards for 1 (Resident #5) of 1 residents reviewed for respiratory care. The facility failed to ensure respiratory equipment was properly changed, labeled and stored.</p> <p>Findings:</p> <p>Review of Resident #5's medical record revealed an admitted [DATE] with a BIMS score of 5 (indicating severe cognitive impairment), and diagnoses which included: Alzheimer's disease, Chronic Obstructive Pulmonary Disease, Sarcopenia and Sleep Apnea.</p> <p>Review of Resident #5's Physician's Orders dated 04/2024 revealed an order for Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML (breathing treatment) -1 application inhale orally every 6 hours as needed for SOB/Congestion.</p> <p>Review of Resident #5's Care Plan with a target of 05/19/2024 revealed a problem for Chronic Obstructive Pulmonary Disease with interventions that included in part .Administer medications and nebulizers as ordered for cough and congestion. Give Nebulizers or inhalers as ordered. Monitor/document any side effects/effectiveness.</p> <p>Observation on 04/14/2024 at 11:06 a.m. revealed Resident #5's nebulizer mouthpiece was lying on her bedside table in a Ziploc bag undated. The nebulizer mouthpiece was also undated. Interview with Resident #5 revealed she used the nebulizer for her breathing treatments.</p> <p>Observation on 04/15/2024 at 10:00 a.m. revealed Resident #5's nebulizer mouthpiece was lying on her bedside table in a Ziploc bag undated. The nebulizer mouthpiece was also undated.</p> <p>Observation and interview on 04/15/2024 at 10:06 a.m. with S3 LPN revealed Resident #5's nebulizer mouthpiece lying on her bedside table in a Ziploc bag undated. The nebulizer mouthpiece was also undated. S3 LPN confirmed the above findings and stated the nebulizer mouthpiece and Ziploc bag should have been dated and were not. S3 LPN revealed the weekend ward clerk was responsible for dating/labeling oxygen equipment weekly.</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46773</p> <p>Based on record reviews and interviews, the facility failed to ensure that 1 (#57) of 1 sampled residents who required dialysis received such services, consistent with professional standards of practice as evidenced by failing to ensure there was ongoing communication, coordination and collaboration with the dialysis facility regarding dialysis care and services.</p> <p>Findings:</p> <p>Review of Resident #57's medical record revealed a readmitted [DATE] with diagnoses that included: End Stage Renal Disease, Dependence on Renal Dialysis, and Heart Failure.</p> <p>Review of Resident #57's 04/2024 physician's orders revealed an order to receive dialysis three days per week on Monday, Wednesday, and Friday.</p> <p>Review of Resident #57's dialysis communication sheets for 04/2024 revealed two dialysis communication sheets, which had the pre-dialysis information section filled out by the nursing facility only. In an interview on 04/16/2024 at 4:12 p.m., S2 DON confirmed the communication sheets dated 04/08/2024 and 04/15/2024 were the only communications sheets that could be located for Resident #57 and the dialysis communication sheets were not completed by the dialysis facility.</p> <p>Interview on 04/16/2024 at 10:00 a.m., with S3 LPN revealed Resident #57 returns from dialysis on the shift she works. S3 LPN stated the dialysis communication sheets should return to the facility with Resident #57 from dialysis but she had not received any back from dialysis.</p> <p>Telephone interview on 04/16/2024 at 10:20 a.m. with the dialysis facility RN in charge of Resident #57's care revealed the nursing facility did not send communication sheets with Resident #57 to be filled out by dialysis staff for ongoing coordination of care. The dialysis RN stated if the facility would send a communication sheet, it would be filled out at each dialysis appointment but had not been sent.</p> <p>Interview on 04/16/2024 at 10:35 a.m. with S2 DON confirmed the dialysis communication sheets were not being completed by nursing staff prior to Resident #57 being sent to dialysis, Resident #57 did not return to the facility with communication sheets filled out by the dialysis center, and nursing staff did not contact the dialysis nurse to communicate dialysis care received. S2 DON reported it should have been completed with each Monday, Wednesday, and Friday dialysis visit, but it was not.</p>

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46773</p> <p>Based on observations, interviews, and record review, the facility failed to provide necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being by failing to assess, obtain, and implement services for the behavioral health care needs for 1 of 1 (#21) residents reviewed for behavioral health services.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Behavioral Assessment, Intervention and Monitoring read in part</p> <p>Cause Identification:</p> <p>1. The interdisciplinary team will thoroughly evaluate new or changing behavioral symptoms in order to identify cause, and address any modifiable factors that may have contributed to the residents change in condition.</p> <p>Management:</p> <p>1. The interdisciplinary team will evaluate behavioral symptoms in residents to determine the degree of severity, distress and potential safety risk to the resident, and develop a plan of care accordingly. Safety strategies will be implemented immediately if necessary to protect the resident and others from harm.</p> <p>Review of Resident #21's medical record revealed an admitted [DATE], with diagnoses that included: Opioid Abuse, Psychoactive Substance Abuse with Psychoactive Substance induced Psychotic Disorder with Delusions, Unspecified Mood Disorder, Alcohol Use, and Anxiety Disorder.</p> <p>Review of the Quarterly MDS with an ARD of [DATE], revealed Resident #21 had a BIMS of 15, which indicated he was cognitively intact.</p> <p>Review of Resident #21's Physician Orders dated ,d+[DATE] revealed the following:</p> <p>Document behaviors every shift - 1. Delusion, 2. Combative, 3.Crying out, 4. Hallucinations, 5. Other.</p> <p>Suboxone sublingual film 8 - 2mg - Give 0.5 film sublingual 2 times a day, related to Psychoactive Substance Abuse with Psychoactive Substance Induced Delusions.</p> <p>Suboxone sublingual film 8 - 2mg - Give 0.5 film sublingual at bedtime, related to Psychoactive Substance Abuse with Psychoactive Substance Induced Delusions.</p> <p>Review of the Resident #21's medical records revealed no documentation that he was assessed by a psychiatric provider, or received psychiatric services from ,d+[DATE] through ,d+[DATE].</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #21's Care plan with target date [DATE] read in part .</p> <p>1. Resident #21 has a history of Polysubstance drug abuse (methamphetamine/Opiate) with psychosis, delusions and hallucinations.</p> <p>[DATE] - Suspected of drug use.</p> <p>[DATE] - Suspected of stimulant use causing paranoia.</p> <p>[DATE] - Set up appointment for Saboxone clinic per MD.</p> <p>2. Resident #21 has a mood problem related to history of Polysubstance drug abuse.</p> <p>[DATE] - Resident #21 went out of facility, and returned with altered mental status and violent behaviors. A Physician's Emergency Certificate was signed.</p> <p>Monitor/record/report to MD any risk for harming others: increased anger, liable mood and agitation, feels threatened by others or thoughts of harming someone, possession of weapons or objects that could be used as weapons.</p> <p>Observation on [DATE] at 9:45 a.m. revealed a box cutter was observed lying on Resident #21's wheelchair seat as he removed the wheelchair cushion. Resident #21 stated he had the box cutter in case anyone came into his room late at night, and he needed it for his protection.</p> <p>Interview on [DATE] at 9:55 a.m. with S1 Administrator revealed she was unaware Resident #21 had a box cutter in his possession. S1 Administrator stated approximately a month ago a contract worker notified her that Resident #21 was harassing a fell ow contract worker about the nonexistent relation between her and a fell ow resident's family member, and that Resident #21 had told the contract worker to watch her back. S1 Administrator stated she had a conversation with Resident #21 and asked him to stop. S1 Administrator stated the next day the contract worker notified her that Resident #21 had a knife under his wheelchair. S1 Administrator stated the knife was a paring knife she believed he had gotten from the kitchen. S1 Administrator stated she did not ask Resident #21 why he had a knife hidden under his wheelchair. S1 Administrator stated she had not been notified that any resident or staff had been fearful or threatened by Resident #21.</p> <p>During an interview on [DATE] at 11:20 a.m., S5 Speech Therapist stated Resident #21 started asking her for a picture of herself, saying inappropriate things to her, and would follow her around the facility. S5 Speech Therapist stated she had notified S6 Therapy manager of how uncomfortable Resident #21 was making her feel, but could not recall exactly when. S5 Speech Therapist stated approximately 1 month ago, Resident #21 was waiting outside by the gate as she was leaving the facility, and told her she needed to watch her back. S5 Speech Therapist stated she immediately notified the S6 Therapy Director of the incident. S5 Speech Therapist stated she did not feel that Resident #21 would hurt her but made her feel uncomfortable.</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on [DATE] at 11:31 a.m. with S6 Therapy Director revealed approximately 1 month ago, (unable to remember exact date), he observed a knife handle coming out from under Resident #21's wheelchair cushion. S6 Therapy Director asked Resident #21 why he had the knife, and he told him he was too old to fight, and needed some protection. S6 Therapy Director stated he notified S1 Administrator immediately of the knife, and informed S1 Administrator on a date prior to his observations of the knife (unable to remember the exact date), that S5 Speech Therapist notified him that Resident #21 was making her feel uncomfortable by following her around, staying in the therapy gym more often, asking/telling her inappropriate things, and once told her to watch her back, as she was leaving the facility. S6 Therapy Director stated he reported these incidents to S1 Administrator approximately 1 month ago.</p> <p>An interview on [DATE] at 11:37 a.m. with S1 Administrator, confirmed there was no documentation in Resident #21's medical records that addressed Resident #21 had a hidden knife in his possession, or that he was harassing S5 Speech Therapist after she was notified by S6 Therapy Director. S1 Administrator confirmed the MD was not contacted, and Resident #21 was not seen by psychiatric services after she was informed of Resident #21 behaviors because she felt as though the situation was remedied . After the surveyor discussed these findings with S1 Administrator, Resident #21 was put on 1:1 supervision and was PEC'd to a Behavioral Hospital on [DATE].</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47004</p> <p>Based on observation, record review, and interview, 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 infections. The facility failed to:</p> <ol style="list-style-type: none"> 1. Implement Enhanced Barrier Precautions (EBP) for residents whom EBP are indicated. 2. Maintain a water management program, to reduce the risk of growth and spread of Legionella and other opportunistic pathogens in the facility's water system. <p>This deficient practice had the potential to affect all residents who reside in the facility. The total resident census was 76. Findings:</p> <ol style="list-style-type: none"> 1. Observation on 04/14/2024 at 1:20p.m. revealed there were no Enhanced Barrier Precautions implemented for Residents throughout the facility as indicated. <p>Observation on 04/15/2024 at 9:44 a.m. revealed there were no Enhanced Barrier Precautions implemented for Residents throughout the facility as indicated.</p> <p>Interview on 04/15/2024 at 4:30p.m. with S2 DON confirmed the facility did not have a policy or procedure for Enhanced Barrier Precautions. S2 DON confirmed there were currently no Resident's placed on EBP as indicated.</p> <ol style="list-style-type: none"> 2. Interview on 04/16/2024 at 12:48 p.m. with S1 Administrator revealed the facility did not have a plan for when control limits are not met, and/or control measures are not effective, and documentation of water management program. S1 Administrator stated the facility's maintenance staff were responsible for checking the water for Legionella, and confirmed the facility had failed to do so.