STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195588	A. Building B. Wing	06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Lane Wellness & Rehabilitative Center	1400 W Magnolia Eunice, LA 70535

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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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interviews, the facility failed to promote and facilitate residents' self- determination through support of the residents' choice about aspects of his or her life in the facility that were significant to the resident for 1 (#59) out of 29 sampled residents. The facility failed to provide a diet according to Resident #59's food preferences. Findings: A review of Resident #59's electronic health record revealed he was admitted to the facility on [DATE] with diagnoses that included, but were not limited to, Cerebral Infarction, Dementia, and Vitamin Deficiency. A review of the Quarterly MDS (Minimum Data Set) assessment dated [DATE] revealed the resident has a BIMS (Brief Interview for Mental Status) score of 06, indicating the resident's cognition was severely impaired. On 06/23/2025 at 11:18 a.m., an observation was conducted of Resident #59 consuming lunch. He did not eat the mixed vegetables or beans that were on his lunch tray. An interview was conducted with Resident #59 at this time, and he stated he does not like beans and mixed vegetables. He said he told the facility of his dislikes already. A review of Resident #59's meal ticket on his lunch tray dated 06/23/2025 read in part, Dislikes: Mixed Vegetables/Beans . On 06/23/2025 at 11:25 a.m., an observation and interview were conducted with S10CNA (Certified Nursing Assistant). S10CNA confirmed Resident #59's meal ticket stated that he has a dislike of mixed vegetables and beans. An observation was conducted with S10CNA of the resident's lunch tray and she confirmed that he did not eat his mixed vegetables and beans. She stated this should not have been on his lunch tray, and a substitute should have been on his plate instead. On 06/23/2025 at 11:29 a.m., an observation and interview were conducted with S6DC (Dietary Cook). S6DC reviewed Resident #59's meal ticket and lunch plate. She confirmed the resident has a dislike of mixed vegetables and beans. She confirmed mixed vegetables and beans should not have been on the resident's lunch plate, and they should have put a substitute on his plate such as salad or cucumbers. She further stated she should have clarified, with the resident what type of beans he wanted and she had not done this. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/24/2025 at 3:34 p.m., an interview was conducted with S5DSC (Dining Service Coordinator). She confirmed that the resident's likes and dislikes on their meal ticket should be honored, and if there are any dislikes on the meal ticket that is on the menu, it should be substituted with a resident's preferences.

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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** Based on interview and record review, the facility failed to ensure the assessment accurately reflected the resident's status for 1 (Resident #66) out of 29 sampled residents. Findings: Review of Resident #66's Electronic Health Record (EHR) revealed the resident was admitted to the facility on [DATE] with diagnoses which included, but were not limited to unspecified combined systolic (congestive) and diastolic (congestive) heart failure. Further review revealed Resident #66 was discharged on 04/25/2025. Review of Resident #66's Discharge Minimum Data Set (MDS) assessment dated [DATE] revealed a code of 2 in section A0310 - Type of Assessment, which indicated unplanned discharge. Review of Resident #66's care plan revealed a focus area initiated on 01/28/2025 for D/C (discharge) planning - active plans to return to the community. A review of progress notes revealed on 04/24/2025 at 10:59 a.m. S12LPN (Licensed practical Nurse) wrote: New order per (by) Dr. (doctor) .for patient to be discharged home with home health services on 04/25/2025. An interview and record review of Resident #66's Discharge MDS assessment dated [DATE] was conducted with S21MDS on 06/24/2025 at 11:38 a.m. S21MDS confirmed the resident's discharge MDS assessment was coded as an unplanned discharge and stated it should have been coded as a planned discharge.

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to develop and/or implement a comprehensive person-centered plan of care and/or physician's orders for 1 (Resident #38) out of 29 sampled residents. This deficient practice was evidenced when the facility failed to implement standing orders for constipation for Resident #38. Findings: Review of Resident #38's admission Record revealed she was admitted to the facility on [DATE] with diagnoses that included in part, Alzheimer's disease, Diabetes Mellitus and Cerebral Infarction. Review of Resident #38's Quarterly Minimum Data Set (MDS) assessment dated [DATE], Section C, revealed Resident #38's Brief Interview for Mental Status (BIMS) score was 12, indicating her cognition was moderately impaired. Further review of the assessment, under Section H revealed Resident #38's bowel continence was always incontinent. Review of Resident #38's Care Plan revealed in part, risk for inadequate bowel pattern. Interventions included in part, administer medication as ordered, monitor effectiveness/adverse reactions and observe for signs and symptoms of . constipation . On 06/25/2025 at 8:40 a.m., an interview was conducted with Resident #38. She stated she had a history of constipation and her last bowel movement was four days ago. On 06/25/2025 at 9:15 a.m., an interview was conducted with S20LPN (Licensed Practical Nurse). S20LPN stated Resident #38 has standing physician's orders to give Resident #38 milk of magnesia or bisacodyl (laxatives), if the resident did not have a bowel movement in three days. Review of a facility document titled Routine Standing Orders 2025 revealed in part, constipation, if no BM (bowel movement) in 3 days: milk of magnesia 30 cc (cubic centimeters) at bedtime prn (as needed) or bisacodyl 3 tablets po (by mouth) at bedtime prn. Further review revealed in part, if no results in 24 hours then give bisacodyl 10 mg (milligram) suppository x 1, if still no BM after 24 hours, check for impaction and notify MD (Medical Doctor). On 06/25/2025 at 12:24 p.m., a review was conducted of Resident #38's electronic medial record which revealed a report titled, Follow-up question report dated 06/01/2025 - 06/25/2025. The report revealed Resident #38 did not have a bowel movement on 06/18/2025, 06/19/2025, 06/20/2025, 06/21/2025, 06/22/2025, and 06/23/2025. On 06/25/2025 at 1:32 p.m., a review of Resident #38's June 2025 MAR (Medication Administration Record) was conducted. No milk of magnesia or bisacodyl was administered to Resident #38 in June 2025. On 06/25/2025 at 1:48 p.m., an interview and record review was conducted with S2DON (Director of Nursing). S2DON confirmed that Resident #38 did not have a bowel movement from 06/18/2025 to 06/23/2025. S2DON reviewed Resident #38's June 2025 MAR and confirmed the resident did not receive milk of magnesia or bisacodyl for constipation and should have.

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure that a resident who is unable to carry out activities of daily living (ADLs) receives services to maintain personal hygiene for 1 (#16) of 1 (#16) residents investigated for ADL care. The sample size was 29. Findings: Resident #16 was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, cerebral infarction and unspecified dementia, unspecified severity and encounter for palliative care. Review of Resident #16's Significant Change Minimum Data Set (MDS) assessment revealed a code of 1 in section GG0115 A. Upper extremity, indicating the resident had impairment on one side. Further review revealed a code of 03 in section GG0130. Self-Care I. Personal hygiene indicating the following .Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. Review of Resident #16's care plan revealed a focus area initiated on 01/24/2025 for mobility and self-care needs with an intervention to check fingernails daily and clean as needed. On 06/24/2025 at 9:27 a.m., an observation was made of Resident #16 in her room. The resident was lying in bed and a dried, brown, stool colored substance coated her right hand, fingers, and underneath her fingernails. During an observation and interview with S11CNA (Certified Nursing Assistant) on 06/24/2025 at 9:30 a.m., she stated that she was responsible for Resident #16's care. S11CNA confirmed the resident's right hand, fingers, and nails were coated with brown, stool colored substance and stated she must have placed her hand in her diaper. When asked, S11CNA stated that she started her shift a 6:00 a.m. but had not checked on the resident because she had to go to the dining room to assist other residents. On 06/24/2025 at 9:55 a.m., an interview was conducted with S13CNA. She stated that she fed the resident at around 7:30 a.m. but did not check her hands or her incontinent brief. When asked what she did, S13CNA stated she put the head of the bed up and fed her. During an interview with S3ADONIP (Assistant Director of Nursing/Infection Preventionist) on 06/25/2025 at 9:08 a.m., she stated that the last round for the night shift was 4:30 a.m. to 5:30 a.m., and at 6:00 a.m. when the new shift started, the CNA from each shift should have rounded together to check each resident to make sure they were clean and dry. S3ADONIP further stated that breakfast started at 7:00 a.m., and checking the residents should have been completed before breakfast. On 06/25/2025 at 10:37 a.m., an Interview was conducted S14CNAS (Certified Nursing Assistant Supervisor). She stated CNAs were supposed to check on all their residents as soon as they started their shift. S14CNAS further stated that breakfast did not start until 7:00 a.m. She stated she spoke to the CNAs after she became aware of the incident and one of them told her she didn't see it. S14CNAS stated, I don't know how she didn't see that.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews the facility failed to properly store respiratory equipment for 2 (Resident #16 and Resident #22) out of 3 residents (Resident #16, Resident #22 and Resident # 63) investigated for respiratory care. Findings: Resident #22: Review of Resident #22's electronic medical record revealed that she was admitted on [DATE] with a diagnosis of obstructive sleep apnea. Review of the resident's June 2025 physician orders revealed an order to change replacement cushion (mask) on CPAP machine every month on the 22nd. On 06/23/2025 at 09:15 a.m., an observation was made of Resident #22's CPAP mask in a plastic storage bag dated 05/13/2025. On 06/23/2025 at 2:35 p.m., an interview and observation was conducted with S2DON (Director of Nursing). S2DON stated the plastic storage bags for the CPAP mask should be changed once a month when they change the CPAP mask. She confirmed the plastic bag with the resident's CPAP mask was dated 05/13/2025. She stated that the plastic storage bag should have been changed when the resident's CPAP mask was changed. Review of the facility's policy CPAP/BiPAP (Continuous Positive Airway Pressure/ Bilevel Positive Airway Pressure) Support with a revised date of 08/27/2024 read in part, . General Guidelines for Cleaning .9. Infection control--keep cpap mask in clean dry bag and change out monthly when changing out mask . Resident #16: Resident #16 was admitted to the facility on [DATE] with diagnoses which included, but were not limited to hypertensive heart disease with heart failure. Review of physician's orders revealed an order written on 02/26/2025 for Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG (milligrams)/3ML (milliliter) (Ipratropium-Albuterol)1 vial inhale orally four times a day related to heart failure, unspecified. During an observation of Resident #16's room on 06/24/2025 at 9:27 a.m., Resident #16 was in bed and her oxygen nebulizer mask was connected to her breathing treatment machine which was on the seat of a chair in the room and not stored in a bag. The chair was not within reach of the resident. During an observation and interview with S11CNA (Certified Nursing Assistant) on 06/24/2025 at 9:30 a.m., she confirmed the resident's oxygen nebulizer mask on the chair was not stored in a bag. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An observation and interview was conducted with S12LPN (Licensed Practical Nurse) on 06/24/2025 at 9:42 a.m. He confirmed Resident #16's nebulizer mask should have been stored in a bag. S12LPN stated the resident was unable to place the mask on the chair because it was outside of her reach. On 06/25/2025, a review of the facility's policy titled Departmental (Respiratory Therapy) - Prevention of Infection, with a last reviewed date of 08/07/2024, read in part .Purpose: The purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks and equipment, including ventilators, among residents and staff .Infection Control Considerations Related to Medication Nebulizers/Continuous Aerosol: .7. Store the circuit in plastic bag, marked with date and resident's name, between uses.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations and interviews, the facility failed to maintain professional standards for food service safety by failing to: 1. Discard food items that were past the used by date, 2. Label and date opened food items stored in the walk in cooler, 3. Label and date an opened food item in the area where food is prepared 4. Label and date an opened food item in the pantry, 5. Remove a dented can from the dry storage area, 6. Ensure kitchen staff wear proper hair restraints. The facility's census was 69. Findings: A review of the facility's policy titled Food Receiving and Storage with a last review date of 08/07/2024 read in part, Policy Statement: Foods shall be received and stored in a manner that complies with safe food handling practices. 8. All foods stored in the refrigerator or freezer will be covered, labeled and dated (use bydate). A review of the facility's policy titled Preventing Foodborne Illness - Employee Hygiene and Sanitary Practices with a last review date of 08/07/2024 read in part, Policy Statement: Food and nutrition services employees will follow appropriate hygiene and sanitary procedures to prevent the spread of foodborne illness. 12. Hair nets or caps and/or beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils and linens. On 06/23/2025 at 8:55 a.m., an initial tour of the kitchen was made with S5DSC (Dining Service Coordinator). The following were identified: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1. In the reach in cooler, there were (19) 8 ounce containers of chocolate milk with a used by date of 06/19/2025 and (1) 48 ounce cream cheese opened with no label or date opened. 2. In the kitchen, near the sink where food was prepared, there was a container of browning seasoning sauce opened with no label or date opened. 3. In the walk in cooler, there was (1) container of minced garlic and (1) container of chicken base with no label or date opened. 4. In the pantry there was (1) 50 ounce can of chicken noodle soup dented and (1) 18 ounce container of ground cinnamon with no label or date opened. 5. S7DC (Dietary Cook) with exposed facial hair. On 06/23/2025 at 09:15 a.m., an interview was conducted with S5DSC and she confirmed that all items with a past used by date should have been discarded, there should have been no dented cans in the pantry and all opened food items should have been labeled with a date when the item was opened. On 06/23/2025 at 10:34 a.m., a second observation was made of S7DC cleaning the stove with exposed facial hair. At this time an interview with S5DSC was conducted. She confirmed that S7DC's facial should have been covered.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Resident #50 Review of Resident #50's electronic medical record revealed he was admitted to the facility on 09/12//2022 with the following diagnoses in part, but not limited to, Type 2 Diabetes mellitus, cerebral infarction and chronic obstructive pulmonary disease. On 06/23/2025 at 10:20 a.m., a medication administration observation was conducted with S15LPN (Licensed Practical Nurse). After S15LPN drew up Resident #50's insulin injection, she proceeded to the resident's room and administered his injection without donning gloves prior to giving the injection. On 06/23/2025 at 10:30 a.m., an interview was conducted with S15LPN. S15LPN confirmed she did not wear gloves when she administered Resident #50's injection. She stated that she should have worn gloves to give the injection. Based on observation, interviews, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of infection for 2 (Resident #31 and Resident #50) out of 29 sampled residents. The deficient practice was evidenced when the facility failed to ensure staff: 1. Wore proper PPE (Personal Protective Equipment) while providing care for Resident #31 who was on EBP (Enhanced Barrier Precautions) and 2. Wore gloves prior to and while administering an insulin injection to Resident #50. Findings: Review of the facility's policy titled, Enhanced Barrier Precautions' with a last reviewed date of 08/07/2024 read in part, Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents .Examples of high-contact resident care activities requiring the use of gown and gloves for EBP include .bathing/showering .EBPs are indicated (when contact precautions do not otherwise apply) for residents infected or colonized with the following .ESBL (extended-spectrum beta-lactamase) producing enterobacterales . Review of Resident #31's admission Record revealed he was admitted to the facility on [DATE] with diagnoses that included in part, cerebral infarction, Hemiplegia and Hemiparesis following Cerebral Infarction, and Urinary Tract Infection. Review of Resident #31's Care Plan Report revealed EBP precautions - MDRO ESBL with interventions that included in part, EBP precautions must wear gloves and gown for high contact interactions. Review of Resident #31's Urinalysis Culture dated 06/07/2025 revealed in part, organisms identified: Escherichia coli ESBL. On 06/25/2025 at 9:35 a.m., an observation was made of a sign posted on Resident #31's room door indicating he required EBP and staff should wear a gown as a part of their PPE. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/25/2025 at 9:40 a.m., an observation was made of S19CNA (Certified Nursing Assistant) not wearing a gown while providing a bed bath for Resident #31. An interview was conducted with S19CNA, who stated she was aware that Resident #31 was on EBP and confirmed she failed to wear a gown while providing resident care. On 06/25/2025 at 10:25 a.m., an interview was conducted with S3ADON/IP (Assistant Director of Nursing/Infection Preventionist). She confirmed a gown and gloves must be donned (worn) when providing high contact activities such as bed baths if a resident required EBP.