

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195597	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2024
NAME OF PROVIDER OR SUPPLIER Live Oak		STREET ADDRESS, CITY, STATE, ZIP CODE 600 East Flournoy Lucas Road Shreveport, LA 71115	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>40193</p> <p>Based on record reviews and interview the facility failed to ensure the resident's representative was notified of a resident's change in health condition for 2 residents (#2, #4) out of 4 residents records reviewed. The facility failed to notify Resident #2 and Resident #4's representatives of acquired pressure injuries.</p> <p>Findings:</p> <p>Review of the facility policy titled Change in a Resident's Condition or Status dated 06/13/2016 included:</p> <p>-Purpose: It is the policy of _____ that _____ shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.).</p> <p>-Procedure:</p> <p>2. A significant change of condition is a decline or improvement in the resident's status that: a. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions is not self-limiting);</p> <p>b. Impacts more than one area of the resident's health status;</p> <p>c. Requires interdisciplinary review and/or revision to the care plan; .</p> <p>3. Unless otherwise instructed by the resident, the Staff Nurse will notify the resident's family or representative (sponsor) when:</p> <p>b. There is a significant change in the resident's physical, mental, or psychosocial status; .</p> <p>4. Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition of status</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. Regardless of the resident's current mental or physical condition, the Nursing Supervisor/Charge Nurse will inform the resident/responsible party or representative of any changes in his/her medical care or nursing treatments</p> <p>6. The Staff Nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.</p> <p>Review of Resident #2's record revealed Resident #2 acquired an unstageable pressure injury to his left ischium and a stage 3 pressure injury to his right gluteal fold on 05/18/2024, a deep tissue injury to his scrotum and an arterial ulcer to his left outer ankle on 05/29/2024, and an unstageable pressure injury to his right heel on 06/03/2024. Further review of Resident #2's record failed to reveal Resident #2's representative was notified of Resident #2's acquired pressure injuries.</p> <p>Review of Resident #4's record revealed Resident #4 acquired a stage 2 pressure injury to her left inner ankle on 05/03/2024 and a stage 2 pressure injury to her left inner foot on 06/03/2024. Further review of Resident #2's record failed to reveal Resident #4's representative was notified of Resident #4's acquired pressure injuries.</p> <p>During an interview on 07/16/2024 at 10:14 a.m. S1 Director of Nursing reviewed Resident #2 and Resident #4's records and acknowledged there was no documentation that the resident's representatives were notified of the resident's acquired pressure injuries.</p>		