Printed: 06/25/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195624	A. Building B. Wing	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Resthaven Living Center	1301 Harrison Street Bogalusa, LA 70427

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to inform the resident's responsible party (RP) of a resident's change in condition for 1 (#1) of 3 sampled residents. The facility failed to notify Resident #1's RP when Resident #1 was transferred to the hospital. Review of the facility's policy titled Change in a Resident's Condition or Status with a revision date of May 2017, revealed the following, in part:Policy StatementOur facility shall promptly notify the resident representative of changes in the resident's medical/mental condition and/or status. Policy Interpretation and Implementation4. Unless otherwise instructed by the resident, a nurse will notify the resident's representative when:b. There is a significant change in the resident's physical, mental, or psychosocial status; e. It is necessary to transfer the resident to a hospital. Review of Resident #1's clinical record revealed she was admitted to the facility on [DATE] with diagnoses which included, Cerebral Infarct and Cognitive Communication Deficit. Further review revealed her son was listed as her RP. Review of Resident #1's Quarterly Minimum Data Set with an Assessment Reference Date of 02/09/2026 revealed a Brief Interview for Mental Status of 8, which indicated the resident was moderately cognitively impaired. Review of the facility's Emergency Transfer Log revealed Resident #1 was transferred to the hospital on [DATE] for having a change in status. Review of Resident #1's Nurse's Notes dated January 2026 revealed no documentation of Resident #1 being transferred to the hospital. Further review revealed no documentation Resident #1's RP had been notified. On 04/06/2026 at 11:30 a.m., an interview was conducted with Resident #1's RP. He stated Resident #1 was discharged from the hospital sometime in February 2026. He stated no one from the facility notified him Resident #1 had been sent to the hospital or why. He stated he found out Resident #1 was at the hospital when the hospital called to update him. On 04/08/2026 at 10:15 a.m., an interview was conducted with S2LPN. S2LPN verified she was assigned to Resident #1 on 01/28/2026. She stated on 01/28/2026, Resident #1 had increased confusion and was transferred to the hospital. She reviewed the nurse's notes from 01/28/2026 and confirmed there was no documentation of the transfer or notification made to the RP. S2LPN confirmed she did not notify Resident #1's RP of the hospital transfer and stated she should have. On 04/08/2026 at 1:30 p.m., an interview was conducted with S1DON. He stated Resident #1 was transferred to the hospital on [DATE] due to increased confusion. He confirmed S2LPN should have notified Resident #1's RP of the transfer.

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