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	12/11/2024

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 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. 49343 Based on observation, record review, and interviews, the facility failed to ensure the results of the most recent annual survey and complaint surveys were available for resident review. Findings: On 12/08/2024 at 9:17 a.m., an observation was made of the facility's binder titled State Survey Binder located at the nurse's station. Review of the documents included in the state survey binder revealed the annual recertification along with a complaint survey results dated 12/08/2022. Further review revealed no documented evidence of the survey results from the annual recertification survey dated 11/29/2023 or the complaint survey dated 04/23/2024 and 05/31/2024 having been available for resident review. On 12/08/2024 at 9:20 a.m., an interview was conducted with S6CNA. She confirmed all survey results were kept in the State Survey Binder. She reviewed the facility binder State Survey Binder, and confirmed the only survey results located in the binder were dated 12/08/2022. On 12/08/2024 at 9:29 a.m., an interview was conducted with S2DON. She confirmed all survey results were kept in the State Survey Binder. She reviewed the facility binder State Survey Binder, and confirmed the only survey results located in the binder was the annual recertification along with a complaint survey dated 12/08/2022. She confirmed the most recent annual recertification survey and complaint survey results were not posted in the binder and should have been.

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

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	12/11/2024

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 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** 46981 Based on interviews and record review, the facility failed to ensure resident assessments accurately reflected the resident's status for 1 (#19) of 19 sampled residents reviewed for MDS. Findings: Review of Resident #19's Clinical Record revealed he was admitted to the facility on [DATE]. Further review revealed Resident #19 was diagnosed with Glaucoma. Review of Resident #19's quarterly MDS with an ARD of 11/06/2024 revealed in part, the following: B0600: Speech Clarity: Clear Speech checked B1000: Vision: Adequate checked Review of Resident #19's therapy progress notes revealed treatment diagnoses of Dysarthria and Anarthria with Low Vision Precautions in place. An interview was conducted on 12/10/2024 at 9:45 a.m. with Resident #19. Resident #19 had slurred speech throughout the interview, and was difficult to understand. An interview was conducted on 12/11/2024 at 12:40 p.m. with S10PT. S10PT stated Resident #19 did not have adequate vision, had slurred speech, and was difficult to understand. An interview was conducted on 12/11/2024 at 12:41 p.m. with S11OT. S11OT stated Resident #19 did not have adequate vision, had slurred speech, and was difficult to understand. An interview was conducted on 12/11/2024 at 12:42 p.m. with S12ST. S12ST stated Resident #19 did not have adequate vision, had slurred speech, and was difficult to understand. An interview was conducted on 12/11/2024 at 12:52 p.m. with S8ADON. S8ADON stated Resident #19 had slurred speech and had some vision loss. S8ADON stated all MDS assessments should be accurately coded for each resident.

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	12/11/2024

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 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** 46975 Based on record review, observation, and interviews, the facility failed to provide residents necessary respiratory care and services in accordance with accepted professional standards of practice for 1 (#3) of 1 (#3) resident reviewed for respiratory services. The facility failed to change Resident #3's oxygen tubing and humidifier bottle out weekly. Findings: Review of Resident #3's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Chronic Obstructive Pulmonary Disease and Mild Intermittent Asthma. Review of Resident #3's current Physician Orders revealed the following, in part: Oxygen: change oxygen tubing and water bottle every night shift every Sunday and as needed for contamination. On 12/09/2024 at 8:25 a.m., an observation was made of Resident #3's oxygen tubing and humidifier bottle. Both the oxygen tubing and humidifier bottle were labeled 12/01/2024. On 12/09/2024 at 8:43 a.m., an interview was conducted with S5LPN. She stated she was assigned to Resident #3. She stated oxygen tubing and humidifier bottles were changed weekly on Sunday nights. At that time, an observation was made of Resident #3's oxygen tubing and humidifier bottle with S5LPN. S5LPN confirmed Resident #3's oxygen tubing and humidifier bottle were dated 12/01/2024. She confirmed Resident #3's oxygen tubing and humidifier bottle should have been changed on Sunday night, 12/08/2024, and was not. On 12/09/2024 at 8:57 a.m., an interview was conducted with S2DON. She stated S5LPN notified her Resident #3's oxygen tubing and humidifier bottle were not changed Sunday night, 12/08/2024. She confirmed all resident's oxygen tubing and humidifier bottles were to be changed every Sunday night, and Resident #3's should have been.

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	12/11/2024

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 49343 Based on observation and interviews, the facility failed to ensure current nurse staffing data was posted daily. This deficient practice had the potential to affect any of the 85 residents residing in the facility. Findings: On 12/09/2024 at 8:45 a.m., an observation was made of the form titled Daily Staffing Report posted on the bulletin board by the nurses' station revealed it was dated 12/08/2024. On 12/09/2024 8:50 a.m., an interview was conducted with S1ADM. He reviewed and confirmed the Daily Staffing Report posted on the bulletin board by the nurses' station was dated 12/08/2024. He confirmed it was not current and should have been. On 12/09/2024 at 9:02 a.m., an interview was conducted with S2DON. She reviewed and confirmed the Daily Staffing Report posted on the bulletin board by the nurses' station was dated 12/08/2024. She confirmed the current Daily Staffing Report had not been posted and should have been.

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	12/11/2024

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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. 43133 Based on interviews and record review, the facility failed to employ staff with appropriate competencies and skills sets to carry out the functions of the food and nutrition service by failing to have a certified dietary manager on staff. This deficient practice had the potential to affect the 84 residents who consumed food from the kitchen. Findings: On 12/09/2024 at 9:06 a.m., an interview was conducted with S3DA. S3DA stated the Dietary manager was fired 2-3 weeks ago and he has been acting manager until the facility was hired a new dietary manager. He stated he did not have certification in food service or dietary management. On 12/09/2024 at 11:22 a.m., an interview was conducted with S1ADM. S1ADM further confirm him nor did any other staff in the facility have a certificate in food service or dietary management.

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	12/11/2024

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43133 Based on record review, observations, and interviews, the facility failed to store food in accordance with professional standards for food service safety. This had the potential to effect 84 residents who were served meals from the kitchen. Findings: On [DATE] at 8:40 a.m., observations were conducted of the kitchen food preparation area, the following items were found to be expired: ,d+[DATE]oz opened container of cayenne pepper with open date of [DATE] and manufacture expiration date of [DATE]. ,d+[DATE]oz opened container of Italian seasoning with open date of [DATE] and manufacture expiration date of [DATE]. ,d+[DATE]oz opened container of crushed red pepper with open date of [DATE] and manufacture expiration date of [DATE]. ,d+[DATE]oz opened container of sage rub with open date of [DATE] and manufacture expiration date of [DATE]. Review of the facility's policy, titled Food Receiving and Storage, revealed: Foods shall be received and stored in a manner that complies with safe food handling practices. Revised 2014. On [DATE] at 8:55 a.m., an interview was conducted with S1ADM. S1ADM confirmed 84 residents eat from the kitchen. He confirmed the above observations, and also confirmed the above expired items should have been discarded and were not.

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	12/11/2024

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46975 Based on record reviews and interviews, the facility failed to ensure a resident's Medication Administration Record (MAR) was accurately documented for 2 (#3 and #290) of 19 residents reviewed in the final sample. Findings: Resident #3 Review of Resident #3's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Chronic Obstructive Pulmonary Disease and Mild Intermittent Asthma. Review of Resident #3's current Physician Orders revealed the following, in part: Oxygen: change oxygen tubing and water bottle every night shift every Sunday and as needed for contamination. Review of Resident #3's December 2024 Medication Administration Record (MAR) revealed S7LPN documented Resident #3's oxygen tubing and humidifier bottle were changed on Sunday, 12/08/2024. On 12/09/2024 at 8:25 a.m., an observation was made of Resident #3's oxygen tubing and humidifier bottle. Both the oxygen tubing and humidifier bottle were labeled 12/01/2024. On 12/09/2024 at 8:43 a.m., an observation was made of Resident #3's oxygen tubing and humidifier bottle with S5LPN. S5LPN confirmed Resident #3's oxygen tubing and humidifier bottle were dated 12/01/2024. She confirmed Resident #3's oxygen tubing and humidifier bottle should have been changed on Sunday night, 12/08/2024, and was not. On 12/11/2024 at 1:47 p.m., an interview was conducted with S7LPN. She verified she worked Sunday 12/08/2024. She stated oxygen tubing and humidifier bottles were to be changed weekly on Sundays. She reviewed Resident #3's December 2024 MAR and verified she documented she changed Resident #3's oxygen tubing and humidifier bottle on Sunday 12/08/2024. She was notified of the observation of Resident #3's oxygen tubing and humidifier bottle on 12/09/2024, which were dated 12/01/2024. She confirmed she should not have documented Resident #3's oxygen tubing and humidifier bottles were changed if they were not. On 12/11/2024 at 1:53 p.m., an interview was conducted with S2DON. She reviewed Resident #3's December 2024 MAR and verified S7LPN documented she changed the oxygen tubing and humidifier bottle on 12/08/2024. She confirmed S7LPN should not have documented Resident #3's oxygen tubing and humidifier bottle were changed on 12/08/2024 if she did not change them. Resident #290 (continued on next page)

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	12/11/2024

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #290's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Long Term Use of Anticoagulants. Review of Resident #290's Physician Orders revealed the following, in part: Lab: PT/INR weekly every Wednesday. Start date 10/09/2024. Review of Resident #290's October 2024 MAR revealed S15LPN documented Resident #290's PT/INR was collected on Wednesday, 10/16/2024. Review of Resident #290's lab results dated October 2024 revealed no PT/INR results for 10/16/2024. On 12/11/2024 at 10:28 a.m., an interview was conducted with S15LPN. S15LPN stated if her initials were documented on the MAR in the PT/INR section, it meant the task was collected and completed. She stated if labs were refused by Resident #290 the MAR should have accurately reflected a refusal and should not have been signed off as completed. She stated she was unaware if the PT/INR was collected on 10/16/2024. On 12/11/2024 at 11:53 a.m., an interview was conducted with the facilities laboratory representative. The laboratory representative confirmed the only dates of services provided to Resident #290 were on 10/09/24 and 10/23/2024. She stated there was no record of labs being collected on 10/16/2024. On 12/11/2024 at 10:52 a.m., an interview was conducted with S2DON. S2DON reviewed Resident #290's October 2024 MAR and confirmed S15LPN documented the PT/INR was collected on 10/16/2024. S2DON stated she was unable to provide documentation to confirm Resident #290's PT/INR was collected on 10/16/2024. S2DON confirmed all residents MARs should accurately reflect services provided. 47191

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	12/11/2024

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 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** 46981 Based on observations, interviews, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary environment to help prevent the development and transmission of infection for 1 (#23) of 5 (#2, #23, #55, #57, and #85) residents reviewed for infection control. The facility failed to ensure staff wore proper Personal Protective Equipment (PPE) while providing direct care for a resident who was on Enhanced Barrier Precautions (EBP). Findings: Review of the facility's policy titled Categories of Transmission Based Precautions revised on 09/2022, revealed the following, in part: 5. Appropriate notification is placed on the room entrance door so that personnel are aware of the need for and the type of precautions. a. The signage informs the staff of instructions for the use of PPE. Review of Resident #23's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Paraplegia, Neuromuscular Dysfunction of the Bladder, and Ileostomy Status. An observation was made on 12/11/2024 at 10:02 a.m. of the Enhanced Barrier Precautions sign posted on Resident #23's door which revealed the following, in part: Providers and staff must also: Wear gloves and a gown for the following high-contact resident care activities. Dressing, transferring. An observation was made on 12/11/2024 at 10:05 a.m. of S13CNA and S14CNA dressing, emptying urostomy bag, and transferring Resident #23. S13CNA and S14CNA did not wear a gown while performing Resident #23's direct care. An interview was conducted on 12/11/2024 at 10:11 a.m. with S13CNA. S13CNA confirmed when a resident was on EBPs, staff should wear a gown while performing direct care and she did not. An interview was conducted on 12/11/2024 at 10:12 a.m. with S14CNA. S14CNA confirmed when a resident was on EBPs, staff should wear a gown while performing direct care and she did not. An interview was conducted on 12/11/2024 at 11:54 a.m. with S2DON. S2DON confirmed when a resident was on EBPs, staff should wear a gown while performing direct care. An interview was conducted on 12/11/2024 at 11:55 a.m. with S9IP. S9IP confirmed when a resident was on EBPs, staff should wear a gown while performing direct care.