

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 04/08/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER Ascension Oaks Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 711 W. Cornerview Road Gonzales, LA 70737	
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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record reviews, the facility failed to ensure a resident with a serious mental illness was referred to the Louisiana Office of Behavioral Health for a Preadmission Screening and Resident Review (PASARR) Level II evaluation as required for 1 (Resident #85) of 2 (Resident #2, Resident #85) sampled residents reviewed for PASARR. Findings: Review of Resident #85's clinical record, revealed, in part, Resident #85 was admitted to the facility on [DATE] with a diagnosis of bipolar disorder (a serious mental illness that causes mood swings). Review of Resident #85's Minimum Data Set with an Assessment Reference Date of 4/15/2025 revealed, in part, Resident #85 had an active diagnosis of bipolar disorder. There was no documented evidence, and the facility did not present any documented evidence, a referral was made to the Louisiana Office of Behavioral Health's PASARR program regarding Resident #85's diagnosis of bipolar disorder since admission on [DATE] as required. In an interview on 06/11/2025 at 12:38PM, S16Social Worker indicated she was responsible to initiate a Level II PASARR referral for residents. S16Social Worker confirmed Resident #85 had a diagnosis of bipolar disorder since admission on [DATE] and had not been referred to the Louisiana Office of Behavioral Health for a Level II PASARR review, as required.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 195401	Facility ID: 195401 If continuation sheet Page 1 of 9

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observations and interviews, the facility failed to serve residents' food at an acceptable temperature as required. Findings: In an interview on 06/09/25 at 10:20 AM, Resident #71 (who resided on Hall a) indicated the facility's food is terrible and cold. Observation on 06/11/2025 at 11:51AM revealed a facility staff member transported the lunch trays down Hall a on a tray cart. Further observation revealed the door to the tray cart was left opened and Resident #72's lunch tray could be visualized. On 06/11/2025 at 11:51AM the surveyor collected Resident #72's lunch tray to be used as a test tray. Upon sampling the food on Resident #72's tray, surveyors found the black eyed peas, fried pork fritter, and cooked turnip greens to be lukewarm (not at a temperature consistent with a palatable food temperatures). Observation on 06/11/2025 at 11:55AM, revealed S14DM checked the temperatures of the food on Resident #72's above mentioned lunch tray. Further observation revealed the black eyed peas were 103 degrees Fahrenheit, the cooked turnip greens were 107 degrees Fahrenheit, and the fried pork fritter was 99 degrees Fahrenheit. In an interview on 06/11/2025 at 11:57AM, S14Dietary Manager indicated she expected the food to be around 120 degrees Fahrenheit when it was served to the residents. S14DM further indicated the lunch trays for Hall a exited the kitchen at 11:35AM on 06/11/2025. S14DM acknowledged that it was an issue that the lunch trays for Hall a had exited the kitchen at 11:35AM and had not yet been served to all the residents on Hall a at 11:51AM on 06/11/2025. In an interview on 06/11/2025 at 12:00PM, Resident #13 (who resided on Hall a) indicated that her food for lunch today was not hot/lukewarm. In an interview on 06/11/2025 at 12:01PM, Resident #40 (who resided on Hall a) indicated that her lunch today was served cold.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and record reviews, the facility failed to: 1. Ensure food stored in the facility's freezer was properly contained and labeled with an opened date; and, 2. Ensure staff followed the manufacturer's instructions for the 3 compartment sink to correctly sanitize dishware. Findings: 1. Review of the facility's Storage of Frozen Food policy and procedure revised on 12/2012 revealed, in part, the facility ensured the quality and safety of frozen food through accepted storage practices. Further review revealed the facility staff were to ensure no food was left uncovered and opened boxes of frozen foods should be closed and sealed tightly, and dated when opened. Observation of the facility's freezer with S14Dietary Manager on 06/09/2025 at 9:31AM, revealed an opened box of okra. Further observation revealed the bag of okra was not closed and was unlabeled with an opened date. In an interview on 06/09/2025 at 9:31AM, S14Dietary Manager indicated the bag of frozen okra was not sealed and was not labeled with an opened date, and should have been. 2. Review of the facility's undated manufacturer's instructions for the proper steps to clean dishes using the 3 compartment sink revealed, in part, the water and sanitizer should be kept at proper temperatures and concentrations. Further review revealed staff should keep the water in the rinse compartment of the 3 compartment sink to be at least 110 degrees Fahrenheit and keep the water in the sanitization compartment of the 3 compartment sink at 75 degrees Fahrenheit. Further review revealed dishes should be left in the sanitization compartment of the 3 compartment sink for 45 seconds. In an interview on 06/11/2025 at 2:32PM, S15Cook indicated she routinely washed dishes in the 3 compartment sink. S15Cook further indicated the temperature of the wash compartment of the 3 compartment sink should be kept at 75 degrees Fahrenheit. S15Cook further indicated she did not soak dishes in the sanitization compartment of the 3 compartment sink for any specific amount of time. Observation on 06/11/2025 at 2:32PM, with S14Dietary Manager indicated S15Cook only tested the temperature of the wash compartment of the 3 compartment sink and did not test the temperature of the rinse and sanitization compartments of the three compartment sink. In an interview on 06/12/2025 at 2:45PM, S14Dietary Manager indicated the dishes should have been submerged in the sanitization compartment of the 3 compartment sink for at least 30 seconds. In an interview on 06/12/2025 at 2:25PM, S17Regional Director of Operations, indicated dishes (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	should be soaked in the sanitization compartment of the 3 compartment sink for at least 45 seconds.		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview and record reviews the facility failed to ensure a resident's electronic Medication Administration Record (eMAR) were maintained and accurately documented for 2 (Resident #38, Resident #60) of 22 (Resident #2, Resident #3, Resident #8, Resident #13, Resident #19, Resident #21, Resident #22, Resident #26, Resident #27, Resident #37, Resident #38, Resident #40, Resident #41, Resident #53, Resident #60, Resident #71, Resident #77, Resident #79, Resident #81, Resident #83, Resident #85, and Resident #302) sample residents reviewed for accurate records. Findings: Review of the facility's undated General Medical Records policy/procedure revealed, in part, staff were to record all care given, including medication and treatments. Further review revealed staff were to record any adverse reactions, anything abnormal, or anything out of the ordinary. Review of Resident #38's June 2025 physician's orders revealed, in part, the following orders: -Mirtazapine (a medication used to treat insomnia) 15 milligrams (mg) by mouth (po) at bedtime for insomnia; -Sennosides-Docusate Sodium (a medication used to treat constipation) 2 tablets 8.6-50 mg by mouth (po) at bedtime; -Lactulose solution (a medication used to treat constipation) 15 milliliters (ml) by mouth (po) two times a day; -Tramadol (a medication used to treat pain) 50 mg by mouth (po) two times a day; -TwoCal house supplement (a nutritional supplement) 6 ounces (oz) by mouth (po) three times a day; -Depakote DR (a medication used to treat a mood disorder) 500 mg by mouth (po) three times a day; -Seroquel (a medication used to treat a mood disorder) 100 mg by mouth (po) three times a day; -Seroquel (a medication used to treat a mood disorder) 50 mg by mouth (po) three times a day; and, -Xanax (a medication used to treat anxiety) 0.5 mg by mouth (po) three times a day. Review of Resident #38's eMAR revealed, in part, there was no documented evidence, and the provider did not present any documented evidence Resident #38's medications/supplements were administered and/or not given for the following medications: - Mirtazapine 15 mg po on 05/13/2025, 05/15/2025, and 05/16/2025 at 9:00 PM; - Sennosides-Docusate Sodium 8.6-50 mg po on 05/13/2025, 05/15/2025, and 05/16/2025 at 9:00 PM; - Lactulose solution 15 ml po on 05/13/2025, 05/15/2025, and 05/16/2025 at 5:00 PM; (continued on next page)		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Tramadol 50 mg po on 05/13/2025, 05/15/2025, and 05/16/2025 at 9:00 PM; - TwoCal house supplement 6 ounces po on 05/13/2025, 05/15/2025, and 05/16/2025 at 5:00 PM; - Depakote DR 500 mg po on 05/13/2025, 05/15/2025, and 05/16/2025 at 5:00 PM; - Seroquel 100 mg po on 05/13/2025, 05/15/2025, and 05/16/2025 at 9:00 PM; - Seroquel 50 mg po on 05/13/2025, 05/15/2025, and 05/16/2025 at 9:00 PM; and, - Xanax 0.5 mg po three times a day on 05/13/2025, 05/15/2025, and 05/16/2025 at 5:00 PM. Review of Resident #60's June 2025 physician's orders revealed, in part, the following orders: -Trazodone HCl (a medication used to treat insomnia) 100 mg by mouth (po) at bedtime; and, -Eliquis (a medication used to thin blood) 5 mg by mouth (po) two times a day. Review of Resident #60's eMAR revealed, in part, there was not documented evidence, and the provider did not present any documented evidence Resident #60's medications/supplements were administered and/or not given for the following medications: - Trazodone HCl 100 mg po on 05/05/2025 and 05/16/2025 at 9:00 PM; and, - Eliquis 5 mg po on 05/05/2025 and 05/16/2025 at 9:00 PM. In an interview on 06/12/2025 at 12:09 PM, S2Director of Nursing (DON) indicated staff should have documented on Resident #38 and Resident #60's eMAR if medication/supplements were administered or not administered. S2DON further indicated there should not be any missing documentation of signatures for any Resident's eMAR.		

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a plan that describes the process for conducting QAPI and QAA activities. Based on interview and record reviews, the Quality Assurance and Performance Improvement (QAPI) committee failed to provide sufficient evidence that ongoing monitoring and evaluations were implemented to ensure corrective actions were put in place after identifying that coffee temperatures needed to be monitored. Findings: Review of the facility's undated Quality Assessment and Performance Improvement (QAPI) Guidelines policy revealed, in part, the policy was to establish procedures within the facility for QAPI by incorporating monitoring. Further review revealed the facility should put in place systems to monitor care and services. Further review revealed the facility would use performance indicators to monitor care process and outcomes, and review findings. Review of the facility's In-Service Training Report dated 05/28/2025 revealed, in part, staff were to allow coffee to cool to a temperature of 120 to 140 degrees Fahrenheit before serving to residents. Review of the facility's QAPI plan related to coffee temperatures dated May 2025 revealed, in part, coffee temperatures were obtained daily from 05/28/2025 through 06/12/2025 from 3 coffee pots labeled A, B, and C and documented on an audit form titled, Coffee Temperature served from Kitchen. Further review revealed on 06/10/2025 at 6:30AM the temperature of coffee obtained from coffee pot C was documented as 149.1 degrees Fahrenheit. Further review revealed S14Dietary Manager documented that a coffee temperature of 149.1 degrees Fahrenheit was in normal range and did not indicate a corrective action was taken. In an interview on 06/12/2025 at 10:00AM, S14Dietary Manager indicated she was in-serviced to ensure coffee was served to residents at a temperature that ranged between 120 to 140 degrees Fahrenheit. In an interview on 06/12/2025 at 10:30AM, S14Dietary Manager indicated she was responsible for monitoring the temperature of coffee before it was served to the residents and documenting the temperature obtained. S14Dietary Manager confirmed on 06/10/2025 she documented on the audit form the temperature of the coffee in coffee pot C was 149.1 degrees Fahrenheit. Record review revealed no documented evidence, and the facility did not present any documented evidence, the coffee temperatures obtained during audits were monitored and/or evaluated by the QAPI committee to ensure the coffee was served to residents at the appropriate temperature. Further review revealed no documented evidence, and the facility did not present any documented evidence showing how the QAPI committee monitored the effectiveness of the coffee temperature in-service training. In an interview on 06/12/2025 at 11:05AM, S2Director of Nursing (DON) indicated after S14Dietary Manager completed the coffee temperature audit forms, S2DON placed the forms into the QAPI binder. S2DON further indicated there was no staff member assigned to monitor and/or evaluate the coffee temperatures obtained or evaluate effectiveness of in-service trainings to ensure coffee was served to residents at the appropriate temperature.		

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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. Based on observation, interviews and record reviews, the facility failed to ensure staff performed hand hygiene between glove changes when performing wound care for 1 (Resident #2) of 2 (Resident #2, Resident #40) residents observed for wound care. Findings: Review of the facility's undated Universal Precautions policy and procedure, revealed, in part, handwashing was to be performed before and after each contact with a resident whether gloves are worn or not, and handwashing was to be performed following exposure of hands to body fluids, blood, excretions, or other contaminants (see Handwashing Technique policy and procedure). Review of the facility's undated Handwashing Technique policy and procedure revealed, in part, hands must be washed during performance of duties such as handling dressings. Observation on 06/11/2025 at 9:14AM revealed S12Wound Care Nurse sanitized her hands and applied a gown and gloves before she performed Resident #2's right foot dressing change. Further observation revealed S12Wound Care Nurse removed Resident #2's right foot dressing and placed the dressing into a biohazard bag. Further observation revealed S12Wound Care Nurse removed her gloves and put on a new pair of gloves without performing hand hygiene after handling Resident #2's right foot dressing. Observation then revealed S12Wound Care Nurse cleaned Resident #2's wound with normal saline, removed her gloves, and put on a new pair of gloves without performing hand hygiene. In an interview on 06/11/2025 at 11:55AM, S12Wound Care Registered Nurse confirmed she did not perform hand hygiene in between glove changes during Resident #2's right foot dressing change, and she should have. In an interview on 06/11/2025 at 12:02PM, S13Licensed Practical Nurse/Infection Preventionist confirmed hand hygiene should have been performed in between glove changes during Resident #2's right foot dressing change. In an interview on 06/11/2025 at 12:28PM, S2Director of Nursing confirmed hand hygiene should have been performed between glove changes during Resident #2's right foot dressing change.		

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F 0914 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide bedrooms that don't allow residents to see each other when privacy is needed. Based on observations and interviews, the facility failed to ensure a resident in a semiprivate room had a ceiling suspended curtain around the bed for 1 (Resident #79) of 14 (Resident #2, Resident #8, Resident #13, Resident #26, Resident #27, Resident #37, Resident #38, Resident #60, Resident #71, Resident #77, Resident #79, Resident #81, Resident #83, Resident #302) sampled residents observed for privacy. Findings: Observation on 06/09/2025 at 10:28AM revealed Resident #79 did not have a ceiling suspended privacy curtain suspended around Resident #79's bed as required, to ensure privacy. Observation on 06/10/2025 at 10:40AM revealed Resident #79 did not have a ceiling suspended privacy curtain suspended around Resident #79's bed as required, to ensure privacy. In an interview on 06/10/2025 at 11:08AM, S11Certified Nursing Assistant (CNA) indicated Resident #79 was in a semi-private room and currently had a roommate. S11CNA further indicated Resident #79's ceiling suspended privacy curtain was missing and should not have been. In an interview on 06/11/2025 at 2:22PM, S1Administrator confirmed a resident in a semiprivate room should have a ceiling suspended privacy curtain suspended around their bed to ensure privacy, and acknowledged Resident #79's privacy curtain was missing.		