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** 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.

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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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 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.

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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 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** 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 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: (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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.