STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195139	A. Building B. Wing	04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Baton Rouge Gen Med Ctr, Snf	3600 Florida Blvd. Baton Rouge, LA 70806

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. 39121 Based on interviews and record reviews the facility failed to complete and transmit MDS assessments in the required timeframe for 3 of 3 (#7, #8, and #10) residents reviewed for resident assessment. Findings: Review of the MDS assessments were conducted with S4MDS on 04/30/2024 at 1:31 p.m., which revealed the following: Resident #7 was discharged from the facility on 12/08/2023. A discharge assessment was transmitted on 04/29/2024. Resident #8 was discharged from the facility on 12/08/2023. A discharge assessment was transmitted on 04/29/2024. Resident #10 was discharged from the facility on 12/29/2023. A discharge assessment was not completed nor transmitted. On 04/30/2024 at 1:31 p.m., an interview was conducted with S4MDS. S4MDS stated discharge assessments should be completed 14 days after the discharge was entered and transmitted 7 days after it was signed and completed. S4MDS confirmed the aforementioned discharge assessments were not completed and/or transmitted timely. On 04/30/2024 at 1:48 p.m., an interview was conducted with S1DON. S1DON was made aware of the aforementioned findings. S1DON stated she expects discharge assessments to be completed 1-2 days after discharge. She confirmed the discharge assessments should be transmitted within 7 days of the assessment completion.

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
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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42681 Based on observations, interviews and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of infection. The facility failed to ensure S5RN and S6PCA wore proper Personal Protective Equipment (PPE) while providing care for 1 (#116) of 2 (#116 and #170) residents with indwelling medical devices. Findings: Review of Resident #116's clinical record revealed she was admitted to the facility on [DATE] with diagnoses, which included Chronic Kidney Disease Stage V, Recurrent Nephrolithiasis Requiring Multiple Ureteral Stents, Jackson Pratt (JP) Drain Placement (03/28/2024) and Peripherally Inserted Central Catheter (PICC) to Right Upper Arm. On 04/29/2024 at 9:18 a.m., an observation was made of S5RN administering antibiotics intravenously through Resident #116's right upper arm PICC. S5RN did not don a gown while accessing Resident #116's PICC. On 04/30/2024 at 8:48 a.m., an observation was made of S6PCA assisting Resident #116 reposition in bed. S6PCA did not don a gown while assisting Resident #116 in bed. On 04/30/2024 at 9:01 a.m., an interview as conducted with S3MD. S3MD verbalized she was Resident #116's physician. S3MD confirmed Resident #116 had multiple indwelling devices. She confirmed Resident #116 was not on EBP. She stated she was not aware of CMS's policy for Enhanced Barrier Precautions for residents with indwelling devices. On 04/30/2024 at 9:14 a.m., an interview was conducted with S2IP. S2IP confirmed she was the facility's Infection Preventionist. She confirmed resident #116 was not on EBP. She confirmed the facility did not have a process in place to implement Enhanced Barrier Precautions for any residents. She stated she was unaware of CMS's policy for Enhanced Barrier Precautions.