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	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Baton Rouge General Medical Center, 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 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 interviews and record review, the facility failed to accurately maintain documented records for 1 (#26) of 12 sampled residents. The facility failed to accurately document Resident #26's code status into the electronic health record. Findings: Review of Resident #26's Face Sheet revealed the resident was admitted to the facility on [DATE] with a diagnosis of polyneuropathy. Review of Resident #26's current Physician's Orders revealed the following, in part:[DATE] Full Code - Code Status - Entered by S2MD On [DATE] at 12:56 p.m., an interview was conducted with Resident #26. Resident #26 stated in the event of an emergency she does not want CPR (Cardio Pulmonary Resuscitation) performed. Resident #26 stated she did not want to be resuscitated. On [DATE] at 12:10 p.m., an interview was conducted with S2DON. S2DON confirmed Resident #26 wanted to be a Do Not Resuscitate (DNR). S2DON reviewed Resident #26's electronic medical record and confirmed Resident #26's code status was ordered as a Full Code on [DATE]. S2DON confirmed there was a discrepancy between Resident #26's code status and electronic medical record. On [DATE] at 3:16 p.m., an interview was conducted with S2MD. S2MD confirmed he had spoken with Resident #26 and the entry of Resident #26's code status as a Full Code was an oversight on his part. On [DATE] at 12:13 p.m., an interview was conducted with S1ADM. S1ADM confirmed Resident #26 wanted a code status of DNR. S1ADM confirmed Resident #26's electronic medical record contained an order for Resident #26 to be a Full Code. S1ADM confirmed there was a discrepancy in Resident #26's code status and the electronic medical record.

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