

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195272	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Jefferson Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Jefferson Hwy Jefferson, LA 70121	

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)
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>41876</p> <p>Based on record reviews, observations, and interviews, the facility failed to assess a resident for self-administration of medications for 1 (Resident #1) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents observed.</p> <p>Findings:</p> <p>Review of the facility's Med Pass Guidelines policy and procedure dated 12/04/2017 revealed, in part, the nurse administering medications were not to leave residents with medications in a cup. Further review revealed the nurse should make sure to see the resident take their medications.</p> <p>Review of Resident #1's Annual Minimum Data Set with an Assessment Reference Date of 07/03/2024 revealed, in part, Resident #1 had a Brief Interview for Mental Status score of 15, which indicated Resident #1 was cognitively intact.</p> <p>Review of Resident #1's record revealed no documented evidence, and the facility did not present any documented evidence Resident #1 was assessed and/or care planned to self-administer medications.</p> <p>Observation on 10/10/2024 at 9:47 a.m. revealed a medicine cup containing 9 pills was on Resident #1's bedside table.</p> <p>In an interview on 10/10/2024 at 9:48 a.m., Resident #1 confirmed S2Licensed Practical Nurse (LPN) left the pills on Resident #1's bedside table for Resident #1 to self-administer later.</p> <p>In an interview on 10/10/2024 at 9:58 a.m., S2LPN indicated she thought Resident #1 took his medications while she was in the room. S2LPN confirmed she should have ensured Resident #1 took his medications before leaving Resident #1's room. S2LPN further confirmed medications should not have been left on Resident #1's bedside table. S2LPN confirmed Resident #1 was not care planned to have medications at his bedside.</p> <p>In an interview on 10/10/2024 at 10:02 a.m., S1Director of Nursing confirmed S2LPN should not have left medications at Resident #1's bedside.</p>

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: 195272	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Jefferson Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Jefferson Hwy Jefferson, LA 70121	
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>41876</p> <p>Based on record reviews and interviews, the facility failed to ensure a dependent resident was provided a bath for 1 (Resident #1) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents investigated for activities of daily living (ADLs).</p> <p>Findings:</p> <p>Review of the facility's Bed Bath Policy and Procedure dated 08/01/2017 revealed, in part, bed baths were to be provided to residents as scheduled and/or as needed.</p> <p>Review of Resident #1's Annual Minimum Data Set with an Assessment Reference Date of 09/25/2024 revealed, in part, Resident #1 had a Brief Interview for Mental Status score of 15, which indicated Resident #1 was cognitively intact. Further review revealed Resident #1 had limitations in range of motion in his bilateral upper and lower extremities and required partial to moderate staff assistance with bathing.</p> <p>Review of Resident #1's Care Plan with a start date of 04/26/2023 revealed, in part, Resident #1 was care planned to require staff assistance with ADLs with an intervention for staff to assist Resident #1 with bathing.</p> <p>In an interview on 10/07/2024 at 11:59 a.m., Resident #1 indicated that he required staff assistance with bathing, but Resident #1 had not been provided a bath in weeks. Resident #1 indicated he was scheduled to receive baths on Mondays, Wednesdays, and Fridays.</p> <p>Review of Resident #1's August 2024 through October 2024 Activities of Daily Living documentation revealed, in part, Resident #1 was not provided a bath during the following time periods:</p> <ul style="list-style-type: none"> -From 08/05/2024 through 08/09/2024; -From 08/17/2024 through 08/26/2024; -From 08/29/2024 through 09/03/2024; and, -From 10/03/2024 through 10/06/2024. <p>There was no documented evidence, and the facility was unable to present any documented evidence that Resident #1 was provided a bath during the above mentioned time periods.</p> <p>In an interview on 10/10/2024 at 1:15 p.m., S1Director of Nursing confirmed she did not have any documented evidence Resident #1 was provided a bath during the above mentioned time periods. S1Director of Nursing confirmed Resident #1 should have been provided baths per Resident #1's bath schedule.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195272	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Jefferson Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Jefferson Hwy Jefferson, LA 70121	
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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>41876</p> <p>Based on record reviews and interviews, the facility failed to ensure a resident's bath type was accurately documented for 1 (Resident #1) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents investigated for activities of daily living.</p> <p>Findings:</p> <p>Review of Resident #1's Annual Minimum Data Set with an Assessment Reference Date of 09/25/2024 revealed, in part, Resident #1 had a Brief Interview for Mental Status score of 15, which indicated Resident #1 was cognitively intact. Further review revealed Resident #1 had limitations in range of motion in his bilateral upper and lower extremities and required partial to moderate staff assistance with bathing.</p> <p>Review of Resident #1's Care Plan with a start date of 04/26/2023 revealed, in part, Resident #1 was care planned to require staff assistance with ADLs with an intervention for staff to assist Resident #1 with bathing.</p> <p>Review of Resident #1's August 2024 Bath Log revealed, in part, documentation that Resident #1 was provided a shower on the following dates:</p> <p>-08/04/2024; -08/10/2024; -08/12/2024; -08/15/2024; -08/16/2024; -08/27/2024; and, -08/28/2024.</p> <p>In an interview on 10/09/2024 at 11:45 a.m., S3Certified Nursing Assistant (CNA) indicated Resident #1 only received bed baths, and she never witnessed him get a shower. She confirmed if a resident refused a bath, it should be documented.</p> <p>In an interview on 10/09/2024 at 11:49 a.m., Resident #1 indicated he did not take showers. Resident #1 stated he only received bed baths.</p> <p>In an interview on 10/09/2024 at 1:11 p.m., S4Shower Aide indicated she was the shower aide responsible for Resident #1's hall and worked Monday through Friday. S4Shower Aide confirmed Resident #1 did not receive showers. S4Shower Aide further confirmed Resident #1 only received bed baths.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195272	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Jefferson Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Jefferson Hwy Jefferson, LA 70121	

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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 10/10/2024 at 10:38 a.m., S5CNA confirmed Resident #1 only took bed baths. S5CNA further confirmed Resident #1's above mentioned bath documentation was incorrect because Resident #1 did not receive showers.</p> <p>In an interview on 10/10/2024 at 1:15 p.m. S1Director of Nursing confirmed Resident #1's baths should have been documented accurately to reflect the type of bath Resident #1 received.</p>