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 04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jefferson Healthcare Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 46361 Based on observations and interviews, the facility failed to ensure a resident's room and equipment was kept clean for 1 (Resident #124) of 4 (Resident #21, Resident #32, Resident #46, and Resident #124) residents reviewed for environment. Findings: Observation on 04/15/2024 at 12:00 p.m. revealed large areas of a dried tan substance on the floor near Resident #124's tube feeding pole and on the base of the tube feeding pole. Observation on 04/16/2024 at 10:07 a.m. revealed large areas of a dried tan substance on the floor near Resident #124's tube feeding pole and on the base of the tube feeding pole. Observation on 04/17/2024 at 11:49 a.m. revealed large areas of a dried tan substance on the floor near Resident #124's tube feeding pole and on the base of the tube feeding pole. Observation further revealed Resident #124's wheelchair had 2 law labels (a legally required label on new items describing the fabric and filling usually saying This tag may not be removed under penalty of law except by the consumer) that were covered in a dark brown substance. In an interview on 04/17/2024 at 11:49 a.m., S3Quality Assurance Nurse confirmed there were areas of a dried tan substance on Resident #124's floor and the base of Resident 124's tube feeding pole. S3Quality Assurance Nurse confirmed Resident #124's wheelchair had a dark brown substance on the wheelchair law labels. S3Quality Assurance Nurse further indicated Resident #124's floor, tube feeding pole, and wheelchair were not sanitary and should have been kept clean. In an interview on 04/17/2024 at 11:53 a.m., S2Director of Nursing confirmed Resident #124's floor, tube feeding pole, and wheelchair were not sanitary and should have been kept clean.

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 04/18/2024
NAME OF PROVIDER OR SUPPLIER Jefferson Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Jefferson Hwy Jefferson, LA 70121	

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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 0638 Level of Harm - Potential for minimal harm Residents Affected - Some	Assure that each resident’s assessment is updated at least once every 3 months. 46361 Based on record review and interview, the facility failed to complete quarterly assessments in a timely manner for 7 (Resident #45, Resident #56, Resident #74, Resident #88, Resident #132, Resident #149, and Resident #164) of 18 (Resident #6, Resident #20, Resident #45, Resident #56, Resident #74, Resident #88, Resident #92, Resident #101, Resident #103, Resident #120, Resident #130, Resident #132, Resident #147, Resident #149, Resident #158, Resident #162, Resident #164, and Resident #170) residents reviewed for resident assessments. Findings: Resident #45 Review of Resident #45's Quarterly Assessment with an ARD (Assessment Reference Date) of 03/06/2024 revealed, in part, the assessment was completed on 04/12/2024, and the completion date was more than 14 days after the ARD; Resident #56 Review of Resident #56's Quarterly Assessment with an ARD of 03/06/2024 revealed, in part, the assessment was completed on 04/15/2024, and the completion date was more than 14 days after the ARD; Resident #74 Review of Resident #74's Quarterly Assessment with an ARD of 03/06/2024 revealed, in part, the assessment was completed on 04/03/2024, and the completion date was more than 14 days after the ARD; Resident #88 Review of Resident #88's Quarterly Assessment with an ARD of 03/06/2024 revealed, in part, the assessment was completed on 04/12/2024, and the completion date was more than 14 days after the ARD; Resident #132 Review of Resident #132's Quarterly Assessment with an ARD of 03/06/2024 revealed, in part, the assessment was completed on 04/12/2024, and the completion date was more than 14 days after the ARD; Resident #149 Review of Resident #149's Quarterly Assessment with an ARD of 03/06/2024 revealed, in part, the assessment was completed on 04/03/2024, and the completion date was more than 14 days after the ARD; and, Resident #164 (continued on next page)

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F 0638 Level of Harm - Potential for minimal harm Residents Affected - Some	Review of Resident #164's Quarterly Assessment with an ARD of 03/06/2024 revealed, in part, the assessment was completed on 04/03/2024, and the completion date was more than 14 days after the ARD. Review of the facility's Final Validation Reports dated 04/15/2024 and 04/17/2024 revealed, in part, the above mentioned resident assessments were completed after the 14th day of the ARD. In an interview on 04/17/2024 at 3:11 p.m., S4MDS Nurse stated the above mentioned assessments were completed late and should not have been. In an interview on 04/18/2024 at 1:15 p.m., S2Director of Nursing confirmed the above mentioned assessments were completed after the 14th day of the ARD and were not completed timely as required.

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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 0640 Level of Harm - Potential for minimal harm Residents Affected - Some	Encode each resident’s assessment data and transmit these data to the State within 7 days of assessment. 46361 Based on record review and interview, the facility failed to submit resident assessments to Centers for Medicare and Medicaid Services (CMS) in a timely manner for 9 (Resident #6, Resident #20, Resident #92, Resident #103, Resident #120, Resident #130, Resident #147, Resident #162, and Resident #170) of 18 (Resident #6, Resident #20, Resident #45, Resident #56, Resident #74, Resident #88, Resident #92, Resident #101, Resident #103, Resident #120, Resident #130, Resident #132, Resident #147, Resident #149, Resident #158, Resident #162, Resident #164, and Resident #170) residents reviewed for resident assessments. Findings: Resident #6 Review of Resident #6's Annual assessment with an ARD of 02/28/2024 revealed, in part, the assessment was completed on 02/29/2024. Review of the facility's Final Validation Report dated 04/15/2024 revealed, in part, Resident #6's Annual assessment was submitted to CMS on 04/15/2024 and was submitted more than 14 days after the completion date. Resident #20 Review of Resident #20's Quarterly assessment with an ARD of 02/28/2024 revealed, in part, the assessment was completed on 02/29/2024. Review of the facility's Final Validation Report dated 04/15/2024 revealed, in part, Resident #6's Annual assessment with an ARD of 02/28/2024 was submitted to CMS on 04/15/2024 and was submitted more than 14 days after the completion date. Resident #92 Review of Resident #92's Annual assessment with an ARD of 03/06/2024 revealed, in part, the assessment was completed on 03/06/2024. Review of the facility's Final Validation Report dated 04/17/2024 revealed, in part, Resident #92's Annual assessment with an ARD of 03/06/2024 was submitted to CMS on 04/17/2024 and was submitted more than 14 days after the completion date. Resident #103 Review of Resident #103's Quarterly assessment with an ARD of 02/28/2024 revealed, in part, the assessment was completed on 03/13/2024. (continued on next page)

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F 0640 Level of Harm - Potential for minimal harm Residents Affected - Some	Review of the facility's Final Validation Report dated 04/15/2024 revealed, in part, Resident #103's Quarterly assessment with an ARD of 02/28/2024 was submitted to CMS on 04/15/2024 and was submitted more than 14 days after the completion date. Resident #120 Review of Resident #120's Annual assessment with an ARD of 02/21/2024 revealed, in part, the assessment was completed on 02/29/2024. Review of the facility's Final Validation Report dated 04/15/2024 revealed, in part, Resident #120's Annual assessment with an ARD date of 02/21/2024 was submitted to CMS on 04/15/2024 and was submitted more than 14 days after the completion date. Resident #130 Review of Resident #130's Quarterly assessment with an ARD of 01/24/2024 revealed, in part, the assessment was accepted by CMS. Review of the facility's Final Validation Report dated 02/21/2024 revealed, in part, Resident #130's Quarterly assessment with an ARD date of 01/24/2024 was rejected by CMS due to an invalid date on 02/21/2024 and therefore not submitted. Resident #147 Review of Resident #147's Quarterly assessment with an ARD of 02/19/2024 revealed, in part, the assessment was completed on 02/29/2024. Review of the facility's Final Validation Report dated 04/15/2024 revealed, in part, Resident #147's Quarterly assessment with an ARD of 02/19/2024 was submitted to CMS on 04/15/2024, and was more than 14 days after the completion date. Resident #162 Review of Resident #162's Quarterly assessment with an ARD of 02/28/2024 revealed, in part, the assessment was completed on 02/29/2024. Review of the facility's Final Validation Report dated 04/15/2024 revealed, in part, Resident #162's Quarterly assessment with an ARD of 02/28/2024 was submitted to CMS on 04/15/2024, and was more than 14 days after the completion date. Resident #170 Review of Resident #170's Quarterly assessment with an ARD of 02/21/2024 revealed, in part, the assessment was completed on 03/06/2024. Review of the facility's Final Validation Report dated 04/15/2024 revealed, in part, Resident #170's Quarterly assessment with an ARD of 02/21/2024 was submitted to CMS on 04/15/2024, and was more than 14 days after the completion date. (continued on next page)

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F 0640 Level of Harm - Potential for minimal harm Residents Affected - Some	In an interview on 4/17/2024 at 3:07 p.m., S4MDS Nurse stated she was not aware Resident 130's Quarterly assessment with an ARD of 01/24/2024 was rejected on 02/21/2024 by CMS due to an error. S4MDS Nurse confirmed Resident #130's Quarterly assessment was not submitted to CMS and should have been. In an interview on 04/17/2024 at 3:11 p.m., S4MDS Nurse stated the above mentioned assessments for Resident #6, Resident #20, Resident #92, Resident #103, Resident #120, Resident #147, Resident #162, and Resident #170 were submitted more than 14 days after the completion date and should not have been. In an interview on 04/18/2024 at 1:15 p.m., S2Director of Nursing confirmed the above mentioned assessments were submitted more than 14 days after the completion date and not submitted timely as required.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41461 Based on record reviews, observations, and interviews, the facility failed to ensure: 1.) Ensure a resident's fall mat was at the bedside for 2 (Resident #44 and Resident #98) of 3 (Resident #12, Resident #44, and Resident #98) sampled residents reviewed for accident hazards; and, 2.) Ensure a resident's dycem was in his wheelchair for 1 (Resident #44) of 3 (Resident #12, Resident #44, and Resident #98) sampled residents reviewed for accident hazards. Findings: Review of the facility's policy dated 10/22/2014 and titled, Fall Prevention Program Policy and Procedure revealed, in part, residents who are classified as a high risk for falls would have a careplan addressing their goals and approaches to prevent falls. Resident #44 Review of Resident #44's electronic medical record (EMR) revealed, in part, Resident #44 was admitted to the facility on [DATE]. Review of Resident #44's Minimum Data Set with an Assessment Reference Date of 03/20/2024 revealed Resident #44's Brief Interview for Mental Status score was 8, which indicated Resident #44 had moderate cognitive impairment. Review of Resident #44's Comprehensive Careplan revealed, in part, Resident #44 was at risk for falls. Further review revealed Resident #44 had unwitnessed falls on 12/18/2023 and 01/11/2024. Further review revealed Resident #44 had an intervention for a fall mat to be in place at his bedside on 12/18/2023. Further review revealed Resident #44 had an intervention for a dycem (a material used to prevent a resident from sliding) to be placed in Resident #44's wheelchair on 01/11/2024. Observation on 04/16/2024 at 10:00 a.m. revealed Resident #44 was sitting in his wheelchair. Further observation revealed Resident #44's wheelchair did not contain a dycem. Observation on 04/16/2024 at 2:30 p.m. revealed Resident #44 was lying in bed. Further observation revealed Resident #44 did not have a fall mat visible in his room. Observation on 04/17/2024 at 11:06 a.m. revealed Resident #44 sitting in his wheelchair. Further observation revealed Resident #44's wheelchair did not contain a dycem. Observation on 04/18/2024 at 9:15 a.m. revealed Resident #44 sitting in his wheelchair. Further observation revealed Resident #44's wheelchair did not contain a dycem. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 04/18/2024 at 10:05 a.m., S9Certified Nurse Assistant (CNA) stated Resident #44 has had multiple falls and was a high risk for falls. S9CNA further stated Resident #44 did not require the placement of a fall mat or dycem. In an interview on 04/18/2024 at 10:08 a.m., S3Quality Assurance Nurse stated Resident #44 should have had a fall mat in his room at all times and he did not. In an interview on 04/18/2024 at 9:45 a.m., S2Director of Nursing(DON) confirmed Resident #44's wheelchair did not contain dycem and it should have. S2DON further stated Resident #44's fall mat was not in place it should have been. Resident #98 Review of Resident #98's record revealed, in part, diagnoses of Parkinsonism (a disorder of the central nervous system that affects movement), unspecified lack of coordination, and generalized muscle weakness. Review of Resident #98's April 2024 Physician's orders revealed, in part, an order with a start date of 01/31/2023 for a fall mat at the bedside. Review of a Fall Risk assessment dated [DATE] revealed Resident #98 had a score of 12, which indicated a high risk for falls. Observation on 04/16/2024 at 9:15 a.m. revealed Resident #98 was lying in bed with the bed in low position and no fall mat on floor at the bedside. Observation on 04/16/2024 at 12:40 p.m. revealed Resident #98 lying in bed with no fall mat the bedside. Observation on 04/17/2024 at 9:15 a.m. revealed Resident #98 lying in bed with no fall mat at the bedside. In an interview on 04/17/2024 at 3:16 p.m., S5License Practical Nurse stated Resident #98 usually did not have a fall mat at the bedside. In an interview o 04/18/2024 at 9:45 a.m., S10CNA stated yesterday was the first day she noted a fall mat at Resident #98's bedside. In an interview on 04/18/2024 at 10:10 a.m., S2DON stated Resident #98 should have had a fall mat at his bedside at all times. 46683

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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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46683 Based on observations, interviews, and record reviews, the facility failed to check a resident's peg tube placement prior to administration of an enteral nutritional therapy feeding (nutritional supplementation supplied through a tube that enters the stomach) for 1 (Resident #146) of 2 (Resident #94 and Resident #146) residents investigated for nutrition. Findings: Review of the facility's Enteral Nutritional Therapy (Tube Feeding) Policy and Procedure dated 01/14/2016 revealed, in part, check position of tube by placing the stethoscope over the stomach and instill a small amount of air into enteral feeding tube and listen for air to enter the stomach. Review of Resident #146's electronic Medical Record (EMR) revealed, in part, Resident #146 was admitted to the facility on [DATE] with diagnosis of dysphagia 9difficulty in swallowing) and gastrostomy status. Review of Resident #146's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/18/2024 revealed, in part, Resident #146 was dependent on staff for feeding. Further review revealed, Resident #146 had a feeding tube while she was a resident at the facility. Review of Resident #146's Comprehensive Care Plan dated 02/08/2024 revealed, in part, an intervention to check placement of Resident #146's before initiating my feedings. Observation on 04/18/2024 at 1:34 p.m., revealed S12Licensed Practical Nurse (LPN) failed to check placement prior to administering Resident #146's bolus enteral feeding (a feeding that is poured slowly by staff through a resident's gastrostomy tube). In an interview on 04/18/2024 at 1:40 p.m., S12LPN stated she did not auscultate (listen for air movement with a stethoscope) prior to administering Resident #146's flush and feeding. In an interview on 04/18/2024 at 1:47 p.m., S3Quality Assurance Nurse stated Resident #146's peg tube should have had auscultation performed prior to administration of enteral bolus feedings or enteral flushes.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 17453 Based on record review, observation, and interview, the facility: 1. Failed to sanitize the thermometer when internal temperatures of foods were measured; and, 2. Failed to perform hand hygiene during meal service. Findings: 1. Review of the 2022 Food Code United States Food and Drug Administration revealed, in part, temperature measuring device probes must be sanitized to prevent contamination of products when internal temperatures are measured. Observation on 04/16/2024 at 11:27 a.m. revealed S7Culinary Cook did not sanitize the thermometer before she inserted the thermometer into the pureed cauliflower to obtain the temperature. S7Culinary Cook then used a dishtowel, located on the food preparation table, to wipe the thermometer. S7Culinary Cook inserted the thermometer into the pureed lasagna, obtained a temperature, and wiped the thermometer with a paper towel. S7Culinary Cook then inserted the thermometer into the regular consistency lasagna, obtained the temperature, and wiped the thermometer with a paper towel. S7Culinary Cook then inserted the thermometer into the broccoli, obtained the temperature, and wiped the thermometer with a paper towel. S7Culinary Cook then inserted the thermometer into the brown gravy, obtained a temperature, and wiped the thermometer with the same paper towel used with the broccoli. S7Culinary Cook then inserted the thermometer into the container of chicken noodle soup, obtained the temperature of the chicken noodle soup, and dropped the thermometer into the chicken noodle soup. S7Culinary Cook did not dispose of the chicken noodle soup. In an interview on 04/16/2024 at 11:43 a.m., S6Culinary Manager stated S7Culinary Cook should have sanitized the thermometer before she obtained food temperatures and in between each food. S6Culinary Manager further stated the above documented actions were not acceptable. 2. Review of the facility's Hand Hygiene Policy and Procedure dated 07/01/2020 revealed, in part, hand hygiene should be performed before and after a resident was assisted with meals. Observation on 04/15/2024 at 12:17 p.m. revealed S8Certified Nursing Assistant (CNA) assisted residents with meal distribution. Further observation revealed the following: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	S8CNA did not perform hand hygiene, opened the door of the food cart, and took a tray out of the food cart. S8CNA brought the food tray to room a, and opened the drink, unwrapped the straw, placed the straw in the drink, unwrapped the utensils, placed the fork on the plate, and placed the spoon into the dessert. S8CNA left room a, did not perform hand hygiene, and took a tray out of the food cart. S8CNA brought the tray to room b, removed the cover from the plate, removed the cover off of the drink and dessert, opened the straw, and opened the utensils. S8CNA left room b, did not perform hand hygiene, and took a food tray out of the food cart. S8CNA brought the food tray to a different resident in room b. S8CNA used her hand to assist the resident to a seated position, and placed her left hand on the resident back. S8CNA then positioned the resident's legs, adjusted the bedside table, opened the silverware, and placed a straw in the drink. S8CNA left room b and did not perform hand hygiene. Observation on 04/15/2024 at 12:25 p.m. revealed S8CNA took a food tray out of the food cart and brought the tray to room e. S8CNA used the incontinence pad located under the resident to pull the resident up in the bed, used the remote control to adjust the bed, adjusted the height of the bedside table, opened the drink, and uncovered the food tray. S8CNA did not perform hand hygiene. S8CNA returned to the food cart and applied gloves, took a food tray out of the food cart, and brought the tray of food to room f. S8CNA set up the meal at the resident's bedside, left the room, and did not perform hand hygiene. S8CNA, with the same gloves, pulled the food cart down the hall. S8CNA took a food tray out of the food cart and brought the tray to room g . S8CNA used the remote control to adjust the resident's bed, repositioned the resident, covered the resident with the bed sheet, and set up the resident's food tray. S8CNA left room g and did not perform hand hygiene. In an interview on 04/17/2024 at 10:23 a.m., S8CNA stated she failed to perform hand hygiene when she assisted residents with dining on 04/15/2024. In an interview on 04/18/2024 at 9:01 a.m., S2Director of Nursing (DON) stated hand hygiene should have been used in the above documented observations. S2DON stated the above documented observations were not an acceptable practice.