STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195272	A. Building B. Wing	04/08/2026

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on interviews and record reviews the facility failed to ensure a resident/responsible party was notified in advance of a care planning conference to enable resident to participate in care plan meeting for 1 (Resident #89) of 32 sample resident records reviewed for care plans.Findings:Review of Resident #89's medical records revealed, in part, Resident #89 had an initial admit date of 10/11/2024 and was identified in the medical record as being his own responsible party. Further review revealed, Resident #89 had the following diagnoses: Type II Diabetes, Chronic Obstructive Pulmonary Disease, and Schizoaffective Disorder. Review of Resident #89's Quarterly Minimum Data Se) with an Assessment Reference Date of 03/26/2026 revealed, in part, Resident #89 had a Brief Interview for Mental Status score of 15, indicating Resident #89 was cognitively intact.In an interview on 04/06/2026 at 12:43PM, Resident #89 indicated he was responsible for his own care. Resident #89 further indicated he was not aware of, and he had not been invited by the facility, to a meeting to discuss his plan of care.Review of Resident #89's Notice of Care Plan Meeting form dated 01/22/2026, revealed, in part, a note that an unsuccessful attempt was made to contact Resident #89's family member to schedule a care plan meeting. Further review revealed Resident #89 was not included or was made aware of an upcoming care plan meeting.In an interview on 04/07/2026 at 10:20AM, S2Social Worker indicated she could not provide any documented evidence that indicated Resident #89 had ever been invited and/or attended a care plan meeting. In an interview on 04/07/2028 at 11:03AM, S1Administrator indicated Resident #89 had not been invited to his quarterly care plan meetings to discuss his plan of care and 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

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on interviews and record reviews, the facility failed to ensure annual influenza and pneumococcal immunizations were administered after consent was obtained for 2 (Resident #14, Resident #85) of 5 sampled residents investigated for immunization requirements. Findings:Review of the facility's Influenza and Pneumococcal Immunizations policy and procedure, dated 09/18/2017, revealed, in part, all residents shall be offered, and if consented, administered the annual influenza and pneumococcal vaccines. Further review revealed this information shall be documented in the resident's electronic immunization record. On 04/07/2026 at 12:15PM, S3Assistant Director of Nursing/Infection Preventionist (ADON/IP) was presented with a request for all Influenza and Pneumococcal immunization consents and administration records for Resident #14 and Resident #85. Resident #14Review of Resident #14's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/26/2026 revealed, in part, a Brief Interview for Mental Status (BIMS) score of 01, which indicated Resident #14 was severely cognitively impaired. Review of Resident #14's signed annual influenza and pneumococcal immunization informed consent form, dated 09/17/2025, revealed Resident #14's responsible party selected that Resident #14 was to receive the annual influenza and pneumococcal vaccines. Review of Resident #14's Physician's Orders dated 10/06/2025 revealed an order indicating Resident #14 may receive the annual influenza and pneumococcal vaccines. Review of Resident #14's electronic record which included Resident #14's immunization record revealed no documentation the influenza and pneumococcal vaccines were administered to Resident #14 since consent was obtained on 11/24/2025 and/or no documentation as to why the immunizations were not administered. In an interview on 04/07/2026 at 12:33PM, S3ADON/IP confirmed Resident #14 had consented to receive the annual influenza and pneumococcal vaccines, but was not administered either and offered no explanation as to why the vaccines were not administered to Resident #14. Resident #85Review of Resident #85's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/25/2026 revealed, in part, a Brief Interview for Mental Status (BIMS) score of 14, which indicated Resident #85 was cognitively intact. Review of Resident #85's signed annual influenza and pneumococcal immunization informed consent form, dated 11/24/2025, revealed Resident #85's responsible party selected that the resident was to receive the annual influenza and pneumococcal vaccines. Review of Resident #85's Physician's Orders dated 11/25/2025 revealed an order indicating Resident #85 may receive the annual influenza and pneumococcal vaccines. Review of Resident #85's electronic record which included Resident #85's immunization record revealed no documentation the influenza and pneumococcal vaccines were administered to Resident #85 since consent was obtained on 11/24/2025 and/or no documentation as to why the immunizations were not administered. In an interview on 04/07/2026 at 11:45AM, Resident #85 indicated he wanted the annual influenza and pneumococcal vaccines. Resident #85 further indicated he had not received any vaccines since being admitted to the facility. In an interview on 04/07/2026 at 12:33PM, S3ADON/IP indicated Resident #85 had consented to receive the annual influenza and pneumococcal vaccines, but was not administered either and offered no explanation as to why the vaccines were not administered to Resident #85. In an interview on 04/08/2026 at 12:05PM, S1Administrator was presented with the above mentioned findings and did not provide any additional evidence to dispute the above mentioned deficient practice.