

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195314	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2026
NAME OF PROVIDER OR SUPPLIER Jeff Davis Living Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1338 North Cutting Avenue Jennings, LA 70546	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interview, the facility failed to ensure a safe, clean, and homelike environment for 1 (#50) out of 3 (#16, #50, and #66) residents investigated for environment by failing to ensure shower and shower chair were clean for Resident #50. Findings: A review of the facility's policy titled, Bath, Shower/ Tub, with a last review date of 01/05/2026, read in part: Steps in the Procedure. 9. Be sure the tub or shower is clean. A review of the facility's policy titled, Cleaning and Disinfection of Resident-Care Items and Equipment, with a last review date of 01/05/2026, read in part: d. Reusable items are cleaned and disinfected or sterilized between residents. (1) Single resident-use items are cleaned/ disinfected between uses by a single resident. A review of the facility's housekeeping To Do List, read in part: Women's Hall To Do List. Room checks, Eating Tables, Dust, Move Furniture, Refrigerators, Over Head Lights, Baseboards, Mirrors, Faucets, Shelves, Window Seals, Sinks, Floors, Showers, Walls. Review of Resident #50's electronic health record (EHR) revealed Resident #50 was admitted to the facility on [DATE] with diagnoses that included, but were not limited to, legal blindness, dermatitis, rheumatoid arthritis, unsteadiness on feet, cognitive communication deficit and history of falls. A review of Resident #50's most recent Quarterly Minimum Data Set (MDS) dated [DATE], revealed the resident's Brief Mental Status (MDS) score was 12, indicating her cognition was intact. On 05/12/2026 at 9:25 am, an interview and observation of Resident #50's bathroom and shower was made with S7CNA. The shower chair was observed to have dark patches of a black substance on the seat. The shower chair legs and rubber caps were observed to have a wet, velvety, film like black substance on them. The shower walls and floor of the shower were observed to have a black film like substance with small black circular patches that appeared as spots. S7CNA confirmed these observations. There were two wet washcloths observed on the shower floor. S7CNA confirmed the wash cloths were used to clean Resident #50, and they were now dirty. S7CNA stated she should have taken the dirty wet wash clothes to laundry and should not have left them on the shower floor. S7CNA stated she assisted Resident #50 with a shower this morning at approximately 8:15 am. S7CNA stated she observed the shower was dirty before she assisted Resident #50 with a shower. S7CNA stated that the shower should have been cleaned before she assisted Resident #50 with a shower. S7CNA wiped the leg of the shower chair with a wash cloth and chunks of black sooty sludgy like substance wiped off the chair and onto the wash cloth. An observation was made of a cup on Resident #50's sink in her bathroom. Resident #50 identified the cup as her sippy cup and stated she used the cup to rinse her mouth out every morning. The cup was clear plastic with a blue lid and a built in straw on the side of the cup. An observation of the cup revealed a black substance on the inside bottom of the cup as well as the inside bottom of the straw. There were small black circular patches that appeared as spots observed on the walls of the cup near the bottom. S7CNA confirmed (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 195314
		If continuation sheet Page 1 of 8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195314	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2026
NAME OF PROVIDER OR SUPPLIER Jeff Davis Living Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1338 North Cutting Avenue Jennings, LA 70546	
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	these observations. S7CNA confirmed the cup was dirty and should have be cleaned.On 05/12/2026 at 9:30 am, an interview was conducted with S8CNAS who was responsible for supervising S7CNA. S8CNAS confirmed that showers should be clean before a resident is given a shower. S8CNAS observed Resident #50's sippy cup on her sink in her bathroom and confirmed it had a black substance on the inside bottom of the cup as well as the inside bottom of the straw. S8CNAS also confirmed there were small black circular patches that appeared as spots on the inside walls of the cup near the bottom. S8CNAS asked Resident #50 if she used the cup. Resident #50 stated yes she washed her mouth out with it every morning. S8CNAS picked up the cup and tilted it and a small pool of liquid moved at the bottom of the cup. S8CNAS threw the cup in the trash and told Resident #50 that the facility would buy her another cup because that one was dirty.On 05/12/2026 at 9:50 am, an interview was conducted with S6HKS. S6HKS confirmed that resident bathrooms and showers located inside resident bathrooms were to be cleaned daily and deep cleaned weekly by housekeeping.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195314	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2026
NAME OF PROVIDER OR SUPPLIER Jeff Davis Living Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1338 North Cutting Avenue Jennings, LA 70546	
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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on interviews and record review, the facility failed to ensure a grievance was initiated for an allegation of missing property for 1 (Resident #21) of 1 resident reviewed for grievances. Findings: A review of the facility's policy, Grievance/Complaints - Staff Responsibility Policy with a reviewed date of 01/05/2026, revealed in part should a staff member overhear or be the recipient of a complaint voiced by a resident, a residents representative, or another interested family member of a resident concerning the residents medical care, treatment, food, clothing, or behavior of other residents, etc., the staff member is encouraged to guide the resident or person acting on the residents behalf, as to how to file a written complaint with the facility. A review of Resident #21's clinical record revealed an admission date of 07/30/2021 with diagnoses that included chronic obstructive pulmonary disease, anemia, and type 2 diabetes mellitus. Review of Resident #21's Annual MDS (Minimum Data Set) dated 03/26/2026 revealed Resident #21 had a BIMS (Brief Interview of Mental Status) score of 9 indicating mildly impaired cognition. On 05/12/2026 at 4:15 p.m., an interview was conducted with Resident #21. Resident #21 stated he had \$30 in his room in this bedside table. He went out on pass to a family gathering on a Sunday. On the following day, Monday, he noted that the \$30 was missing from his bedside table. Resident #21 stated he went to the S1ADM and reported the money was missing. A review of the facility grievance log from 10/03/2025 to current (05/11/2026) failed to reveal any documented grievances or complaints filed by Resident #21, his family, or responsible parties regarding missing money. On 05/13/2026 at 3:24 p.m., an interview was conducted with S1ADM. He confirmed that Resident #21 came to him directly to voice a complaint of missing money from his room. S1ADM stated he did not believe the allegation of missing money was a grievance or a complaint because the resident appeared confused and then later stated never mind. S1ADM confirmed he did not initiate a written grievance or complaint and could not provide evidence that an investigation had been conducted or a resolution had been reached. S1ADM further stated that he, S2DON, and S5SSD were responsible for handling facility grievances. On 05/13/2026 at 3:35 p.m., a group interview was conducted with S2DON and S5SSD. Both confirmed they were aware Resident #21 voiced an allegation of missing money to S1ADM. Both agreed that an allegation of missing money should have been considered a complaint and/or grievance, and that a written grievance should have been initiated. Both further confirmed they were aware of Resident #21's complaint; however, neither initiated an official facility grievance investigation.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195314	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2026
NAME OF PROVIDER OR SUPPLIER Jeff Davis Living Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1338 North Cutting Avenue Jennings, LA 70546	
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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on record review and interview, the facility failed to ensure the accuracy of the Minimum Data Set (MDS) assessment related to chemotherapy for 1 (#1) out of 1 residents reviewed for chemotherapy. Findings: A review of Resident #1's EMR (electronic medical record) revealed an admission date of 01/15/2025, with diagnoses that included, but were not limited to, malignant neoplasm kidney, schizophrenia, bipolar disorder and anxiety. Further review of Resident #1's EMR revealed a physician progress note dated 02/23/2026, indicating Resident #1 was receiving chemotherapy. Review of Resident #1's comprehensive MDS assessment with an Assessment Reference Date (ARD) of 04/23/2026, revealed a BIMS (Brief Interview of Mental Status) of 11, indicating moderate cognitive impairment. Further review revealed cancer treatments, chemotherapy status was coded as none of the above. On 05/12/2026 at 12:10 p.m., an interview was conducted with Resident #1. The resident stated she had received radiation therapy in November 2025 and was currently receiving chemotherapy every couple of weeks. On 05/13/2026 at 8:15 a.m., a record review and an interview was conducted with S3MDS. She confirmed the resident received chemotherapy during the look back period of the MDS with an ARD date of 04/23/2026. S3MDS also confirmed the MDS did not indicate the resident was receiving cancer treatment of chemotherapy and should have.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195314	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2026
NAME OF PROVIDER OR SUPPLIER Jeff Davis Living Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1338 North Cutting Avenue Jennings, LA 70546	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to develop a person-centered comprehensive plan of care to meet a resident's needs for 1 (#1) out of #26 sampled resident by failing to address the resident's risk for chemotherapy treatment. Findings: Review of Resident #1's EMR (electronic medical record) revealed she was admitted to the facility on [DATE] with diagnoses that included in part, malignant neoplasm kidney, Schizophrenia, Bipolar disorder and anxiety. On 05/12/2026 at 12:10 p.m., an interview was conducted with Resident #1. She stated she started chemotherapy in February 2026 and was still receiving the chemotherapy at this time. Review of Resident #1's care plan revealed no evidence that the resident was receiving chemotherapy treatment. Further review of the entire care plan revealed no evidence that her receiving chemotherapy was addressed. On 05/13/2026 at 8:15 a.m., an interview was conducted with S3MDS. She reported she was responsible for updating the care plan for Resident #1. S3MDS confirmed Resident #1 was receiving chemotherapy. She confirmed that the resident's care plan did not address that Resident #1 was receiving cancer treatments. She further confirmed that the resident's care plan did not include interventions for receiving chemotherapy, but should have.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195314	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2026
NAME OF PROVIDER OR SUPPLIER Jeff Davis Living Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1338 North Cutting Avenue Jennings, LA 70546	
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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure services provided meet nursing professional standards for medication administration by failing to ensure medications were not left at the bedside for 1 (#31) out of 31 sampled residents. Findings: On 05/13/2026 a review of the facility's policy titled, Administering Medications with a last reviewed date of 01/05/2026, read in part, Policy Statement: Medications are administered in a safe and timely manner. 27. Residents may self-administer their own medications only if the attending physician, in conjunction with the interdisciplinary care planning team, has determined that they have the decision-making capacity to do so safely. Review of Resident #31's EHR (electronic health record) revealed she was admitted to the facility on [DATE] with diagnoses that included, but were not limited to, dementia, bipolar disorder, major depression, blindness right eye, and anxiety. Review of Resident #31's most recent Quarterly Minimum Data Set (MDS) dated [DATE], revealed the resident's Brief Interview for Mental Status (BIMS) score was 06, indicating the resident's cognition was severely impaired. Review of Resident #31's MAR (Medication Administration Record) for May 2026 revealed S9LPN administered the resident's 8 a.m. (morning) medications on 05/11/2026. On 05/11/2026 at 10:03 a.m., an observation and an interview was conducted with Resident #31. A clear medicine cup containing pills/tablets was observed on Resident #31's bedside table. Resident #31 identified the clear medication cup on her bedside table as her morning medications, and stated the nurse left her morning medications on her bedside table for her to take when she woke up. Resident #31 further stated she could not remember the name of the pills or what they were for. On 05/11/2026 at 1:35 p.m., a record review was conducted and Resident #31 had not been assessed and approved for self-administration of medication. On 5/11/2026 at 10:06 a.m., an observation, interview and record review, were conducted with S9LPN. S9LPN confirmed she left the pills in the clear medication cup on Resident #31's bedside table at approximately 8:15 a.m. this morning (05/11/2026) for Resident #31 to take when she woke up. S9LPN identified the pills in the cup as: Famotidine 20 milligrams (mg), Namenda 5 mg, Citalopram 20 mg, Xanax 0.5 mg, Macrobid 100 mg, and Seroquel 25 mg stated she should have observed Resident #31 swallow the pills before leaving the room, and not leave the pills at the resident's bedside. S9LPN confirmed that Resident #31 was not able to self-administer medications. On 05/12/2026 at 2:00 p.m., an interview was conducted with S2DON. S2DON confirmed Resident #31 had not been evaluated and approved for self-administration of medications. S2DON stated S9LPN should not have left medications unattended at Resident #31's bedside.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195314	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2026
NAME OF PROVIDER OR SUPPLIER Jeff Davis Living Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1338 North Cutting Avenue Jennings, LA 70546	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and policy review, the facility failed to maintain sanitary conditions in the kitchen by failing to ensure ceiling vents, ceiling tiles, kitchen utensils and the pots storage area in the kitchen remained free of a fluffy gray substance. The deficiency had the potential to affect 73 residents who consumed meals from the kitchen. Findings: Review of the facility's undated policy, titled, Kitchen Dust Control Policy revealed in part: Purpose: To maintain a clean, sanitary, and safe kitchen environment by preventing and controlling dust accumulation in all dietary and food preparation areas in accordance with infection control, sanitation, and state/federal regulations. Policy: To ensure that all kitchen and dietary areas remain free from excessive dust accumulation. Routine cleaning and environmental monitoring will be performed to reduce contamination risks and maintain food safety standards. Areas Included: ventilation covers and ceiling vents, shelving and carts. On 05/11/2026 at 08:40 a.m., an initial tour of the facility's kitchen with S4DM revealed the following: Moderate amounts of a gray fluffy substance on the ceiling vent and ceiling tiles above the food preparation area. -Small amounts of a gray fluffy substance on the storage rack which held pots, spoons, tongs and a whisk. On 05/11/2026 at 1:59 p.m., a follow up observation of the kitchen and an interview was conducted with S4DM who was responsible for the daily operations of the kitchen. S4DM confirmed the above observations of the ceiling vent, ceiling tile, and storage rack. She stated maintenance was responsible for cleaning the ceiling tile and ceiling vents, while dietary staff were responsible for cleaning the storage rack. S4DM further stated these areas should have been cleaned.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195314	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2026
NAME OF PROVIDER OR SUPPLIER Jeff Davis Living Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1338 North Cutting Avenue Jennings, LA 70546	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation and interview, the facility failed to ensure that staff maintained appropriate infection control practices before, during, and after perineal care for 1 resident (#50) out of 6 residents (#3, #12, #13, #27, #50, #59) investigated for infection control in a total sample of 31 residents. Findings: A review of the facility's policy titled, Handwashing/Hand Hygiene with a review date of 01/05/2026, read in part: Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections. Indications for Hand Hygiene: 1. Hand hygiene is indicated: c. after contact with body fluids, or contaminated surfaces; after touching the resident's environment; before moving from work on a soiled body site to a clean body site on the same resident; and immediately after glove removal. 5. The use of gloves does not replace hand washing/hand hygiene. A review of the facility's policy titled, Perineal Care, with a review date of 01/05/2026, read in part: Steps in Procedure: 10. Remove gloves and discard into designated container. 11. Wash and dry your hands thoroughly. A review of the facility's policy titled, Bathroom, assisting a Resident to with a review date of 01/05/2026, read in part: Steps in Procedure: 1. Wash and dry your hands thoroughly. 17. If resident needs help in cleaning herself, put on gloves. 18. Remove and discard gloves. 19. Wash your hands. A review of Resident #50's electronic health record (EHR) revealed that she was admitted to the facility on [DATE] with diagnoses that included, but were not limited to, legal blindness, rheumatoid arthritis, muscle wasting and atrophy, and polyneuropathy. On 05/11/2026 at 9:00 am, an observation was made of S10CNA providing perineal care and removal and application of an adult incontinent brief on Resident #50. S10CNA removed Resident #50's soiled adult incontinent brief with no gloves on. S10CNA put the soiled adult incontinent brief in a trash bag and then put on gloves. S10CNA cleaned Resident #50's perineal area after she had a bowel movement. S10CNA then helped Resident #50 stand up and put a new adult incontinent brief. S10CNA did not remove her used gloves or perform hand hygiene prior to assisting the resident to put on a clean adult incontinent brief. S10CNA assisted Resident #50 back into her wheelchair, removed her gloves, and put them in the trash bag with the soiled adult incontinent brief. S10CNA did not wash her hands or apply hand sanitizer to her hands after she took off her gloves. S10CNA exited Resident #50's room with the trash bag in her hand, walked down the hall to a trash can, and threw the trash bag in the trash can. She did not perform hand hygiene after discarding the trash bag. S10CNA then walked into another resident's room. On 5/11/2026 at 9:15 am, an interview was conducted with S10CNA. S10CNA confirmed she did not wear gloves when she removed Resident #50's soiled adult incontinent brief. S10CNA also confirmed that she did not apply hand sanitizer or wash her hands after she removed her gloves. S10CNA confirmed that she did not change her gloves or wash her hands after cleaning the resident's perineal area after her bowel movement. S10CNA confirmed that she did not use hand sanitizer or wash hands after providing care to Resident #50 and before entering another resident's room. On 05/12/2026 at 10:30 am, an interview was conducted with S11ADON who was responsible for overseeing infection control at the facility. S11ADON confirmed all staff should wear gloves when removing soiled adult incontinent briefs from residents. S11ADON also confirmed that all staff should wash hands or apply hand sanitizer after removing gloves. S11ADON stated that all staff should wash hands or apply hand sanitizer after resident care and before moving on to a different resident.		