STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195359	A. Building B. Wing	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Joseph Continuing Care Center	2301 Sterlington Road Monroe, LA 71203

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 0572 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents a notice of rights, rules, services and charges. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to have documentation a resident received information on resident rights and the temporary leave-bed hold policy for 1 (#2) of 3 (#1, #2, #3) residents reviewed for resident rights. Findings: Record review revealed resident #2 was admitted to the facility on [DATE]. Further review of the medical records revealed there was no documentation resident #2 or his responsible party received information on resident rights and all regulations governing the resident conduct and responsibilities during his stay. On 04/30/2025 at 12:25 p.m. an interview with S1Administrator revealed he was not able to locate resident #2's admission packet. S1Administrator confirmed they did not have documentation resident #2 or his responsible party received information on resident rights and the temporary leave-bed hold policy.

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to: 1) ensure a resident was permitted return to the facility after hospitalization for 3 (#1, #2, #3) of 3 (#1, #2, #3) residents reviewed for transfer and discharge and; 2) have documentation a resident or resident's responsible party and the Ombudsman being notified in writing of the transfer/discharge and appeals right for 3 (#1, #2, #3) of 3 (#1, #2, #3) residents reviewed for transfer and discharge. Review of the facility's Transfer or Discharge, Facility-Initiated policy dated 2022 revealed the following in-part: Transfer and discharge includes movement of a resident from a certified bed in the facility to a non-certified bed in another part of the facility, or to a non-certified bed outside the facility. Transfer and discharge does not refer to movement of a resident to a bed within the same certified facility. Specifically: a. transfer refers to the movement of a resident from a bed in one certified facility to a bed in another certified facility when the resident expects to return to the original facility; and b. discharge refers to the movement of a resident from a bed in one certified facility to a bed in another certified facility or other location in the community, when return to the original facility is not expected. Facility-Initiated Transfer or Discharge 1. Facility-initiated transfer or discharge means a transfer or discharge which the resident objects to, or did not originate through a resident's verbal or written request, and/or is not in alignment with the resident's stated goals for care and preferences. Notice of Transfer or Discharge (Emergent or Therapeutic Leave) 1. When residents who are sent emergently to an acute care setting, these scenarios are considered facility-initiated transfers, NOT discharges, because the resident's return is generally expected. 2. Residents who are sent emergently to an acute care setting, such as a hospital, are permitted to return to the facility. Residents who are sent to the acute care setting for routine treatment/planned procedures are also allowed to return to the facility. 3. Under the following circumstances, the notice is given as soon as it is practicable but before the transfer or discharge: a. The health and/or safety of individuals in the facility would be endangered due to the clinical or behavioral status of the resident; b. The resident's health improves sufficiently to allow a more immediate transfer or discharge; (continued on next page)

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	c. An immediate transfer or discharge is required by the resident's urgent medical needs; or d. A resident has not resided in the facility for 30 days. 4. Notice of Transfer is provided to the resident and representative as soon as practicable before the transfer and to the long-term care (LTC) ombudsman when practicable (e.g., in a monthly list of residents that includes all notice content requirements). 5. Notice of Facility Bed-Hold and Return policies are provided to the resident and representative within 24 hours of emergency transfer. Notice of Discharge after Transfer 1. If discharge is initiated by the facility after an emergency transfer to the hospital, the reason for discharge is based on the resident's status at the time the resident seeks return to the facility (not at the time the resident was transferred to acute care). 2. If the facility does not permit a resident's return to the facility (i.e., initiates a discharge) based on inability to meet the resident's needs, the facility will notify the resident, and/or his or her representative in writing of the discharge, including notification of appeal rights. 3. The facility will send a copy of the discharge notice to a representative of the Office of the State LTC Ombudsman. 4. Notice to the Office of the State LTC Ombudsman will occur at the same time the notice of discharge is provided to the resident and resident representative. Findings: Resident 1 Record review revealed resident #1 was admitted to the facility 02/04/2025 and was to receive skilled services. Resident #1 had diagnoses including acute kidney failure, altered mental status, essential hypertension, hypothyroidism, acute cystitis with hematuria, retention of urine, constipation, unspecified dementia severe with psychotic disturbance, insomnia, and diabetes mellitus. Further record review revealed resident #1 was transferred to an acute care hospital to receive a psychiatric evaluation on 03/13/2025 related to resident #1's behavior (refusing care, pulling out Foley catheter, crying, yelling and making suicidal threats. Resident #1 was discharged from the nursing facility on 03/13/2025. On 04/29/2025 at 10:45 a.m. an interview with the social worker at the local behavioral health inpatient facility revealed the facility would not accept resident #1 back after the doctor had deemed the resident was stable to be discharged and return to the facility. The social worker reported resident #1 was still admitted at the behavioral health facility because she had not been able to find an accepting long term care facility. (continued on next page)

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	04/29/2025 at 1:25 p.m. an interview with S3Communications Relations Coordinator revealed she was responsible for resident admissions to the facility. S3Communications Relations Coordinator reported on 03/13/2025 resident #1 was sent out to the hospital was admitted to the behavioral health unit. S3Communications Relations Coordinator revealed resident #1 was discharged from nursing facility skilled services on 03/13/2025. Further interview with S3Communications Relations Coordinator revealed she received a call on 04/01/2025 from the social worker (from the local behavioral unit) informing that resident #1 was going to be discharged back to the facility on [DATE]. S3Communications Relations Coordinator reported she informed the social worker she needed progress notes, nurse's notes, occupational therapy evaluation, physical therapy evaluation and a physician's order for skilled services for resident #1 in order for insurance to authorize resident #1 to be re-admitted to skilled services. S3Communications Relations Coordinator revealed she received the progress notes and nurse's notes, but never received the occupational therapy evaluation, physical therapy evaluations, or the physician's order for skilled services. S3Communications Relations Coordinator revealed she had notified S1Administrator they were still waiting on an authorization for resident #1 for skilled services before she could be re-admitted the resident to the facility. Resident 2 Record review revealed resident #2 was admitted to the facility on [DATE] with diagnoses that included essential hypertension, unspecified convulsions, thyrotoxicosis without thyroid storm, depression, and schizophrenia. Further record review revealed resident #2 was transferred to an acute care hospital to receive a psychiatric evaluation on 01/23/2025 related to behaviors (refusing medications, hallucinating ,and post-traumatic stress disorder symptoms). Resident #2 was discharged from the nursing facility on 01/30/2025. On 04/29/2025 at 10:45 a.m. an interview with the social worker at the local behavioral health inpatient facility revealed the facility would not accept resident #2 back after the doctor had deemed the resident was stable to be discharged and return to the facility. The social worker reported resident #2 was finally transferred to another long term facility on 03/20/2025 because the facility would not take him back. Resident 3 Record review revealed resident #3 was admitted to the facility on [DATE] and was to receive skilled services. Resident #3's diagnoses included metabolic encephalopathy, essential hypertension, urinary tract infection, stage 2 sacral pressure ulcer, hypothyroidism, muscle weakness, difficulty in walking, need assistance with personal care, and cognitive communication deficit. Further record review revealed resident #3 was transferred to local acute care hospital for psychiatric evaluation on 02/07/2025 related to her behaviors (anxious, wandering, and confusion). Resident #3 was discharged from the nursing facility skilled services on 02/07/2025. (continued on next page)

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 04/29/2025 at 10:45 a.m. an interview with the social worker at the local behavioral health inpatient facility revealed the provider would not accept resident #3 back after the doctor had deemed the resident was stable to be discharged and return to the facility. The social worker reported resident #3 was finally transferred to another facility on 02/25/2025 because the facility would not take her back. On 04/30/2025 at 11:10 a.m. an interview with S2Director of Nursing (DON) with S1Administrator present. S2DON confirmed there was no documentation in resident #1, resident #2, and resident #3's medical records that the facility was not able to meet their needs. S2DON further revealed there was no documentation resident #1, resident #2, resident #3 or their responsible party, and the Ombudsman being notified in writing of their transfer/discharge including notification of the appeals rights. On 04/30/2025 at 11:18 a.m. an interview with S1Administrator revealed he was instructed by S4Vice President of Operations that they were not to re-admit skilled residents who were sent out to the hospital or behavioral health until they had an authorization from the insurance company.