

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER Baton Rouge Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5550 Thomas Road Baton Rouge, LA 70811	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to ensure a resident's bath was accurately documented for 1 (#3) of 3 (#1, #2, and #3) residents reviewed for ADL's (Activities of Daily Living).</p> <p>Findings:</p> <p>Review of Resident #3's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side.</p> <p>Review of Resident #3's current Care Plan revealed the following, in part;</p> <p>Problem: I have an ADL self-care performance deficit related to Non-Traumatic Intracranial Hemorrhage with Right Sided Hemiplegia.</p> <p>Interventions: I am totally dependent on staff to provide a bath/shower.</p> <p>Review of Resident #3's Bath Flowsheet dated March 2025 to May 12, 2025 revealed the residents scheduled bath days were Monday, Wednesday, and Friday. Further review revealed Resident #3 did not have a documented bath on Monday 03/24/2025, Friday 03/28/2025, and Monday 04/28/2025.</p> <p>On 05/13/2025 at 1:52 p.m., an interview was conducted with S3CNA. She verified she was Resident #3's assigned CNA on 03/28/2025. She stated Resident #3 refused his bath on 03/28/2025. She reviewed Resident #3's Bath Flowsheet and verified there was no documented bath or refusal of bath for that day. She stated she should have charted he refused the bath on 03/28/2025.</p> <p>On 05/13/2025 at 2:43 p.m., an interview was conducted with S2CNAS. She stated she was responsible for giving Resident #3 his baths on 03/24/2025 and 04/28/2025. She stated she gave Resident #3 his baths on those days. She reviewed Resident #3's Bath Flowsheet and verified she did not document the baths on those days and should have.</p> <p>On 05/13/2025 at 3:47 p.m., an interview was conducted with S1DON. He reviewed Resident #3's Bath Flowsheet and verified baths were not documented on 03/24/2025, 03/28/2025, and 04/28/2025. He confirmed baths should be documented when given or refused.</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
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