

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195382	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Central Guest House Healthcare & Rehabilitation Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 10748 Joor Road Baton Rouge, LA 70818	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42681</p> <p>Based on record reviews and interviews, the facility failed to ensure alleged violations involving verbal abuse were reported immediately, but not later than 2 hours after the allegation was made to the administrator and to the state survey agency for 1 (#8) of 4 (#4, #6, #7, and #8) residents reviewed for abuse.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Abuse Prevention and Prohibition Policy, dated 03/25/2023, revealed, in part:</p> <p>Policy: If you suspect verbal abuse of a resident or mistreatment of a resident contact the Administrator immediately.</p> <p>Review of Resident #8's Clinical Record revealed he was admitted to the facility on [DATE].</p> <p>Review of Resident #8's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/14/2024 revealed a Brief Interview for Mental Status (BIMS) of 15, indicating he was cognitively intact.</p> <p>Review of the facility's Investigative Reports submitted to the state survey agency dated May 2024 to October 2024 revealed there were no reports filed for Resident #8.</p> <p>On 10/18/2024 at 12:48 p.m., an interview was conducted with Resident #8. He stated a few weeks ago S8CNA came up to him, waved her finger in his face and cursed at him. Resident #8 stated he felt angry after this incident.</p> <p>On 10/18/2024 at 3:10 p.m., an interview was conducted with S9LPN. She confirmed she was the nurse present during an incident involving S8CNA and Resident #8 in September 2024. She stated Resident #8 was yelling and cursing at the resident. She stated S8CNA pointed her finger at Resident #8 and called him a racist. She confirmed yelling and cursing was verbal abuse. She stated she did not report this incident to anyone and should have.</p> <p>(continued on next page)</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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/18/2024 at 2:52 p.m., an interview was conducted with S1ADM. He stated he was not aware of the incident involving S8CNA and Resident #8 in September 2024. He stated he would have expected staff to report any allegation of abuse immediately. He confirmed the allegation of verbal abuse should have been reported to the state survey agency within 2 hours.</p>

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42681</p> <p>Based on record review and interviews, the facility failed to ensure Minimum Data Set (MDS) assessments were completed and transmitted timely for 1 (#1) of a total of 16 sampled residents reviewed for Resident Assessment.</p> <p>Findings:</p> <p>Review of the facility policy titled, MDS Policy and Procedure, with an effective date of 06/25/2015, revealed the following, in part:</p> <p>All Minimum Data Set (MDS) are to be completed and transmitted according to the most current Resident Assessment Instrument manual.</p> <p>Resident #1</p> <p>Review of Resident #1's Clinical Record revealed she was admitted to the facility on [DATE].</p> <p>On 10/14/2024, review of Resident #1's Admission MDS with an ARD of 08/30/2024 revealed the MDS was incomplete and had a status of in progress.</p> <p>On 10/14/2024, review of Resident #1's Quarterly MDS with an ARD of 09/11/2024 revealed the MDS assessment was incomplete and had a status of in progress.</p> <p>On 10/15/2024 at 1:10 p.m., an interview was conducted with S4MDS. She reviewed the above MDS assessments and confirmed they were not completed within the required 14 days after the ARD date and had not been transmitted to CMS.</p> <p>On 10/15/2024 at 1:27 p.m., an interview was conducted with S2DON. She reviewed the above MDS assessments and confirmed they were not completed within the required 14 days after the ARD date and had not been transmitted to CMS.</p>