STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195382	A. Building B. Wing	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Central Guest House Healthcare & Rehabilitation Ce	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations and interviews, the facility failed to store food in accordance with professional standards for food service safety. There were 166 residents in the facility who ate food from the kitchen.Findings:On 03/23/2026 at 8:50 a.m., an initial tour of the kitchen was conducted with S2DM, who confirmed the following observations:Freezer:The following items were observed in unsealed bags in open cardboard boxes:-1 10 pound bag of fully cooked sausage patties-1.2 ounce plastic bag of cheese and garlic biscuit dough-1.5 pound plastic bag of diced ham-10.35 pound plastic bag of fully cooked chicken breast patties-10 pound plastic bag of fish fingers-1 pound bag of egg rollsOn 03/23/26 at 8:55 a.m., an interview was conducted with S2DM. S2DM confirmed the aforementioned items were open, and not sealed. S2DM stated all foods stored in the freezer should have been sealed and not left open to air.On 03/24/2026 at 4:18 p.m., an interview was conducted with S1ADM. S1ADM was notified of the aforementioned findings. S1ADM stated opened food items should have been sealed and not open to air in the freezer. S1ADM stated the above food items were not stored in accordance with professional standards for food service safety, 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
	195382	A. Building B. Wing	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Central Guest House Healthcare & Rehabilitation Ce	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)
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 observations, interviews, and record review, the facility failed to implement a resident's person centered plan of care for 1 (#114) of 7 sampled residents reviewed. The facility failed to ensure Resident #114's shrinker sock was applied to his right below the knee amputation (BKA) as identified in his plan of care.Review of Resident #114's Clinical Record revealed he admitted to the facility on [DATE] with diagnoses, which included Acquired Absence of Right Leg Below Knee. Review of Resident #114's Annual MDS with ARD of 02/04/2026 revealed a BIMS of 06, which indicated severe cognitive impairment. Review of Resident #114's current Physician's Orders revealed the following, in part:Shrinker sock to be applied to right BKA anytime prosthetic leg and silicone liner with screw is removed. On 03/23/2026 at 9:45 a.m., an observation and interview was conducted with Resident #114. He was lying in bed with no shrinker sock in place to right BKA with a sign above his bed, stating gray shrinker sock to be worn while in bed. Resident #114 stated he had not refused staff to apply shrinker sock. On 03/24/2026 at 8:20 a.m., an observation and interview was conducted with Resident #114. He was lying in bed with no shrinker sock in place to right BKA with a sign above his bed, stating gray shrinker sock to be worn while in bed. Resident #114 stated he had not refused staff to apply shrinker sock. On 03/24/2026 at 8:25 a.m., an interview and observation was conducted with S8CNA. She confirmed Resident #114's shrinker sock was not in place and should have been. She further confirmed she was assigned to Resident #114 and had not attempted to apply Resident #114's shrinker sock to his right BKA. On 03/24/2026 at 2:00 p.m., an interview was conducted with S13CNA. S13CNA stated CNAs were responsible for applying Resident #114's shrinker sock to his right BKA. She further stated Resident #114 should have his shrinker sock on when he was in bed. S13CNA stated he had never refused to let her put the shrinker sock on his right BKA. On 03/25/2026 at 12:23 p.m. an interview was conducted with S4LPN. She stated Resident #114 had never refused care from her. S4LPN confirmed Resident #114 had an order to wear a shrinker sock while in bed and it should have been in place if he was in bed. On 03/25/2026 at 3:00 p.m., an interview was conducted with S15CNA. S15CNA stated she had applied Resident #114's shrinker sock in the past with no issues regarding resident refusal. She stated he had never refused care when she worked with him. On 03/25/2026 at 2:13 p.m., an interview was conducted with S3DON. She verified Resident #114's Physician's Order for shrinker sock to be applied to right BKA if prosthetic was not in place. S3DON confirmed Resident #114 should have shrinker sock on his right BKA while in bed unless he refused. S3DON further confirmed staff were expected to follow physician's orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195382	A. Building B. Wing	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Central Guest House Healthcare & Rehabilitation Ce	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure a resident who was unable to carry out ADLs received the necessary services to maintain good grooming and personal hygiene for 1 (#59) of 3 residents reviewed for ADL's. The facility failed to shampoo Resident #59's hair.Findings:Review of Resident #59's Clinical Record revealed she was admitted to the facility on [DATE] and had diagnoses, which included Abnormalities of Gait and Mobility, Generalized Muscle Weakness, Anxiety Disorder, Idiopathic Progressive Neuropathy, Chronic Obstructive Pulmonary Disease with Acute Exacerbation, and Acute on Chronic Respiratory Failure with Hypoxemia. Review of Resident #59's Quarterly MDS with an ARD of 02/19/2026 revealed she had a BIMS of 15, which indicated she was cognitively intact. Further review revealed she required partial/moderate assistance with personal hygiene. Review of Resident #59's Care Plan revealed the following, in part:Problem: The resident requires staff assistance with ADL care.Intervention: Resident prefers morning showers. Review of Resident #59's ADL documentation revealed she was scheduled to receive baths on Mondays, Wednesdays, and Fridays. Further review of ADL Documentation for bathing dated 02/25/2026 through 03/24/2026 revealed no documentation Resident #59's hair was washed after 03/02/2026. On 03/23/2026 at 9:39 a.m., an interview was conducted with Resident #59. She stated her bath days were on Mondays, Wednesdays and Fridays. She stated Resident #59 used to go to the whirlpool before her fall last month and have her hair washed every week. She stated now she took bed baths and her hair had not been washed in 3 weeks. She stated her scalp was itching and her hair felt oily and dirty. She stated on either Wednesday or Friday of last week she asked S9CNA to wash her hair during her bath. She stated S9CNA did not wash her hair and told her she can go to the salon and have her hair washed. On 03/24/2026 at 12:48 p.m., an interview was conducted with S9CNA. She stated Resident #59's bath days were on Mondays, Wednesdays and Fridays. She stated the CNA's on the hall were responsible for the resident's showers and baths. She stated Resident #59 required assistance with her ADL's and had been getting bed baths since she came back from the hospital last month. She stated she was assigned to Resident #59 last Friday, 03/20/2026, and Resident #59 requested her hair to be washed during the bed bath. She stated she told Resident #59 it might be best for her to go to the beauty shop to have her hair washed so they can lean her head back in the bowl. She stated she had not washed Resident #59's hair in about one month since she got back from the hospital. She confirmed washing a resident's hair was part of a bath and if the resident asked to have their hair washed, she was supposed to do it. She stated she had not notified the nurse Resident #59 wanted her hair washed and she had not done it. On 03/24/2026 at 1:10 p.m., an observation and interview was conducted with Resident #59. She was in her room seated in a wheelchair. She stated her hair still felt dirty, oily and her scalp itched. Resident #59's hair was observed pulled back in ponytail, stray hairs sticking up, and the hair by her temples and ears was observed slightly oily and stuck to the side of her head. On 03/24/2026 at 1:22 p.m., an interview was conducted with S6LPN. She stated Resident #59 used to bathe in the whirlpool, but had been receiving bed baths since she returned from the hospital last month. She confirmed if a resident requested their hair to be washed then the CNA's should absolutely perform it. She stated no staff had reported not being able to wash Resident #59's hair. On 03/24/2026 at 3:35 p.m., an observation was made of Resident #59 with S10CNA. S10CNA stated Resident #59's baths were done on Mondays, Wednesdays, and Fridays on the 6:00 a.m. to 2:00 p.m. shift. She stated washing a resident's hair was part of the bath and should be done on bath days. She observed Resident #59's hair, ran her fingers through the resident's hair, and stated it felt greasy and needed to be washed. On 03/25/2026 at 10:06 a.m., an interview was conducted with S3DON. She confirmed washing a resident's hair was part of a bath. She confirmed if a resident wanted their hair washed on their bath day it should be washed. She stated it was difficult to submerge a resident's hair to clean it well while doing a bed (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195382	A. Building B. Wing	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Central Guest House Healthcare & Rehabilitation Ce	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	bath. She stated had staff notified her or the nurse they were unable to wash Resident #59's hair during a bed bath, she would have brought Resident #59 to the salon and washed her hair.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195382	A. Building B. Wing	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Central Guest House Healthcare & Rehabilitation Ce	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to provide pharmaceutical services, including procedures that assure the accurate acquiring, receiving, dispensing and administering of all drugs and biologicals to meet the needs of each resident. The facility failed to ensure medications were administered as ordered for 1 (#162) of 7 residents reviewed for medication administration.Findings: Review of the facility's policy titled, Medication Administration with an effective date of 10/04/2024, revealed the following, in part:Policy: Nursing personnel shall ensure the safe and effective administration of medications.Procedure:1. Medication Administration:g. Administer the medication as ordered .4. Missing Medication:a. Notify the Pharmacy immediately to fill the order during regular pharmacy hours. After hours, retrieve the medication from the emergency medication kit. Review of Resident #162's Clinical Record revealed she was admitted to the facility on [DATE] and had diagnoses, which included Pneumonia, Obstructive Sleep Apnea, Cough, Shortness Of Breath, Acute Upper Respiratory Infection, Unspecified Diastolic Congestive Heart Failure, Tobacco Use, Hypoxemia, Chronic Obstructive Pulmonary Disease, and Acute On Chronic Respiratory Failure. Review of Resident #162's Quarterly MDS with an ARD of 01/23/2026 revealed she had a BIMS of 15, which indicated she was cognitively intact. Review of Resident #162's Physician Orders dated March 2026 revealed the following, in part:Order date: 03/19/2026, Start date: 03/20/2026, End date: 03/24/2026- Prednisone oral tablet 20 mg give 2 tablets by mouth one time a day for 4 days. Review of Resident #162's Medication Administration Record dated March 2026 revealed, in part, S5LPN documented Prednisone as not administered on 03/21/2026 and 03/22/2026. Review of Resident #162's Nurses Notes dated March 2026 and signed by S5LPN revealed the following, in part:03/21/2026 at 10:10 a.m. Prednisone oral tablet 20 mg give 2 tablets by mouth one time a day for 4 days not administered. Waiting on pharmacy.03/22/2026 at 9:46 a.m. Prednisone oral tablet 20 mg give 2 tablets by mouth one time a day for 4 days not administered. Waiting on pharmacy. On 03/23/2026 at 9:12 a.m., an observation was made of Resident #162. Resident #162 was coughing up light, tan colored phlegm into a cup. An interview was conducted with Resident #162 at that time. Resident #162 stated she had been coughing up a lot of phlegm and was supposed to be started on a steroid over the weekend and was not. On 03/24/2026 at 1:50 p.m., an interview was conducted with S6LPN. She stated she was assigned to Resident #162 on 03/19/2026 from 7:00 a.m. to 3:00 p.m. She stated, on 03/19/2026, S11NP ordered Prednisone 20 mg take 2 tablets once a day for 4 days for Resident #162 due to cough and congestion. She reviewed Resident #162's clinical record and verified she entered the order for the Prednisone on 03/19/2026 at 1:57 p.m. with a start date of 03/20/2026 at 8:00 a.m. On 03/24/2026 at 3:05 p.m., an interview was conducted with S5LPN. She verified she was assigned to Resident #162 from 07:00 a.m. to 11:00 p.m. on 03/21/2026 and 03/22/2026. She stated Resident #162 had a cough and an order to administer Prednisone. She stated Resident #162's Prednisone was not delivered from the pharmacy. She confirmed she did not administer Resident #162's Prednisone on 03/21/2026 and 03/22/2026. On 03/25/2026 at 8:50 a.m., an interview was conducted with S11NP. She stated, on 03/19/2026, Resident #162 complained of a cough and congestion. She stated she prescribed Prednisone 20 mg tablets take once a day for 4 days for Resident #162's COPD. She confirmed she expected Resident #162's Prednisone to be administered as ordered. On 03/25/2026 at 9:04 a.m., an observation was made of the facility's two emergency medication kits with S12ADON. S12ADON reviewed the list of medications contained in the emergency medication kits and stated each kit contained 6 tablets of Prednisone 10 mg tablets. She confirmed the drawers containing the Prednisone tablets were sealed and no tablets had been removed. On 03/25/2026 at 10:13 a.m., an interview was conducted with S3DON. She stated if Resident #162's Prednisone dose was not delivered and available to administer, the nurse should have looked in the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195382	A. Building B. Wing	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Central Guest House Healthcare & Rehabilitation Ce	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	emergency medication kits to see if the medication was available and then utilized the medication from the kit. She stated she had reviewed Resident #162's MAR and nurses' notes dated 03/21/2026 and 03/22/2026 and confirmed S5LPN did not administer Resident #162's Prednisone and documented she was waiting on pharmacy. She confirmed Resident #162's Prednisone should have been administered as ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195382	A. Building B. Wing	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Central Guest House Healthcare & Rehabilitation Ce	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)
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 observation, interviews, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary environment to help prevent the development and transmission of infection for 1 (#135) of 4 residents reviewed for infection control. The facility failed to ensure staff wore proper Personal Protective Equipment (PPE) while providing care to a resident who was on Enhanced Barrier Precautions (EBP).Review of the facility's policy titled Enhanced Barrier Precautions Policy & Procedure dated 04/2024, revealed the following, in part: Procedure:1. EBP are indicated for residents with any of the following: b. Indwelling medical devices even if the resident is not known to be infected or colonized with and MDRO. ii. Indwelling medical device examples include urinary catheters4. For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities: b. Providing hygiene g. Device care or use (urinary catheter)5. Personal Protective Equipment (PPE) is to be applied prior to performing the high-contact resident activity according to below and before moving on to another resident: b. Put on gown and glovesEquipment 2. Gown and gloves Review of Resident #135's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses including Retention of Urine, Overactive Bladder, Urinary Incontinence, and Neuromuscular Dysfunction of Bladder. Review of Resident #135's current Physician Orders revealed the following, in part:Enhanced Barrier Precautions: utilize gown and gloves during high-contact care activities for residents with chronic wounds or indwelling medical devices. Every shift for presence of foley catheter (Start date: 10/10/2024) Review or Resident #135's current Care Plan revealed the following:Problem: The resident has a clinical condition and or medical device (i.e. urinary catheter) that warrants enhanced barrier precautions.Interventions: Utilize gloves and gown when performing high-contact resident care activities (i.e., providing hygiene) and when providing care to medical devices (i.e., urinary catheter) On 03/25/2026 at 9:10 a.m., an observation of the Enhanced Barrier Precautions sign posted outside of Resident #135's door revealed the following, in part: Providers and staff must:Wear gloves and a gown for the following high-contact resident care activities.Device care or use On 03/25/2026 at 9:15 a.m., an observation was made of S7CNA performing catheter care and peri care for Resident #135. S7CNA was not wearing a gown while performing high contact care to Resident #135. On 03/25/2026 at 9:30 a.m., an interview was conducted with S7CNA. S7CNA confirmed Resident #135 was on EBP due to having a urinary catheter. She further confirmed she did not wear a gown when performing catheter care and peri care for Resident #135 and should have. On 03/25/2026 at 2:13 p.m., an interview was conducted with S3DON. S3DON confirmed she expected staff to follow EBP guidelines when providing high contact care to residents with an indwelling medical device such as a urinary catheter.