

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195389	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/02/2024
NAME OF PROVIDER OR SUPPLIER  Heritage Manor of Baton Rouge II		STREET ADDRESS, CITY, STATE, ZIP CODE  9301 Oxford Place Ave Baton Rouge, LA 70809	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42681</p> <p>Based on observation, interview and record review, the provider failed to ensure physician's orders were implemented for 1 (#3) of 2 (#1 and #3) residents sampled for tube feedings.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Tube Feeding, dated 12/2015, revealed, in part:</p> <p>1. All tube feedings will be administered in accordance with verified medical necessity, established infection control policies and procedures and physician's orders.</p> <p>Review of Resident #3's Clinical Record revealed he was admitted on [DATE] and had diagnoses which included, Dysphagia Oropharyngeal Phase, Gastrostomy, and Specified Symptoms and Signs Involving the Digestive System and Abdomen.</p> <p>Review of Resident #3's Quarterly MDS with an ARD of 05/27/2024 revealed a blank BIMS, which indicated the resident's cognitive ability was unable to be determined.</p> <p>Review of Resident #3's physician's orders revealed the following, in part:</p> <p>Tube feeding formula Peptamen at 65 ml/hour for 24 hours to deliver 2340 calories, 106 grams of protein, 2760 total volume.</p> <p>On 08/02/2024 at 9:42 a.m., an observation was made of Resident #3 in his room. A bag of Peptamen, tube feeding formula, was hanging and contained 700 ml of liquid. The bag was labeled 08/02/2024 at 3:30 a.m. The tube feeding pump was turned off.</p> <p>On 08/02/2024 at 9:51 a.m., an interview was conducted with S3S. S3S stated the tube feeding for Resident #3 should be infusing at 65 ml/hour continuously. S3S observed and confirmed Resident #3's tube feeding pump was not on and infusing and should have been.</p> <p>On 08/02/2024 at 2:22 p.m., an interview was conducted with S2DON. S2DON confirmed nurses should follow all physician orders regarding tube feedings. S2DON stated if there was no physician orders to hold Resident #3's tube feeding, the pump should be on and running continuously per physician's orders.</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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NAME OF PROVIDER OR SUPPLIER  Heritage Manor of Baton Rouge II		STREET ADDRESS, CITY, STATE, ZIP CODE  9301 Oxford Place Ave Baton Rouge, LA 70809	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>46981</p> <p>Based on observation, interview, and record review, the facility failed to ensure nurse staffing data was posted daily in a prominent location readily accessible to residents and visitors. This deficient practice had the potential to affect any of the 122 residents residing in the facility.</p> <p>Findings:</p> <p>Review of the facility's policy dated 06/2024 and titled Posting of Nurse Staffing Information revealed in part, the following:</p> <p>The facility must post the following information on a daily basis.</p> <ol style="list-style-type: none"> <li>1. Facility name</li> <li>2. Current date</li> <li>3. The total number and actual hours worked</li> <li>4. Resident census</li> </ol> <p>Posting Requirements:</p> <p>The facility shall post nurse staffing information on a daily basis at the beginning of each shift.</p> <p>An observation was made on 08/01/2024 at 9:45 a.m. of the staffing data sheet dated 07/30/2024. Further review revealed no documentation of the actual hours worked by registered nurses, licensed practical nurses or licensed vocational nurses, and certified nurse aides for 07/30/2024. No documentation of staffing data sheets dated 07/31/2024 or 08/01/2024.</p> <p>An interview was conducted on 08/01/2024 at 9:46 a.m. with S1ADM. He reviewed the nurse staffing data sheet dated 07/30/2024. He confirmed the staffing data sheets should include actual hours worked by registered nurses, licensed practical nurses or licensed vocational nurses, and certified nurse aides, and it did not. He further confirmed the staffing data sheets should be completed and posted daily.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42681</b></p> <p>Based on observations, interviews and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of infection. The facility failed to ensure staff wore proper Personal Protective Equipment (PPE) while performing incontinent care for 1 (#R1) of 2 (#3 and #R1) residents reviewed for Enhanced Barrier Precautions (EBP).</p> <p>Findings:</p> <p>Review of the facility's policy titled, Enhanced Barrier Precautions, dated 03/2024, revealed, in part:</p> <p>Enhanced Barrier Precautions require the use of gown and gloves only for high-contact resident care activities.</p> <p>Review of Resident #R1's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Gangrene, Pressure Ulcer of Sacral Region, Stage 3, Surgical Incision to Left Inner Thigh, Surgical Incision Left Knee, and Left Groin Wound.</p> <p>Review of Physician's Orders for Resident #3, revealed the following, in part:</p> <p>07/27/2024 Enhanced Barrier Precautions-gown and gloves to be worn during high contact resident care activities (dressing, bathing, transfers, changing linens, hygiene, changing briefs, toileting, chronic wound care, device care-central line, urinary catheter, feeding tube).</p> <p>On 08/02/2024 at 9:10 a.m., an observation was made of Resident #R1's door. Signage on Resident #R1's door indicated Enhanced Barrier Precautions was required for direct contact.</p> <p>On 08/02/2024 at 9:13 a.m., an observation was made of incontinent care of Resident #R1. S4S entered Resident #R1's room, donned only gloves, and performed incontinent care of Resident #R1's without donning a gown.</p> <p>On 08/02/2024 at 9:15 a.m., an interview was conducted with S4S. S4S confirmed Resident #R1 is on EBP for wounds. S4S confirmed she did not wear a gown when she performed incontinence care on Resident #R1 and should have.</p> <p>On 08/02/2024 at 9:26 a.m., an interview was conducted with S2DON. S2DON stated she expects all staff to have on a gown when having direct contact with residents on Enhanced Barrier Precautions.</p>		