

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 09/10/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49343</p> <p>Based on record reviews and interviews, the facility failed to ensure a resident's chart contained the required documentation in the medical record for 1 (#1) of 3 (#1, #2, and #3) residents reviewed for emergency transfers.</p> <p>Findings:</p> <p>Review of Resident #1's clinical record revealed the resident was admitted to the facility on [DATE] and discharged on [DATE].</p> <p>Review of the facility's Emergency Transfer Log dated August 2024 revealed Resident #1 was transferred from the nursing facility to a local hospital on 08/06/2024 and the facility was not accepting Resident #1 back to the facility.</p> <p>Review of Resident #1's physician notes and nursing notes from August 2024 revealed no documentation of the reason for discharge</p> <p>On 09/10/2024 at 9:41 a.m., a telephone interview was conducted with the social worker at the local hospital. She stated the hospital tried to discharge Resident #1 back to the nursing facility on 08/07/2024, and the DON said the resident could not return due to his aggressive behaviors and elopement risk.</p> <p>On 09/10/2024 at 10:13 a.m., an interview was conducted with S2DON. She confirmed there was no documentation in Resident #1's clinical record justifying the reason for discharge of Resident #1. She stated he had aggressive behaviors on 08/06/2024 which put the safety of other residents at risk. She stated he was an elopement risk and tried to leave the facility on 08/06/2024. She stated when he was originally admitted he was admitted to a bed on a non-secured hall and she felt it was not safe for him to return to a non-secured unit due to his elopement risk. She confirmed there was no documentation of the behaviors staff witnessed in Resident #1's chart and there should have been.</p> <p>On 09/10/2024 at 12:05 p.m., an interview was conducted with S1ADM. He stated Resident #1 displayed aggressive behavior to staff upon admission to the facility on [DATE], which was why he was transferred to the hospital. He stated the resident's aggressive behaviors put the safety of other residents at risk. He confirmed there was no documentation justifying the reason for discharge of Resident #1.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49343</p> <p>Based on record reviews and interviews, the facility failed to provide documentation of the notice of discharge to the Ombudsman for a facilitated initialed discharge of a hospitalized resident for 1 (#1) of 3 (#1, #2, and #3) resident's records reviewed. This deficient practice had the potential to affect any of the 119 residents who reside in the facility.</p> <p>Findings:</p> <p>Review of Resident #1's clinical record revealed the resident was admitted to the facility on [DATE] and discharged on [DATE].</p> <p>Review of the facility's Emergency Transfer Log dated August 2024 revealed Resident #1 was transferred from the nursing facility to a local hospital on 08/06/2024.</p> <p>Review of the transfer/discharge notification revealed in part:</p> <p>Dear, Resident #1,</p> <p>This letter is to inform you of the facility initiated transfer/discharge to the local hospital on 08/06/2024 due to an emergency situation for the following reasons:</p> <p>We are no longer able to meet your needs in this facility and the transfer is necessary for your welfare.</p> <p>The safety of individuals in this facility is endangered as a result of Behaviors.</p> <p>Discharge/transfer to local hospital. Effective date: 08/06/2024.</p> <p>Signed by the facility administrator on 08/07/2024.</p> <p>Further review of the notification form revealed the following in part:</p> <p>Number called: Resident #1's son number on 08/07/2024 at 12 p.m. No answer written to the side.</p> <p>Name of Resident Representative contacted: Resident #1's son</p> <p>Date mailed: 08/07/2024.</p> <p>On 09/05/2024 at 2:13 p.m., a telephone interview was conducted with the local state Ombudsman. She stated she was verbally notified by S1ADM that Resident #1 was transferred to the local emergency roagnom on [DATE] for evaluation and treatment of behaviors. The Ombudsman confirmed she did not receive a copy of the involuntary discharge letter dated 08/06/2024 until 08/14/2024 after she requested it. She stated the facility initiated a discharge on Resident #1 on 08/07/2024 immediately after he exhibited behaviors on 08/06/2024.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/10/2024 at 11:15 a.m., an interview was conducted with S4AM. She confirmed the discharge of Resident #1 was a facility initiated discharge on 08/07/2024. She confirmed she had no documentation proving a copy of the notification of discharge was provided to the Ombudsman until 08/14/2024. She confirmed the Ombudsman should have been provided immediate notification of Resident #1's discharge.</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** 47191</p> <p>Based on record review and interviews, the facility failed to ensure a reentry MDS assessment was completed and transmitted timely for 1 (#2) of 3 (#1,#2,#3) residents reviewed for Resident Assessment.</p> <p>Findings:</p> <p>Review of Resident #2's clinical record revealed he was admitted to the facility on [DATE] and was sent to the hospital on 06/28/2024. Further review revealed Resident #2 returned to the facility on [DATE] with a reentry MDS assessment opened. Review of the Reentry assessment status revealed it was incomplete and never transmitted.</p> <p>On 09/10/2024 at 10:11 a.m., an interview was conducted with S3CM. She stated she performed a reentry assessment on 07/05/2024 for Resident #2 upon return from the hospital. She stated the MDS assessment was never completed and transmitted and was overdue to be transmitted. She stated she had 7 days to complete the assessment and 14 days from the reentry date to transmit the MDS assessment. She confirmed the assessment was not completed and transmitted within the required time frames and should have been.</p> <p>On 09/10/2024 at 10:45 a.m., an interview was conducted with S2DON. She reviewed Resident #2's reentry assessment performed on 07/05/2024. She confirmed the MDS assessment was incomplete and never transmitted and was overdue to be submitted. She stated staff had 7 days to complete the assessment and 14 days from the reentry date to transmit the MDS assessment. She confirmed it should have been completed and transmitted in a timely manner and was not.</p>		