

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  10/30/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47732</b></p> <p>Based on record reviews, and interviews, the facility failed to protect each residents' right to be free from physical abuse for 1 (#1) of 3 (#1, #2, and #3) residents reviewed for abuse. The facility failed to ensure Resident #1 was free from physical abuse by Resident #2.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Resident Abuse, with a review date of 1/2024, revealed the following, in part:</p> <p>Conduct that results in Resident Abuse is strictly prohibited.</p> <p>Resident #1</p> <p>Review of Resident #1's clinical record revealed she was admitted to the facility on [DATE] with diagnosis which included Alzheimer's disease, Mood Disorder, and Anxiety.</p> <p>Review of Resident #1's quarterly MDS with an ARD of 10/14/2024 revealed the provider assessed the resident as having a BIMS of 9, which indicated the resident was cognitively impaired.</p> <p>Review of the facility's state agency reportable incidents for Resident #1 revealed the following:</p> <p>Accused Allegations: Physical Abuse</p> <p>Date: 10/11/2024</p> <p>Incident Description: Resident #1 was found on smoking patio with scratches to right arm and face.</p> <p>Review of Resident #1's nurse's note dated 10/11/2024 revealed the following in part,</p> <p>Resident #1 was involved in an altercation on the smoking patio.</p> <p>Resident #2</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #2's clinical record revealed she was admitted to the facility on [DATE] with diagnoses, which included Right Side Hemiplegia/Hemiparesis following CVA, Aphasia, and Schizoaffective disorder.</p> <p>Review of Resident #2's quarterly MDS with an ARD of 10/02/2024 revealed the provider assessed the resident as having a BIMS of 15, which indicated she was cognitively intact.</p> <p>Review of Resident #2's current Plan of Care revealed the resident has physical behavioral symptoms directed towards others. (10/11/2024)</p> <p>Review of Resident #2's nurses' note dated 10/11/2024 , revealed in part:</p> <p>Resident #2 got into an altercation with Resident #1 on the smoking patio. Resident #2 scratched and hit Resident #1 which caused injuries to her face and arm.</p> <p>On 10/20/2024 at 8:45 a.m., an interview was conducted with S4LPN. She stated she was working on 10/11/2024 and was caring for Resident #1. She stated the Director of Nurses told her Resident #2 hit Resident #1 on 10/11/2024.</p> <p>On 10/30/2024 at 11:10 a.m., an interview was conducted with Resident #1. She stated she was hit by Resident #2 on the smoking patio.</p> <p>On 10/30/2024 at 12:45 p.m. an interview was conducted with S5H. She stated on 10/11/2024, she saw Resident #1 on the smoking patio with scratches to her arm and face. She stated that she immediately reported this to the DON.</p> <p>On 10/30/2024 at 12:50 a.m. an interview was attempted with DON, she was unavailable.</p> <p>On 10/30/2024 at 1:00 p.m., an interview was conducted with S2ADON. She stated on 10/11/2024, S5H notified administration that Resident #1 was on the smoking patio with scratches to her right arm and face. S2ADON stated Resident #1 was unable to say what happened.</p> <p>On 10/30/2024 at 2:00 p.m., an interview was conducted with S6RN. She stated she assessed Resident #1 on 10/11/2024 after the incident on the smoking patio. She stated the resident had scratches to her right arm and face. She stated the NP was notified and the wounds were cleaned and antibiotic ointment was applied.</p> <p>On 10/30/2024 at 2:50 p.m., an interview was conducted with S1ADM. S1ADM stated on 10/11/2024, he was notified there was an altercation between Resident #1 and #2. He stated he reviewed video footage from the smoking patio on 10/11/2024 and confirmed he observed Resident #2 hit Resident #1. S1ADM stated the residents were immediately separated, Resident #1's injuries were assessed and treated, and Resident #2 was sent out to the emergency room for evaluation.</p> <p>The facility implemented corrective actions which were completed prior to the State Agency's investigation, thus it was determined to be a Past Noncompliance citation.</p> <p>On 10/30/2024 at 5:00 p.m., an interview was conducted with S1ADM. He provided documentation the facility initiated an effective Plan of Correction on 10/11/2024 which included:</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Problem identified: Resident #2's wheel chair gets caught on Resident #1's wheelchair and Resident#1 scratches her while trying to get unlatched.</p> <p>2. Plan of action with projected completion date 11/01/2024</p> <ul style="list-style-type: none"> <li>- Immediate action conducted with Resident #1 and Resident #2 were separated.</li> <li>- First aid was provided/assessed by medical staff.</li> <li>- Resident #2 on one on one supervision until being send to geriatric psych.</li> <li>- Local police department was called to the scene (Report #24-260763).</li> <li>- The new smoking patio opened to keep Resident #1 and Resident #2 apart initially.</li> <li>- In-services were performed to keep Resident #1 and Resident #2 apart and abuse/neglect.</li> </ul> <p>3. The following monitoring was conducted:</p> <ul style="list-style-type: none"> <li>- S1ADM supervised smoking patio when Resident #2 was reintroduced to regular smoking patio 3+ times a week for three weeks or until determined safe.</li> <li>- High risk meetings held weekly with ID team to determine if residents are safe together.</li> </ul> <p>4. Current plan of action was effective.</p>		