

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  02/21/2025
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 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48912</p> <p>Based on record reviews and interviews, the facility failed to ensure an allegation of neglect was reported immediately, but not later than 2 hours after the incident occurred to the State Survey Agency and local law enforcement in accordance with State law for 1 (#3) of 4 ( #1, #2, #3, and #R1) residents reviewed for abuse. The provider failed to report Resident #3's elopement from the facility on 02/08/2025 to local law enforcement and the state agency.</p> <p>This deficient practice resulted in an Immediate Jeopardy situation on 02/08/2025 when Resident #3, a resident that resided on the locked unit of the facility due to wandering behaviors, was noted missing from the facility by staff. Resident #3 was admitted to the facility with a known protective order and open EPS case against family members. On 02/08/2025 around 7:07 p.m., staff allowed 2 unknown family members to remove Resident #3 from the facility's locked unit and bring her outside unsupervised. CNA staff went to check on the resident and realized she had been removed from the facility. Resident #3 was located 2 days later with a family member.</p> <p>S1ADM was notified of the Immediate Jeopardy on 02/20/2025 at 6:26 p.m.</p> <p>This deficient practice continued at the potential for more than minimal harm for all residents residing in the facility.</p> <p>The Immediate Jeopardy was removed on 02/21/2025 at 6:00 p.m., as confirmed by onsite verification through record reviews and interviews. The facility implemented an acceptable Plan of Removal (POR) prior to survey exit.</p> <p>Findings:</p> <p>Cross reference F656 and F689</p> <p>Review of facility's policy titled, Incident Investigation &amp; Reporting, with a revision date of 05/2024 revealed, in part the following:</p> <p>Purpose:</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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Additional incidents that must have a thorough investigation and may require reporting, as determined by the NF especially in consideration to abuse and/or neglect, to the state agency with the implementation of corrective actions(s), and referrals, as applicable to the appropriate authorities/agencies.</p> <p>5. To provide guidance to the facility for investigation and reporting incidents of abuse, neglect, exploitation, misappropriation of property and/or other reportable incidents to local law enforcement, and others as required by state and federal requirements. To ensure reporting reasonable suspicion of crimes against a resident within prescribed timeframes.</p> <p>G. Elopement</p> <p>Review of Resident #3's Clinical Record revealed an admitted [DATE], with diagnoses which included Dementia, Encephalopathy, Altered Mental Status, and Housing Instability. Further review revealed an active protective order against Resident #3's Responsible Party (RP) which was filed on 01/13/2025 and effective through 11:59 p.m. on 02/26/2025 against Resident #3's RP for domestic abuse.</p> <p>Review of Resident #3's Progress Noted dated 01/19/2025-02/19/2025 revealed, the following, in part:</p> <p>On 02/08/2025 at 10:18 p.m. S9LPN noted Resident #3's daughter and granddaughter arrived to visit with the resident. The daughter asked a CNA if she could take Resident #3 outside on the patio to visit and did not return with the resident. The CNA went to make sure the resident did not need anything, and it was then discovered Resident #3 was not outside anymore. The aide checked Resident #3's room and all of her belongings were missing, except the clothing in her closet. Resident #3 was removed from the premises without staff's knowledge through the exterior of the building.</p> <p>On 02/14/2025 at 2:36 p.m. S11SW noted she followed up with Resident #3's EPS worker to see if Resident #3 was home, and discovered Resident #3 was at home with her daughter.</p> <p>Review of the facility's Incident log dated 01/17/2025 to current revealed no entries for Resident #3.</p> <p>Review of the facility's State Reporting logs dated 12/12/2024 to current revealed no entries for Resident #3.</p> <p>Review of Resident #3's local hospital Discharge Summary dated 01/31/2025, revealed the following, in part:</p> <p>Housing Instability</p> <p>Resident #3's Power of Attorney (POA) stated she had an open EPS case against two siblings.</p> <p>POA's other siblings stated there was a protective order against POA.</p> <p>EPS recommended placement, as there had been multiple reports and protective order between multiple parties in this situation.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 02/21/2025 at 11:30 a.m., an interview was conducted with S8CNA. She stated she was the CNA assigned to Resident #3 on 02/08/2025 when Resident #3 went missing from the facility. She stated when she realized the resident was gone, she reported it to the nurse on duty, and the nurse notified S3DON.</p> <p>On 02/19/2025 at 1:26 p.m., a telephone interview was conducted with S9LPN. She stated on 02/08/2025 at 7:07 p.m. Resident #3 was missing from the facility. S9LPN stated she immediately informed S3DON of the incident. S9LPN stated S3DON told her she would notify S1ADM.</p> <p>On 02/19/2025 at 2:39 p.m., an interview was conducted with S3DON. She stated S9LPN called her on 02/08/2025 to inform her Resident #3 was missing, and she immediately notified S1ADM. She stated while she called S1ADM, and she accessed the facility's video camera and saw Resident #3 leaving the facility with unknown family members. She stated she called and left a voicemail with Resident #3's EPS Case Worker about the incident, but the facility did not hear back from him until 02/10/2025. She stated on 02/10/2025 she was made aware of Resident #3's whereabouts from S11SW. S3DON confirmed she did not notify law enforcement when the resident was noted missing from the facility.</p> <p>On 02/20/2025 at 9:21 a.m., an interview was conducted with S11SW. She stated she was notified by S1ADM of Resident #3 leaving the facility on Sunday, 02/09/2025. She stated she returned to work on the Monday, 02/10/2025, and contacted Resident #3's EPS case worker who informed her Resident #3 was home with her daughter. She stated she did not notify the authorities because that would be S1ADM's responsibility.</p> <p>On 02/20/2025 at 12:38 p.m., an interview was conducted with S1ADM. He stated on 02/08/2025, S3DON informed him Resident #3 was missing from the facility. S1ADM stated Resident #3 did not struggle on the video footage and she acted as if she wanted to leave. S1ADM confirmed he did not notify law enforcement or the state agency. S1ADM verified he could not identify the family members he observed on the facility's video footage which left with Resident #3 on 02/08/2025. S1ADM stated he was made aware of Resident #3's whereabouts on 02/10/2025 when Resident #3's EPS case worker informed S11SW, she was at home with her daughter.</p> <p>On 02/20/2025 at 5:30 p.m., an interview was conducted with S2RVP. He stated he and S1ADM agreed not to call local law enforcement or report to state agency because they did not think Resident #3 eloped because she left with family.</p> <p>The facility implemented the following actions to correct the deficient practice on 02/20/2025:</p> <p>On 02/08/2025 Resident #3 left the facility and did not return. On 02/08/2025 NFA contacted Elderly Protective Services to alert them Resident #3 left the facility. On 02/08/2025 NFA alerted the facility Ombudsman that the resident's family removed her from the facility.</p> <p>o All residents in the facility who have a risk for elopement have the potential to be affected by this alleged deficient practice. (Identified as two residents with secure care bracelets and 32 residents on the secure care unit).</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>o All resident electronic charts and hard copy charts were audited, by the DON and ADON to ensure that no other residents had an order for protection on 02/20/2025 at 7:50 pm. None were identified. If there were any additional protective orders with family dynamic/concerns this would have been communicated with the staff and care planned at this time.</p> <p>o 02/21/25 all resident electronic charts and hard copy charts for residents considered an elopement risk were audited, by the facility DON, ADON and MDS Nurses to ensure this information was care planned appropriately so that this information could be communicated to staff via the care plan.</p> <p>o Regional [NAME] President and NFA together reviewed the Long Term Care Survey manual for F609, F835, F656, &amp; F689. 02/21/25 Regional [NAME] in-serviced NFA and DON regarding these regulations and need to report to local police and LDH via the SIMS system.</p> <p>o Regional [NAME] President will review all SIMs reports submitted by the NFA to ensure they were reported appropriately and timely. Regional [NAME] President will review incident report list to ensure administrative staff are reporting appropriately.</p> <p>o An immediate in-service was initiated by the Director of Nurses on 02/20/2025 at 7:40 pm with staff present at the facility at the time. All staff that were not present will be in-serviced prior to their next shift. The staff were in-serviced regarding: Residents with EPS cases. All residents with EPS cases will have a care plan and the information communicated to the staff immediately. All visits will be supervised. Should anyone try to leave with the resident the police will be called and it will be reported to the state. The Administrator and DON will be notified. Any resident classified as an elopement risk will be placed in the binder at the nurse's station. In the instance of elopement, the police will be called and a report shall be made to the state. The in-servicing was be completed with present staff on 02/20/2025 and will be completed with all non-present staff prior to the first shift by the Director of Nursing or designee. A master list of all staff was generated by the Human Resources Director. The DON and ADON used this list to retrain every staff member.</p> <p>o (Beginning 02/21/25) To ensure continued compliance with the facility's plan of correction, the ADON Nurse, DON or designee will audit all paperwork for every new admission to ensure should the resident have an open EPS case or is an elopement risk this will be entered into the care plan and communicated to the staff by the DON. This will be communicated to the staff via the Point Click Care task that fires to the kiosk and nurse laptop. These audits will continue for every new admission for the next 30 days. The DON, will audit 5 residents who are an elopement risk 3 X a week for four weeks and routinely thereafter. The audit will consist of reviewing the care plan for residents who are an elopement risk to ensure this is properly care planned/ communicated to staff. Results of audits are to be captured on a special care form and discussed in the daily stand-up meeting with the interdisciplinary team. The Quality Assurance Committee is to meet weekly for no less than 4 weeks to promote compliance and gauge progress.</p> <p>Beginning 02/21/25 the NFA or designee will Interviews 5 staff members 3 x a week for the next 4 weeks to ensure they understand the need to supervise any visitation with residents with EPS protective orders and they know they need to alert the NFA, DON and authorities should the family attempt to leave with the resident.</p> <p>o An Emergency QA was held on 02/21/2025 with the facility Medical Director and QA Committee regarding residents who are an elopement risk and/or who have open EPS cases.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>o Should the above referenced QA measures not meet expectations, the QA/Audits/POC will be adjusted at that time. Staff found to be non-compliance will be re-educated and face progressive discipline up to and including termination.</p> <p>o Completion date - The likelihood for serious harm will no longer exist on 02/21/2025.</p> <p>As of 02/21/2025, the facility asserts the likelihood for serious harm to any recipient no longer exists.</p> <p>Throughout the survey from 02/20/2025 to 02/21/2025, interviews, and record review revealed the above listed actions were implemented. Random staff interviews revealed staff received training on the new process to ensure residents at risk for elopement were properly identified, staff knew the process to identify those residents, staff knew the process to notify the proper authorities and when to notify local law enforcement, and staff knew when and what to report to the local law enforcement and state agency.</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48333</p> <p>48912</p> <p>Based on record reviews and interviews, the facility failed to ensure the Minimum Data Set (MDS) assessments accurately reflected the resident's status for 3 (#3, #R2, and #R3) of 7 (#1, #2, #3, #R1, #R2, #R3, and #R4) sampled residents by failing to ensure Residents #3, #R2, and #R3 were coded correctly for wander/elopement alarms.</p> <p>Findings:</p> <p>Resident #3</p> <p>Review of Resident #3's Clinical Record revealed an admitted [DATE], with diagnoses which included Dementia.</p> <p>Review of Resident #3's Admission MDS with an Assessment Reference Date (ARD) of 02/06/2025, Section P revealed: Physical Restraints, Line P200- Alarms section E: Wander/Elopement alarm was coded No which indicated not used.</p> <p>Review of Resident #3's facility task revealed a wander guard task was initiated on 02/04/2025. Documentation revealed staff checked yes for functioning and placement of wander guard daily from 02/04/2025 to 02/08/2025.</p> <p>Unable to make an observation of Resident #3 due to her being discharged from the facility.</p> <p>Resident #R2</p> <p>Review of Resident #R2's Clinical Record revealed an admitted [DATE], with diagnoses which included Alzheimer's disease, Dementia, Restlessness and Agitation, and Unsteadiness of feet.</p> <p>Review of Resident #R2's Quarterly MDS with an ARD of 01/19/2025, Section P revealed: Physical Restraints, Line P200- Alarms section E: Wander/Elopement alarm was coded No which indicated not used.</p> <p>Review of Resident #R2's facility's task revealed a wander guard task was initiated on 07/31/2024. Documentation revealed staff checked yes for functioning and placement of wander guard daily for the previous 30 days.</p> <p>On 02/21/2025 at 4:44 p.m., an observation was made of Resident #R2 wearing wander guard on his left ankle.</p> <p>Resident #R3</p> <p>Review of Resident #R3's Clinical Record revealed an admitted [DATE], with diagnosis which included Dementia.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #R3's Quarterly MDS with an ARD of 12/18/2024, Section P revealed: Physical Restraints, Line P200- Alarms section E: Wander/Elopement alarm was coded No which indicated not used.</p> <p>Review of Resident #R3's facility's task revealed a wander guard task was initiated on 07/31/2024. Documentation revealed staff checked yes for functioning and placement of wander guard daily for the previous 30 days.</p> <p>On 02/21/2025 at 4:52 p.m., an observation was made of Resident #R3 wearing wander guard on his left ankle.</p> <p>On 02/19/2025 at 2:11 p.m., an interview was conducted with S4CM. She stated she was responsible for MDS. She stated for an Admission Assessment the look back period was seven days prior to ARD. She confirmed Resident #3 had a wander guard initiated on 02/04/2025. She reviewed Resident #3's Admission MDS with an ARD of 02/06/2025 Section P: Physical Restraints, Line P200- Alarms section E: Wander/Elopement alarm. S4CM confirmed the MDS assessment was not coded accurately and should have been coded as Yes.</p> <p>On 02/21/2025 at 6:15 a.m., an interview was conducted with S5MDS. She confirmed both Resident #R2 and #R3 had a wander guard in place with both being initiated on 07/31/2024. She reviewed Resident #R2's Quarterly MDS with an ARD of 01/19/2025 Section P: Physical Restraints, Line P200- Alarms section E: Wander/Elopement alarm and confirmed it was coded No which indicated not used. She reviewed Resident #3's Quarterly MDS with an ARD of 12/18/2024 Section P: Physical Restraints, Line P200- Alarms section E: Wander/Elopement alarm and confirmed it was coded No which indicated not used. S5MDS further confirmed the aforementioned MDS assessments were not coded accurately and should have been coded as Yes.</p> <p>On 02/21/2025 at 6:22 p.m., an interview was conducted with S3DON. She stated she expected staff to code MDS assessments accurately. S3DON reviewed the findings for Residents #3, #R2 and #R3, and confirmed their MDS assessments were not coded accurately and should have been coded as Yes.</p>		

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<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</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>48912</p> <p>Based on record reviews and interviews, the provider failed to develop and implement a Comprehensive Person-Centered Care Plan to meet the needs of 1 (#3) of 7 (#1, #2, #3, #R1, #R2, #R3, and #R4) sampled residents. The facility failed to ensure staff were aware of Resident #3's active protective order and an open Elderly Protective Service (EPS) case against 3 family members.</p> <p>This deficient practice resulted in an Immediate Jeopardy situation on 02/08/2025 when Resident #3, a resident that resided on the locked unit of the facility due to wandering behaviors, was noted missing from the facility by staff. Resident #3 was admitted to the facility with a known protective order and open EPS case against family members. On 02/08/2025 around 7:07 p.m., staff allowed 2 unknown family members to remove Resident #3 from the facility's locked unit and bring her outside unsupervised. CNA staff went to check on the resident and realized she had been removed from the facility. Resident #3 was located 2 days later with a family member.</p> <p>S1ADM was notified of the Immediate Jeopardy on 02/20/2025 at 6:26 p.m.</p> <p>This deficient practice continued at the potential for more than minimal harm for the current 121 residents residing in the facility whom required a Comprehensive Person-Centered Care Plan to meet their needs.</p> <p>The Immediate Jeopardy was removed on 02/21/2025 at 6:00 p.m., as confirmed by onsite verification through record reviews and interviews. The facility implemented an acceptable Plan of Removal (POR) prior to survey exit.</p> <p>Findings:</p> <p>Review of facility's policy titled, Care Plan Process, with revision date of 12/2024 revealed, in part the following:</p> <p>Baseline Care Plan and Summary</p> <p>The facility must develop a comprehensive care plan for each resident which includes measurable objectives and timetables to meet a resident's medical, nursing, mental, and psychosocial needs, including culturally -competent and trauma- informed as well as, these items or services which would be required but are not due to the exercise of resident rights (refusal).</p> <p>The comprehensive care plan is an interdisciplinary team (IDT) communication tool. The IDT will minimally include the; attending physician, register nurse with responsibility for the care of the resident, a nurse aide with responsibility for the resident, and any other disciplines as appropriate. The Care Plan must include measurable objectives and time frames and must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of Resident #3's Clinical Record revealed an admitted to the facility of 01/31/2025, with diagnoses which included Dementia, Encephalopathy, and Altered Mental Status. Further review revealed an active protective order against Resident #3's Responsible Party (RP) which was filed on 01/13/2025 and effective through 11:59 p.m. on 02/26/2025 against RP for domestic abuse.</p> <p>Review of Resident #3's Current Comprehensive Plan of Care revealed no developed care plan or interventions to ensure staff were aware of Resident #3's current protective order or the open EPS case against three family members.</p> <p>Review of Resident #3's local hospital Discharge Summary dated 01/31/2025, revealed the following, in part:</p> <p>Housing Instability</p> <p>Resident #3's Power of Attorney (POA) stated she had an open EPS case against two siblings.</p> <p>POA's other siblings stated there was a protective order against POA.</p> <p>EPS recommended facility placement, as there had been multiple reports and protective orders between multiple parties in this situation.</p> <p>On 02/21/2025 at 11:30 a.m., an interview was conducted with S8CNA. She stated the process of how information was usually communicated to CNA staff was verbal report and the task which are displayed on the kiosk during their shift. She stated she worked with Resident #3 on 02/08/2025. She stated Resident #3 resided on the locked unit of the facility. She stated on 02/08/2025, two family member's came to the facility to visit with Resident #3 and asked to bring her outside. She stated it was not unusual for Resident #3's family to take her outside. She stated she put the code in and allowed two of Resident #3's family members to take her outside. She further stated Resident #3 had another family member already outside. She stated she noticed two family members came back into the facility, and one stayed outside. S8CNA further stated, that's when she noticed Resident #3 had not come back inside and went to check on her. S8CNA stated all the gates were open and Resident #3 was missing. S8CNA stated if she had known about the current protective order and open EPS case against three family members, she would not have left Resident #3 unsupervised with family.</p> <p>On 02/19/2025 at 1:26 p.m., a telephone interview was conducted with S9LPN. She stated the process of how information was usually communicated to nursing staff was verbal report and resident's plan of care. S9LPN stated she was only told in report Resident #3 was a recent admit to the locked unit. She stated she worked with Resident #3 on 02/08/2025 when Resident #3 was noted missing. S9LPN stated she was passing medications when she noticed two unknown females walk onto the unit. She stated the two females entered the code and gained access to the unit and then entered the code and gained access to the female side of the locked unit. She stated S8CNA informed her she let Resident #3 out to smoke with her daughter and when she went to check on Resident #3 they were gone.S9LPN stated if she had known about the current protective order and an open EPS case against three family members, she would have been more cautious when Resident #3 was with family.</p> <p>(continued on next page)</p>		

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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	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 02/19/2025 at 2:11 p.m., an interview was conducted with S4CM. She stated she was responsible for completing Resident #3's Comprehensive Plan of Care. She stated she did not include interventions for the EPS case or protective order for Resident #3. She stated she was aware of Resident #3's protective order and open EPS case when she reviewed Resident #3's hospital Discharge Summary. S4CM stated she was unsure how staff were made aware of the open EPS case and protective order for Resident #3, but she stated staff should have been made aware.</p> <p>On 02/20/2025 at 10:31 a.m., a telephone interview was conducted with S10AC. She stated she was made aware of Resident #3's current protective order for domestic abuse and open EPS case against 3 family members on 01/29/2025 by Resident #3's RP. She stated she did mention the family dynamic concerns to S11SW and S1ADM when the resident was being admitted to the facility.</p> <p>On 02/20/2025 at 9:21 a.m., an interview was conducted with S11SW. She stated she was aware of Resident #3's current protective order for domestic abuse and open EPS case against 3 family members prior to admission. S11SW stated those concerns were the reason for Resident #3's admission to the facility.</p> <p>On 02/20/2025 at 1:23 p.m., a telephone interview was conducted with Resident #3's EPS case worker. He stated he suggested to the local hospital that Resident #3 be placed in a nursing facility due to Resident #3's family dynamics and cases pending with EPS and a protective order. He further stated he called the nursing facility on 01/30/2025 to inform them of Resident #3's open EPS case and protective order for domestic abuse against Resident #3's RP and spoke with the S3DON.</p> <p>On 02/19/2025 at 2:39 p.m., an interview was conducted with S3DON. She stated she was made aware of an open EPS case and protective order against three family members for Resident #3 on 01/30/2025 by Resident #3's EPS caseworker, and she informed S1ADM. She stated the facility did not usually care plan EPS cases or protective orders. S3DON confirmed she did not communicate Resident #3's open EPS case or protective order with direct care staff. S3DON confirmed the facility did not develop a care plan or implement interventions to ensure staff were aware of the active protective order or open EPS case. S3DON stated if the staff had been aware, the elopement from the facility with unknown family members could have been prevented.</p> <p>On 02/20/2025 at 12:38 p.m., an interview was conducted with S1ADM. He stated he was made aware of Resident #3's open EPS case and protective order by S3DON on 01/30/2025. He stated the direct care staff was not made aware of Resident #3's open EPS case or order of protection.</p> <p>The facility had implemented the following actions to correct the deficient practice on 02/20/2025:</p> <p>Corrective actions for the alleged deficient practice of the facility failing to ensure a comprehensive person-centered care plan to ensure nursing staff were aware of Resident #3's needs and make staff aware of Resident #3's current protective orders against 3 family members.</p> <p>On 02/08/2025 Resident #3 left the facility and did not return. On 02/08/2025 NFA contacted Elderly Protective Services to alert them Resident #3 left the facility. On</p> <p>02/08/25 NFA alerted the facility Ombudsman that the resident's family removed her from the facility.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>All residents in the facility who have a risk for elopement have the potential to be affected by this alleged deficient practice. (Identified as two residents with secure care bracelets and 32 residents on the secure care unit).</p> <p>All resident electronic charts and hard copy charts were audited, by the DON and ADON to ensure that no other residents had an order for protection on 02/20/2025 at 7:50 pm. None were identified. If there were any additional protective orders with family dynamic/concerns this would have been communicated with the staff and care planned at this time.</p> <p>02/21/25 all resident electronic charts and hard copy charts for residents considered an elopement risk were audited, by the facility DON, ADON and MDS Nurses to ensure this information was care planned appropriately so that this information could be communicated to staff via the care plan.</p> <p>Regional [NAME] President and NFA together reviewed the Long Term Care Survey manual for F609, F835, F656, &amp; F689. 02/21/25 Regional [NAME] in-serviced NFA and DON regarding these regulations and need to report to local police and LDH via the SIMS system.</p> <p>Regional [NAME] President will review all SIMS reports submitted by the NFA to ensure they were reported appropriately and timely. Regional [NAME] President will review incident report list to ensure administrative staff are reporting appropriately.</p> <p>An immediate in-service was initiated by the Director of Nurses on 02/20/2025 at 7:40 pm with staff present at the facility at the time. All staff that were not present will be in-serviced prior to their next shift. The staff were in-serviced regarding: Residents with EPS cases. All residents with EPS cases will have a care plan and the information communicated to the staff immediately. All visits will be supervised. Should anyone try to leave with the resident the police will be called and it will be reported to the state. The Administrator and DON will be notified. Any resident classified as an elopement risk will be placed in the binder at the nurses' station. In the instance of elopement, the police will be called and a report shall be made to the state. The in-servicing was be completed with present staff on 02/20/2025 and will be completed with all non-present staff prior to the first shift by the Director of Nursing or designee. A master list of all staff was generated by the Human Resources Director. The DON and ADON used this list to retrain every staff member.</p> <p>(Beginning 02/21/25) To ensure continued compliance with the facility's plan of correction, the ADON Nurse, DON or designee will audit all paperwork for every new admission to ensure should the resident have an open EPS case or is an elopement risk this will be entered into the care plan and communicated to the staff by the DON. This will be communicated to the staff via the Point Click Care task that fires to the kiosk and nurse laptop. These audits will continue for every new admission for the next 30 days. The DON, will audit 5 residents who are an elopement risk 3 X a week for four weeks and routinely thereafter. The audit will consist of reviewing the care plan for residents who are an elopement risk to ensure this is properly care planned/ communicated to staff. Results of audits are to be captured on a special care form and discussed in the daily stand-up meeting with the interdisciplinary team. The Quality Assurance Committee is to meet weekly for no less than 4 weeks to promote compliance and gauge progress.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Beginning 02/21/25 the NFA or designee will interview 5 staff members 3 x a week for the next 4 weeks to ensure they understand the need to supervise any visitation with residents with EPS protective orders and they know they need to alert the NFA, DON and authorities should the family attempt to leave with the resident.</p> <p>An Emergency QA was held on 02/21/2025 with the facility Medical Director and QA Committee regarding residents who are an elopement risk and/or who have open EPS cases.</p> <p>Should the above referenced QA measures not meet expectations, the QA/Audits/POC will be adjusted at that time. Staff found to be non-compliance will be re-educated and face progressive discipline up to and including termination.</p> <p>Completion date - The likelihood for serious harm will no longer exist on 02/21/2025.</p> <p>As of 02/21/2025, the facility has resolved the likelihood of serious harm or injury to any resident no longer exists.</p> <p>Throughout the survey from 02/20/2025 to 02/21/2025, observations, interviews, and record review revealed the above listed actions were implemented. Random staff interviews revealed staff received training on the new process to ensure residents are properly care planned to meet their needs, new process to properly care plan for a resident whom had an open EPS case and/or current protective order against family member(s).</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48912</p> <p>Based on record reviews and interviews, the facility failed to ensure residents received adequate supervision to prevent elopement from the facility for 1 (#3) of 4 (#3, #R2, #R3, and #R4) sampled residents reviewed for elopement.</p> <p>This deficient practice resulted in an Immediate Jeopardy situation on 02/08/2025 when Resident #3, a resident that resided on the locked unit of the facility due to wandering behaviors, was noted missing from the facility by staff. Resident #3 was admitted to the facility with a known protective order and open Elderly Protective Services (EPS) case against family members. On 02/08/2025 around 7:07 p.m., staff allowed 2 unknown family members to remove Resident #3 from the facility's locked unit and bring her outside unsupervised. CNA staff went to check on the resident and realized she had been removed from the facility. Resident #3 was located 2 days later with a family member.</p> <p>S1ADM was notified of the Immediate Jeopardy on 02/20/2025 at 6:26 p.m.</p> <p>The Immediate Jeopardy was removed on 02/21/2025 at 6:00 p.m., as confirmed by onsite verification through record reviews and interviews. The facility implemented an acceptable Plan of Removal (POR) prior to survey exit.</p> <p>This deficient practice continued at a likelihood to cause more than minimal harm to the remaining residents residing in the facility who were at risk for elopement.</p> <p>Findings:</p> <p>Cross reference F656 and F609</p> <p>Review of facility's policy titled, Elopement/Wandering, with revision date of 01/2023 revealed, in part the following:</p> <p>Elopement occurs when a resident who is incapable of adequately protecting themselves leaves the premises without necessary supervision to do so.</p> <p>1. All resident shall be observed and evaluated for demonstration of elopement risk by using Admission/Readmission Nursing screening on admission and Nurse Data Collection and Screening in the observation period of each Minimal Data Set (MDS).</p> <p>e. The following items shall be used to increase staff awareness of residents at risk to wander/elope.</p> <p>i. A list of residents shall be available at the nurse's stations with residents at risk for wandering indicated.</p> <p>ii. Orientation of all staff to potential wanderers will be performed on an ongoing basis.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of Resident #3's Clinical Record revealed an admitted [DATE], with diagnoses which included Dementia, Encephalopathy, Altered Mental Status, and Housing Instability. Further review revealed a protective order filed against Resident #3's Responsible Party (RP) on 01/13/2025 effective through 11:59 p. m. on 02/26/2025 for domestic abuse.</p> <p>Review of Resident #3's local hospital Discharge Summary dated 01/31/2025, revealed the following, in part:</p> <p>Housing Instability</p> <p>Resident #3's Power of Attorney (POA) stated she had an open EPS case against two siblings.</p> <p>POA's other siblings stated there was a protective order against POA.</p> <p>EPS recommended placement, as there had been multiple reports and protective order between multiple parties in this situation.</p> <p>Review of Resident #3's Nurse Data Collection and Screening dated 02/06/2025, Elopement risk section, revealed questions 1 through 3 were answered yes. Question 6, asked if the resident was at risk for elopement and indicated if any of the above questions (1-5) were answered yes, the resident was at risk. Question 6 was observed to be answered as No. Further review revealed the resident was not documented as using a wander guard.</p> <p>Review of Resident #3's Current Comprehensive Plan of Care revealed, the following in part:</p> <p>Onset date: 02/03/2025</p> <p>Problem: The resident has impaired thought process related to encephalopathy: Risk for elopement</p> <p>Interventions: Cue, reorient, and supervise as needed; and</p> <p>On 02/04/2025 wander guard to right ankle.</p> <p>Further review failed to reveal interventions to ensure staff were aware of Resident #3's current protective order and open Elderly Protective Services (EPS) case against three family members.</p> <p>Review of Resident #3's Progress Noted dated 01/19/2025 to 02/19/2025 revealed, the following, in part:</p> <p>On 02/04/2025 at 3:01p.m., notified Resident #3's Responsible Party (RP), resident would be placed on memory care unit due to wandering. Signed S11SW</p> <p>Review of facility's Wanderers' Binder located at the nurse's station revealed a wander guard list dated 01/31/2025. Further review revealed a list of elopement risk residents which did not include Resident #3.</p> <p>The facility had implemented the following actions to correct the deficient practice on 02/20/2025:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Corrective actions for the alleged deficient practice of the facility failing to provide adequate supervision to prevent Resident #3 from eloping on 02/08/25.</p> <ul style="list-style-type: none"> <li>o On 02/08/25 Resident #3 left from the facility and did not return. 02/08/25 Facility NFA contacted Elderly Protective Services to alert them resident #3 left the facility. 02/08/25 NFA alerted the facility Ombudsman that the resident's family removed her from the facility.</li> <li>o All residents in the facility who have a risk for elopement have the potential to be affected by this alleged deficient practice. (Identified as two residents with secure care bracelets and 32 residents on the secure care unit).</li> <li>o All resident electronic charts and hard copy charts were audited, by the DON and ADON to ensure that no other residents had an order for protection on 02/20/2025 at 7:50 pm. None were identified. If there were any additional protective orders with family dynamic/concerns this would have been communicated with the staff and care planned at this time.</li> <li>o 02/21/25 all resident electronic charts and hard copy charts for residents considered an elopement risk were audited, by the facility DON, ADON and MDS Nurses to ensure this information was care planned appropriately so that this information could be communicated to staff via the care plan.</li> <li>o Regional [NAME] President and NFA together reviewed the Long Term Care Survey manual for F609, F835, F656, &amp; F689. 02/21/25 Regional [NAME] in-serviced NFA and DON regarding these regulations and need to report to local police and LDH via the SIMS system.</li> <li>o Regional [NAME] President will review all SIMS reports submitted by the NFA to ensure they were reported appropriately and timely. Regional [NAME] President will review incident report list to ensure administrative staff are reporting appropriately.</li> <li>o An immediate in-service was initiated by the Director of Nurses on 02/20/2025 at 7:40 pm with staff present at the facility at the time. All staff that were not present will be in-serviced prior to their next shift. The staff were in-serviced regarding: Residents with EPS cases. All residents with EPS cases will have a care plan and the information communicated to the staff immediately. All visits will be supervised. Should anyone try to leave with the resident the police will be called and it will be reported to the state. The Administrator and DON will be notified. Any resident classified as an elopement risk will be placed in the binder at the nurse's station. In the instance of elopement, the police will be called and a report shall be made to the state. The in-servicing was be completed with present staff on 02/20/2025 and will be completed with all non-present staff prior to the first shift by the Director of Nursing or designee. A master list of all staff was generated by the Human Resources Director. The DON and ADON used this list to retrain every staff member.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>o (Beginning 02/21/25) To ensure continued compliance with the facility's plan of correction, the ADON Nurse, DON or designee will audit all paperwork for every new admission to ensure should the resident have an open EPS case or is an elopement risk this will be entered into the care plan and communicated to the staff by the DON. This will be communicated to the staff via the Point Click Care task that fires to the kiosk and nurse laptop. These audits will continue for every new admission for the next 30 days. The DON, will audit 5 residents who are an elopement risk 3 X a week for four weeks and routinely thereafter. The audit will consist of reviewing the care plan for residents who are an elopement risk to ensure this is properly care planned/ communicated to staff. Results of audits are to be captured on a special care form and discussed in the daily stand-up meeting with the interdisciplinary team. The Quality Assurance Committee is to meet weekly for no less than 4 weeks to promote compliance and gauge progress.</p> <p>o Beginning 02/21/25 the NFA or designee will interview 5 staff members 3 x a week for the next 4 weeks to ensure they understand the need to supervise any visitation with residents with EPS protective orders and they know they need to alert the NFA, DON and authorities should the family attempt to leave with the resident.</p> <p>o An Emergency QA was held on 02/21/2025 with the facility Medical Director and QA Committee regarding residents who are an elopement risk and/or who have open EPS cases.</p> <p>o Should the above referenced A measures not meet expectations, the QA/Audits/POC will be adjusted at that time. Staff found to be non-compliance will be re-educated and face progressive discipline up to and including termination.</p> <p>o Completion date - The likelihood for serious harm will no longer exist on 02/21/2025.</p> <p>As of 02/21/2025, the facility has resolved the likelihood of serious harm or injury to any resident no longer exists.</p> <p>Throughout the survey from 02/20/2025 to 02/21/2025, observations, interviews, and record review revealed the above listed actions were implemented. Random staff interviews revealed staff received training on the new process to ensure residents are properly care planned to meet their needs, ensure supervision to prevent an elopement of a resident, they were able to state the process to identify residents on the wander guard and elopement risk list, as well as the process if a resident was noted to be missing or eloped.</p> <p>On 02/20/2025 at 10:53 a.m., a telephone interview was conducted with Resident #3's RP. She stated she informed the facility of the open EPS case against two of her siblings and protective order for domestic abuse against herself for Resident #3 prior to her admission. She stated she informed S11SW and S3DON prior to admission her mother had previous episodes of wandering.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 02/21/2025 at 11:30 a.m., an interview was conducted with S8CNA. She stated she was not aware Resident #3 was an elopement risk and did not know there was a protective order and open EPS case against family members. She stated the process to identify a resident who was an elopement risk was to review the wanderers' binder at the nurse's station every shift. She stated she was the CNA assigned to Resident #3 on 02/08/2025 when Resident #3 went missing from the facility. She stated she put the code in for the back door of the locked unit and allowed two of Resident #3's family members to go outside with Resident #3 unsupervised. S8CNA stated when she went to check on her, Resident #3 was missing. S8CNA stated she reported it to S9LPN. S8CNA stated if she had known Resident #3 was an elopement risk, had a current protective order, and open EPS case against three family members, she would not have left Resident #3 unsupervised with family.</p> <p>On 02/19/2025 at 1:26 p.m., a phone interview was conducted with S9LPN. She stated she was not aware Resident #3 was an elopement risk and did not know there was a protective order and open EPS case against family members. She stated the process to identify a resident who was an elopement risk was to review the plan of care. She stated on 02/08/2025 she reported Resident #3 was missing to S3DON. She stated the incident occurred around 7:07 p.m. S9LPN stated she was passing medications when she noticed two unknown females walk onto the unit. She stated S8CNA informed her she let Resident #3 out to smoke with her daughter unsupervised and when she went to check on Resident #3 they were gone. S9LPN stated she immediately informed S3DON of the incident. S9LPN stated S3DON told her she would notify S1ADM. S9LPN stated if she had known Resident #3 was an elopement risk, had a current protective order, and an open EPS case against three family members, she would have been unsupervised with family.</p> <p>On 02/19/2025 at 2:11 p.m., an interview was conducted with S4CM. She stated the process for the staff to be made aware of a resident with a wander guard and/or an elopement risk was to review the facility's wandering binder located at the nurse's station at beginning of their shift. S4CM confirmed she was responsible for assessing residents by doing an assessment and implementing interventions to reduce hazards and accidents. S4CM reviewed Resident #3's Nurse Data collection and Screening dated 02/06/2025, and confirmed the assessment was completed inaccurately and Resident #3 was an elopement risk. She stated she was responsible for completing Resident #3's Comprehensive Plan of Care. She stated the process of her being made aware of Resident #3's protective order and open EPS case by reviewing hospital discharge paperwork. She stated she did not include interventions for the EPS case or protective order for domestic abuse for Resident #3. S4CM confirmed Resident #3's plan of care did not contain interventions for supervision due to being an elopement risk, EPS case, or protective order for domestic abuse.</p> <p>On 02/19/2025 at 2:39 p.m., an interview was conducted with S3DON. She stated the process for the staff to be made aware of a resident with a wander guard and/or an elopement risk was to review the facility's wandering binder located at the nurse's station at beginning of their shift. She stated she was responsible for ensuring the list was updated weekly. She stated she expected all staff to code/answer all assessments correctly. She stated when Resident #3 was ordered a wander guard and placed on the locked unit on 02/04/2024, she did not communicate the changes to staff. S3DON confirmed she did not add Resident #3 to the wander guard list nor to the elopement risk list, and should have. S3DON further confirmed Resident #3's plan of care did not contain interventions for increase supervision due to being an elopement risk, open EPS case, or protective order for domestic abuse. S3DON stated if staff had been aware, the elopement from the facility with unknown family members could have been prevented.</p> <p>(continued on next page)</p>		

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  02/21/2025
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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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 02/20/2025 at 12:38 p.m., an interview was conducted with S1ADM. He stated the process for the staff to be made aware of a resident with a wander guard and/or an elopement risk was to review the facility's wandering binder located at the nurse's station at beginning of their shift. S1ADM confirmed Resident #3 resided on the locked unit, had a wander guard, and was an elopement risk. He further confirmed Resident #3 had open EPS case and protective order for domestic abuse against 3 family members. S1ADM stated the direct care staff were not made aware of Resident #3's open EPS case or protective order. He stated on 02/08/2025, S3DON informed him Resident #3 was missing from the facility. S1ADM stated when he viewed the video footage from 02/08/2025, he could not identify the family members Resident #3 left with.</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>48912</p> <p>Based on interviews and record review, the facility failed to be administered in a manner that enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being for each resident residing in the facility. The facility failed to have an effective system in place to ensure:</p> <ol style="list-style-type: none"> <li>Administrative Staff communicated resident care needs to direct care staff to prevent elopement for 1 (#3) of 7 (#1, #2, #3, #R1, #R2, #R3, and #R4) sampled residents; and</li> <li>Administrative staff reported an elopement to the state agency and local police in accordance with state law for 1 (#3) of 4 (#1, #2, #3, and #R1) residents reviewed for abuse.</li> </ol> <p>This deficient practice resulted in an Immediate Jeopardy situation on 02/08/2025 when Resident #3, a resident that resided on the locked unit of the facility due to wandering behaviors, was noted missing from the facility by staff. Resident #3 was admitted to the facility with a known protective order and open EPS case against family members. On 02/08/2025 around 7:07 p.m., staff allowed 2 unknown family members to remove Resident #3 from the facility's locked unit and bring her outside unsupervised. CNA staff went to check on the resident and realized she had been removed from the facility. Resident #3 was located 2 days later with a family member.</p> <p>S1ADM was notified of the Immediate Jeopardy on 02/20/2025 at 6:26 p.m.</p> <p>This deficient practice continued at the potential for more than minimal harm for all residents residing in the facility.</p> <p>The Immediate Jeopardy was removed on 02/21/2025 at 6:00 p.m., as confirmed by onsite verification through record reviews and interviews. The facility implemented an acceptable Plan of Removal (POR) prior to survey exit.</p> <p>Findings:</p> <p>Cross Reference F609, F656, and F689.</p> <ol style="list-style-type: none"> <li>Review of Resident #3's Clinical Record revealed an admitted to the facility of 01/31/2025, with diagnoses which included Dementia, Encephalopathy, and Altered Mental Status. Further review revealed an active protective order against Resident #3's Responsible Party (RP), which was filed on 01/13/2025 and effective through 11:59 p.m. on 02/26/2025 against RP for domestic abuse.</li> </ol> <p>Review of Resident #3's Current Comprehensive Plan of Care revealed there was no developed care plan or interventions to ensure staff were aware of Resident #3's current protective order or the open EPS case against three family members.</p> <p>(continued on next page)</p>

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of Resident #3's local hospital Discharge Summary dated 01/31/2025, revealed the following, in part:</p> <p>Housing Instability</p> <p>Resident #3's Power of Attorney (POA) stated she had an open EPS case against two siblings.</p> <p>POA's other siblings stated there was a protective order against POA.</p> <p>EPS recommended facility placement, as there had been multiple reports and protective orders between multiple parties in this situation.</p> <p>Review of Resident #3's Nurse Data Collection and Screening dated 02/06/2025, Elopement risk section, revealed questions 1 through 3 were answered yes. Question 6, asked if the resident was at risk for elopement and indicated if any of the above questions (1-5) were answered yes, the resident was at risk. Question 6 was observed to be answered as No. Further review revealed the resident was not documented as using a wander guard.</p> <p>On 02/20/2025 at 9:21 a.m., an interview was conducted with S11SW. She stated she was aware of Resident #3's current protective order for domestic abuse and open EPS case against 3 family members prior to admission. S11SW stated those concerns were the reason for Resident #3's admission to the facility.</p> <p>On 02/19/2025 at 2:11 p.m., an interview was conducted with S4CM. S4CM confirmed she was responsible for assessing residents by doing an assessment and implementing interventions to reduce hazards and accidents. She confirmed she completed Resident #3's assessment inaccurately and marked her as not being an elopement risk. She stated she was responsible for completing Resident #3's Comprehensive Plan of Care. She stated she did not include interventions for the EPS case or protective order for Resident #3. She stated she was aware of Resident #3's protective order and open EPS case when she reviewed Resident #3's hospital Discharge Summary. S4CM stated she was unsure how staff were made aware of the open EPS case and protective order for Resident #3, but she stated staff should have been made aware.</p> <p>On 02/19/2025 at 2:39 p.m., an interview was conducted with S3DON. She stated the process for the staff to be made aware of a resident with a wander guard and/or an elopement risk was to review the facility's wandering binder located at the nurse's station at beginning of their shift. She stated she was responsible for ensuring the list was updated weekly. She stated when Resident #3 was ordered a wander guard and placed on the locked unit on 02/04/2024, she did not communicate the changes to staff. S3DON confirmed she did not add Resident #3 to the wander guard list nor to the elopement risk list, and should have. She stated she was made aware of an open EPS case and protective order against three family members for Resident #3 on 01/30/2025 by Resident #3's EPS caseworker, and she informed S1ADM. She stated the facility did not usually care plan EPS cases or protective orders. S3DON confirmed she did not communicate Resident #3's open EPS case or protective order with direct care staff. S3DON confirmed the facility did not develop a care plan or implement interventions to ensure staff were aware of the active protective order or open EPS case. S3DON stated if the staff had been aware, the resident's elopement from the facility with unknown family members on 02/08/2025 could have been prevented.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 02/20/2025 at 12:38 p.m., an interview was conducted with S1ADM. He stated he was made aware of Resident #3's open EPS case and protective order by S3DON on 01/30/2025. He stated the direct care staff was not made aware of Resident #3's open EPS case or order of protection.</p> <p>2.</p> <p>Review of Resident #3's Progress Noted dated 01/31/2025 - 02/19/2025 revealed, the following, in part:</p> <p>On 02/08/2025 at 10:18 p.m., S9LPN noted Resident #3's daughter and granddaughter arrived to visit with the resident. The daughter asked a CNA if she could take Resident #3 outside on the patio to visit and did not return with the resident. The CNA went to make sure the resident did not need anything, and it was then discovered Resident #3 was not outside anymore. The aide checked Resident #3's room and all of her belongings were missing, except the clothing in her closet. Resident #3 was removed from the premises without staff's knowledge through the exterior of the building.</p> <p>On 02/14/2025 at 2:36 p.m., S11SW noted she followed up with Resident #3's EPS worker to see if Resident #3 was home, and discovered Resident #3 was at home with her daughter.</p> <p>Review of the facility's Incident log dated 01/17/2025 to current revealed no entries for Resident #3.</p> <p>Review of the facility's State Reporting logs dated 12/12/2024 to current revealed no entries for Resident #3.</p> <p>On 02/19/2025 at 2:39 p.m., an interview was conducted with S3DON. She stated S9LPN called her on 02/08/2025 to inform her Resident #3 was missing, and she immediately notified S1ADM. She stated while she called S1ADM, she accessed the facility's video camera and saw Resident #3 leaving the facility with unknown family members. She stated she called and left a voicemail with Resident #3's EPS Case Worker about the incident, but the facility did not hear back from him until 02/10/2025. She stated on 02/10/2025, S11SW made her aware of Resident #3's whereabouts. S3DON confirmed she did not notify law enforcement when the resident was noted missing from the facility.</p> <p>On 02/20/2025 at 9:21 a.m., an interview was conducted with S11SW. She stated she was notified by S1ADM of Resident #3 leaving the facility on Sunday, 02/09/2025. She stated she returned to work on the Monday, 02/10/2025, and contacted Resident #3's EPS case worker, who informed her Resident #3 was home with her daughter. She stated she did not notify the authorities because that was S1ADM's responsibility.</p> <p>On 02/20/2025 at 12:38 p.m., an interview was conducted with S1ADM. He stated on 02/08/2025, S3DON informed him Resident #3 was missing from the facility. S1ADM stated Resident #3 did not struggle on the video footage, and she acted as if she wanted to leave. S1ADM confirmed he did not notify law enforcement or the state agency. S1ADM verified he could not identify the family members he observed on the facility's video footage whom left with Resident #3 on 02/08/2025. S1ADM stated he was made aware of Resident #3's whereabouts on 02/10/2025 when Resident #3's EPS case worker informed S11SW, she was at home with her daughter.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 02/20/2025 at 5:30 p.m., an interview was conducted with S2RVP. He stated he and S1ADM agreed not to call local law enforcement or report to state agency because they did not think Resident #3 eloped because she left with family.</p> <p>The facility implemented the following actions to correct the deficient practice on 02/20/2025:</p> <p>Corrective actions for the alleged deficient practice of the facility failing to ensure administration used its resources effectively and efficiently to ensure effective systems were in place to ensure nursing staff were aware of Resident #3's needs and to report allegations of elopement to state and law enforcement.</p> <p>On 02/08/2025, Resident #3 left from the facility and did not return. On 02/08/2025, Facility NFA contacted Elderly Protective Services to alert them Resident #3 left the facility. On 02/08/2025, NFA alerted the facility Ombudsman that the resident's family removed her from the facility.</p> <p>All residents in the facility who have a risk for elopement have the potential to be affected by this alleged deficient practice. (Identified as two residents with secure care bracelets and 32 residents on the secure care unit).</p> <p>All resident electronic charts and hard copy charts were audited, by the DON and ADON to ensure that no other residents had an order for protection on 02/20/2025 at 7:50 pm. None were identified. If there were any additional protective orders with family dynamic/concerns this would have been communicated with the staff and care planned at this time.</p> <p>On 02/21/2025, all resident electronic charts and hard copy charts for residents considered an elopement risk were audited, by the facility DON, ADON and MDS Nurses to ensure this information was care planned appropriately, so that this information could be communicated to staff via the care plan.</p> <p>Regional [NAME] President and NFA together reviewed the Long Term Care Survey manual for F609, F835, F656, &amp; F689. On 02/21/2025, Regional [NAME] in-serviced NFA and DON regarding these regulations and need to report to local police and LDH via the SIMS system.</p> <p>Regional [NAME] President will review all SIMS reports submitted by the NFA to ensure they were reported appropriately and timely. Regional [NAME] President will review incident report list to ensure administrative staff are reporting appropriately.</p> <p>Regional [NAME] President will oversee in-servicing/monitoring of the NFA and administrative staff to ensure all audits are completed appropriately and timely. Should monitoring/reporting not happen appropriately or timely staff will face progressive discipline up to and including termination.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>An immediate in-service was initiated by the Director of Nurses on 02/20/2025 at 7:40 p.m. with staff present at the facility at the time. All staff that were not present will be in-serviced prior to their next shift. The staff were in-serviced regarding: Residents with EPS cases. All residents with EPS cases will have a care plan and the information communicated to the staff immediately. All visits will be supervised. Should anyone try to leave with the resident the police will be called and it will be reported to the state. The Administrator and DON will be notified. Any resident classified as an elopement risk will be placed in the binder at the nurse's station. In the instance of elopement, the police will be called and a report shall be made to the state. The in-servicing was completed with present staff on 02/20/2025 and will be completed with all non-present staff prior to the first shift by the Director of Nursing or designee. A master list of all staff was generated by the Human Resources Director. The DON and ADON used this list to retrain every staff member.</p> <p>(Beginning 02/21/2025) To ensure continued compliance with the facility's plan of correction, the ADON Nurse, DON or designee will audit all paperwork for every new admission to ensure should the resident have an open EPS case or is an elopement risk this will be entered into the care plan and communicated to the staff by the DON. This will be communicated to the staff via the Point Click Care task that fires to the kiosk and nurse laptop. These audits will continue for every new admission for the next 30 days. The DON, will audit 5 residents who are an elopement risk 3 X times a week for four weeks and routinely thereafter. The audit will consist of reviewing the care plan for residents who are an elopement risk to ensure this is properly care planned/ communicated to staff. Results of audits are to be captured on a special care form and discussed in the daily stand-up meeting with the interdisciplinary team. The Quality Assurance (QA) Committee is to meet weekly for no less than 4 weeks to promote compliance and gauge progress.</p> <p>Beginning 02/21/25, the NFA or designee will interview 5 staff members 3 times x a week for the next 4 weeks to ensure they understand the need to supervise any visitation with residents with EPS protective orders and they know they need to alert the NFA, DON and authorities should the family attempt to leave with the resident.</p> <p>An Emergency QA was held on 02/21/2025 with the facility Medical Director and QA Committee regarding residents who are an elopement risk and/or who have open EPS cases.</p> <p>Should the above referenced QA measures not meet expectations, the QA/Audits/POC will be adjusted at that time. Staff found to be non-compliance will be re-educated and face progressive discipline up to and including termination.</p> <p>Completion date - The likelihood for serious harm will no longer exist on 02/21/2025.</p> <p>As of 02/21/2025, the facility asserts the likelihood for serious harm to any recipient no longer exists.</p> <p>Throughout the survey from 02/20/2025 to 02/21/2025, observations, interviews, and record review revealed the above listed actions were implemented. Random staff interviews revealed staff received training on the new process to ensure residents are properly care planned to meet their needs, identify elopement risk residents, properly care plan for a resident whom had an open EPS case and/or current protective order against family member(s), staff knew the process to notify the proper authorities and when to notify local law enforcement, and staff knew when and what to report to the local law enforcement and state agency.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>48333</p> <p>Based on observations, and interviews the facility failed to ensure a safe, functional, sanitary and comfortable environment. The facility failed to ensure:</p> <ol style="list-style-type: none"> <li>1.) Resident air conditioners (AC) were sanitary in Room B and Room E;</li> <li>2.) Ceiling Tiles were maintained in clean and functional manner on Hall A and Room B;</li> <li>3.) Floor tiles were maintained in a safe and functional manner in Room C ; and</li> <li>4.) Bath D was maintained in a sanitary manner for staff and the public.</li> </ol> <p>Findings:</p> <p>Review of Facility's Policy Titled Resident Environment dated 09/2015 revealed, the following, in part: It is the policy of this facility to provide a safe, clean, comfortable and homelike environment.</p> <ol style="list-style-type: none"> <li>1.)</li> </ol> <p>An observation was conducted on 02/18/2025 at 11:58 a.m. of Room B. The AC unit vent had copious amount of small specks of a black substance throughout the return vent.</p> <p>An observation was conducted on 02/18/2025 at 12:00 p.m. of Room E which had dry brown and red liquid on the AC Unit.</p> <ol style="list-style-type: none"> <li>2.)</li> </ol> <p>An observation was conducted on 02/18/2025 at 2:00 p.m. of Hall A. There was a ceiling tile at the front of Hall A which had a crack across the entire ceiling tile. Room B had two ceiling tiles above the AC unit which had brown water spots on them.</p> <ol style="list-style-type: none"> <li>3.)</li> </ol> <p>An observation was conducted on 02/19/2025 at 1:00 p.m. of Room C. Room C had two chipped floor tiles. The missing chip in the corner of the floor tiles was approximately 3 to 4 inches wide.</p> <ol style="list-style-type: none"> <li>4.)</li> </ol> <p>An observation was conducted on 02/18/2025 at 10:00 a.m. of Bath D. The light fixtures had a copious amount of fluffy gray colored substance, the ceiling vent had copious amounts of fluffy gray colored substance, and the laminate flooring had spaces between each floor tile which were filled with black residue. The flooring was covered in a sticky residue. A second observation was conducted on 02/19/2025 at 12:00p. m. of Bath D. Bath D remained in the same unsanitary condition as stated above.</p> <p>(continued on next page)</p>

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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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted on 02/18/2025 at 12:05 p.m. with Resident #R1. Resident #R1 noted to be short of breath and wheezing. She stated she was concerned the back substance on her AC unit, in Room B, could worsen her breathing issues.</p> <p>An interview was conducted on 02/19/2025 at 2:08 p.m. with S7MS. S7MS stated he changed ceiling tiles as needed. He reported being aware the ceiling tile down the front of Hall A was cracked and needed to be changed. He confirmed two ceiling tiles in room B above the AC unit needed to be changed from water spots. He confirmed the flooring tiles in Room C were chipped. He stated the tiles were old and he did not have the extra matching tiles to change the chipped tiles.</p> <p>An interview was conducted on 02/19/2025 at 2:50 p.m. with S6HKS. She confirmed the aforementioned observations. She reported the AC units should be wiped daily during daily room cleaning. She reported bathrooms should be cleaned at least once daily. After observing Room B she confirmed the copious amounts of black spots on the AC vents should be cleaned. After observation of Room E she confirmed the substance on the AC unit was coffee and juice, and should have been cleaned. After observation of Bath D she confirmed Bath D was flooded a year ago and the flooring was spaced due to the glue coming up from the laminate and the flooring needed cleaning. S6HKS confirmed the copious amount of gray fluffy substance on the light fixtures, and ceiling vent should be cleaned. She confirmed Bath D should be cleaned twice daily and had not been.</p> <p>An interview was conducted on 02/20/2025 at 9:16 a.m. with S1ADM . S1ADM confirmed that the AC units in resident rooms should be maintained clean and sanitary and it was unacceptable to have spilled liquids or black spotted substance on AC units if staff were cleaning them daily. He reported the flooring in Bath D should be fixed. He reported Bath D should be maintained and clean as well. He reported he was unaware of the flooring being chipped in Room E, and it should be replaced.</p>		