

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 03/19/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47173</p> <p>Based on observation, interviews, and record review, the facility failed to ensure staff wore proper Personal Protective Equipment (PPE) while providing perineal care to a resident who was on Enhanced Barrier Precautions (EBP) for 1 (#3) of 3 (#1, #2, and #3) residents reviewed for infection control.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Enhanced Barrier Precautions revised on 03/2024, revealed the following, in part:</p> <p>Enhanced Barrier Precautions are indicated for residents with any of the following:</p> <p>Chronic wounds include .pressure ulcers .</p> <p>For residents whom EBP are indicated, EPB is employed when performing the following high-contact resident care activities:</p> <p>Changing briefs or assisting with toileting.</p> <p>Review of Resident #3's Clinical Record revealed she was admitted to the facility on [DATE] with a diagnoses including Pressure Ulcer of Sacral Region.</p> <p>Review of Resident #3's current Physician Orders revealed the following, in part:</p> <p>Start date 08/01/2024: Enhanced Barrier Precautions related to a sacral pressure ulcer.</p> <p>An observation was made on 03/19/2025 at 1:58 p.m., of the Enhanced Barrier Precautions sign posted on Resident #3's door. The Enhanced Barrier Precautions sign revealed the following, in part:</p> <p>Providers and staff must:</p> <p>Wear gloves and a gown for the following high-contact resident care activities:</p> <p>Changing briefs or assisting with toileting.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation was made on 03/19/2025 at 2:00 p.m. of S2CNA providing perineal care to Resident #3. S2CNA did not wear a gown while changing Resident #3's brief and providing perineal care.</p> <p>An observation was made on 03/19/2025 at 2:25 p.m. with S2CNA. She stated Resident #3 was on EBP for a wound. She confirmed she did not wear a gown while providing perineal care and should have.</p> <p>An interview was conducted on 03/19/2025 at 3:50 p.m. with S1DON. She was notified of the above observation on 03/19/2025. S1DON confirmed when a resident was on EBPs, staff should wear a gown while providing perineal care and changing briefs.</p>		