

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195399	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Jena Nursing and Rehabilitation Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5877 Aimwell Road Jena, LA 71342	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47004</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident with a PEG tube maintained acceptable parameters of nutritional and hydration status consistent with the resident's comprehensive assessment for 1 (#2) of 8 (#2, #R1, #R2, #R3, #R4, #R5, #R6, and #R7) sampled residents who received nutrition and hydration via PEG tube. The total sample size was 12.</p> <p>Findings:</p> <p>Review of the facility's policy titled: Tube Feeding dated 07/2018 read in part . Residents with a Nasogastric, Gastrostomy, or Jejunostomy tube will be provided nutrition and hydration via the feeding tube. 2. Check Physicians orders and/or treatment record for amount and type of feeding. 7. Label the feeding bag with the resident's name, formula ordered and date. For gravity (intermittent) and continuous pump feedings, each time a feeding is administered into the bag, the amount of formula hung and the time it was hung must be noted on the feeding bag. 8. Administer the feeding as ordered via continuous pump feeding. F. Set the rate as ordered and begin the infusion.</p> <p>Review of Resident #2's medical record revealed an admitted [DATE]. Resident #2 had diagnoses that included in part . Urinary Tract Infection, Acute Respiratory Failure with Hypoxia, Type 2 Diabetes Mellitus, Seizures, Pain, Chronic Obstructive Pulmonary Disease, Cerebrovascular Disease, Gastrostomy Status, Tracheostomy Status, Dependence on Respirator (Ventilator) Status, Aphasia, Pneumonia, and Chronic Kidney Disease-Stage 3.</p> <p>Review of Resident #2's Significant Change MDS with an ARD date of 07/23/2024 revealed in part . Resident #2's cognitive pattern was not assessed due to rarely/never being understood. Resident #2 was totally dependent on staff for eating. Resident #2 had a feeding tube. Resident #2 required special treatments for oxygen therapy, suctioning, trach care, and mechanical ventilation.</p> <p>Review of Resident #2's care plan revealed in part . Nutrition altered related to tube feeding. Interventions: Administer tube feeding as ordered. Water flushes as ordered. 07/23/2024 Glucerna 1.5 at 50ml/hr x 24 hours and 50ml/hr flush times 24 hrs.</p> <p>Review of Resident #2's 07/2024 physician's orders revealed in part .</p> <p>NPO Order date: 04/26/2024</p> <p>Glucerna 1.5 at 50ml/hr continuously via pump Order date: 07/24/2024</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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>H2O flush at 50ml/hr continuously via pump Order date: 07/24/2024</p> <p>Review of Resident #2's Departmental Notes documented by S3 RD on 07/23/2024 revealed in part . Recommended Glucerna 1.5 at 50ml/hr times 24 hours with 50ml water flush every hour via pump.</p> <p>Observation on 07/29/2024 at 10:50 a.m. revealed Resident #2 was receiving tube feeding of Glucerna 1.5 via pump at 40ml/hr, and a water flush was set on pump for 30ml every 3 hours. Observation revealed the Glucerna 1.5 feeding and water flush bag were not labeled with Resident #2's name, and date and time feeding and flush were hung.</p> <p>Observation on 07/29/2024 at 1:00 p.m. revealed Resident #2 was receiving tube feeding Glucerna 1.5 via pump at 40ml/hr, and a water flush was set on pump for 30ml every 3 hours. Observation revealed the Glucerna 1.5 feeding and water flush bag were not labeled with Resident #2's name, and date and time feeding and flush were hung.</p> <p>Interview on 07/29/2024 at 2:02 p.m. with S2 LPN confirmed Glucerna 1.5 feeding was set at a rate of 40ml/hr and water flush 30ml every 3hrs for Resident #2. Review of Resident #2's current 07/2024 MAR with S2 LPN confirmed Resident #2's Glucerna 1.5 feeding should be set at a rate of 50ml/hr and water flush 50ml/hr, but had not been. S2 LPN revealed when feedings and water flushes are hung they should be labeled with the Residents name, and the date and time they were hung. S2 LPN confirmed Resident #2's feeding had not been labeled, but should have been.</p> <p>Interview on 07/29/2024 at 3:20 p.m. with S1 DON revealed nurses were to check each Resident's MAR to ensure the correct feeding and water flush rates were set to the feeding pump when they sign off on a Resident's MAR. S1 DON revealed when S3 RD made a recommendation to adjust a Resident's feedings, an order is put in for those recommendations, and staff should follow through to implement the order. S1 DON confirmed staff had not implemented Resident #2's feeding and flush rate, but should have when S3 RD made changes to the rates on 07/24/2024.</p>		