

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 09/18/2024
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</p> <p>Based on interview and record review the facility failed to ensure a resident's right to be free from resident to resident physical abuse, for 1 (Resident #4) of 4 (Resident #1, Resident #2, Resident #3 and Resident #4) sampled residents. The facility failed to ensure Resident #4 was not physically abused by Resident #3.</p> <p>Findings:</p> <p>Review of the facility's policy titled Abuse Prevention, with a review date of 10/2022, revealed in part .The facility is committed to protecting the residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents, consultants, volunteers, staff from other agencies providing services to our residents, family members, legal guardians, surrogates, friends, visitors, or any other individual.</p> <p>Abuse defined: Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse may be resident to resident, staff to resident, family to resident, or visitor to resident.</p> <p>Physical Abuse: This includes but is not limited to hitting, slapping, pinching, and kicking.</p> <p>Resident #3</p> <p>Review of the clinical record revealed Resident #3 was admitted to the facility on [DATE], with diagnoses that included in part .Schizoaffective Disorder, Bipolar type, and Major Depressive Disorder.</p> <p>Review of Resident #3's Quarterly MDS with an ARD of 08/26/2024, revealed Resident #3 had a BIMS score of 13, indicating intact cognition. The MDS revealed Resident #3 required supervision with bed mobility, transfers, toilet use, and was independent with eating.</p> <p>Review of Resident #3's care plan with a target date of 11/27/2024, read in part .</p> <p>1. Resident at risk for Altered Mental Status and Mood related to diagnoses of Schizoaffective Disorder and Major Depressive Disorder. History of outbursts of profanity, and history of throwing water on the floor. Approaches included: Monitor behaviors, redirect and re-educate resident as needed.</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
---	-------	-----------

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 09/18/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. At risk for behavior related to Schizophrenia Disorder, Depressive Type Major Depression recurrent with psych symptoms. Curses at staff when he doesn't get his way, or if in heavily congested areas, with approaches that included: Assist resident to quiet environment when exhibiting behaviors to provide low stimuli.</p> <p>Resident #4</p> <p>Review of the clinical record revealed Resident #4 was admitted to the facility on [DATE], with diagnoses that included in part .Parkinson's Disease, Major Depressive Disorder, and Dementia on other Diseases Classified Elsewhere, Moderate with Anxiety.</p> <p>Review of Resident #4's Quarterly MDS with an ARD of 08/06/2024, revealed Resident #4 had a BIMS score of 12, indicating moderate cognitive impairment. The MDS revealed Resident #4 required limited assistance with bed mobility, transfers, toilet use, and eating.</p> <p>Review of Resident #4's Instant Care Plan developed 08/26/2024, read in part .Behaviors that included resident to resident altercation, with approaches to refer to Social Services, redirect if inappropriate, and re-enforce positive behaviors.</p> <p>Review of a facility Incident Report documented by S1 Administrator, and dated 08/24/2024, revealed in part . at 12:12 p.m., Resident #3 stood up from his wheelchair and swung at Resident #4. Staff was present and intervened. No injuries.</p> <p>Interview on 09/018/2024 at 1:25 p.m. with S1 Administrator, revealed on 08/24/2024 at 12:00 p.m., S2 CNA was passing trays on Hall X, when Resident #3 attempted to grab another resident's food tray. S2 CNA told Resident #3 to stop. Resident #4, who was present in the dayroom sitting on a sofa, told Resident #3 to stop and leave the food tray alone. Resident #3 propelled himself over to Resident #4, and stood up from wheelchair. Resident #4 stood up from the sofa, and Resident #3 proceeded to hit Resident #4's head with a closed fist. Resident #3 and Resident #4 then began to hit each other. Resident #3 grabbed Resident #4 by the front of his shirt, and both Residents #3 and #4 fell to the floor. S2 CNA then intervened and separated Resident #3 and Resident #4. Resident #3 sustained a skin tear to the top of his right hand. Resident #4 was assessed and had no injuries.</p> <p>Interview on 09/18/2024 at 1:50 p.m. with Resident #3, revealed he remembered the altercation with Resident #4, which occurred on 08/24/2024 in the dayroom. Resident #3 revealed he was speaking to a CNA (did not know a name) when Resident #4 got in his personal space, and started hollering at him. Resident #3 said he felt threatened and hit Resident #4, and they both fell to the floor. Resident #3 stated I know I was wrong to hit him (Resident #4).</p> <p>(continued on next page)</p>		

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 09/18/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 09/18/2024 at 2:17 p.m. with S2 CNA, revealed the following: S2 CNA stated she was the CNA for Hall X, which is connected to the dayroom. S2 CNA revealed she was passing lunch in the dayroom on 08/24/2024, sat a resident's tray on the table, and turned to assist that resident to the table. Resident #3 propelled himself over to the table, and grabbed the other resident's tray. S2 CNA revealed she told Resident #3 three times to stop, and to put the tray back on the table because it wasn't his. S2 CNA revealed she hollered for help at that time. Resident #4, who was sitting on the sofa in the dayroom, told Resident #3 m*****r, put the tray back. S2 CNA revealed Resident #3 propelled himself over to Resident #4, and stood up from his wheelchair. S2 CNA revealed Resident #4 then stood up from the sofa, and Resident #3 hit Resident #4's head with his fist. Resident #3 and Resident #4 both started hitting each other. S2 CNA revealed Resident #3 grabbed Resident #4 by the front of his shirt, and both Resident #3 and Resident #4 fell to the floor. S2 CNA stated she intervened and separated Resident #3 and Resident #4.</p> <p>Interview on 09/18/2024 at 2:45 p.m. with Resident #4, revealed he remembered Resident #3 hit him in the head with his fist, because he told Resident #3 to put a tray of food back on the table in the dayroom. Resident #4 revealed after Resident #3 hit him, he had a knot on his head (Resident #4 pointed to an area right above his right ear).</p> <p>Interview on 09/18/2024 at 3:37 p.m. with S1 Administrator, revealed Resident #3 had a history of resident to resident altercations. S1 Administrator confirmed Resident #4 was a victim of resident to resident physical abuse by Resident #3 on 08/24/2024.</p>