

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 02/20/2025
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** 44315</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 #11) of 2 (Resident #11 and Resident #12) residents reviewed for abuse. The facility failed to ensure Resident #11 was not physically abused by Resident #12.</p> <p>The facility implemented corrective actions which were completed prior to the State Agency's Investigation, thus it was determined to be a Past Noncompliance citation.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled Abuse Prevention on 02/18/2025 read 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. Definitions:</p> <p>a. Abuse: Willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. This includes the deprivation by an individual, including a caretaker of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being. Abuse may be resident to resident, staff to resident, family to resident, or visitor to resident.</p> <p>d. Physical Abuse: This includes but is not limited to hitting, slapping, pinching, and kicking.</p> <p>f. Neglect defined: A failure of the facility, its employees, or services providers to provide goods and services necessary to avoid physical harm, mental anguish, emotional distress, or pain.</p> <p>Resident #11</p> <p>Review of Resident #11's medical records revealed an admitted [DATE], with diagnoses that included Schizoaffective Disorder, Bipolar Type, Depression, Epilepsy, Type 2 Diabetes Mellitus with Diabetic Neuropathy, Essential (Primary) Hypertension, Personal History of (TBI) Traumatic Brain Injury, Conductive Hearing Loss and Unspecified Abnormal Involuntary Movements.</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 02/20/2025
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>Review of Resident #11's Quarterly MDS with an ARD of 01/14/2025, revealed a BIMS score of 04, indicating the resident had moderate cognitive impairment. Review of MDS revealed Resident #11 was coded as independent with ambulation.</p> <p>Review of Resident #11's Care Plan with a review date on 04/14/2025 revealed in part . Potential for mental distress and Impaired thought process related to history of TBI and Bipolar Schizophrenia. Interventions included in part .Monitor/ record/ report to MD prn mood patterns s/s of depression, anxiety, sad mood as per facility behavior protocols.</p> <p>Resident #12</p> <p>Review of Resident #12's medical records revealed an admitted [DATE], with diagnoses that included Schizoaffective Disorder, Bipolar Type, Major Depressive Disorder, Recurrent, Severe with Psychotic Symptoms, Type 2 Diabetes Mellitus with Diabetic Neuropathy, Gastrostomy, Chronic Pain Syndrome and Bandemia.</p> <p>Review of Resident #12's Quarterly MDS with an ARD of 02/18/2025, revealed a BIMS score of 15, indicative of intact cognition.</p> <p>Review of Resident #12's Care Plan with a review date of 02/19/2025, revealed in part Resident #12 is at risk for altered mental status and mood related to diagnosis of schizoaffective disorder, Major Depressive disorder and history of outbursts of profanity and throwing water on the floor. Interventions included in part . Refer to psych services as needed, PEC'd, 1:1 care until admitted to hospital. Initiated 02/03/2025. Resident #12 requires some assistance with ADLs and needs reminding to use wheelchair. Interventions included in part . Resident #12 able to transfer self and self-propels in wheelchair.</p> <p>Review of Resident #12's Nurses Notes dated 02/03/2025 at 10:11 a.m. by S10 LPN read in part . At approximately 9:40 a.m., this nurse was summoned to common area. Upon arrival noted Resident #12 sitting Indian style on floor in front of his wheelchair. Resident #12 stated another resident was in his face and that he always thinks he's the big bad wolf around here. Resident #12 still did not say how he wound up on the floor. Asked Resident #12 again how got on the floor and stated, I don't remember. This nurse assisted Resident #12 up and into wheelchair and noted active ROM x4 without difficulty. Resident #12 denies pain. Informed unit manager and DON who spoke to Resident #12 and informed them that he hit Resident #11 first due to both of them arguing with one another. Resident #12 placed on 1:1 observation at this time. MD notified and awaiting orders.</p> <p>Review of a facility's Incident Report documented by S1 Administrator on 02/03/2025 at 10:13 a.m., read in part . Incident occurred on 02/03/2025 at 9:43 a.m., Resident #12 rolled over Resident #11's toes with his wheelchair. Resident #11 tried to push the wheelchair away and Resident #12 stood up from his wheelchair and hit Resident #11 in the shoulder. Resident #12 was immediately placed one on one.</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 02/20/2025
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>Review of facility's Incident Report prepared by S3 Unit Manager on 02/03/2025 at 2:24 p.m. read in part . At approximately 9:40 a.m. this nurse was called to the day area due to a possible altercation between Resident #11 and Resident #12. Upon arrival to day area, Resident #11 was no longer there and was in his room. S3 Unit Manager went to resident #11's room and assessed him with no injuries noted. Questioned Resident #11 about incident and he stated Resident #12 kept running over his feet with his wheelchair. Resident #11 stated he tried to push the wheelchair away and the other Resident #12 hit him. Resident #11 said he was sitting on the couch and Resident #12 was coming by and ran over my foot a few times then stood up and hit me. Resident #11 stated he had to try to defend himself and tried to hit him back. Review of report, 'Immediate Action Taken revealed Resident #11 went to his room with no further altercations, assessed with no injuries or complaints of pain and kept in view of staff. After review of cameras, it was noted that Resident #11 was not the aggressor. Resident #12 was placed on 1:1 supervision until transferred after he was PEC'd.</p> <p>Telephone interview on 02/19/2025 at 2:18 p.m. with S10 LPN revealed she was working on the hall when she was summoned to the day room and found Resident #12 sitting on the floor besides his wheelchair. S10 LPN revealed S12 was able to tell her what happened and told her he tripped on his wheelchair after getting mad at the big bad wolf. S10 LPN revealed Resident #12 told the DON that he hit Resident #11. S10 LPN revealed Resident #12 was immediately put on 1:1 supervised monitoring that day after incident until he was sent out to a Behavioral Health Hospital and continued to be on 1:1 supervised monitoring for 3 days when he returned. S10 LPN revealed she had assessed both residents after the incident and were both without physical injury.</p> <p>In an observation on 02/18/2025 at 2:30 p.m., Resident #11 ambulated in hall to his room. Interview at this time with Resident #11 revealed he had an incident where another resident ran over his foot with his wheelchair and had hit him after he told him to get off of his foot. Resident #11 said he did not hit him and had not hurt anyone here.</p> <p>Interview on 02/19/2025 at 11:45 a.m. with S9 Central Supply revealed he was assigned to supervise the day room on the morning of 02/03/2025. S9 Central Supply stated the residents were all quiet in the day room and he stepped away to get something down the hall. S9 Central Supply revealed Resident #11 was sitting on the couch and Resident #12 was sitting up in his wheelchair. S9 Central Supply revealed as he returned and rounded the corner, he saw them arguing and saw Resident #12 fell on the floor. S9 Central Supply reported he asked Resident #11 to walk away and he did.</p> <p>Interview on 02/19/2025 at 11:55 a.m. with Resident #12 revealed he had come back from the hospital and he should not have fussed with Resident #11 and hit him in his condition.</p> <p>Review of camera surveillance video footage accompanied by S1 Administrator on 02/19/2025 at 3:45 p.m. revealed on the date of 02/03/2025 at 9:41 a.m. revealed findings as documented in facility's investigation. Observation revealed Resident #12 propelling himself in his wheelchair in the day room and rolled over Resident #11's foot unknowingly and looked down at his wheel. Observation revealed Resident #11 pushed wheelchair away from him. Observation revealed Resident #12 swung his left arm towards and hit Resident #11. Observation revealed both Resident #11 and Resident #12 stood up and starting swinging their arms towards each other without physical contact. Observation revealed Resident #12 stepping away backwards after he stood up out of his wheelchair, and lost his balance and fell on to the floor. Observation revealed S9 Central Supply stepped up in-between residents before Resident #12 fell .</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 02/20/2025
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 02/19/2025 at 4:00 p.m. with S9 Central Supply revealed he stepped out of the day room for just a couple of minutes and had not witnessed the incident until he returned and walked into the day room right up at the end when he saw Resident #12 stand up out of his wheelchair, swing at Resident #11 but did not witness physical contact between the residents. S9 Central Supply revealed Resident #11 denied any pain and he asked Resident #11 to meet him in his room while he assisted Resident #12 up from off of the floor and back into his wheelchair. S9 Central Supply revealed Resident #12 said he was okay and denied being hurt. S9 Central Supply revealed Resident #11 ambulated to his room and his nurse followed him to his room.</p> <p>Interview on 02/19/2025 at 4:05 p.m. with S8 LPN revealed she had walked into day room and witnessed Resident #12 to stand up, swung towards Resident #11, lost balance and fell to the floor. S8 LPN revealed Resident #12 denied injury, pain or discomfort. S8 LPN revealed she had assessed both residents after the incident and both were without injury. S8 LPN revealed Resident #11 had ambulated to his room where she assessed resident with findings of no injuries noted and Resident #11 denied complaints of pain or discomfort and RP/ MD was notified. S8 LPN revealed she assessed Resident #11's feet and did not have any marks, redness or bruising noted.</p> <p>Interview on 02/20/2025 at 10:25 a.m. with S1 Administrator revealed Resident #12 had a history of behaviors. S1 Administrator confirmed the Resident to Resident altercation between Resident #11 and Resident #12 occurred on 02/03/2025 and the following was put into place: Resident #11 and Resident #12 were immediately separated, Resident #12 was put on 1:1 supervision until sent out to a behavioral hospital, an in-service was initiated for all staff on abuse, and body audits/life safety rounds were completed for all residents on Hall X and Hall Y.</p> <p>The facility has implemented the following actions to correct the deficient practice:</p> <ol style="list-style-type: none"> 1. Resident #11 and Resident #12 were separated, and Resident #12 was placed on 1:1 supervised monitoring immediately. 2. Both Resident #11 and Resident #12's physician and responsible party were notified regarding the incident. 3. Nursing staff performed assessments for both Resident #11 and Resident #12 were assessed without injury noted and without complaints of pain voiced. No new physician orders. 4. New orders from Resident #12's physician for an inpatient psychiatric evaluation. Resident #12 continued 1:1 supervised monitoring until he was admitted to an inpatient behavioral hospital on 02/03/2025. 5. Life satisfaction interview rounds were conducted on all cognitive residents who resided on Hall X and Hall Y, with no issues noted. 6. Body audits were conducted by nursing staff for all residents with low cognition who resided on Hall X and Hall Y, with no issues noted. 7. On 02/03/2025, S3 Unit Manager initiated an In-service/training, reviewed the facility's abuse policy with staff, and educated staff on Residents with combative behaviors. All in services/training completed for facility staff as of 02/04/2025. <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 02/20/2025
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>Facility correction date of 02/04/2025.</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 02/20/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373</p> <p>Based on record review and interview, the facility failed to ensure services were provided to meet professional standards of practice for 5 (#1, #2, #3, #4, & R1) of 13 (#1-#12 & #R1) sampled residents out of a total census of 74 residents. The facility failed to ensure controlled medications were administered as ordered and documented correctly.</p> <p>The facility implemented corrective actions which were completed prior to the State Agency's investigation, thus it was determined to be a Past Noncompliance citation.</p> <p>Findings:</p> <p>Review of the facility's policy on 02/20/2025 titled, Controlled Medications Administrations which was last reviewed on 08/2016 read in part . When administering controlled medication, the authorized personnel records the administration on the MAR/eMAR and enters all of the following information on the Controlled Drug Record:</p> <ul style="list-style-type: none"> a. Date and time of administration b. Amount administered c. Signature of the person preparing the dose d. Quantity reconciled <p>Review of the facility's policy on 02/20/2025 titled, Medication Administration-General Guidelines which was last reviewed on 01/2015 read in part .</p> <p>2. Medications are administered in accordance with written orders of attending physicians .</p> <p>13. When PRN medications are administered, the following documentation is provided:</p> <ul style="list-style-type: none"> a. Date and time of administration, dose, route of administration (if other than oral), and, if applicable, the injection b. Complaints or symptoms for which the medication was given. c. Results observed from giving the dose and the time results were noted. d. Resident pain evaluation per facility policy, if applicable. e. Signature or initials of person recording administration and signature of initials of person recording effects, if different person administering. <p>Resident #1</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 02/20/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #1's medical record revealed an admitted [DATE] with diagnoses that included in part . Heart Failure, Type 2 DM, Pain, and Unspecified Dislocation of Left Hip.</p> <p>Review of Resident #1's Quarterly MDS with an ARD of 01/28/2025 revealed the resident had a BIMS score of 8, which indicated moderately impaired cognition. Review of the MDS revealed Resident #1 was dependent with rolling left and right and required substantial to maximal assistance with sitting to lying and toileting hygiene. Resident #1 required setup or clean up assistance with eating.</p> <p>Review of Resident #1's care plan with a review date of 05/05/2025 revealed a problem with an on set date of 09/27/2024 for resident at risk for pain/discomfort. Interventions included: Medications as ordered, Document pain scale every shift, and use non-pharmacological interventions when needed.</p> <p>Review of Resident #1's physician's orders revealed the following:</p> <p>12/11/2024: Norco Oral Tablet 10-325 mg (Hydrocodone-Acetaminophen) Give one tablet by mouth every 6 hours as needed for pain</p> <p>Review of Resident #1's Controlled Drug Record for Norco 10-325mg revealed the following entries:</p> <p>01/15/2025 at 7:00 p.m.-a dose was signed out by S4 LPN</p> <p>01/21/2025 at 7:00 p.m.-a dose was signed out by S4 LPN</p> <p>01/26/2025-a dose was signed out with no time or signature (last dose signed out 01/26/2025 at 3:00 p.m. by S4 LPN.</p> <p>Review of Resident #1's 01/2025 eMAR revealed no documentation of the above doses.</p> <p>Review of S4 LPN's attendance records revealed S4 LPN clocked out on 01/15/2025 at 6:20 p.m. and clocked out on 01/21/2025 at 5:34 p.m. using the time clock.</p> <p>Resident #2</p> <p>Review of Resident #2's medical record revealed an admitted [DATE] with diagnoses that included in part . Dementia, Type 2 DM, Cervicalgia, Major Depressive Disorder, and Epilepsy.</p> <p>Review of Resident #2's Quarterly MDS with an ARD of 12/03/2024 revealed a BIMS score of 00, which indicated severe cognitive impairment. Review of the MDS revealed the resident was dependent with eating, toileting hygiene, rolling left and right, sitting to lying, lying to sitting, and chair/bed to chair transferring.</p> <p>Review of Resident #2's current care plan with a review date of 04/03/2025 revealed Resident #2 was at risk for pain/discomfort with interventions that included: Medication as ordered, Notify MD of uncontrolled pain, Document pain scale every shift, and reassess pain after medication administered.</p> <p>Review of Resident #2's physician's orders revealed the following in part:</p> <p>09/19/2024: Ativan (Lorazepam) 0.5mg Give one tablet orally every 4 hours as needed for anxiety.</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 02/20/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>03/14/2024: Norco (Hydrocodone-Acetaminophen) 10-325mg Give one tablet orally every 4 hours as needed for pain.</p> <p>Review of the Controlled Drug Record for Resident #2's Norco 10-325mg q 4 hours prn revealed in part:</p> <p>01/21/2025 at 7:00 p.m.-a dose was signed out by S4 LPN.</p> <p>01/26/2025-two doses were signed out with no time given and no signature by a nurse.</p> <p>Review of the Controlled Drug Record for Resident #2's Ativan 0.5mg q 4 hours prn revealed:</p> <p>01/21/2025 at 7:00 p.m.-a dose was signed out by S4 LPN.</p> <p>Review of Resident #2's 01/2025 eMAR revealed none of the above doses were documented as given.</p> <p>Review of S4 LPN's attendance records revealed S4 LPN clocked out on 01/21/2025 at 5:34 p.m. using the time clock.</p> <p>Resident #3</p> <p>Review of Resident #3's medical record revealed an admitted [DATE] with diagnoses that included Chronic Systolic (Congestive) Heart Failure, Osteoarthritis, Type 2 DM, and Pain, unspecified.</p> <p>Review of Resident #3's Quarterly MDS with an ARD of 12/17/2024 revealed a BIMS score of 9, which indicated moderately impaired cognition. Review of the MDS revealed Resident #3 required setup or clean up assistance with eating and Resident #3 was dependent with rolling left and right, sitting to lying, lying to sitting on side of bed, and chair/bed to chair transferring.</p> <p>Review of Resident #3's current care plan with a review date of 03/19/2025 revealed the resident was at risk for pain and discomfort. Interventions included administering pain medication as ordered, reposition as needed, evaluate and treat for pain, monitor for non-verbal signs of pain, and use of non-pharmacological intervention when needed.</p> <p>Review of Resident #3's physician's orders revealed the following:</p> <p>09/01/2024: Norco (Hydrocodone-Acetaminophen) Tab 10-325mg Give one tablet orally every 4 hours as needed for pain.</p> <p>Review of Resident #3's Controlled Drug Record for Ativan 1mg q 4 hours prn revealed:</p> <p>01/15/2025 at 7:00 p.m.-a dose was signed out by S4 LPN</p> <p>01/21/2025 at 7:00 p.m.-a dose was signed out by S4 LPN and S5LPN with a note spit out meds-behaviors</p> <p>Review of Resident #3's Controlled Drug Record for his Norco 10-325mg po q 4 hours prn revealed:</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 02/20/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Two doses were signed out on 01/26/2025 with no time or nurse signature</p> <p>Review of Resident #3's 01/2025 eMAR revealed none of the above doses were documented as given.</p> <p>Review of S4 LPN's attendance records revealed S4 LPN clocked out on 01/15/2025 at 6:20 p.m. and clocked out on 01/21/2025 at 5:34 p.m. using the time clock.</p> <p>Resident #4</p> <p>Review of Resident #4's medical record revealed an admitted [DATE] with diagnoses that included in part . Heart Failure, Spinal Stenosis, Gout, and Pain, Unspecified.</p> <p>Review of Resident #4's Quarterly MDS with an ARD of 12/31/2024 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Review of the MDS revealed the resident required supervision or touching assistance with eating, was dependent with rolling left and right, and refused chair/bed to chair transferring.</p> <p>Review of Resident #4's care plan initiated on 12/17/2024 with a review date of 03/17/2025 revealed the resident was at risk for pain related to spinal stenosis. Interventions included assess for pain at least every 12 hours, attempt non-medication pain relief before medication administration, and monitor for nonverbal signs of pain and address accordingly.</p> <p>Review of Resident #4's physician's orders revealed the following:</p> <p>12/13/2024: Ativan Oral Tablet 1mg (Lorazepam) give one tablet by mouth every 4 hours as needed for anxiety</p> <p>04/05/2024: Norco (Hydrocodone-Acetaminophen) 10-325mg give one tablet orally every 4 hours as needed for pain.</p> <p>Review of Resident #4's Controlled Drug Record for Ativan 1mg po q 4 hours prn revealed:</p> <p>01/15/2025 at 7:00 p.m. a dose was administered by S4 LPN</p> <p>01/21/2025 at 7:00 p.m. a dose was administered by S4 LPN</p> <p>Review of Resident #4's Controlled Drug Record for Norco 10-325mg po every 4 hours prn revealed:</p> <p>01/15/2025 at 7:00 p.m.-a dose was administered by S4 LPN</p> <p>01/21/2025 at 7:00 p.m.-a dose was administered by S4 LPN</p> <p>01/26/2025-2 doses were signed out without documenting a time or a signature by a nurse</p> <p>Review of Resident #4's 01/2025 eMAR revealed the above doses were not documented as given.</p> <p>Review of S4 LPN's attendance records revealed S4 LPN clocked out on 01/15/2025 at 6:20 p.m. and clocked out on 01/21/2025 at 5:34 p.m. using the time clock.</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 02/20/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #R1</p> <p>Review of Resident #R1's medical record revealed an admitted [DATE] with diagnoses that included in part . Anemia, Hypertension, and Pain, Unspecified.</p> <p>Review of Resident #R1's current care plan revealed a problem with an onset date of 11/04/2024 for resident being at risk for discomfort related to pain. Interventions included: Document pain scale every 12 hours and notify MD of uncontrolled pain.</p> <p>Review of Resident #R1's physician's orders revealed the following:</p> <p>06/14/2024: Tramadol HCL Tab 50mg Give one tablet orally every 12 hours every day and night shift for pain.</p> <p>Review of Resident #R1's Controlled Drug Record for Tramadol 50mg revealed S4 LPN signed out a dose on</p> <p>01/15/2025 at 7:00 pm.</p> <p>Review of S4 LPN's attendance records revealed S4 LPN clocked out on 01/15/2025 at 6:20 p.m.</p> <p>In an interview on 02/19/2025 at 3:00 p.m., S2 DON confirmed S4 LPN documented giving the above controlled medications to Residents #1, #2, #3, #4, and #R1 at times after she had already clocked out for the day on 01/15/2025 and 01/21/2025. S2 DON stated when she asked S4 LPN about it, S4 LPN reported she pulled those medications early and administered them to the residents because they were hurting or needed them. S2 DON confirmed S4 LPN did not follow physician's orders, administered controlled medications early, and falsely documented the medication administration times.</p> <p>In an interview on 02/19/2025 at 3:05 p.m., S2 DON confirmed the doses that were signed out on 01/26/2025 with no date, time, and/or signature were done so by S4 LPN during her shift. S2 DON stated the narcotic logs were brought to her attention at approximately 7:30 p.m. on 01/26/2025 by S5 LPN, the oncoming night nurse who had relieved S4 LPN at 7:00 p.m. S2 DON stated she called S4 LPN back to the facility on [DATE] and S4 LPN admitted she had given the medications on 01/26/2025 that had no date, time, and/or signature documented, but, she couldn't say what time she gave them. S2 DON stated S4 LPN wrote a statement that read I pre-pulled narcotic medication pertaining to residents and administered before they were due. S2 DON confirmed S4 LPN was suspended immediately on 01/26/2025 pending her investigation and was terminated on 01/31/2025. S2 DON confirmed S4 LPN had signed out controlled medications without documenting the date, time, and/or signature, as required.</p> <p>The facility has implemented the following actions to correct the deficient practice:</p> <ol style="list-style-type: none"> 1. Performed drug tests on all nurses who had been on the medication cart for 72 hours. All tests were negative. 2. DON assessed all residents who had been affected by S4 LPN's false documentation or early administration. No deficits were found. No pain or facial grimacing was noted. Pain was reported controlled by all and stated they had received their pain medication, when requested. Medical Director notified. RPs notified, if applicable. <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 02/20/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. A 100% narcotic audit was initiated. All narcotic counts were correct.</p> <p>4. Suspended S4 LPN on 01/26/2025 and terminated her employment on 01/31/2025.</p> <p>5. An in-service was initiated and conducted with all nursing on prn narcotic medication administration per order and documenting and administering prn narcotics as ordered, pre-pulling of medications (not to) and completion of narcotic counts accurately.</p> <p>6. A random sample of residents from each hall were interviewed to see if they were getting their pain medication when requested and was their pain controlled. All residents interviewed stated their pain was controlled and were given their pain medication when requested.</p> <p>7. Unit Managers completed a 100% audit of prn narcotic medication administration, documentation, and narcotic counts daily from the previous day. Unit managers are monitoring for and documenting narcotic count was completed each shift correctly, including the number of pages, contained 2 nurse signatures present at count and that narcotics that are pulled are signed for, given per order, and signed in the eMAR. Completed daily by unit managers, Monday-Friday, including the three previous days audited on Monday. This is ongoing.</p> <p>8. A complaint concerning S4 LPN was entered into the Louisiana State Board of Practical Nurse Examiners Portal on 01/27/2025.</p> <p>Facility correction date of 01/27/2025.</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 02/20/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373</p> <p>Based on record review and interview, the facility failed to ensure residents received treatment and care in accordance with professional standards of practice for 1 (#1) of 12 (#1-#12) sampled residents reviewed for quality of care. The facility failed to transport Resident #1 to an orthopedic specialist appointment in a timely manner as ordered.</p> <p>Findings:</p> <p>Review of Resident #1's medical record revealed an admitted [DATE] with diagnoses that included in part . Heart Failure, Type 2 DM, Pain, and Unspecified Dislocation of Left Hip.</p> <p>Review of Resident #1's Quarterly MDS with an ARD of 01/28/2025 revealed the resident had a BIMS score of 8, which indicated moderately impaired cognition. Review of the MDS revealed Resident #1 was dependent with rolling left and right and required substantial to maximal assistance with sitting to lying and toileting hygiene. Resident #1 required setup or clean up assistance with eating.</p> <p>In an interview on 02/17/2025 at 1:30 p.m., Resident #1 stated his left hip keeps coming out of place. Resident #1 stated he was in the hospital a while ago to get it put back in place and it popped out of place again. Resident #1 stated at the hospital, they referred him to see an orthopedic specialist. Resident #1 stated he was still waiting to see the orthopedic specialist and didn't know when his appointment was scheduled. Resident #1 stated his hip hurts, especially when staff changed his brief. Resident #1 stated he doesn't get out of bed and gets pain medication that doesn't totally relieve his pain.</p> <p>Review of Resident #1's hospital summary dated 10/23/2024 revealed Resident #1 was admitted with chronic recurrent spontaneous left hip dislocation. He has hardware from remote surgery and twice had hip reduced with almost immediate re-dislocation and (orthopedist) reported he could not put the hip back in the acetabular socket. He recommended consulting Dr. _____ outpatient when Dr. ____ gets back from out of town travel. He will go back to NF and be given prn pain meds as needed, but he does not complain of much pain unless he is moved. His hip is unstable and he will need possible [NAME] resection. Will need appointment with Dr. _____ as soon as he gets back He is now completely immobile and will be in unforeseeable future and will need DVT prophylaxis. Follow-up-Dr._____, Orthopedic Surgery. (Phone number listed). Electronically signed by S7 MD.</p> <p>Review of a Progress note by S6 NP dated 10/25/2024 revealed Resident #1 was being evaluated for readmission to nursing facility status post inpatient hospitalization secondary to chronic recurrent spontaneous left hip dislocation . Hip is unstable and he will need possible [NAME] resection. Plan: Schedule appointment w/ Dr. _____ as soon as possible.</p> <p>Review of a Progress note by S7 MD dated 12/09/2024 revealed Resident #1 has a chronic dislocation of left hip and orthopedist had not been able to replace, awaiting appointment with Dr._____. Requires chronic Norco for contraction pain, discussed with him, states pain not effectively controlled on Norco 7.5mg, will order increase, awaiting surgery. Physical Exam: Not ambulating, Left hip dislocated, chronic. Plan: Increase to Norco 10/325 every 6 hours prn pain. Referrals: Ortho Dr. _____.</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 02/20/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 02/19/2025 at 12:55 p.m., S3 Unit Manager confirmed Resident #1 returned from the hospital in October 2024 with a referral to Dr. _____, Orthopedic Specialist. She said they couldn't schedule it at that time because the doctor was out of town. S3 Unit Manager stated she did get it scheduled for 01/15/2025 and stated she had arranged for Resident #1 to go by ambulance on a stretcher. S3 Unit Manager stated Resident #1 missed the appointment somehow and doesn't know why. S3 Unit Manager stated the ambulance never showed up to pick Resident #1 up on 01/15/2025, and no one caught it. S3 Unit Manager confirmed Resident #1 had missed the appointment with the Orthopedic Specialist and shouldn't have.</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 02/20/2025
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373</p> <p>Based on record review and interview, the facility failed to ensure pain management was provided to residents by failing to assess for pain medication effectiveness after administration for 5 (#1, #2, #3, #4, and #R1) of 5 sampled residents reviewed for pain.</p> <p>Findings:</p> <p>Review of the facility's policy on 02/20/2025 titled, Medication Administration-General Guidelines reviewed or revised on 01/2015 read in part .</p> <p>When prn medications are administered, the following documentation is provided:</p> <ol style="list-style-type: none"> a. Date and time of administration, dose, route of administration (if other than oral), and if applicable injection site. b. Complaints or symptoms for which the medication was given. c. Results observed from giving the dose and the time results were noted. d. Resident pain evaluation per facility policy, if applicable. e. Signature or initials of person recording administration and signature or initials of person recording effects, if different from person administering. <p>Resident #1</p> <p>Review of Resident #1's medical record revealed an admitted [DATE] with diagnoses that included in part . Heart Failure, Type 2 DM, Pain, and Unspecified Dislocation of Left Hip.</p> <p>Review of Resident #1's Quarterly MDS with an ARD of 01/28/2025 revealed the resident had a BIMS score of 8, which indicated moderately impaired cognition. Review of the MDS revealed Resident #1 was dependent with rolling left and right and required substantial to maximal assistance with sitting to lying and toileting hygiene.</p> <p>Review of Resident #1's care plan with a next review date of 05/05/2025 revealed a problem with an onset date of 09/27/2024 for resident at risk for pain/discomfort. Interventions included: Medications as ordered, Document pain scale every shift, and use non-pharmacological interventions when needed.</p> <p>Review of Resident #1's Controlled Drug Record for Norco 10-325mg every 4 to 6 hours as needed for pain revealed Resident #1 received a dose on 01/15/2025 at 7:00 p.m., 01/21/2025 at 7:00 p.m., and a dose on 01/26/2025 with no time documented.</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 02/20/2025
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #1's medical record revealed there was no pain assessment documented prior to administering the pain medication or after administration to assess its effectiveness. Review of Resident #1's 01/2025 eMAR revealed these doses were not documented on the eMAR.</p> <p>In an interview on 02/20/2025 at 9:53 a.m., S2 DON confirmed there was no documentation of Resident #1 being assessed/monitored for the effectiveness of the pain medication but should have been.</p> <p>Resident #2</p> <p>Review of Resident #2's medical record revealed an admitted [DATE] with diagnoses that included in part . Dementia, Type 2 DM, Cervicalgia, Major Depressive Disorder, and Epilepsy.</p> <p>Review of Resident #2's Quarterly MDS with an ARD of 12/03/2024 revealed a BIMS score of 00, which indicated severe cognitive impairment. Review of the MDS revealed the resident was dependent with eating, toileting hygiene, rolling left and right, sitting to lying, lying to sitting, and chair/bed to chair transferring.</p> <p>Review of Resident #2's current care plan with a review date of 04/03/2025 revealed Resident #2 was at risk for pain/discomfort with interventions that included: Medication as ordered, Notify MD of uncontrolled pain, Document pain scale every shift, and reassess pain after medication administered.</p> <p>Review of the Controlled Drug Record for Resident #2's Norco 10-325mg q 4 hours prn revealed Resident #2 received a dose on 01/21/2025 at 7:00 p.m. and received two doses on 01/26/2025 with no times given and no signatures by a nurse.</p> <p>Review of Resident #2's 01/2025 eMAR revealed none of the above doses were documented as given.</p> <p>Review of Resident #2's medical record revealed there was no pain assessment documented prior to administering the pain medication or after administration to assess its effectiveness.</p> <p>In an interview on 02/20/2025 at 9:53 a.m., S2 DON confirmed there was no documentation of Resident #2 being assessed/monitored for the effectiveness of the pain medication but should have been.</p> <p>Resident #3</p> <p>Review of Resident #3's medical record revealed an a admitted [DATE] with diagnoses that included Chronic Systolic (Congestive) Heart Failure, Osteoarthritis, Type 2 DM, and Pain, unspecified.</p> <p>Review of Resident #3's Quarterly MDS with an ARD of 12/17/2024 revealed a BIMS score of 9, which indicated moderately impaired cognition. Review of the MDS revealed Resident #3 required setup or clean up assistance with eating and Resident #3 was dependent with rolling left and right, sitting to lying, lying to sitting on side of bed, and chair/bed to chair transferring.</p> <p>Review of Resident #3's current care plan with a review date of 03/19/2025 revealed the resident was at risk for pain and discomfort. Interventions included administering pain medication as ordered, reposition as needed, evaluate and treat for pain, monitor for non-verbal signs of pain, and use of non-pharmacological intervention when needed.</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 02/20/2025
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #3's Controlled Drug Record for his Norco 10-325mg po q 4 hours prn revealed:</p> <p>Two doses were signed out on 01/26/2025 with no times or nurse signatures documented.</p> <p>Review of Resident #3's 01/2025 eMAR revealed the above doses were not documented as given.</p> <p>Review of Resident #3's medical record revealed there was no pain assessment documented prior to administering the pain medication or after administration to assess its effectiveness.</p> <p>In an interview on 02/20/2025 at 9:53 a.m., S2 DON confirmed there was no documentation of Resident #3 being assessed/monitored for the effectiveness of the pain medication but should have been.</p> <p>Resident #4</p> <p>Review of Resident #4's medical record revealed an admitted [DATE] with diagnoses that included in part . Heart Failure, Spinal Stenosis, Gout, and Pain, Unspecified.</p> <p>Review of Resident #4's Quarterly MDS with an ARD of 12/31/2024 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Review of the MDS revealed the resident required supervision or touching assistance with eating, was dependent with rolling left and right, and refused chair/bed to chair transferring.</p> <p>Review of Resident #4's care plan initiated on 12/17/2024 with a review date of 03/17/2025 revealed the resident was at risk for pain related to spinal stenosis. Interventions included assess for pain at least every 12 hours, attempt non-medication pain relief before medication administration, and monitor for nonverbal signs of pain and address accordingly.</p> <p>Review of Resident #4's Controlled Drug Record for Norco 10-325mg po every 4 hours prn revealed Resident #4 received a dose on 01/15/2025 at 7:00 p.m., 01/21/2025 at 7:00 p.m. and 2 doses on 01/26/2025 without the nurse documenting a time or a signature.</p> <p>Review of Resident #4's 01/2025 eMAR revealed the above doses were not documented as given.</p> <p>Review of Resident #4's medical record revealed there was no pain assessment documented prior to administering the pain medication or after administration to assess its effectiveness.</p> <p>In an interview on 02/20/2025 at 9:53 a.m., S2 DON confirmed there was no documentation of Resident #4 being assessed/monitored for the effectiveness of the pain medication but should have been.</p> <p>Resident #R1</p> <p>Review of Resident #R1's medical record revealed an admitted [DATE] with diagnoses that included in part . Anemia, Hypertension, and Pain, Unspecified.</p> <p>Review of Resident #R1's current care plan revealed a problem with an onset date of 11/04/2024 for resident at risk for discomfort related to pain. Interventions included: Document pain scale every 12 hours and notify MD of uncontrolled pain.</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 02/20/2025
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #R1's Controlled Drug Record for Tramadol 50mg revealed S4 LPN signed out a dose on 01/15/2025 at 7:00 pm.</p> <p>Review of Resident #R1's 01/2025 eMAR revealed the above dose was not documented on the eMAR.</p> <p>Review of Resident #R1's medical record revealed there was no pain assessment documented prior to administering the pain medication or after administration to assess its effectiveness.</p> <p>In an interview on 02/20/2025 at 9:53 a.m., S2 DON confirmed there was no documentation of Resident #R1 being assessed/monitored for the effectiveness of the pain medication but should have been.</p>