STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195399	A. Building B. Wing	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jena Nursing and Rehabilitation Center, LLC	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)
F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition Based on record review and interview the facility failed to complete a Significant Change MDS Assessment within 14 days after determining there was a significant change in a resident's status for 1 (Resident #1) of 3 sampled residents.Findings: Review of Resident #1's EMR revealed an admission date of 03/19/2024 with diagnoses including Anoxic Brain Damage, Cardiac Arrest due to Other Underlying Condition, and Personal History of Other Venous Thrombosis and Embolism. Review of Resident #1's Quarterly MDS with an ARD of 09/16/2025 revealed a BIMS score of 15, indicating intact cognition. Resident #1 was not receiving anticoagulant therapy. Review of Resident #1's Physician's Orders revealed the following, in part.Apixiban 5mg po BID for History of Deep Vein Thrombosis, dated 10/17/2025. Interview with S11MDS on 12/10/2025 at 1:26 p.m. revealed Resident #1 had a significant change on 10/17/2025 due to initiation of anticoagulant therapy. S11MDS confirmed a Significant Change MDS Assessment should have been completed within 14 days of the significant change, but was not.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on interviews and record review, the facility failed to ensure the MDS assessment accurately reflected the resident's status for 2 (Resident #2 and Resident #3) of 3 sampled residents.Findings: Resident #2 Review of the facility's Incident Report revealed Resident #2 had Unwitnessed Fall Incidents on 11/14/2025 and 11/25/2025. Review of Resident #2's EMR revealed an admission date of 08/04/2025 with diagnoses including Seizures, Personal History of Traumatic Brain Injury, Dementia with Behavioral Disturbance, and Delirium. Review of Resident #2's Medicare 5 day MDS with ARD of 11/29/2025 revealed Resident #2 did not have a fall any time in the last month. Review of Resident #2's Discharge - Return Anticipated MDS with ARD of 11/18/2025 revealed the resident did not have any falls since the prior assessment. Resident #2 was not receiving antipsychotic medication. Review of Resident #2's Quarterly MDS with ARD of 11/11/2025 revealed Resident #2 was not receiving antipsychotic medication. Review of Resident #2's Physician's Orders revealed the following, in part. Rexulti 2mg po Q day for Dementia with Behavioral Disturbance, ordered 10/22/2025, and discontinued on 11/12/2025; and Rexulti 1mg po Q day for Dementia with Behavioral Disturbance, ordered 11/13/2025, and discontinued 11/18/2025. Resident #3 Review of Resident #3's EMR revealed an admission date of 06/14/2024 with diagnoses including Parkinson's Disease with Dyskinesia. Review of Resident #3's Quarterly MDS with ARD of 09/30/2025 revealed a BIMS score of 3, indicating severely impaired cognition. Resident #3 required supervision/touching assistance with transfers and was occasionally incontinent. Resident #3 had one fall without injury since the prior assessment, an Annual MDS with ARD of 07/01/2025. Review of Resident #3's care plan revealed the following, in part. Resident #3 had a fall with injury on 07/07/2025, and a fall without injury on 09/29/2025. Interview with S11MDS on 12/10/2025 at 1:26 p.m. confirmed Resident #2's MDS Assessments with ARDs of 11/29/2025, 11/18/2025, and 11/11/2025 did not accurately reflect the resident's status, but should have. S11MDS confirmed Resident #3's Quarterly MDS with ARD of 09/30/2025 did not accurately reflect the resident's status, but should have.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interviews and record review, the facility failed to develop and implement a comprehensive person-centered care plan for 1 (Resident #1) of 3 sampled residents. Findings: Review of Resident #1's EMR revealed an admission date of 03/19/2024 with diagnoses including Anoxic Brain Damage, Cardiac Arrest due to Other Underlying Condition, and Personal History of Other Venous Thrombosis and Embolism. Review of Resident #1's Quarterly MDS with an ARD of 09/16/2025 revealed a BIMS score of 15, indicating intact cognition. Review of Resident #1's Physician's Orders revealed the following, in part.Apixiban 5mg po BID for History of Deep Vein Thrombosis, dated 10/17/2025. Review of Resident #1's Care Plan revealed Resident #1 was not care planned for anticoagulant therapy. Interview with S7LPN on 12/10/2025 at 10:10 a. m. revealed a resident receiving anticoagulant therapy should have been care planned for anticoagulant therapy. Interview with S11MDS on 12/10/2025 at 1:26 p.m. confirmed Resident #1 should have been care planned for anticoagulant therapy, but was not.