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 03/18/2026
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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on interviews and record reviews, the facility failed to notify the Nurse Practitioner (NP) of a resident's change in condition of an elevated heart rate for 1 (Resident #5) of 7 sampled residents. The facility census was 73.Findings: Review of the facility's policy on 03/18/2026 at 1:44 p.m. titled Notification of a Change in a Resident's Status with a history date of 11/2017, revealed in part.Policy: The attending physician extender (NP) and the resident representative will be notified of a change in a resident's condition, per standards of practice and Federal and/or State regulations. Procedure: 1. Guideline for notification of physician/responsible party: a. significant change in/or unstable vital signs (Pulse). Review of Resident #5's medical record revealed an admission date of 12/15/2025 with diagnoses that included in part, Acute Respiratory Failure, Depression, Urinary Tract Infection, Pressure Ulcer of Left Buttock, Stage 3, and Infection of the Skin and Subcutaneous Tissue. Review of Resident #5's Quarterly MDS with an ARD of 03/15/2026 revealed a BIMs summary score of 8, which indicated moderate intact cognition. In an interview on 03/18/2026 at 12:20 p.m., S7 LPN revealed during her morning medication pass Resident #5's heart rate was elevated between 130-137 beats per minute. S7 LPN stated this was a new change in condition for Resident #5. S7 LPN stated Resident #5's heart rate remained elevated throughout her shift. S7 LPN stated she asked Resident #5 and her husband if they would like to go to the hospital, but they both declined. S7 LPN stated even if a resident refuses to be sent to the hospital, she is still required to notify the physician or NP of the change in condition. S7 LPN confirmed she did not notify the NP of the change in Resident #5's heart rate, but should have. In a telephone interview on 03/18/2026 at 2:49 p.m., S5 NP revealed that he expects to be notified by nursing home staff anytime there is a change from baseline in a resident's condition. S5 NP revealed he had no notification regarding Resident #5's elevated heart rate from the facility nursing staff. S5 NP confirmed that S7 LPN should have notified him of Resident #5's elevated heart rate. In an interview on 03/18/2026 at 2:24 p.m., S3 DON revealed a change in condition is any change in vital signs such as increased heart rate. S3 DON confirmed if there is a change in condition for any resident and they refuse treatment, the physician or NP still must be notified and made aware. S3 DON confirmed S7 LPN should have notified the NP of Resident #5's elevated heart rate.

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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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, interview and record review, the facility failed to provide care and services that met professional standards of quality by failing to ensure medications were accurately documented on the TAR (Treatment Administration Record) for 1 (Resident #4) of 7 sampled residents. The facility had a total census of 73 residents according to the Resident List Report provided by the facility.Findings:Review of the facility's policy and procedure titled Medication Administration with a review date of 03/01/2026 read in part.Guideline: 14. Document as each medication is prepared on the MAR (Medication Administration Record). 18. If medication is not given as ordered, document the reason on the MAR.Review of Resident #4's medical record revealed an admission date of 04/08/2024 with a re-entry date of 09/24/2024 with diagnoses that included in part, Depression, Pressure Ulcer of Sacral Region, Stage 4, Paraplegia, Presence of Urogenital Implants, and Neuromuscular Dysfunction of Bladder.Review of Resident #4's Quarterly MDS with an ARD of 02/17/2026 revealed a BIMs summary score of 15, indicating intact cognition. Resident #4 had an indwelling urinary catheter.Review of Resident #4's 01/2026 Physician Orders revealed in part.Clindamycin Phosphate External Solution 1% Topical: Apply to penial erosion site topically two times a day for Infection for 14 days (start date: 01/26/2026, completion date: 02/09/2026).Review Resident #4's Nurse Practitioner's (NP) Progress note revealed in part.01/24/2026 Nursing staff reports patient with wound to penis. Start Clindamycin 1% ointment to affected site twice daily x 14 days. Signed by S5 NP.Review of Resident #4's January 2026-February 2026 TAR revealed missed documentation of the 6:00 p.m. dose of Clindamycin Phosphate External Solution 1% Topical: Apply to penial erosion site topically two times a day for Infection for 14 days on the following dates: 01/27/2026, 01/28/2026, 01/29/2026, 01/30/2026, 01/31/2026, 02/01/2026, 02/03/2026, 02/05/2026, 02/06/2026, 02/07/2026, and 02/08/2026.In an interview on 03/17/2026 at 10:52 a.m., S3 DON reviewed Resident #4's 01/2026 and 02/2026 and acknowledged that there was no documentation on the dates listed above. S3 DON confirmed that the nurses should have documented on the TAR after administering Clindamycin 1% topical ointment to Resident #4 but did not. In a telephone interview on 03/17/2026 at 11:05 a.m., S8 LPN stated she remembered Resident #4's order of Clindamycin 1% topical ointment. S8 LPN confirmed that she didn't document on Resident #4's TAR after administering the topical ointment, but should have.

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F 0729 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining. Based on interview and record review, the facility failed to ensure a Certified Nursing Assistant (CNA) registry verification was obtained prior to re-hire for 1 (S9 CNA) of 2 (S9 CNA and S10 CNA) personnel records reviewed.Findings: Review of S9 CNA's personnel record revealed, in part, S9 CNA had an initial hire date of 10/22/2012, a termination date of 04/19/2018, and a re-hire date of 10/10/2018. Further review revealed a CNA registry verification with a date of 10/22/2012. There was no documented evidence, and the facility did not present any documented evidence, a CNA registry verification was obtained prior to re-hire for S9 CNA. In an interview on 03/18/2026 at 11:50 a.m., S1Admin confirmed the facility did not have documented evidence a CNA registry verification was obtained prior to re-hire for S9 CNA as required.

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Observation on 03/18/2026 at 8:45 a.m. revealed a form for Daily Nursing Staff Posting dated 03/18/2026 was posted on a bulletin board in the middle of the facility. The resident census at start of shift, daily staffing hours required, or the actual hours worked were not posted on the form.Observation on 03/18/2026 at 8:45 a.m. also revealed a form for Daily Nursing Staff Posting dated 03/17/2026 that did not have resident census at start of shift, daily staffing hours required, or the actual hours worked documented on the forms or updated from the previous day.In an interview on 03/18/2026 at 9:20 a.m. with S4 SDC RN to review 03/17/2026 and 03/18/2026 Daily Nursing Staff Posting forms, S4 SDC RN confirmed the facility did not post the resident census, daily nursing hours required, or the actual nursing hours provided.S4 SDC RN confirmed that she had always posted the forms without the required information but should not have.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Review of the facility's policy titled Enhanced Barrier Precautions with a review date of 03/01/2026 revealed in part, Enhanced Barrier Precautions (EBP) is an approach of gown and glove use during high contact resident care activities.Examples of high contact resident care activities.wound care.Review of Resident #2's record revealed in part an admit date of 09/03/2025, a primary diagnosis of Acute Respiratory Failure with Hypoxia, an order dated 09/19/2025 for Enhanced Barrier Precautions, and a Care Plan item dated 09/15/2025 for enhanced barrier precautions.Observation on 03/16/20026 at 2:25 p.m. of Resident #2's wound care by S6 TXRN revealed that S6 TXRN failed to follow EBP protocol. S6 TXRN did not wear a gown and change her gloves between cleaning and applying ointments and powder to the wounds for Resident #2.Review of Resident #3's record revealed in part an admit date of 07/02/2024, a primary diagnosis of Restless Legs Syndrome, an order dated 11/19/2024 for Enhanced Barrier Precautions, and a Care Plan item dated 03/05/2025 for enhanced barrier precautions.Observation on 03/16/2026 at 2:45 p.m. of Resident #3's wound care by S6 TXRN revealed that S6 TXRN failed to follow EBP protocol. S6 TXRN did not wear a gown and change her gloves between cleaning and redressing the wound for Resident #3.Interview on 3/16/2026 at 3:15 a.m. with S2 CorpRN revealed that:EBP procedures require direct care staff to wear a gown and gloves during wound care.S2 CorpRN also confirmed that:S6 TXRN should have worn a gown and changed her gloves after cleaning a wound and before applying clean dressings or ointments to that wound per facility policy.