

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  04/04/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46773</p> <p>Based on observation, interview, and record review the facility failed to maintain dignity for 1 (Resident #17) of 1 resident reviewed for dignity by failing to ensure a female resident was free of facial hair.</p> <p>Findings:</p> <p>Review of the Facility's policy titled Shaving- Male and Female read in part Resident will be free of facial hair- both male and female. If the resident is alert and oriented and requests not to be shaved, this will be noted in the care plan.</p> <p>Review of Resident #17's medical record revealed an admitted [DATE] with diagnoses that included: Unspecified Dementia, Chronic Obstructive Pulmonary Disease, Schizoaffective Disorder, Anxiety Disorder, and Dysphagia.</p> <p>Review of Resident #17's Care plan with review date of 05/28/2024 read in part .</p> <p>Resident requires total assistance with all activities of daily living. Allow for independence as tolerated by resident such as brushing hair and teeth, washing face and assistance with bed mobility.</p> <p>Observation on 04/02/2024 at 11:29 a.m. revealed Resident #17 had 1/4 inch facial hair to her chin.</p> <p>Interview on 04/02/2024 at 11:32 a.m. with S9 RN confirmed Resident #17 had long facial hair. S9 RN stated that it should have been shaved, but had not been.</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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>47004</p> <p>Based on record review and interview, the facility failed to act promptly on grievances concerning issues of resident care and life in the facility reported by residents during a monthly Resident Council meeting for 1 (02/13/2024) of 3 (01/09/2024, 02/13/2024, and 03/14/2024) meetings reviewed. Findings:</p> <p>Review of the facility's undated policy titled Resident Council on 04/02/2024 at 3:05 p.m. read in part . The Social Services Director or designee will facilitate the organization and maintenance of a facility Resident Council.</p> <p>Review of the facility's undated policy titled Grievance/Missing Property on 04/02/2024 at 3:05 p.m. read in part .Purpose: To provide an opportunity for residents, resident representatives, and/or family to present concerns or grievances to the proper authorities at the facility and to receive responses to the issue(s) raised.</p> <p>Review of the facility's Resident Council Department Response Form read in part . Date of council meeting: 02/13/2024. Date this form was distributed to Department Head: 02/14/2024. Date response due back to Resident Council Representative: 02/23/2024. Department: Nursing. Concern: Resident can't lay down when she wants to when agency CNA's work, Resident's not receiving a bath, and CNA's not passing out ice. Further review of the form revealed the Department Response and Departmental Response presented to Resident Council had no documented evidence of an investigation into the concerns.</p> <p>Interview on 04/02/2024 at 2:19 p.m. with S7 Activity Director revealed she was responsible for assisting the Resident Council with setting up meetings, keeping meeting minutes, and providing department heads with any documented concerns voiced during meetings. S7 Activity Director stated the Resident Council voiced several concerns about CNA's during the 02/13/2024 meeting, and she had given the DON the documented concerns. S7 Activity Director confirmed the DON had not provided a follow up, or spoken to the Resident Council about the documented concerns, but should have.</p> <p>Interview on 04/02/2024 at 2:21 p.m. with members of the Resident Council revealed the residents stated the facility did not follow up on their voiced concerns regarding CNA's.</p> <p>Interview on 04/02/2024 at 3:45 p.m. with S2 DON confirmed a follow up to the Resident Council's concerns during 02/13/2024 meeting should have been provided, but had not.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>31206</p> <p>Based on observations and interviews, the facility failed to maintain a clean, comfortable, and homelike environment.</p> <p>The facility failed to ensure:</p> <ol style="list-style-type: none"> <li>1. The floor in Rooms a, b, and c were clean, sanitary and free of dust, trash and dead insects.</li> <li>2. The ceiling tiles Rooms a and b were not loose with exposed insulation, and did not have brown stained and holes ceiling tiles were securely in place without exposed insulation and were clean without brown stains.</li> <li>3. The over bed wall mounted lights were operational in Room b over both beds a and b; and</li> <li>4. The window pane in Room a was cleaned and allowed resident to see the outside view.</li> </ol> <p>Findings:</p> <p>Rooms a</p> <p>Observations of Room a on 04/02/2024 at 12:20 p.m. and 04/03/2024 at 8:35 a.m., revealed a large amount of dust, trash, and dead insects in the corner of the room between the bed and the window. The window pane was noted to have a large amount of mildew, green and brown substance along with a film on the inside of the pane. The outside view was not clearly visible. The ceiling tiles in the room were loose with exposed insulation and brown stains.</p> <p>Room b</p> <p>Observations of Room b on 04/02/2024 at 1:16 p.m. and 04/03/2024 at 8:50 a.m., revealed a large amount of dust, trash, and dead insects in the corner of the room between the bed and the window. There were brown stained loose ceiling tiles with exposed insulation. The over bed lights wall mounted lights were not functional over both of the beds.</p> <p>Room c</p> <p>Observations of Room c on 04/02/2024 at 1:30 p.m. and 04/03/2024 at 9:10 a.m., revealed a large amount of dust, trash, and dead insects in the corner of the room between the bed and the window.</p> <p>Observations of Rooms a, b, and c on 04/03/2024 from 9:22 a.m. to 9:40 a.m., accompanied by S10 Maintenance confirmed the above findings. S10 Maintenance confirmed Rooms a, b, and c had dead insects and trash in the corners, and had not been properly cleaned and should have been. S10 Maintenance stated the ceiling tiles in Rooms a and b needed to be replaced, repaired and/or painted. S10 Maintenance reported the light bulbs in Room b needed to be replaced and the window pane in Room a should have been cleaned to allow the resident an outside view.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41124</p> <p>Based on interview and record review the facility failed to ensure services were provided according to the resident's Comprehensive Plan of Care for 1 (Resident #268) of 1 (Resident #268) residents sampled for tube feeding. The facility failed to ensure Resident #268's nutritional needs were met.</p> <p>Findings:</p> <p>Review of the clinical record revealed Resident #268 was admitted to the facility on [DATE] with diagnoses that included Acute Respiratory Failure, Anoxic Brain Damage, Rhabdomyolysis, Metabolic Encephalopathy, Tracheostomy status, and Hypertension.</p> <p>Review of Resident #268's Comprehensive Plan of Care with target date 06/22/2024 revealed in part . Requires PEG tube for adequate nutritional intake. Goals include .nutritional needs will be met thru enteral feedings. Approaches include .Dietician to evaluate current nutritional status.</p> <p>Observation on 04/02/24 at 11:03 a.m. revealed Resident #268 awake in bed, nonverbal. Tube feeding infusing per dual pump of Jevity 1.5 at 50ml per hour with 50ml H2O flushes every 6 hours.</p> <p>Observation on 04/03/2024 at 9:06 a.m. revealed Resident #268 asleep in bed. Tube feeding infusing per dual pump of Jevity 1.5 at 50ml per hour with 50ml H2O flushes every 6 hours.</p> <p>Review of Resident #268's Registered Dietician Nutrition assessment dated [DATE] by S14 Regional Dietician revealed in part .Current Estimated Nutritional Needs based on initial goal weight of 150# (2045-2380kcal/68-78g protein/2045-2380ml fluid); Therefore recommend changes enteral feeding to Jevity 1.5 at 62ml per hour times 24 hours with 42ml/hour flush continuous q hour to provide: 1488ml formula, 2232 calories, 95g protein/day, 1131ml free water+1008ml flush=2139ml/day for hydration.</p> <p>Observation of Resident #268 on 04/03/2024 at 4:17 p.m. accompanied by S12 Corporate RN revealed Resident #268 tube feeding settings of Jevity 1.5 cal at 50ml per hour with 50ml H2O flushes every 6 hours. Interview on 04/03/2024 at 4:19 p.m. with S12 Corporate RN during the observation confirmed Resident #268 was not receiving enough tube feedings to meet his nutritional needs in accordance with dietician recommendations and plan of care and should be.</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46773</p> <p>Based on interviews and record review, the facility failed to ensure services were provided by the facility to meet quality professional standards for 1 (Resident #43) of 5 (Resident #10, Resident #43, Resident #45, Resident #56 and Resident #57) residents reviewed for unnecessary medication and 1 (Resident #268) of 1 resident reviewed for tube feeding. The facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure labs were obtained as ordered by the physician for Resident #43.</li> <li>2. Notify the physician of a dietician's recommendation to meet the nutritional needs of Resident #268.</li> </ol> <p>Findings:</p> <p>Resident #43</p> <p>Review of Resident #43's medical record revealed an admitted [DATE] with diagnoses that included: Chronic Respiratory Failure with Hypoxia, Type 2 Diabetes Mellitus, Essential Hypertension, Viral Hepatitis C, and Paroxysmal Atrial Fibrillation.</p> <p>Review of Resident #43's 04/2024 Physician Order's read in part .</p> <p>Draw CMC, CMP, HGAIC, IRON, MAG Q3 months in December, March, June and September.</p> <p>(Start Date 12/07/2021)</p> <p>Review of Resident #43's medical record revealed no labs for 12/2023 in the chart or Echart.</p> <p>An interview on 04/04/2024 at 10:00 a.m. with S2 DON confirmed Resident #43's Q3 month labs due to be obtained in 12/2023 were not collected as ordered by physician, but should have been.</p> <p>41124</p> <p>#268</p> <p>Review of the clinical record revealed Resident #268 was admitted to the facility on [DATE] with diagnoses that included Acute Respiratory Failure, Anoxic Brain Damage, Rhabdomyolysis, Metabolic Encephalopathy, Tracheostomy status, and Hypertension.</p> <p>Review of Resident #268's Comprehensive Plan of Care with target date 06/22/2024 revealed in part . Requires PEG tube for adequate nutritional intake. Goals include .nutritional needs will be met thru enteral feedings. Approaches include .Dietician to evaluate current nutritional status.</p> <p>Observation on 04/02/2024 at 11:03 a.m. revealed Resident #268 awake in bed, nonverbal. Tube feeding infusing per dual pump of Jevity 1.5 at 50ml per hour with 50ml H2O flush every 6 hours.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 04/03/2024 at 9:06 a.m. revealed Resident #268 asleep in bed. Tube feeding infusing per dual pump of Jevity 1.5 at 50ml per hour with 50ml H2O flush every 6 hours.</p> <p>Review of Resident #268's Registered Dietician Nutrition assessment dated [DATE] by S14 Regional Dietician revealed in part .Current Estimated Nutritional Needs based on initial goal weight of 150# (2045-2380kcal/68-78g protein/2045-2380ml fluid); Therefore recommend changes enteral feeding to Jevity 1.5 at 62ml per hour times 24 hours with 42ml/hour flush continuous q hour to provide: 1488ml formula, 2232 calories, 95g protein/day, 1131ml free water+1008ml flush=2139ml/day for hydration.</p> <p>Review of Resident #268's March 2024 nurses' notes revealed there was no documentation the PCP had been notified of Resident #268's dietician recommendations to meet nutritional needs.</p> <p>Observation of Resident #268 on 04/03/2024 at 4:17 p.m. accompanied by S12 Corporate RN revealed Resident #268 tube feeding settings of Jevity 1.5 cal at 50ml per hour with 50ml H2O flush every 6 hours.</p> <p>Interview on 04/03/2024 at 4:19 p.m. with S12 Corporate RN revealed nurses were responsible for communicating the dieticians' recommendations to the physicians. S12 Corporate RN confirmed there was no documentation Resident #268's PCP had been notified of the dieticians' recommendations and she should have been.</p> <p>Telephone interview on 04/03/2024 at 4:35 p.m. with S11 PCP revealed she was Resident #268's PCP. S11 PCP stated she had not been notified of Resident #268's dietician recommendations and should have been. S11 PCP stated the issue of not being notified was concerning. S11 PCP stated she would call the facility immediately to order labs to ensure Resident #268 was not dehydrated and in need of IV fluids.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46773</p> <p>Based on observation, interview, and record review the facility failed to ensure that residents who were unable to carry out ADL's (Activities of Daily Living) received the necessary services to maintain good grooming and personal hygiene. The facility failed to ensure Residents #1 and Resident #4 were free from facial hair and failed to provide nail care to dependent residents for Residents #11, Resident #17, Resident #21, Resident #38, Resident #48 and Resident #62 in a total sample of 10 residents reviewed for ADL care.</p> <p>Findings:</p> <p>Resident #1</p> <p>Review of Facility's policy titled Shaving- Male and Female read in part Resident will be free of facial hair- both male and female. If the resident is alert and oriented and requests not to be shaved, this will be noted in the care plan.</p> <p>Review of Resident #1 medical record revealed an admitted [DATE] with diagnoses that included: Cerebral Infarction, Hemiplegia following Cerebral infarction affecting left nondominant side, Unspecified Dementia, Bipolar Disorder, Post Traumatic Stress disorder, Schizophrenia, and Anoxic Brain Damage.</p> <p>Review of Resident #1's care plan with a review date of 06/20/2024 read in part .</p> <p>Resident requires assistance with ADL's related to hemiplegia secondary to CVA. Resident requires staff x 1 assist with transfers, dressing, bathing and grooming.</p> <p>Observation on 04/02/2024 at 10:30 a.m. revealed Resident #1 sitting in the day room with long facial hair. Interview with Resident #1 at the time of observation revealed he had asked several staff members to shave him but had not been. Resident #1 stated he could not recall the last time he had been shaved.</p> <p>Observation on 04/02/2024 at 2:40 p.m of Resident #1 accompanied by S4 LPN revealed Resident #1 had long facial hair. Interview with S4 LPN at the time of observation revealed that Resident #1 typically liked to keep a clean shave. S4 LPN confirmed Resident #1 had long facial hair that needed to be shaved and had not been.</p> <p>Resident #17</p> <p>Review of Resident #17's medical record reveals an admitted [DATE] with diagnoses that included: Unspecified Dementia, Schizoaffective Disorder, Anxiety Disorder, and Dysphagia.</p> <p>Review of Resident #17's Care plan with review date of 05/28/2024 read in part . Resident requires total assistance needed with all ADL's. Assist resident with ADLs care daily.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 04/02/2024 at 11:29 a.m. revealed the fingernails on Resident #17's right hand were 1/2 inch in length with brown substance under the nails.</p> <p>Interview on 04/02/2024 at 11:32 a.m. with S9 RN confirmed Resident #17's fingernails were long with brown substance and should have been trimmed and cleaned but had not been.</p> <p>Resident #48</p> <p>Review of Resident #48's medical record revealed an admitted [DATE] with diagnoses that included: Hemiplegia following cerebral infarction affecting right dominant side, Chronic Obstructive Pulmonary Disease, Dysphagia , Generalized anxiety Disorder, Seizure Disorder, Depression, Dysphagia, and Atrial Fibrillation.</p> <p>Review of Resident #48's Care plan with the review date of 05/01/2024 read in part Resident requires assistance with ADLS due to weakness, unsteady gait, and Hemiplegia.</p> <p>Observation on 04/02/2024 at 12:22 p.m. revealed Resident #48's fingernails were 1/2 inch in length and jagged. Resident #48 stated he did not like his nails long and he wanted to have them cut.</p> <p>Interview on 04/02/2024 at 2:29 p.m. with S4 LPN confirmed Residents #48's fingernails were long, jagged, and needed to be cut but had not been.</p> <p>31206</p> <p>Resident #4</p> <p>Review of Resident #4's EHR revealed an admitted [DATE] with diagnoses that included: Type 2 Diabetes Mellitus, Major Depressive Disorder, and COPD (Chronic Obstructive Pulmonary Disease).</p> <p>Review of Resident #4's Care Plan with a target date of 05/28/2024 revealed Resident #4 required assistance with ADLs with interventions that included: assist with ADLs, and assist resident with bathing as schedule and prn.</p> <p>Review of Resident #4s Re-entry MDS with an ARD of 03/22/2024 revealed a BIMS score of 15 (cognition intact).</p> <p>Observation on 04/02/2024 at 1:30 p.m. revealed Resident #4 with stubble thick gray facial hair, and jagged fingernails 1/2 inch in length with dark brown substance underneath the nail beds. Interview with Resident #4 revealed he needed to be shaved, and his fingernails were too long and dirty and needed to be trimmed.</p> <p>Observation on 04/03/2024 at 9:25 a.m. revealed Resident #4 with stubble thick gray facial hair, and jagged fingernails 1/2 inch in length with dark brown substance underneath the nail beds. Interview with Resident #4 revealed it had been weeks since his nails had been cleaned and trimmed, and over a week since he had been shaved.</p> <p>Observation of Resident #4 on 04/03/2024 at 9:55 a.m. accompanied by S2 DON confirmed Resident #4 needed to be shaved and his fingernails needed to be cleaned and trimmed.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #38's Care Plan with a target date of 06/28/2024 revealed the resident had impaired mobility and needed assistance for care below the hip with interventions that included: assist resident with ADL care daily such as combing/brushing hair or teeth, washing face, and assisting with bed mobility.</p> <p>Review of Resident #38's Quarterly MDS with an ARD of 02/22/2024 revealed a BIMS score of 9 (moderately impaired cognition) with no behaviors and required 1-2 person assist with ADLs.</p> <p>Observation on 04/02/2024 at 3:09 p.m. revealed Resident #38 with long, untrimmed fingernails and toenails. Interview with Resident #38 revealed his fingernails and toenails were too long and he would like to have his fingernails and toenails trimmed.</p> <p>Observation on 04/03/2024 at 9:25 a.m. revealed Resident #38 with long, untrimmed fingernails and toenails. Interview with Resident #38 revealed he still would have liked to have his fingernails and toenails trimmed.</p> <p>Observation of Resident #38 on 04/03/2024 at 9:35 a.m. accompanied by S2 DON confirmed Resident #38's fingernails and toenails needed to be trimmed.</p> <p>Resident #62</p> <p>Review of Resident #62's EHR revealed an admitted [DATE] with diagnoses that included: Schizoaffective Disorder Depressive type, Cocaine Abuse, and Intervertebral Disc Disorder.</p> <p>Review of Resident #62's Care Plan with a target date of 05/28/2024 revealed Resident #62 required assistance with ADLs with interventions that included: 2 person assist with transfer and one person assist with ADLs.</p> <p>Review of Resident #62's Quarterly MDS with an ARD of 02/17/2024 revealed a BIMS score of 10 (moderately impaired cognition) with no behaviors, and required partial/moderate assistance with tub/shower bath.</p> <p>Observation on 04/02/2024 at 2:54 p.m. revealed Resident #62's fingernails long and untrimmed with a dark substance underneath nails beds. Interview with Resident #62 revealed his fingernails were dirty, and needed to be cleaned and trimmed.</p> <p>Observation on 04/03/2024 at 8:58 a.m., revealed Resident #62 with long, untrimmed and uncleaned fingernails. Interview with Resident #62 revealed it had been a while (unable to recall) since his fingernails had been cleaned and trimmed.</p> <p>Observation of Resident #62 on 04/03/2024 at 10:00 a.m., accompanied by S2 DON confirmed Resident #62 fingernails were uncleaned, long and needed to be cleaned and trimmed.</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  04/04/2024
NAME OF PROVIDER OR SUPPLIER  Jena Nursing and Rehabilitation Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  5877 Aimwell Road Jena, LA 71342	

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>31206</p> <p>Based on observation and interview, the facility failed to ensure that the nurse staffing information was posted daily.</p> <p>Findings:</p> <p>Observation on 04/02/2024 at 9:30 a.m. revealed the daily nurse staffing information posted was dated 03/29/2024.</p> <p>Interview on 04/02/2024 at 11:56 a.m. with S2 DON confirmed the daily nurse staffing information posted was dated 03/29/2024. S2 DON confirmed the nurse staffing information posted should have been updated daily, and was not.</p>

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NAME OF PROVIDER OR SUPPLIER  Jena Nursing and Rehabilitation Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  5877 Aimwell Road Jena, LA 71342	
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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>47004</p> <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview, and record review the facility failed to ensure that pureed foods were prepared by methods which conserved nutritional value for 3 (#11, #17, and #48) of 3 Residents who were ordered and served pureed diets. Findings:</p> <p>Review of the facility's approved 2024 Lunch Menu revealed the facility was on Week: 4, Day: Tuesday: Roasted Turkey, Mashed Potatoes, Turnip Greens, Bread Roll, Dessert- Sugar cookie, and a Beverage.</p> <p>Review of the facility's approved recipe for Pureed Roast Turkey read in part . Ingredients: 3 oz. Roast Turkey, [NAME] Sliced Bread, Water, and Chicken Base. Instructions: Combine chicken base and water to make chicken broth. Place prepared turkey and bread in a washed and sanitized food processor. Gradually add liquid and blend until smooth. Note: Follow any facility policy/procedures, such as the puree volume method procedure, to ensure a correct portion is served.</p> <p>Review of the facility's approved recipe for Pureed Turnip Greens read in part . Ingredients: Turnip greens, Margarine, and [NAME] Sliced Bread. Instructions: Place prepared vegetables, bread, and margarine in a washed and sanitized food processor, blend until smooth. Note: Follow any facility policy/procedures, such as the puree volume method procedure, to ensure a correct portion is served.</p> <p>Review of the facility's current policy titled Pureed Food Preparation on 04/02/2024 at 4:04 p.m. read in part . Pureed foods will be prepared using standardized recipes to ensure quality, flavor, palatability, and maximum nutritive value. Standardized recipes will be used to prepare all pureed foods.</p> <p>Interview on 04/02/2024 at 11:25 a.m. with S6 Dietary revealed she had prepared the pureed turkey. S6 Dietary stated she placed turkey in blender, added milk, and bread. S6 Dietary stated she did not have a recipe to refer to, and added the unmeasured items until it was blended well. S6 Dietary stated she never referred to a recipe to prepare pureed food items.</p> <p>Interview on 04/02/2024 at 11:43 a.m. with S5 DM confirmed dietary staff should refer to recipes when cooking and preparing all meals, including pureed meals. S5 DM confirmed staff did not have a recipe for pureed food items to refer to, but should have. S5 DM removed the pureed turkey and turnip greens prepared by S6 Dietary, and stated she would prepare the pureed food items.</p> <p>Observation on 04/02/2024 at 11:48 a.m. revealed S5 DM accessed the dining manager program, and printed recipes for turnip greens and roasted turkey. S5 DM placed an unmeasured amount of turkey and gravy into the blender and pureed the food items. S5 DM then placed the pureed turkey on the steam line to serve residents. S5 DM confirmed she did not refer to the recipe for pureed roasted turkey, but should have.</p>		

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NAME OF PROVIDER OR SUPPLIER  Jena Nursing and Rehabilitation Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  5877 Aimwell Road Jena, LA 71342	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>41124</p> <p>Based on observation, interview and record review, the facility failed to implement/maintain infection control practices to help prevent and control the spread of an infectious communicable disease. The facility failed to ensure all staff adhered to Enhanced Barrier Precautions for 1 (Resident #6) of 6 (Resident #6, Resident #56, Resident #59, Resident #218, Resident #268, and Resident #269) residents reviewed for infection control.</p> <p>Findings:</p> <p>Review of the facility policy titled: Enhanced Barrier Precautions, revealed in part .Enhanced Barrier Precautions involve gown and glove use during high contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g. residents with wounds or indwelling medical devices). Enhanced Barrier Precautions only require use of gown/gloves when performing high contact resident activities: dressing, bathing/showering, transferring, AM/PM care, changing linens, changing briefs or assisting with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy, or ventilator, and wound care: any skin opening requiring a dressing.</p> <p>Observation on 04/02/2024 at 9:45 a.m. revealed a red, enhanced barrier precautions sign with instructions to wear gloves and a gown for high-contact resident care activities, which included bathing/showering, and changing linens, taped to the outside of Resident #6's room door. A caddy was also observed hanging on the outside of Resident #6's door that contained ABHR, isolation gowns, gloves, and a box of mask.</p> <p>Observation on 04/02/2024 at 9:46 a.m. upon entering Resident #6's room revealed S8 Hospice CNA changing the pad on Resident #6's bed and helping Resident #6 put on a hospital gown. S8 Hospice CNA was noted dressed in scrubs and wearing disposable gloves. Resident #6 was observed to have a tracheostomy and was being mechanically ventilated. Interview at the time of observation with S8 Hospice CNA revealed she had just bathed Resident #6 and a pan of water was observed on Resident #6's over-bed table.</p> <p>Interview on 04/02/2024 at 9:47 a.m. with S8 Hospice CNA, revealed she saw the signage on Resident #6's door but she was not sure what it was for. S8 Hospice CNA stated she was told by facility staff the sign and equipment had been placed on Resident #6's door because state was in the building. When asked if she had read the signage, S8 Hospice CNA responded No.</p> <p>Observation on 04/02/2024 at 9:50 a.m. of Resident #6 accompanied by S3 RT confirmed S8 Hospice CNA was providing direct care and not wearing Enhanced Barrier Precaution PPE. Interview with S3 RT at the time of observation confirmed that S8 Hospice CNA was not wearing the appropriate PPE for direct care and should be.</p> <p>Interview on 04/02/2024 at 9:55 a.m. with Resident #6's nurse, S4 LPN, revealed the expectation is that hospice staff will read residents' door signage and follow the posted instructions and/or precautions. S4 LPN stated he was not sure if all hospice staff had been made aware of new precautions but they should have been.</p>		