

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195410	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/04/2024
NAME OF PROVIDER OR SUPPLIER  St James Place Nursing Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  333 Lee Drive Baton Rouge, LA 70808	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50093</p> <p>Based on record review and interviews, the facility failed to maintain accurate records in accordance with accepted professional standards for 3 of 3 (#1, #2, and #3) sampled residents reviewed for baths.</p> <p>Findings:</p> <p>Review of the Facility's Policy titled, Documentation in Clinical Record, dated October 2023, revealed the following, in part:</p> <p>Procedure:</p> <p>Documentation on skilled residents is required every shift with evidence supporting the skilled service.</p> <p>Documentation must be completed every shift for assistance with activities of daily living (ADL) by assigned CNA.</p> <p>Ensure documentation provides an accurate reflection of nursing care and ADL assistance for each resident, including assessments, treatments, changes in clinical status, pertinent information, which supports deliverance of quality resident care by the multidisciplinary team.</p> <p>Resident #1</p> <p>Review of Resident #1's Clinical Record revealed the resident was admitted to the facility on [DATE].</p> <p>Review of Resident #1's Care Plan revealed Resident #1 should be offered a bath of choice at least three days a week.</p> <p>Review of Resident #1's September 2024 Bath/Shower Logs revealed no documentation for a bath or shower given on 09/05/2024, 09/10/2024, 09/14/2024, 09/19/2024, 09/24/2024, and 09/28/2024.</p> <p>An interview was conducted on 10/04/2024 at 10:59 a.m. with S2FCNA. S2FCNA stated she gave Resident #1 a shower on 09/05/2024 and did not document the care.</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
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted on 10/04/2024 at 10:40 a.m. with S3CNA. S3CNA confirmed she gave Resident #1 a shower on 09/14/2024 and did not document the care.</p> <p>An interview was conducted on 10/04/2024 at 10:27 a.m. with S4CNA. S4CNA confirmed she gave Resident #1 a bed bath on 09/19/2024 and 09/28/2024 and did not document the bed bath.</p> <p>Resident #2</p> <p>Review of Resident #2's Clinical Record revealed the resident was admitted to the facility on [DATE].</p> <p>Review of Resident #2's Care Plan revealed Resident #2 should be offered a bath of choice at least three days a week.</p> <p>Review of Resident #2's September 2024 Bath/Shower Logs revealed no documentation for a bath or shower given on 09/10/2024, 09/14/2024, 09/19/2024, 09/24/2024, 09/26/2024, and 09/28/2024.</p> <p>An interview was conducted on 10/04/2024 at 10:37 a.m. with S3CNA. S3CNA confirmed she gave Resident #2 a bath on 09/14/2024 and did not document the bath.</p> <p>An interview was conducted on 10/04/2024 at 10:27 a.m. with S4CNA. S4CNA confirmed she gave Resident #2 a shower on 09/19/2024 and did not document the care. S4CNA stated Resident #2 refused a shower on 09/28/2024 and confirmed she did not document the refusal.</p> <p>Resident #3</p> <p>Review of Resident #3's Clinical Record revealed the resident was admitted to the facility on [DATE].</p> <p>Review of Resident #3's Care Plan revealed Resident #3 should be offered a bath of choice at least three days a week.</p> <p>Review of Resident #3's September 2024 Bath/Shower Logs revealed no documentation for a bath or shower given on 09/10/2024, 09/12/2024, 09/14/2024, 09/17/2024, 09/19/2024, 09/21/2024, 09/24/2024, and 09/28/2024.</p> <p>An interview was conducted on 10/04/2024 at 9:22 a.m. with S5CNA. S5CNA confirmed she gave Resident #3 a bath on 09/12/2024 and did not document the bath.</p> <p>An interview was conducted on 10/04/2024 at 10:00 a.m. with S6CNA. S6CNA confirmed she gave Resident #3 a bath on 09/24/2024 and did not document the bath.</p> <p>An interview was conducted on 10/04/2024 at 10:17 a.m. with S7CNA. S7CNA confirmed she gave Resident #3 a bath on 09/28/2024 and did not document the bath.</p> <p>An interview was conducted on 10/04/2024 at 12:51 p.m. with S1DON. She confirmed there was no documentation for the aforementioned dates for baths or showers for Resident #1, Resident #2, and Resident #3 and there should have been.</p>		