

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 01/08/2026
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to maintain accurate records in accordance with accepted professional standards for 3 (#1, #2 and #3) of 3 sampled residents reviewed for baths/showers. Findings:Review of the Facility's Policy titled, Documentation in Clinical Record, revised in October 2025, revealed the following, in part:Procedure:Documentation on skilled residents is required every shift with evidence supporting the skilled service.Documentation must be completed every shift for assistance with activities of daily living (ADL) by assigned CNA.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. Resident #1Review of Resident #1's Clinical Record revealed he was admitted to the facility on [DATE]. Review of Resident #1's Physician Orders revealed the following, in part: bath on Tuesday, Thursday, and Saturday Days 6:30 a.m. - 6:30 p.m. Review of Resident #1's bath log dated 12/11/2025 through 01/06/2026 revealed the following, in part: no documentation a bath/ shower was given on the following dates: 12/13/2025, 12/16/2025, 12/23/2025, 12/25/2025, and 01/06/2026. An interview was conducted on 01/07/2026 at 2:34 p.m. with S2CNA. S2CNA confirmed she bathed Resident #1 on 12/16/2025 and 12/25/2025, but did not document it, and should have. Resident #2Review of Resident #2's Clinical Record revealed she was admitted to the facility on [DATE]. Review of Resident #2's Physician Orders revealed the following, in part: bath on Tuesday, Thursday, and Saturday Nights 6:30 p.m. - 6:30 a.m. Review of Resident #2's bath log dated 11/02/2025 through 01/03/2026 revealed the following, in part: no documentation a bath/ shower was given on the following dates: 11/05/2025, 11/14/2025, 11/16/2025, 11/19/2025, 11/23/2025, 11/28/2025, 11/30/2025, 12/03/2025, 12/07/2025, 12/10/2025, 12/12/2025, 12/17/2025, 12/19/2025, 12/21/2025, 12/26/2025, 12/28/2025, 12/31/2025, and 01/02/2026. An interview was conducted on 01/08/2026 at 10:32 a.m. with S3CNA. S3CNA stated she worked with Resident #2 on 01/02/2026, 12/28/2025, and 12/19/2025. S3CNA stated she remembered giving Resident #2 a shower on 01/02/2026 but did not remember if she documented the shower was given. She further confirmed a shower given should be documented in the resident's record. Resident #3Review of Resident #3's Clinical Record revealed she was admitted to the facility on [DATE]. Review of Resident #3's Physician Orders revealed the following, in part: bath on Tuesday, Thursday, and Saturday Days 6:30 a.m. - 6:30 p.m. Review of Resident #3's bath log dated 11/01/2025 through 01/07/2026 revealed: no documentation a bath/ shower was given on the following dates: 11/01/2025, 11/06/2025, and 11/13/2025. An interview was conducted on 01/07/2026 at 2:20 p.m. with S4CNA. S4CNA confirmed she worked with Resident #3 on 11/13/2025, but could not remember if Resident #3 received her bath. S4CNA further confirmed she did not document if the bath was given, but should have. An interview was conducted on 01/08/2026 at 10:45 a.m. with S1DON. S1DON confirmed there was no documentation on the aforementioned dates for completion of</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 195410	If continuation sheet Page 1 of 2

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	baths or showers for Resident #1, Resident #2, and Resident #3 and there should have been.		