

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 06/25/2025
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>Based on record review and interviews, the facility failed to ensure the Minimum Data Set (MDS) assessments accurately reflected the resident's status for 1 (#41) of 15 sampled residents reviewed for MDS.</p> <p>Findings:</p> <p>Review of Resident #41's Clinical Record revealed an admission date of 05/21/2024 with diagnoses which included Bipolar, Depression, and Anxiety.</p> <p>Review of Resident #41's Annual MDS with an Assessment Reference Date (ARD) of 05/21/2025 revealed in part, the following:</p> <p>Section N0415: Medications: Antipsychotic: No.</p> <p>Review of Resident #41's current Physician Orders revealed in part, the following:</p> <p>Start date: 04/01/2025, Risperidone 0.5mg tablet, give 1 tablet by mouth every night.</p> <p>An interview was conducted on 06/24/2025 at 2:00 p.m. with S4MDS. She reviewed Resident #41's Annual MDS with ARD of 05/21/2025. She confirmed Section N0415 was coded as Resident #41 not taking an antipsychotic, which was coded inaccurately.</p> <p>An interview was conducted on 06/25/2025 at 12:45 p.m. with S2DON. She confirmed all residents' MDS should be accurately coded for the medications they received.</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

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 06/25/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, interviews, and policy review, the facility failed to store serving dishes and prepare food under sanitary conditions by failing to ensure ceiling vents in two kitchen locations remained free of thick fluffy gray substance.</p> <p>The deficiency had the potential to affect 58 residents who were served meals from the kitchen.</p> <p>Findings:</p> <p>Review of Policy, dated 05/2012, DS Cleaning and Maintenance of Kitchen revealed:</p> <p>Policy Guidelines and Procedures:</p> <p>Ceilings, Vents, and Lights,</p> <p>Ceiling tiles, vents, and lights must be cleaned monthly and maintained in good condition. Ceiling tiles and vents must be dust free .</p> <p>When ceiling tiles, vents, and lights require cleaning, a work order will be placed with Environmental Services.</p> <p>Findings:</p> <p>On 06/23/2025 at 11:40 a.m., an observation was made with S8CS of Kitchen A which revealed ceiling vent covering above the sanitation machine had excessive fluffy gray substance visible above the clean dish rack. S8CS stated she did not know when vents were cleaned last.</p> <p>On 06/23/25 at 12:00 p.m., an interview and observation of Kitchen B was conducted with S7DS. S7D verified observations of ceiling vent covering with large amount of fluffy gray substance and stated the vent did not appear to be clean. She stated she did not know who was responsible or when kitchen vent coverings were last cleaned or replaced.</p> <p>On 06/24/25 at 08:31 a.m., an observation was made of Kitchen B vent directly above clean dish rack completely covered with thick clumps of fluffy gray substance and unable to view openings of vent due to excessive debris.</p> <p>On 06/24/25 at 09:55 a.m., an interview and observation of Kitchen A and Kitchen B ceiling vents was conducted with S5DM. He verified and confirmed both Kitchen A and Kitchen B ceiling vent coverings were completely covered with thick fluffy gray substance, unable to visualize vent holes due to excessive debris and not clean. He stated he was not sure when vents were last cleaned or if monitored by Maintenance Department, nor who was responsible to clean them.</p> <p>(continued on next page)</p>		

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 06/25/2025
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 06/24/2025 at 01:30 p.m., an interview was conducted with S6PSM. After observing Kitchen A and Kitchen B ceiling vents, he confirmed observations of vent coverings completely covered with thick fluffy gray substance and were not clean. He stated he was responsible for monitoring of all ceiling vent coverings in the facility. He further stated that the kitchen vents were not on a regular cleaning, maintenance check schedule and had not been monitored for cleaning or vent covering change needs. He confirmed he had no documentation of when the ceiling vent coverings were last cleaned or changed and he should have.		

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 06/25/2025
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 reviews and interviews, the facility failed to maintain accurate records in accordance with accepted professional standards and practices for 1 (#32) of 3 (#1, #10, and #32) residents reviewed for Pressure Ulcer/Injury. The facility failed to ensure nursing staff accurately documented Resident #32's weekly body audits.</p> <p>Findings:</p> <p>Review of the facility's policy Documentation in Clinical Record, revised 10/2024, revealed the following, in part:</p> <p>Procedure: Ensure documentation provides an accurate reflection of nursing care and activities of daily living 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>Review of Resident #32's Clinical Record revealed he was admitted to the facility on [DATE].</p> <p>Review of Resident #32's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/14/2025, revealed he had one unhealed Stage II pressure ulcer/injury.</p> <p>Review of the facility's Wound Log dated March 2025 to June 2025 revealed Resident #32 had a right heel pressure ulcer, Stage III, identified on 11/11/2024 and healed on 05/02/2025. Further review revealed Resident #32 had a left heel pressure ulcer, Stage II, identified 03/06/2025, with most recent documentation dated 06/17/2025 as stable, with measurements 1.3 x 0.5 x 0.3 (Length x Width x Depth) centimeters (cm).</p> <p>Review of the Resident #32's current Physician Orders revealed Resident #32 should receive weekly body audits every Saturday. Further review revealed an order to discontinue wound care to the right heel on 05/14/2025, with note right heel has resolved.</p> <p>Review of Nurses' Note dated 05/10/2025, 05/24/2025, 06/07/2025, and 06/21/2025 revealed weekly body audits documenting the presence of pressure ulcer/injury to both the right and left heel as follows:</p> <p>05/10/2025 10:11 a.m., weekly body audit . He does have a right heel stage II pressure wound, with no drainage at this time, and a left heel stage II. Will continue to use cleanser, pat dry, and wrap with kerlix daily. Signed S10LPN.</p> <p>05/24/2025 2:52 p.m., weekly body audit . He does have a right heel stage II pressure wound with scant brownish drainage at this time, and a left heel scab. Will continue to use cleanser, pat dry, calcium alginate and wrap with kerlix daily. Signed S10LPN.</p> <p>(continued on next page)</p>		

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 06/25/2025
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>06/07/2025 10:11 a.m., weekly body audit . He does have a right heel stage II pressure wound with scant brownish drainage at this time, and a left heel scab. Will continue to use cleanser, pat dry, calcium alginate and wrap with kerlix daily. Signed S10LPN.</p> <p>06/21/2025 01:44 p.m., weekly body audit . He does have a right heel stage II pressure wound with scant brownish drainage at this time, and a left heel scab. Will continue to use cleanser, pat dry, calcium alginate and wrap with kerlix daily. S10LPN.</p> <p>Between the dates of 06/23/2025 and 06/25/2025, multiple attempts made via telephone to contact S10LPN were unsuccessful.</p> <p>On 06/24/2025 at 3:03 p.m., an interview was conducted with S9CNA. S9CNA stated Resident #32 no longer had any pressure injuries on his heels.</p> <p>On 06/25/2025 at 9:17 a.m., an interview was conducted with S2DON. S2DON stated the facility's wound care nurse was unavailable. S2DON confirmed she was familiar with Resident #32's care. S2DON reviewed Resident #32's medical record and confirmed Resident #32 had a Stage III pressure ulcer/injury to his right heel healed on 05/02/2025. S2DON confirmed any documentation past 05/02/2025 noting Resident #32 to have a pressure ulcer/injury to his right heel was inaccurate. S2DON confirmed she expected staff's documentation to reflect an accurate picture of the resident's current condition.</p>		

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 06/25/2025
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to meet the following Hospice requirements by failing to maintain a system to ensure a resident's Hospice Binder contained the most recent Hospice Plan of Care for 1(#8) of 2 (#8 and #41) residents reviewed for Hospice care.</p> <p>Findings:</p> <p>A review of Resident #8's Clinical Record revealed she was admitted to the facility on [DATE]. Further review revealed Resident #8 was a patient of a local Hospice agency with an admission Date of [DATE].</p> <p>A review of Resident #8's Hospice Plan of Care on file revealed the most current Plan of Care present in the Hospice Binder was from previous certification period dated [DATE] thru [DATE].</p> <p>An interview was conducted on [DATE] at 1:50 p.m. with S2DON. S2DON stated she was responsible for working with hospice representatives to coordinate care to the resident provided by the facility. S2DON reviewed Resident #8 Hospice Binder. S2DON confirmed the current Plan of Care on file was expired with certification period date of [DATE] thru [DATE]. She confirmed Resident #8 Hospice Binder should contain the most current and up to date Plan of Care and did not.</p>		

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 06/25/2025
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to implement and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections for 1 (#254) of 2 (#48 and #254) residents observed with catheters. The facility failed to ensure Resident #254's catheter bag and tubing remained off of the floor.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Catheter Insertion and Removal with a revision date of 07/2024 revealed the following, in part:</p> <p>Catheter Placement: Check placement of drainage bag to ensure bag does not touch floor and is below bladder level. Secure drainage bag when applicable to prevent accidental contamination. Avoid allowing any part of urinary catheter system to touch floor.</p> <p>Review of Resident #254's Clinical Record revealed he was admitted to the facility on [DATE].</p> <p>Review of Resident #254's current Physician Orders revealed Foley Catheter care every shift with a start date of 06/18/2025.</p> <p>Review of Resident #254's current Care Plan revealed the following, in part:</p> <p>Problem: Resident requires an external catheter related to urinary retention.</p> <p>Approach: Do not allow tubing or any part of the drainage system to touch the floor.</p> <p>On 06/23/2025 at 9:50 a.m., an observation was made of Resident #254 in her room sitting in her wheelchair, catheter tubing was observed resting on the floor.</p> <p>On 06/24/2025 at 2:45 p.m., an observation was made of Resident #254's indwelling catheter bag and tubing resting on the floor.</p> <p>On 06/24/2025 at 3:40 p.m., an observation and interview was conducted with S3LPN. Upon entering Resident #254's room, S3LPN observed Resident #254's indwelling catheter bag and tubing on the floor. S3LPN confirmed the indwelling catheter bag and tubing were lying on the floor and should not have been.</p> <p>On 06/25/2025 at 12:10 p.m., an interview was conducted with S2DON. S2DON confirmed indwelling catheter bags and tubing should be kept off of the floor as it can increase the risk of infection.</p>		

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 06/25/2025
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>Based on interviews and record review, the facility failed ensure 1 (#11) of 5 (#1, #10, #11, #16, and #254) residents' records reviewed for immunizations had documentation indicating:</p> <ol style="list-style-type: none"> 1. Resident or resident representative received education regarding the benefits and potential side effects of Pneumococcal and Influenza immunization; and 2. Resident either received, did not receive, or refused the Pneumococcal and Influenza immunization due to medical contraindication. <p>Findings:</p> <p>Review of the facility's policy, titled Infection Control Policies And Procedures, reviewed on 06/24/2024, revised 04/11/2025, revealed, in part:</p> <p>Policy: The Advisory Committee on Immunizations Practices (ACIP) recommends that an Influenza vaccine be provided annually to all residents of nursing communities, prior to Influenza season.</p> <p>Procedure:</p> <p>B. If the resident/authorized representative refuses the vaccine, this will be documented .in the Electronic Health Record.</p> <p>C. If the resident consents to the vaccine, the procedure will be explained .the resident or resident representative will sign and date in the Electronic Health Record.</p> <p>Review of Resident #11's clinical record from 10/01/2024 to 06/24/2025 revealed no documentation of pneumococcal and influenza immunization status.</p> <p>On 06/24/2025 at 11:55 a.m., an interview was conducted with S2DON. She stated she was responsible for the infection control program since 03/2025. She stated the most recent vaccine consent form for Resident #11 was dated 11/01/2023. She confirmed she was responsible for ensuring complete documentation of obtaining consents, education was provided, and administration of pneumococcal and influenza vaccines for all residents beyond admission process. She reported the pneumococcal and influenza vaccines were available for administration if requested. S2DON confirmed all pneumococcal and influenza immunization administration and documentation was not complete for Resident #11 at this time and she had no evidence annual immunization process was followed for Resident #11.</p>		

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 06/25/2025
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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to implement policies and procedures for COVID-19 immunizations for 1 (#11) of 5 (#1, #10, #11, #16 and #254) resident's records reviewed for immunizations. The facility failed to ensure the residents' medical records included documentation that indicated:</p> <ol style="list-style-type: none"> 1. Residents or resident representatives received education regarding the benefits and potential side effects of COVID-19 immunization; and 2. Residents either received the COVID-19 immunization or did not receive the COVID-19 immunization due to medical contraindication or refusal. <p>The deficient practice had the potential to affect any of the 58 Residents residing in facility who required education and consents for immunizations.</p> <p>Findings:</p> <p>Review of Resident #11's medical record revealed he was admitted to the facility on [DATE]. Further review revealed Resident #11 was not vaccinated with the COVID-19 vaccine nor any documentation of a rationale for the resident not receiving the COVID-19 vaccine and no documentation of education regarding the benefits and potential side effects related to the COVID-19 vaccine for year 2024.</p> <p>On 06/24/2025 at 11:55 a.m., an interview was conducted with S2DON. She stated she was responsible for infection control program since March 20205. She confirmed the COVID-19 vaccinations were available for the facility to administer. She further confirmed Resident #11 was offered the COVID-19 vaccination in 2023. She confirmed there was no COVID-19 vaccination consent declination nor documentation in Resident #11's record of education provided to resident or resident's representative regarding benefits or side effects related to COVID-19 vaccinations, and should have been.</p>		