

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 06/17/2026
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)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to report an injury of unknown origin to the State Survey Agency immediately, but no later than 24 hours after discovery, for 1 (#32) of 3 residents reviewed for hospitalizations. Findings: Review of the facility policy dated 07/2015 and titled, Incidents in Healthcare Reporting revealed the following: Policy Guidelines and Procedures: B. Facility shall report to State Agency any incidents suspected of involving: 4. Injuries of unknown origin. Injuries of unknown origin are defined as: a. The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; or c. the initial report of the incident or accident is due within 24 hours of occurrence or discovery of the incident. Review of Resident #32's Clinical Record revealed she was admitted to the facility on [DATE]. Review of Resident #32's Quarterly MDS with an ARD of 03/18/2026 revealed a BIMS could not be conducted due to Resident #32 being rarely/never understood. Review of the Facility's Emergency Transfer log revealed Resident #32 was transferred to a local area hospital on [DATE] due to arm swelling. Review of Resident #32's Nurses' Notes revealed on 05/24/2026 at 2:31 p.m., S3LPN, wrote the following, in part: Skin/body audit completed. Bruising noted to right upper extremity above and below elbow with skin intact and no open areas observed. Review of Resident #32's Event Report revealed S2DON completed a Skin Integrity Investigation on 05/26/2026 at 5:12 p.m. and determined the following, in part: Event details: Bruise Physical Observation: 2 Discolorations noted to RUE (Right Upper Extremity). One dark purple in color with fading to exterior, noted to posterior RUE and measuring 12 cm x 8 cm. Second discoloration noted to elbow measuring approximately 5 cm x 5 cm. No open areas noted. Swelling noted to RUE. Activity during Bruise Occurrence: No activity selected. Interventions: Notified NP. New orders received for x-ray and labs. On 06/17/2026 at 2:48 p.m., an interview was conducted with S3LPN. She stated she had completed Resident #32's weekly body audit on 05/24/2026 and discovered mild swelling and speckled, purple bruising on and above Resident #32's right elbow. She stated she notified nursing management of Resident #32's RUE injury via text on 05/24/2026 at 5:32 p.m. She stated Resident #32 was non-verbal during the skin assessment and unable to communicate the cause of the injury. She stated she did not receive any reports from the CNAs regarding a fall or an incident during transfer. On 06/16/2026 at 1:34 p.m., an interview was conducted with S2DON. She stated S3LPN discovered Resident #32's RUE bruising on 05/24/2026 and notified management via text on 05/24/2026 at 5:32 p.m. She further stated she completed an investigation pertaining to Resident #32's RUE bruising and swelling on 05/26/2026 and was unable to determine the cause of the injury through physical observation and staff interviews. She confirmed due to the unknown source of the injury, Resident #32's injury should have been considered an injury of unknown origin and reported within 24 hours of discovery to State Agency and was not. On 06/17/2026 at 10:48 a.m., (continued on next page)		

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	an interview was conducted with S1ADM. She stated she expected all injuries of unknown origin to be investigated immediately and reported to State Agency within the established time requirements. She confirmed the cause of Resident #32's injury was not determined through S2DON's investigation and should have been considered an injury of unknown origin. She confirmed a SIMs report should have been submitted within 24 hours and was not.		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to ensure resident assessments accurately reflected the residents' status. The facility failed to ensure staff accurately coded: The use of restraints and alarms for 1 of 1 (#7) residents reviewed for physical restraints; and The Functional Limitation in Range of Motion for 1 of 1 (#32) residents reviewed for mobility. Findings: Review of the facility's policy dated 08/2018 and titled, Resident Assessment Instrument (MDS) revealed the following, in part: Policy Guidelines and Procedures: The purpose of the assessment is to describe the resident's capability to perform daily life functions and to identify significant impairments in functional capacity. Each assessment should reflect each resident's current status to include clinical, functional and psychosocial status. 1. Review of Resident #7's clinical record revealed she was admitted to the facility on [DATE]. Review of Resident #7's Quarterly MDS with an ARD of 04/08/2026, revealed a BIMS score of 14, which indicated intact cognition. Further review revealed the following, in part: Section P0100. Physical Restraints; Chair prevents rising-Used less than daily Section P0200. Alarms; Bed Alarm-Used less than daily Review of Resident #7's current physician orders revealed no orders for the use of physical restraints or alarms. On 06/15/2026 at 9:45 a.m., an observation was made of Resident #7 in bed. No physical restraints observed and no alarms were heard when she moved in bed. On 06/15/2026 at 9:47 a.m., an interview was conducted with Resident #7. She stated she had never been restrained or heard an alarm when she got out of bed. On 06/17/2026 at 10:38 a.m., an interview was conducted with S5MDS. She stated she was responsible for coding Resident #7's MDS assessments. She reviewed Section P on Resident #7's MDS with an ARD of 04/08/2026. She confirmed Resident #7 was coded as utilizing a chair restraint and bed alarm less than daily and should not have been. She further confirmed the facility did not utilize physical restraints and alarms with any residents. 2. Review of Resident #32's clinical record revealed she was admitted to the facility on [DATE] and had diagnoses which included Cerebral Infarction and contracture of muscle, right and left upper arm. Review of Resident #32's Quarterly MDS with an ARD of 03/18/2026 revealed the following, in part: Section GG0115. Functional Limitation in Range of Motion (ROM); Upper Extremity (shoulder, elbow, wrist, hand)-No impairment On 06/17/2026 at 10:38 a.m., an interview was conducted with S5MDS. She stated she was responsible for coding Resident #32's MDS assessments. She reviewed Section GG on Resident #32's MDS with an ARD of 03/18/2026. She confirmed Resident #32 was coded as having no impairment in her Upper extremity ROM and should not have been. She confirmed Resident #32's had bilateral arm and hand contractures that caused limitation in her upper extremity ROM. On 06/17/2026 at 11:02 a.m., an interview was conducted with S2DON. She stated she expected each residents' MDS assessments to be coded accurately to reflect their status.		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure resident weights were accurately documented for 1 of 1 (#1) resident reviewed for weights. Review of the facility's policy Weight Monitoring, with a reviewed date of 10/2025, revealed, in part, the following: Policy Summary and Objective: To establish a standardized process for obtaining, documenting, monitoring, and responding to resident weight changes in accordance with federal regulations, nursing facility requirements, physician orders, and accepted standards of practice. III. Physician-Ordered Weights Additional weights shall be obtained as ordered by the physician, nurse practitioner, or physician assistant. Examples include: Daily weights, weekly weights, weights following hospitalization, and weights related to CHF, renal disease, edema, diuretic therapy, nutritional concerns, or other clinical conditions. Review of Resident #1's clinical record revealed she was admitted to the facility on [DATE] with diagnoses, which included Abnormal Weight Loss. Review of Resident #1's current Physician's Orders revealed, in part, an order dated 04/10/2025, for Resident #1 to be weighed every three days. Review of Resident #1's weight logs dated 03/01/2026 to present, revealed no documentation of weights on 03/21/2026, 04/14/2026, 04/21/2026, 05/11/2026, 05/17/2026, and 05/20/2026. On 06/17/2026 at 3:22 p.m., an interview was conducted with S2DON. The above mentioned incomplete documentation of Resident #1's weights were reviewed with S2DON. She stated nurses were responsible for obtaining daily weights and documenting the weights in the residents' electronic health records. S2DON stated CNAs were responsible for obtaining weekly and monthly weights and documenting them on the Weekly Weights form. S2DON further stated it was her responsibility to review weights documented by CNAs and to enter them into residents' electronic health record, as well as to review all resident weights to ensure they had been obtained as ordered and documented. S2DON confirmed Resident #1's weights should have been documented on the above mentioned dates and were not.		

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a plan that describes the process for conducting QAPI and QAA activities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to maintain documentation and demonstrate evidence of their ongoing Quality Assurance and Performance Improvement (QAPI) Program. The QAPI committee failed to provide sufficient evidence of documented investigation, data analysis, monitoring, or evaluation of corrective actions put in place after identifying issues with inadequate documentation of resident's weights for 1 (#1) of 1 resident reviewed for weights. This deficient practice had the potential to affect a census of 55 residents. Findings: Review of the facility's policy with a revision date of 12/23/2020, and titled, Quality Assurance and Performance Improvement Plan, revealed the following, in part: Purpose: The purpose of the QAPI plan in our organization is to take a proactive approach to continually improve the way we care for and engage with our residents, caregivers, and other partners. Governance and Leadership: The governing body will be responsible for overseeing the QAPI committee. The Healthcare Services Administrator will have direct oversight for all functions of the QAPI committee and will report to the governing body. Feedback, Data and Monitoring: The QAPI committee will put systems in place to monitor care and services and review data from multiple sources. Performance indicators will be used to monitor care processes and facility outcomes. Action plans will be implemented to improve processes and prevent recurrences. The QAPI committee will use trending data to routinely monitor the following care items: Clinical Care. Review of the facility's policy with a review date of 10/2025, and titled, Weight Monitoring, revealed, in part, the following: Policy Summary and Objective: To establish a standardized process for obtaining, documenting, monitoring, and responding to resident weight changes in accordance with federal regulations, nursing facility requirements, physician orders, and accepted standards of practice. III. Physician-Ordered Weights Additional weights shall be obtained as ordered by the physician, nurse practitioner, or physician assistant. Examples include: Daily weights, weekly weights, weights following hospitalization, and weights related to CHF, renal disease, edema, diuretic therapy, nutritional concerns, or other clinical conditions. Review of Resident #1's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Abnormal Weight Loss and Parkinson's Disease. Review of Resident #1's current Physician Orders revealed, in part, an order dated 04/10/2025, for Resident #1 to be weighed every three days. Review of Resident #1's weight logs dated 03/01/2026 to present, revealed no documented evidence of being weighted on 03/21/2026, 04/14/2026, 04/21/2026, 05/11/2026, 05/17/2026, and 05/20/2026. On 06/17/2026 at 3:22 p.m., an interview was conducted with S2DON. The above mentioned incomplete documentation of Resident #1's weights were reviewed with S2DON. She stated nurses are responsible for obtaining daily weights and documenting the weights in the residents' electronic health record. S2DON also stated CNAs were responsible for obtaining weekly and monthly weights and documenting them on the Weekly Weights form. S2DON further stated it was her responsibility to review weights documented by CNAs and enter them into residents' electronic health record, as well as to review all resident weights to ensure they had been obtained as ordered and documented. S2DON confirmed Resident #1's weights should have been documented on the above mentioned dates and were not. Review of the facility's QAPI plan dated March 2026, as of 06/17/2026 at 4:00 p.m., revealed the following in part: In-service provided to nursing staff dated 03/10/2026 to include: ensure weights are performed as ordered and documented (daily, weekly, and monthly). Further review of the facility's QAPI plan as of 06/10/2026 at 4:00 p.m., revealed no evidence of documented investigation, data analysis, monitoring, or evaluation of corrective actions for the in-service provided to nursing staff on (continued on next page)		

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	03/10/2026. On 06/17/2026 at 4:00 p.m., an interview was conducted with S2DON. S2DON stated she had a QAPI on documenting weights which was open as of March 2026. S2DON stated she first identified an issue with staff documenting weights in February 2026 when she was documenting weights in the electronic health record and realized the weights were not correct or there was no baseline weight obtained during the resident's admission. S2DON stated there was a verbal in-service held for the nurses on 03/10/2026 pertaining to obtaining and documenting weights per physician orders. S2DON confirmed she had only completed the in-service on documenting weights with nursing staff, and had no documented evidence of investigation, data analysis, monitoring, or evaluation of the corrective actions. S2DON confirmed the verbal in service on documenting weights on 03/10/2026 was not effective since the survey team identified deficient practice regarding documenting resident weights. On 06/17/2026 at 4:05 p.m., an interview was conducted with S1ADM. S1ADM confirmed the QAPI on documenting weights was not effective, and should have included data analysis, documented evidence of monitoring weights per physician orders, and evaluation of corrective actions, and it did not.		