

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Jefferson Manor Nursing and Rehab Ctr, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 9919 Jefferson Hwy. Baton Rouge, LA 70809	

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 - Few</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** 45270</p> <p>Based on record review, observation and interviews, the facility failed to maintain accurate records in accordance with accepted professional standards and practices for 1 (#3) of 3 (#1, #2, and #3) sampled residents. The facility failed to ensure nursing staff accurately documented Resident #3's bowel movements.</p> <p>Findings:</p> <p>Review of Resident #3's Clinical Record revealed an admitted [DATE].</p> <p>Review of Resident #3's ADL Resident Care Details dated 07/19/2024 to 07/22/2024 and signed by S2CNAS revealed the following, in part:</p> <p>Has the resident had a bowel movement?</p> <p>Task Date/Time: Documentation Date/Time: Answer:</p> <p>07/19/2024 2:00 p.m. 07/23/2024 11:34 a.m. Yes</p> <p>07/20/2024 6:00 a.m. 07/23/2024 12:01 p.m. Yes</p> <p>07/20/2024 2:00 p.m. 07/23/2024 11:57 a.m. Yes</p> <p>07/21/2024 6:00 a.m. 07/23/2024 11:52 a.m. Yes</p> <p>07/21/2024 2:00 p.m. 07/23/2024 11:47 a.m. Yes</p> <p>07/21/2024 10:00 p.m. 07/23/2024 11:46 a.m. Yes</p> <p>07/22/2024 6:00 a.m. 07/23/2024 11:44 a.m. Yes</p> <p>07/22/2024 2:00 p.m. 07/23/2024 11:40 a.m. Yes</p> <p>07/22/2024 10:00 p.m. 07/23/2024 11:34 a.m. Yes</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 - Few</p>	<p>On 07/23/2024 at 10:45 a.m., an observation and interview was conducted with Resident #3. He was lying in bed with a colostomy bag observed. He stated he emptied his own colostomy bag with the CNA's assistance.</p> <p>On 07/23/2024 at 3:50 p.m., an interview was conducted with S2CNAS. She stated CNA's should complete ADL documentation prior to the end of each shift; including bowel movements and colostomy output. She stated documentation had been an ongoing issue with the CNA's. S2CNAS stated Resident #3 had a colostomy. She reviewed Resident #3's ADL Resident Care Details, dated 07/19/2024 to 07/22/2024. S2CNAS confirmed she documented Resident #3's missing bowel movement entries from 07/19/2024 to 07/22/2024 today, 07/24/2024. S2CNAS confirmed she did not contact the CNA's who worked the undocumented shifts prior to adding documentation of Resident #3's bowel movements. She confirmed Resident #3's bowel movements were not accurately documented and should have been.</p> <p>On 07/24/2024 at 2:50 p.m., an interview was conducted with S1DON. She stated CNA's should complete ADL documentation prior to the end of each shift; including bowel movements and colostomy output. She stated documentation had been an ongoing issue with the CNA's. She stated Resident #3 had a colostomy. She reviewed the ADL Resident Care Details dated 07/19/2024 to 07/22/2024 for Resident #3. S1DON confirmed S2CNAS added documentation of Resident #3's bowel movements from 07/19/2024 to 07/22/2024 on today, 07/24/2024. S1DON stated she would not expect S2CNAS to document unconfirmed information in a resident's clinical record, including bowel movements, without first verifying the information was accurate.</p>