

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  05/21/2025
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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interviews, the facility failed to ensure Minimum Data Set (MDS) assessments were completed and transmitted timely for 1 (#2) of 3 (#1, #2, and #3) sampled residents reviewed for resident assessment.</p> <p>Findings:</p> <p>Review of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE].</p> <p>On 05/20/2025, review of Resident #2's Quarterly MDS with an ARD (Assessment Reference Date) of 05/01/2025 revealed the MDS assessment was incomplete and had a status of: in progress.</p> <p>On 05/20/2025 at 11:44 a.m., an interview was conducted with S3MDS. She stated she was responsible for completing Resident #2's MDS assessments. She reviewed the above-mentioned MDS and confirmed it was not completed within the required 14 days after the ARD date, and had not been transmitted.</p> <p>On 05/21/2025 at 11:20 a.m., an interview was conducted with S1DON. She reviewed the above-mentioned MDS and confirmed it was not completed within the required 14 days after the ARD date, and had not been transmitted.</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:  195471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/21/2025
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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation, interviews, and record review, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure nurse staffing data requirements were documented on daily postings, and</li> <li>2. Ensure nurse staffing data was posted daily in a prominent location readily accessible to residents and visitors.</li> </ol> <p>This deficient practice had the potential to affect any of the 97 residents residing in the facility.</p> <p>Findings:</p> <p>An observation was made on 05/19/2025 at 3:42 p.m. of the posted staffing data sheet dated 05/04/2025. Further review revealed no documentation of the facility name.</p> <p>An interview was conducted on 05/19/2025 at 3:42 p.m. with S1DON. She confirmed the date on the staffing data sheet was dated 05/04/2025. She stated S2WC was responsible for posting the staffing data sheets daily and 05/19/2025 should be posted. She confirmed the facility's name was not documented on the staffing data sheet and should have been.</p> <p>An interview was conducted on 05/20/2025 at 1:55 p.m. with S2WC. She stated she was responsible for completing and posting the staffing data sheets daily. She confirmed she had not posted the staffing data sheet since 05/04/2025 and should have. She confirmed the facility's name was not documented on the staffing data sheet. She stated she was unaware the facility's name was a requirement on the staffing data sheet.</p>		