

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 09/04/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation and interviews, the facility failed to maintain a clean, comfortable and homelike environment for 1 (#1) of 6 (#1, #2, #3, R7, R8, and R9) residents reviewed for environment. Findings: Review of the facility's undated policy titled, Resident Rights, revealed the following, in part: (h) Environment. The facility must provide-(1) A safe, clean, comfortable, and homelike environment.(2) Housekeeping services necessary to maintain a sanitary, orderly and comfortable interior. Review of Resident #1's Clinical Record revealed an admission date of 04/20/2023. Review of Resident #1's Quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 06/18/2025 revealed a BIMS (Brief Interview for Mental Status) score of 15, which indicated he was cognitively intact. On 09/03/2025 at 12:25 p. m., an interview was conducted with Resident #1. He stated he was not pleased with the conditions of his room. He stated since pest control last sprayed his room, approximately 2-3 weeks ago, dead bugs, specifically roaches, could be seen throughout his room. He stated housekeeping did not clean his room effectively. He stated they came each day to mop and sweep, but his room remained dirty. He stated, it makes me feel gross. On 09/03/2025 at 12:34 p.m., an observation of Resident #1's room was conducted and revealed the presence of 8, small (under 1/2 inch), dead roaches along the baseboards of the room, next to the fridge, in front and on the side of Resident #1's wardrobe, under the A/C unit, and next to Resident #1's laundry basket. On 09/03/2025 at 12:55 p.m., an interview was conducted with S3HOU. She stated each room was swept and mopped each morning, with touch-up cleanings performed after lunch. On 09/03/2025 at 12:57 p.m., an interview was conducted with S4HOU. She confirmed the daily cleaning of Resident #1's room had been completed. On 09/03/2025 at 1:00 p.m., an observation was made of Resident #1's room with S3HOU. She confirmed the aforementioned observations and stated Resident #1's room was not cleaned thoroughly and should have been. On 09/03/2025 at 1:03 p.m., an observation was made of Resident #1's room with S2CORP. He confirmed the room was not cleaned thoroughly and should have been. On 09/03/2025 at 1:26 p.m., an interview was conducted with S1ADM. He was made aware of the aforementioned observations. He stated he expected all rooms to be cleaned thoroughly by housekeeping staff.</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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