

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 02/27/2025
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50093</p> <p>Based on interviews and record review, the facility failed to ensure residents' assessments accurately reflected the residents' status by failing to ensure the Minimum Data Set (MDS) was accurately coded for PASRR (Preadmission Screening and Resident Review) for 1 of 1 (#99) resident reviewed for PASRR.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled Resident Assessment Instrument (RAI) Policy revealed, in part:</p> <p>Policy: It is the policy of this facility to conduct and document, initially and periodically, a comprehensive, accurate assessment on all residents. Comprehensive assessments will accurately describe each resident's functional capacity using a standardized, reproducible, state approved form, referred to as the MDS or RAI. The assessment will be completed by following the specific directions found in the RAI manual.</p> <p>Review of Resident #99's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Autistic Disorder.</p> <p>Review of Resident #99's 142 Form Notification of Medical Certification revealed, an approval for admission by the state Level II Authority for a temporary period effective 11/04/2024 through 08/04/2025.</p> <p>Review of Resident #99's Admission MDS with an Assessment Reference Date (ARD) of 11/12/2024 revealed, Section A1500 PASRR: Is the resident currently considered by the state Level II PASRR process to have serious mental illness and/or intellectual disability or a related condition, was coded as 0-No. Section A1510 Level II PASRR conditions was blank.</p> <p>An interview was conducted with S15CCC on 02/27/2025 at 10:49 a.m. S15CCC stated she was responsible for completing Resident #99's MDS assessment. She verified Resident #99's Form 142 indicated Resident #99 was approved for nursing home admission by Level II authority effective 11/04/2024. She reviewed Resident #99's Admission MDS dated [DATE]. S15CCC confirmed Section A1500 should have been coded as 1-Yes, and was not.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on 02/27/2025 at 10:55 a.m. with S2DON. S2DON verified Resident #99's Form 142 indicated Resident #99 was approved for nursing home admission by Level II authority effective 11/04/2024. She reviewed Resident #99's Admission MDS dated [DATE]. S2DON confirmed Section A1500 should have been coded as 1-Yes, and was not.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50093</p> <p>Based on observations, interviews, and record reviews, the facility failed to provide necessary care and services for the provision of respiratory care in accordance with professional standards for 1 (#56) of 3 (#52, #56, #80) residents reviewed for respiratory services. The facility failed to ensure Resident #56's oxygen tubing and humidifier bottle were properly labeled.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled Oxygen Administration (Concentrator or Tank) revealed, in part:</p> <p>Policy:</p> <p>Humidifier bottles, cannulas and oxygen (O2) tubing will be changed at least once weekly and dated.</p> <p>Review of Resident #56's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Alzheimer's Disease and Dependence on Supplemental Oxygen.</p> <p>Review of Resident #56's Physician's Orders revealed the following, in part:</p> <p>Start date: 02/23/2025: Oxygen at 3 liters per nasal cannula continuously for comfort.</p> <p>On 02/24/2025 at 10:25 a.m., an observation was made of Resident #56's oxygen tubing and humidifier bottle which were not properly labeled with the date last changed.</p> <p>On 02/24/2025 at 10:49 a.m., an observation was made of Resident #56's oxygen tubing with S3ADON. S3ADON confirmed the oxygen tubing was not labeled with the date last changed.</p> <p>On 02/24/2025 at 10:56 a.m., an observation and interview was conducted with S2DON. S2DON confirmed Resident #56's oxygen tubing was not labeled with the date last changed and should have been. She stated the facility's oxygen administration policy was for the oxygen tubing and humidifier bottles to be changed weekly by nursing staff. S2DON confirmed all oxygen tubing and/or humidifier bottles should be labeled with the date last changed.</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44965</p> <p>Based on interviews and record reviews, the facility failed to ensure a resident with Post Traumatic Stress Disorder (PTSD) received trauma-informed care and services in accordance with professional standards of practice for 1 of 1 (#93) resident residing in the facility with PTSD. The facility failed to assess and develop a plan of care for Resident #93's history of trauma.</p> <p>Findings:</p> <p>Review of Resident #93's Clinical Record revealed an admitted [DATE] with diagnoses, which included PTSD and Major Depressive Disorder.</p> <p>Review of Resident #93's Quarterly MDS with an ARD of 01/03/2025 revealed a diagnosis of PTSD. Further review of the MDS revealed a BIMS of 15, which indicated he was cognitively intact.</p> <p>Review of Resident #93's Physician History and Physical by S4NP, dated 04/02/2024, revealed a diagnosis of PTSD. Further review revealed no documentation of an assessment and identification of triggers for the PTSD.</p> <p>Review of Resident #93's Initial Social Service History completed by S10SSD dated 03/29/2024 revealed the following, in part:</p> <p>Disabilities: PTSD</p> <p>Further review revealed no documentation of an assessment of the trauma, triggers, and/or interventions.</p> <p>Review of Resident #93's electronic and physical Clinical Record revealed no documentation of a trauma assessment, identification of triggers, and/or any interventions in place regarding his PTSD.</p> <p>Review of Resident #93's current Care Plan provided by the facility revealed no documentation regarding PTSD.</p> <p>An interview was conducted with Resident #93 on 02/25/2025 at 12:29 p.m. He confirmed he had PTSD. Resident #93 identified the source of his trauma.</p> <p>An interview was conducted with S11LPN on 02/26/2025 at 9:59 a.m. She stated she was unaware of Resident #93's PTSD. She stated she should have been aware Resident #93 had PTSD. She stated Resident #93 should have had a care plan identifying triggers so they could have been avoided.</p> <p>An interview was conducted with S8CNA on 02/26/2025 at 10:03 a.m. She stated she was unaware of Resident #93's PTSD.</p> <p>An interview was conducted with S13CNA on 02/26/2025 at 10:54 a.m. She stated she was assigned to Resident #93 daily. She stated she was unaware of Resident #93's PTSD. She stated she should have been aware of Resident #93's PTSD and any interventions in place.</p> <p>(continued on next page)</p>

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with S14CCC on 02/26/2025 at 12:05 p.m. She confirmed she was responsible for Resident #93's care plan. She confirmed there was not documentation on Resident #93's current care plan regarding his PTSD, and there should have been. She stated she would have relied on a trauma assessment to develop interventions for Resident #93's PTSD.</p> <p>An interview was conducted with S2DON and S10SSD on 02/25/2025 at 1:38 p.m. S2DON and S10SSD confirmed there was no PTSD or Trauma Assessment in Resident #93's Clinical Record. S2DON confirmed there was no documentation on Resident #93's current Care Plan of his PTSD diagnosis, history of trauma, triggers, and/or interventions. S2DON confirmed Resident #93's Care Plan should have included his PTSD and interventions.</p> <p>An interview was conducted with S12CN on 02/26/2025 at 10:41 a.m. She stated, at the time of admission, a PTSD assessment should have been completed for a resident with a PTSD diagnosis. She stated any PTSD triggers should have been identified and the interdisciplinary team should have put interventions in place. She stated the PTSD diagnosis, cause of the PTSD, and all interventions should have been on the care plan. She stated the direct care staff should have been aware of the PTSD diagnosis and any interventions in place.</p> <p>An interview was conducted with S9PNP on 02/26/2025 at 11:58 a.m. He confirmed Resident #93 had PTSD. He stated he did not perform PTSD or trauma assessments. He stated he had not identified the source or triggers of Resident #93's trauma.</p> <p>An interview was conducted with S1ADM on 02/26/2025 at 2:15 p.m. He confirmed Resident #93's PTSD and interventions should have been on his care plan and were not.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39121</p> <p>Based on observation, interviews and record review, the facility failed to ensure medications were administered to meet the needs of each resident by failing to ensure orders were accurately transcribed for 1 of 1 (#49) residents reviewed for pressure ulcers.</p> <p>Findings:</p> <p>Review of the undated policy titled, Orders: Medications, revealed the following, in part:</p> <p>Policy:</p> <p>Medications are administered only upon the clear and complete order of a person lawfully authorized to prescribe. Verbal Orders are received only by licensed nurses or physician assistants and confirmed in writing by the prescriber within 7 days.</p> <p>Procedure:</p> <p>1. Elements of the medication order:</p> <p>a. Medication orders specify the following:</p> <p>v. Route of the medication order</p> <p>Review of Resident #49's clinical record revealed Resident #49 was admitted to the facility on [DATE] and had diagnoses, which included, Pressure Ulcer of Sacral Region.</p> <p>Review of Resident #49's Order Summary Report dated 02/27/2025 revealed the following, in part:</p> <p>Order Date: 02/03/2025 -Flagyl Oral Tablet 500 mg. Give 1 tablet enterally every day shift every Monday, Wednesday, Friday related to Pressure Ulcer of Sacral Region.</p> <p>Review of Resident #49's Treatment Administration Record (TAR) dated 02/01/2025 to 02/28/2025 revealed the following, in part:</p> <p>Flagyl Oral Tablet 500 mg. Give 1 tablet enterally every day shift every Monday, Wednesday, Friday related to Pressure Ulcer of Sacral Region.</p> <p>On 02/26/2025 at 9:03 a.m., an observation was made of S5WCN and S6LPN perform wound care on Resident #49's pressure ulcer of sacral region. S5WCN stated Flagyl 500 mg is crushed and placed into the wound bed.</p> <p>On 02/26/2025 at 9:03 a.m., S6LPN was observed to cleanse Resident #49's sacral wound and apply crushed Flagyl 500 mg to the wound bed.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/27/2025 at 3:20 p.m., an interview was conducted with S5WCN. S5WCN confirmed Flagyl 500 mg was crushed and applied to Resident #49's wound bed during wound care. S5WCN confirmed she received and entered the order to crush and apply Flagyl 500 mg to sacral wound. S5WCN reviewed Resident #49's MD order for Flagyl and the TAR. S5WCN confirmed the orders was not accurately transcribed.</p> <p>On 02/27/2025 at 3:30 p.m., an interview was conducted with S4NP. S4NP confirmed the order for Flagyl 500 mg, Give 1 tablet enterally was incorrect. S4NP stated the order for Flagyl 500 mg was supposed to read crush and apply to wound bed.</p> <p>On 02/27/2025 at 3:32 p.m., an interview was conducted with S3ADON. S3ADON reviewed the order for Resident #49's Flagyl 500 mg and confirmed it read for the medication to be administered enterally. S3ADON confirmed the order was not accurately transcribed.</p> <p>On 02/27/2025 at 3:58 p.m., an interview was conducted with S2DON. S2DON reviewed Resident #49's order for Flagyl 500 mg to give one tablet enterally was not accurately transcribed. S2DON confirmed the order should have been transcribed to read, crush and apply to wound bed.</p>

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39121</p> <p>Based on observations, record reviews, and interviews, the facility failed to ensure a resident received the correct food portions as ordered by a physician for 1 (#13) of 2 (#13 and #90) sampled residents reviewed for dietary services.</p> <p>Findings:</p> <p>Review of the undated facility policy titled Diet Orders/Changes revealed the following, in part:</p> <p>Policy: New diet orders and changes in diet will be communicated in writing to the Dietary Department by the Nursing Staff in a timely manner.</p> <p>Purpose: To assure each resident receives the diet as ordered by the physician.</p> <p>Procedure:</p> <ol style="list-style-type: none"> 1. Upon receiving the diet order, the Food Service Supervisor will change the resident tray card as needed. 2. The dietary kardex will be updated with the new diet and date of change in order. <p>Review of Resident #13's clinical record revealed Resident ##13 was admitted to the facility on [DATE] and had diagnoses, which included Iron Deficiency Anemia, Deficiency of Other Vitamins, Gastrointestinal Hemorrhage, and Chronic Kidney Disease, Stage 3.</p> <p>Review of Resident #13's Order Summary Report dated 02/26/2025 revealed the following, in part:</p> <p>08/19/2024 Regular Diet Mechanical Soft Texture, Regular/Thin consistency - double portions (lunch/supper).</p> <p>Review of Resident #13's current care plan revealed the following, in part:</p> <p>Problem: Potential for altered nutrition and dehydration related to Chronic Kidney Disease, History of Gastrointestinal Bleed, Anemia, and Vitamin Deficiency.</p> <p>Goal: Will maintain adequate nutritional status as evidenced by maintaining a stable weight.</p> <p>Review of Resident #13's undated dietary meal ticket revealed the following, in part:</p> <p>Diet: Regular</p> <p>Texture: Mechanical Soft</p> <p>Fluid: Thin Liquids</p> <p>(continued on next page)</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/26/2025 at 11:58 a.m., an observation was made of S8CNA delivering Resident #13's meal tray. S8CNA observed and confirmed the following:</p> <ul style="list-style-type: none"> 1 piece of white bread 1 serving of broccoli 1 serving rice 1 serving of ground Salisbury steak 1 serving of dessert. <p>On 02/26/2025 at 11:58 a.m., an interview was conducted with S8CNA. S8CNA observed Resident #13's meal tray and confirmed the meal tray did not contain double portions.</p> <p>On 02/26/2025 at 1:40 p.m., an interview was conducted with S7DM. S7DM reviewed Resident #13's meal ticket and confirmed it did not indicate double portions. S7DM reviewed Resident #13's orders and confirmed Resident #13 had an order for double portions. S7DM confirmed Resident #13 should have received double portions.</p> <p>On 02/26/2025 at 2:35 p.m., an interview was conducted with S1ADM. S1ADM confirmed if Resident #13 had a doctor's order for double portions, the resident should have received double portions.</p>

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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>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** 39121</p> <p>Based on record reviews and interviews, the facility failed to maintain accurate documentation of the route of medication administration for 1 of 1 (#49) residents reviewed for pressure ulcers.</p> <p>Findings:</p> <p>Review of the undated policy titled Orders: Medications revealed the following, in part:</p> <p>Policy:</p> <p>Medications are administered only upon the clear and complete order of a person lawfully authorized to prescribe. Verbal Orders are received only by licensed nurses or physician assistants and confirmed in writing by the prescriber within 7 days.</p> <p>Procedure:</p> <p>1. Elements of the medication order:</p> <p>a. Medication orders specify the following:</p> <p>v. Route of the medication order</p> <p>Review of Resident #49's clinical record revealed Resident #49 was admitted to the facility on [DATE] and had diagnoses, which included, Unstageable Pressure Ulcer of Sacral Region and Osteomyelitis of Sacral and Sacrococcygeal Region Vertebra.</p> <p>Review of Resident #49's Order Summary Report dated 02/27/2025 revealed the following, in part:</p> <p>Order Date: 02/03/2025 - Flagyl Oral Tablet 500 mg. Give 1 tablet enterally every day shift every Monday, Wednesday, and Friday related to Pressure Ulcer of Sacral Region.</p> <p>Review of Resident #49's Treatment Administration Record dated 02/01/2025 to 02/28/2025 revealed the Flagyl 500 mg was administered enterally on the following dates by the following staff: the following, in part:</p> <p>02/05/2025 by S6LPN, 02/07/2025 by S6LPN, 02/10/2025 by S6LPN, 02/12/2025 by S6LPN, 02/14/2025 by S5WCN, (continued on next page)</p>

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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>02/17/2025 by S6LPN,</p> <p>02/19/2025 by S6LPN,</p> <p>02/21/2025 by S5WCN, and</p> <p>02/24/2025 by S6LPN.</p> <p>On 02/27/2025 at 3:30 p.m., an interview was conducted with S4NP. S4NP confirmed the order for Flagyl 500 mg Give 1 tablet enterally was incorrect. S4NP stated the order for Flagyl 500 mg should have read crush and apply to wound bed.</p> <p>On 02/27/2025 at 3:40 p.m., an interview was conducted with S5WCN. S5WCN reviewed Resident #49's TAR and confirmed she and S6LPN were signing off the orders for Flagyl 500 mg as being administered enterally. S5WCN confirmed she and S6LPN were crushing the Flagyl 500 mg and applying it to Resident #49's wound bed. S5WCN confirmed she and S6LPN were signing off the Flagyl 500 mg was administered to Resident #49 by an incorrect route, which was inaccurate documentation.</p> <p>On 02/27/2025 at 3:58 p.m., an interview was conducted with S2DON. S2DON reviewed Resident #49's order for Flagyl 500 mg to give one tablet enterally. S2DON reviewed Resident #49's TAR and confirmed S5WCN and S6LPN were documenting Resident #49's Flagyl as being administered enterally. S2DON confirmed if S5WCN and S6LPN were applying to Flagyl to Resident #49's wound bed, the documentation on the TAR was inaccurate.</p>