

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 02/25/2026
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.			
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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observations, interviews, and record review, the facility failed to prepare food to conserve flavor and appearance and provide palatable and attractive food for 8 (#2, #9, #12, #36, #41, #43, #68 and #91) of 8 residents reviewed for dining. There were 92 residents who ate from the facility's kitchen. Findings: Review of Resident Council Meeting Minutes from November 2025 to present revealed the following: 11/22/2025 &ndash; XI. Dietary Services: Food is awful. 12/16/2025 &ndash; XI. Dietary Services: Alternates is always leftovers from the night before; wants fresh fruit, request salad but never have it; result is residents losing weight from lack of food; Eating too many sandwiches and only receiving small portions. 01/26/2026 &ndash; XI. Dietary Services: Too spicy; Not edible; Sends tray back every day; Will not make sandwiches/peanut butter when asked; Giving out food that resident doesn't eat or not fixed to texture. On 02/23/2026 at 11:00 a.m., a resident council meeting was held with Residents #8, #10, #41, and #76. During the meeting, Residents #8, #10, #41, and #76 complained about the food at the facility. Resident #8 stated the food tasted terrible and needed to be better. Review of the facility's lunch menu dated 02/24/2026 revealed chicken cacciatore was the main entr&eacute;e. On 02/23/2026 at 9:32 a.m., an interview was conducted with Resident #2. Resident #2 stated the facility's food was not good. He stated the quality, consistency, and seasoning were not good. On 02/24/2026 at 10:45 a.m., a test tray was obtained from the facility's kitchen. Four surveyors observed the tray. There was shredded chicken with chunks of tomatoes over spaghetti noodles. There was a watery liquid substance covering the plate under the pasta. The food did not have an appetizing appearance or odor. Three surveyors were unable to taste the food due to appearance. One surveyor tasted the food, which revealed the entr&eacute;e provided was bland in taste with minimal amount of sauce covering the noodles. Sauce on the test tray was thin in consistency resulting in plain spaghetti noodles being tasted. Surveyor described the presentation of the meal as not being appealing or palatable and was unable to further consume any of the test tray provided. On 02/24/2026 at 12:07 p.m., an observation was made of the steam table in the facility's kitchen. The main entr&eacute;e was chicken cacciatore, which was in a metal container on the steam table. The container consisted of course shredded chicken, tomatoes, and a thin liquid covering the meat (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 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 interviews and record review, the facility failed to accurately code PASRR Level IIs on the residents' MDS assessments for 2 (#8 and #25) of 3 residents reviewed with Level II PASRRs. Findings: Resident #8 Review of Resident #8's Clinical Record revealed an admission date of 02/14/2022 and diagnoses, which included Schizophrenia and Major Depressive Disorder. Review of Resident #8's BHSF Form 142 dated 04/01/2025 revealed she was approved for admission by level II authority for a temporary period effective of 04/01/2025 through 03/31/2026. Review of Resident #8's Annual MDS with an ARD of 07/10/2025 revealed an answer of no to the following question: A1500 - 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? Resident #25 Review of Resident #25's Clinical Record revealed an admission date of 09/09/2025 and diagnoses, which included Delusional Disorder, Visual Hallucinations, Generalized Anxiety Disorder, Major Depressive Disorder, and Schizoaffective Disorder. Review of Resident #25's BHSF Form 142 dated 04/23/2014 revealed she was permanently approved for admission by level II authority. Review of Resident #25's Annual MDS with an ARD of 09/15/2025 revealed an answer of no to the following question: A1500 - 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? An interview was conducted with S6LPN on 02/25/2026 at 9:17 a.m. She confirmed Residents #8 and #25 both had Level II PASRRs. She reviewed Resident #25's Annual MDS dated [DATE] and confirmed the PASRR question was answered no and should have been answered yes. She reviewed Resident #8's MDS dated [DATE] and confirmed the PASRR question was answered no and should have been answered yes. She confirmed Residents #8 and #25's MDS assessments were completed inaccurately. An interview was conducted with S2DON on 02/25/2026 at 9:24 a.m. She confirmed Residents #8 and #25 both had Level II PASRRs. She confirmed Residents #8 and #25's most recent comprehensive MDSs were coded no on the PASRR question, which was inaccurate, and should have been coded yes.		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain good grooming and hygiene by failing to provide incontinence care timely for 1 of 1 (#5) resident reviewed for activities of daily living in the final sample. Review of the facility's undated policy titled, Incontinent care: Bladder revealed in part, the following: Perineal management is the cleansing of the perineal area that includes the genitalia and rectal areas. It promotes cleanliness and comfort and prevents infection by removing irritating secretions or excretions, microorganisms, and offensive odors. The care should be administered daily during bathing, and more frequently following urinary and/or fecal incontinence or if excessive secretions are present. Review of Resident #5's clinical record revealed she was admitted to the facility on [DATE] with diagnoses, which included Hemiplegia and Hemiparesis and Urinary Retention. Review of Resident #5's quarterly MDS with an ARD of 11/13/2025 revealed the resident was always incontinent of bowel and was dependent on staff all care. On 02/23/2026 at 9:17 a.m., an observation was made of Resident #5 lying in bed awake. A strong odor of feces was noted. S10CNA entered Resident #5's room at 9:19 a.m. Resident #5, who was nonverbal, began using hand signals to show S10CNA she needed to be changed. S10CNA stated to Resident #5, You are going to get a bath shortly. On 02/23/2026 at 10:27 a.m., an observation was made of Resident #5 lying in bed. Resident #5 remained in her soiled brief and had feces smeared on her cheek. S10CNA entered the room and stated, We are still waiting on the shower room. On 02/23/2026 at 10:40 a.m., an interview was conducted with S8RN. She confirmed Resident #5 was still soiled at this time. She confirmed an hour and a half was too long for a resident to be left in their feces soiled brief. She stated S10CNA should have changed Resident #5 immediately after being notified Resident #5 had a bowel movement. On 02/25/2026 at 11:58 a.m., an interview was conducted with S2DON. She confirmed an hour and a half was too long for a resident to be left in a soiled brief.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interviews, and record review, the facility failed to store food in accordance with professional standards for food service safety by failing to refrigerate opened food items and label and date opened frozen food items. There were 92 residents who received food from the facility's kitchen. Findings: Review of the facility's policy titled, Storage of Refrigerated Food with a revision date of 09/2012 revealed the following, in part: Policy: The facility ensures the quality and safety of refrigerated foods through accepted storage practices. Procedure: 4. All non-hazardous, opened foods are labeled with name of food and date stored. An initial tour was conducted of the facility's kitchen on 02/23/2026 at 8:40 a.m. with S5CPM. The following was observed and S5CPM confirmed: The following opened items were located on the shelf in the dry storage and the item's label had directions to refrigerate after opening: 1 - 1 gallon soy sauce 1/8 full; 1 - 1 gallon soy sauce 3/4 full; and 1 - 1 gallon citrus chipotle 1/4 full. Freezer: 2 opened bags of dinner rolls not labeled or dated. An interview was conducted with S5CPM on 02/23/2026 at 8:50 a.m. S5CPM confirmed the above items should have been refrigerated after opening and the dinner rolls should have been labeled and dated. An interview was conducted with S1ADM on 02/24/2026 at 10:47 a.m. He stated food items labeled to refrigerate after opening should have been refrigerated after opening. He stated all opened, frozen items should have been labeled and dated.		