STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195472	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Woodleigh of Baton Rouge	14333 Old Hammond Hwy. Baton Rouge, LA 70816

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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43868 Based on observations, interviews and record reviews, the facility failed to ensure the resident assessments accurately reflected the resident's status. The facility failed to ensure staff accurately coded the assistance required for eating for 1(#1) of 4 (#1, #2, #3, and #4) sampled residents. Findings: Review of Resident #1's clinical record revealed that he was admitted to the facility on [DATE] and readmitted on [DATE]. Review of Resident #1's Quarterly MDS (Minimum Data Set) Assessment, with an ARD (Assessment Reference Date) of 03/02/2025, revealed the resident required setup or cleanup assistance for meals. On 03/26/2025 at 12:45 p.m., an observation was conducted of Resident #1 in the dining room. Resident #1 is noted with a bib on with S3CNA was feeding the resident. S9CNA held the cup for Resident #1 and placed the straw next to his lips. On 03/26/2025 at 11:19 a.m., an interview was conducted with S9CNA. She stated Resident #1 returned from the hospital on 02/28/2025 with a sling for his left upper extremity and was dependent on staff for feeding. 03/26/2025 at 12:15 p.m., an interview was conducted with S4CNA. She stated Resident #1 returned from the hospital on 02/28/2025 with a sling for his left upper extremity and was dependent on staff for feeding. On 03/26/2025 at 11:02 a.m., an interview was conducted with S10PTA. She stated Resident #1 returned from the hospital on 02/28/2025 with a sling for his left upper extremity with limited range of motion and was dependent on staff for eating. On 03/26/2025 at 11:50 a.m., an interview was conducted with S6MDS. She confirmed the ARD for the Quarterly MDS Assessment was 03/02/2025. She stated Resident #1's MDS assessment is based on the documentation in his electronic health record and the electronic health record should be accurate. She confirmed she was not aware Resident #1 was dependent on staff for meals and his MDS was inaccurately coded for assistance required for eating. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195472	A. Building B. Wing	03/26/2025

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The Woodleigh of Baton Rouge	14333 Old Hammond Hwy. Baton Rouge, LA 70816

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/26/2025 at 1:20 p.m., an interview was conducted with S2DON. She confirmed the MDS assessment was based on the ADL documentation and the ADL documentation should accurately reflect the residents' status.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43868 Based on interviews, and record review, the facility failed to ensure that a resident that was frequently incontinent was provided services to restore as much normal bowel function as possible for 1 (#1) of 4 (#1, #2, #3 and #4) residents reviewed for Bladder and Bowel Incontinence. Findings: Review of Resident #1's clinical record revealed that he was admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnosis: Septic Arthritis Of Left Shoulder, History Of Falling, Need For Assistance With Personal Care, and Hemiplegia and Hemiparesis Following Cerebral Infarction, Affecting Right Side. Review of Resident #1's Quarterly MDS (Minimum Data Set) Assessment with an ARD (Assessment Reference Date) of 03/02/2025 revealed the resident was always incontinent of bowel and bladder. Further review revealed Resident #1 was assessed by the facility to have a BIMS of 11, indicating he was moderately cognitively impaired. Review of Resident #1's Care Plan revealed the following, in part: Problem: Alteration in elimination related to incontinence of bowel and bladder Interventions: adult briefs as needed, check every 2 hours, and encourage resident to call for assistance as needed with toileting. Review of Resident #1's Incident Report Logs from January 2025 to March 2025 revealed the following: Date: 08/21/2024 at 11:10 a.m. Description: Resident #1 stated he lost his balance when ambulating to the bathroom. Intervention: Educated to call for assistance. Date: 10/29/2024 at 8:30 p.m. Description: Resident #1 was found in the bathroom in front of the toilet. Intervention: Visual sign placed in room and bathroom. Date: 01/20/2025 at 1:44 a.m. Description: Resident #1 was found on the floor with his back facing the toilet. Resident #1 stated that he missed the toilet. Intervention: Bedside commode placed over toilet seat for elevation and to assist with sitting and standing. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/24/2025 at 11:32 a.m., an interview was conducted with Resident #1. He stated he was aware of when he needed to have a bowel movement and urinate. He stated he would rather go to the toilet then use the bathroom in his brief but was told by staff to go in the brief and they will clean him up after. Resident #1 stated he did not like having a bowel movement in the brief. On 03/24/2025 at 11:48 a.m., an interview was conducted with Resident #1's RP. She stated Resident #1 was aware of when he needed to have a bowel movement and urinate but staff told him to use it in the brief and they will clean him up afterwards. She stated Resident #1 was able to use the commode but needed assistance to transfer to the wheelchair and then to the commode. She stated Resident #1 hated using the adult briefs. On 03/24/2025 at 12:23 p.m., an interview was conducted with S4CNA. She stated Resident #1 could use the commode but she never offered to put Resident #1 on the commode. She stated she was not aware of Resident #1 being on a toileting schedule. On 03/24/2025 at 4:00 p.m., an interview was conducted with S5LPN. She stated Resident #1 required assistance with toilet transfers and knew when his brief was clean and dirty. She stated she never offered to put Resident #1 on the commode. She stated she was not aware of Resident #1 being on a toileting schedule. On 03/25/2025 at 3:13 p.m. an interview was conducted with S3CNA. He stated Resident #1 transferred to the commode with assistance. He stated he would assist Resident #1 when he requested to use the commode but he never offered to put Resident #1 on the commode. He stated he was not aware of Resident #1 being on a toileting schedule. On 03/26/2025 at 11:50 a.m., an interview was conducted with S6LPN. She stated the MDS assessment was determined by speaking with the Resident and ADL documentation from staff. She stated a bowel and bladder program to promote continence would be initiated by the nursing staff and a bowel and bladder program had not been initiated for Resident #1. On 03/26/2025 at 1:20 p.m., an interview was conducted with S2DON. She stated Resident #1 was able to participate in a bowel and bladder program. She stated there were no current interventions for Resident #1 to promote continence and he did not have a bowel and bladder program.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43868 Based on record review and interviews, the facility failed to ensure Activities of Daily Living (ADL) care was accurately documented for 1 (#1) of 4 (#1, #2, #3 and #4) Residents reviewed for ADL care. Findings: Review of Resident #1's clinical record revealed that he was admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses Septic Arthritis of Left Shoulder, Need for Assistance with Personal Care, and Hemiplegia and Hemiparesis Following Cerebral Infarction, Affecting Right Side. Review of Resident #1's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/02/2025 revealed a Brief Interview for Mental Status (BIMS) of 11, indicating the resident had moderate cognitive impairment. Further review revealed the resident required limited set up/cleanup for meals. Review of Resident #1's Eating ADL log, dated 03/01/2025-03/24/2025, revealed the following: Eating: Self Performance- How resident eats and drinks Limited Assistance- Resident highly involved in activity, staff provide guided maneuvering of limbs or other non-weight bearing assistance. Extensive Assistance- Resident involved in activity, staff provide weight bearing support. Total Dependence- Full Staff Performance. Resident #1 was coded to require the following assistance on the following days during the 6:00 a.m. to 2:00 p.m. shift: Limited Assistance - 03/05/2025, 03/11/2025, 03/16/2025 and 03/18/2025 Extensive Assistance - 03/01/2025 through 03/04/2025, 03/06/2025 through 03/09/2025, 03/12/2025 through 03/15/2025, 03/17/2025, and 03/19/2025 through 03/23/2025 Total Dependence - 03/10/2025 and 03/24/2025 On 03/26/2025 at 12:45 p.m., an observation was conducted of Resident #1 in the dining room. Resident #1 is noted with a bib on and staff was feeding the resident. S9CNA picked up and held the cup for Resident #1, while he drank the fluids. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/24/2025 at 12:23 p.m., an interview was conducted with S4CNA. She stated she worked 6:00 a.m. to 2:00 p.m. shift and was assigned to Resident #1. She stated when he returned to the facility on [DATE], he had a sling to his Left arm and his Right arm was affected from a previous stroke. She confirmed he was depended on staff for eating. On 03/24/2025 at 12:34 p.m. an interview was conducted with S8LPN. She stated she worked on the day shift and was assigned to Resident #1. She stated when he returned to the facility on [DATE], he had a sling to his Left arm and his Right arm was affected from a previous stroke. She confirmed he was dependent on staff for eating. On 03/25/2025 at 10:02 a.m., an interview was conducted with S7PTD. She stated Resident #1 was currently receiving therapy services. She confirmed Resident #1's Left arm was in a sling and he was unable to feed himself. She stated he had limited movement to the left arm and the right arm was affected from a previous stroke. On 03/26/2025 at 11:11 a.m., an interview was conducted with S5LPN. She stated she worked on the day shift and was assigned to Resident #1. She stated when he returned to the facility on [DATE], he had a sling to his left arm, and was dependent on staff for eating. On 03/26/2025 at 11:50 a.m., an interview was conducted with S6MDS. She confirmed she was not aware Resident #1 was dependent on staff for meals. She stated if Resident #1 was being fed by staff, his ADL documentation should be coded as Total Dependence. She reviewed the ADL documentation and confirmed the documentation was not accurate and should be.