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	06/05/2025

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to ensure a resident's call light was within reach for 1 (#34) of 34 residents reviewed during the initial pool. Findings: Review of the facility's policy titled, Call System, Residents, with a revision date of September 2022, revealed the following, in part: Policy Statement: Residents are provided with a means to call staff for assistance through a communication system which notifies a staff member or a centralized work station. Policy Interpretation and Implementation: 1. Each resident is provided with a means to call staff to notify them for assistance from his/her bed, floor, and from toileting/bathing facilities. Review of Resident #34's Clinical Record revealed the resident was admitted to the facility on [DATE] with diagnoses of Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Need for Assistance with Personal Care, Left Hand Contracture, and Left Elbow Contracture. Review of Resident #34's current Care Plan revealed following, in part: Problem: Potential for falls related to decreased mobility, history of Cerebrovascular Accident, confusion, history of falls, left Hemiparesis, and medication effects. Interventions included to keep the call light within reach and to remind the resident to call for assistance when needed. Problem: Self-care deficit related to needs extensive assistance with Activities of Daily Living, decreased mobility, and use Hoyer lift with transfers related to diagnoses of Left Hemiparesis and Muscle Rigidity. Interventions included to keep the call light in reach. Problem: Alteration in elimination related to bowel and bladder incontinence. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interventions included to keep the call light in reach. On 06/02/2025 at 8:55 a.m., an observation was made of Resident #34 in her room. She was sitting up in bed. The call light was observed lying on the floor at the foot of the bed. An interview was conducted with Resident #34 at that time, and Resident #34 confirmed she could not reach it on the floor. On 06/03/2025 at 9:05 a.m., an observation was made of Resident #34 in her room. She was sitting up in bed. The call light was observed lying on the floor at the foot of the bed, and not in the resident's reach. On 06/03/2025 at 9:10 a.m., an observation was made of Resident #34 with S15CNA. An interview was conducted with S15CNA at that time. S15CNA confirmed Resident #34's call light was on the floor at the foot of the bed, not within reach, and should have been in reach. On 06/03/2025 at 4:18 p.m., an interview was conducted with S2DON. S2DON was notified of the above findings. S2DON confirmed Resident #34's call light should have been in reach at all times when in her room.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to ensure all medical records regarding the resident's code status reflected the resident's wishes for 2 (#67 and #78) of 34 residents reviewed in the initial screening for advance directives. This deficient practice had the potential to affect 103 that resided in the facility. Findings: Resident #67 Review of Resident #67's clinical record revealed he was admitted to the facility on [DATE]. Review of Resident #67's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of [DATE] revealed, the resident had a Brief Interview for Mental Status (BIMS) of 12 indicating he was cognitively moderately impaired. Review of Resident #67's physical chart revealed the following documents, in part: LaPost dated [DATE] and signed by Resident's Power of Attorney and Physician which, indicated Resident #67 was a DNR (Do Not Resuscitate). Review of Resident #67's [DATE] Physician Orders revealed: [DATE] Full Code Status. Review of Resident #67's Electronic Health Record on [DATE] revealed a Full Code Status. On [DATE] at 1:11 p.m., an interview was conducted with S11LPN. She stated in the situation a code would arise, she would follow Resident #67's LaPost on the physical chart. S11LPN reviewed Resident #67's LaPost and compared it the electronic health record and confirmed the two records did not match. On [DATE] at 1:29 p.m., an interview was conducted with S2DON. She reviewed the physician's order and LaPost for Resident #67 and confirmed all medical records should reflect Resident #67's end of life wishes and did not. Resident #78 Review of Resident #78's clinical record revealed he was admitted to the facility on [DATE] and began receiving Hospice Services on [DATE]. Review of Resident #78's Significant Change MDS with an ARD of [DATE] revealed the resident had a BIMS of 13 indicating he was cognitively intact. (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #78's physical facility chart on [DATE] revealed the following documents, in part: LaPost dated [DATE] and signed by the resident and physician which indicated Resident #78 was a full code. Review of Resident #78's Hospice Binder on [DATE] revealed the following, in part: La Post dated [DATE] and signed by Resident #78's family member and the physician which indicated Resident #78 was a DNR. Review of Resident #78's [DATE] Physician Orders revealed: [DATE]: DNR. Review of Resident #78's Electronic Health Record on [DATE] revealed a DNR code status. On [DATE] at 3:53 p.m. an interview was conducted with S8LPN. S8LPN stated in the situation a code would arise she would go to the physical chart to verify a resident's code status. S8LPN reviewed Resident #78's physical chart and confirmed the LaPost was signed as a full code. S8LPN reviewed Residents #78's EHR and confirmed he was listed as a DNR. S8LPN stated she would follow the LaPost and perform CPR on Resident #78. S8LPN reviewed resident's Hospice chart and confirmed Resident #78's LaPost indicated he was a DNR. S8LPN confirmed the charts did not match and should. On [DATE] at 3:59 p.m., an interview was conducted with Resident #78. Resident #78 confirmed he wished to have CPR if needed. On [DATE] at 4:11p.m., an interview was conducted with S7ADN. S7ADN reviewed and confirmed Resident #78's physical chart's LaPost was signed for CPR, the Hospice Chart's LaPost was signed for DNR and the EMR indicated Resident #78 was a DNR. S7ADN confirmed that the chart and order should match. On [DATE] at 4:11 p.m., an interview was conducted with S2DON. S2DON stated in the situation a code would arise she expected staff to refer to the Physician's order in the EHR for a resident's code status. She stated Resident #78's EHR indicated he was DNR. The S2DON confirmed that the EHR and all medical records should match.

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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to ensure services were provided by the facility to meet quality professional standards. The facility failed to ensure medications were stored safely and were kept locked by leaving medication at the bedside for 1 (#341) of 33 residents observed during the initial screening of residents upon facility entrance. Findings: Review of the facility's policy Medication Labeling and Storage, with a revised date of 02/2024, revealed, in part, the following: Policy Heading The facility stores all medications and biologicals in locked compartments under proper temperatures, humidity, and light controls. Only authorized personnel have access to keys. Policy Interpretation and Implementation Medication Storage 2. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. 4. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing medications and biologicals are locked when not in use, and trays or carts used to transport such items are not left unattended if open or otherwise potentially available to others. 5. Medications are stored in an orderly manner in cabinets, drawers, carts, or automatic dispensing systems. Review of Resident #341's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Wheezing and Acute Cough. Review of Resident #341's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/15/2025, revealed she had a Brief Interview for Mental Status (BIMS) of 15, which indicated she was cognitively intact. Review of Resident #341's current Physician Orders revealed the following, in part: Start date: 05/15/2025 Ipratropium-Albuterol Solution 0.5-2.5 (3) milligrams (mg)/milliliters (mL), inhale orally three times a day for three days. An observation was made of Resident #341 on 06/02/2025 at 11:00 a.m. Further observation was made of an unopened package of Ipratropium-Albuterol Solution 0.5-2.5 (3) mg/mL on the bedside table. Resident #341 verified the medication was her medication. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An observation was made of Resident #341 on 06/03/2025 at 9:46 a.m. Further observation was made of an unopened package of Ipratropium-Albuterol Solution 0.5-2.5 (3) mg/mL on the bedside table. An interview was conducted with S11LPN on 06/03/2025 at 9:53 a.m. She observed and verified the unopened package of Ipratropium-Albuterol Solution 0.5-2.5 (3) mg/mL on Resident #341's bedside table. She confirmed the medication should not have been left on the bedside table. She stated the medication should have been stored in the locked medication cart and it was the nurse's responsibility to ensure medications are stored properly. An interview was conducted with S2DON on 06/03/2025 at 9:55 a.m. She confirmed medication should not have been left on the resident's bedside table. She stated the medication should have been store in the locked medication cart.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to provide necessary care and services for the provision of respiratory care in accordance with professional standards. The facility failed to ensure oxygen tubing was properly labeled for 1 (#342) of 5 (#65, #77, #84, #341, and #342) residents reviewed for oxygen therapy. Findings: Review of Resident #342's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Chronic Obstructive Pulmonary Disease, Chronic Diastolic Heart Failure, Ischemic Cardiomyopathy, and Asthma. Review of Resident #342's Physician's Orders revealed the following, in part: Start date: 05/29/2025: Oxygen at 2 Liters per nasal cannula, as needed for Chronic Obstructive Pulmonary Disease. On 06/02/2025 at 11:45 a.m., an observation was made of Resident #342's oxygen tubing, which was not labeled with the date. On 06/03/2025 at 9:47 a.m., an observation was made of Resident #342's oxygen tubing, which was not labeled with the date. On 06/03/2025 at 9:55 a.m., an observation was made of Resident #342's oxygen tubing with S11LPN. S11LPN confirmed the oxygen tubing was not labeled with the date last changed and should have been. She stated the tubing should have been changed and labeled weekly, and it was the nurse's responsibility to do so. On 06/03/2025 at 9:59 a.m , an interview was conducted with S2DON. She confirmed nursing staff should have changed and labeled oxygen tubing weekly.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations, interviews, and record review, the facility failed to ensure medications were stored and labeled properly in accordance with current accepted professional principles. The facility failed to ensure: 1. An expired medication was not available for use for Resident #54 in 1 (Cart B) of 2 carts (Cart A and Cart B) reviewed; and 2. An opened medication was labeled with an open date and not available for use in 1 (Cart B) of 2 carts (Cart A and Cart B) reviewed. Findings: On 06/02/2025 at 11:15 a.m., an observation was made of Cart B with S6LPN. The following was observed: One medication card containing 21 tablets of Hyoscyamine Sulfate Sublingual 0.125 mg tablets with a discard after date of 02/28/2025 for Resident #54; and One bottle of Vitamin D 10 mcg tablets was opened and not labelled with the open date. On 06/02/2025 at 11:20 a.m., an interview was conducted with S6LPN. She observed the above findings and confirmed the Hyoscyamine Sulfate Sublingual 0.125 mg tablets for Resident #54 were expired and available for use. She also confirmed the bottle of Vitamin D was open with no date to indicate when the bottle was opened. On 06/02/2025 at 4:00 p.m., an interview was conducted with S2DON. She stated the nurses on the hall were responsible for checking the medication carts for unlabeled and expired medications. She was notified of the above observations made of Cart B. She confirmed Resident #54's Hyoscyamine Sulfate tablets should have been discarded when expired. S2DON further confirmed the bottle of Vitamin D should have been labeled with the date when it was opened.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observations and interviews, the facility failed to ensure garbage and waste were properly contained in the outdoor trash dumpster. Findings: On 06/02/2025 at 9:04 a.m., an observation was made of the facility's two outdoor trash dumpsters with S3DM. One of the dumpsters was observed with the door open and a clear plastic bag containing soiled briefs and gloves hanging out of the lid. Scattered trash was observed on the ground around the dumpster including the following: plastic bag, plastic cups, plastic utensils, gloves, one green cloth, empty juice containers, and other unidentifiable paper items. On 06/02/2025 at 9:10 a.m., an interview was conducted with S3DM. She observed and confirmed the above mentioned observations of the dumpster area. She stated the dumpster door should be kept closed and the surrounding area kept free of trash. She stated maintenance was responsible for keeping the dumpster area clean. On 06/02/2025 at 10:00 a.m., an interview was conducted with S4MA. He stated he and S5MS were responsible for keeping the dumpster area clean. He stated the dumpster doors should be kept closed and there should be no trash on the ground. On 06/02/2025 at 10:20 a.m., an interview was conducted with S5MS. He stated maintenance staff were responsible for keeping the dumpster area clean. He confirmed the dumpster doors should be kept closed and there should be no trash on the ground.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of infection. The facility failed to ensure S12LPN wore proper Personal Protective Equipment (PPE) while providing urinary catheter care for 1 (#67) of 2 (#13 and #67) residents with indwelling medical devices. Findings: Review of the facility's policy, dated 08/2024, titled Enhanced Barrier Precautions, revealed, in part: Policy Interpretation and Implementation: 2. Enhanced Barrier Precautions (EBP) employ targeted gown and glove use during high contact resident care activities . 3. Examples of high contact resident care activities requiring the use of gown and gloves for EBP include: g) device care or use (urinary catheter .) Review of Resident #67's clinical record revealed he was admitted to the facility on [DATE] with diagnoses, which included Benign Prostatic Hyperplasia (BPH) with Lower Urinary Tract Symptoms and Urinary Tract Infection. Review of Resident #67's active physician orders, dated 03/01/2025 to 06/30/2025 revealed, in part: 1. Indwelling Catheter for diagnosis of BPH with retention; 2. Clean indwelling catheter with soap and water daily and as needed. On 06/02/2025 at 11:59 a.m., an observation was made of Resident #67's room door with no EPB signage observed. On 06/02/2025 at 12:00 p.m., an interview was conducted with Resident #67. He stated he had a urinary catheter for 3 weeks. An observation was made of a urinary catheter bag attached to Resident #67. On 06/02/2025 at 12:43 p.m., an interview was conducted with S2DON. She stated any resident with an indwelling catheter should be on Enhanced Barrier Precautions. On 06/04/2025 at 8:58 a.m., an observation was made of Resident #67's door with no EPB signage observed. On 06/04/2025 at 10:01 a.m., an observation was made of S12LPN performing urinary catheter care on Resident #67. No gown was worn by S12LPN. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/04/2025 at 10:11 a.m., an interview was conducted with S12LPN. She stated the only PPE needed to conduct urinary catheter care was gloves. She further stated when residents were on EBP precautions a sign was placed on the resident's door. She confirmed she only wore gloves when she performed urinary catheter care on Resident #67. On 06/04/2025 at 10:27 a.m., an interview was conducted with S7ADN. She stated she was the Infection Preventionist for the facility. She reported all training for infection control was completed by all staff in their electronic training system. She further stated when residents were placed on precautions of any type, signage was placed on the resident's door, a biohazard box was placed in the resident's room, and isolation carts with PPE for staff was placed near the room for use. She confirmed residents with urinary catheters should be on Enhanced Barrier Precautions. She stated staff should wear gown and gloves when providing direct care to a resident on Enhanced Barrier Precautions. She confirmed Resident #67 had a urinary catheter. She confirmed Resident #67 was not on Enhanced Barrier Precautions and should be.