STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195473	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sterling Place Healthcare & Rehabilitation Center	3888 North Blvd Baton Rouge, LA 70806

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interviews and record reviews, the facility failed to report a serious bodily injury of unknown origin ,resulting in a fracture, to the State Survey Agency within the required 2 hour timeframe for 1 (#64) of 2 residents reviewed for accidents. Findings: Review of the facility's Abuse - Prevention and Prohibition Policy and Procedure, dated 03/25/2023, revealed, in part:Procedure:7. Reporting/Response: The facility employee or agent who becomes aware of injuries of unknown source shall immediately report the matter to the facility administrator. The administrator notifies the regional director and corporate nurse. The administrator shall immediately initiate a report in the State's Incident Management System and the facility's local enforcement agency, but not less than 2 hours after forming the suspicion of a crime if the alleged violation results in serious bodily injury. Review of Resident #64's Quarterly MDS Assessment with an ARD of 04/08/2026, revealed the resident had a BIMS of 10, which indicated he was moderately cognitively impaired. Further review revealed he was unable to accurately recall the current year, current month, current day of the week, and was unable to accurately recall three words previously told to him at the start of the assessment. Review of Resident #64's Nurse Note, dated 05/06/2026, revealed around 5:55 a.m., Resident #64 complained of pain to his right hip. Review of Resident #64's Progress Notes, dated 05/06/2026, revealed, he was seen at approximately 11:09 a.m. for new onset of pain to right shoulder, right hip and left ankle with order given to obtain STAT In-house X-Rays. Review of Resident #64's In-house X-Ray Results, obtained 05/06/2026 revealed, in part, an acute, mildly displaced fracture to the Right Superior Pubic Ramus. Review of Resident #64's Nurse Note dated 05/06/2026 at 12:14 p.m. revealed Resident #64 denied falling or any other type of incident. Resident #64's In-house X-Ray revealed an acute appearing fracture of the right superior pubic ramus. On 06/11/2026 at 11:14 a.m., an interview was conducted with S6CNA. S6CNA stated Resident #64 was lying in bed on the morning of 05/06/2026 and reported hip pain to her. S6CNA stated she was unaware of what caused Resident #64's pain. On 06/11/2026 at 11:49 a.m., an interview was conducted with S8CNA. She stated she worked on 05/05/2026 and the morning of 05/06/2026. She stated Resident #64 stayed in bed later than usual, then complained of pain to his right hip. She stated she was not aware of how his injury occurred. On 06/11/2026 at 2:01 p.m., an interview was conducted S5LPN. S5LPN stated on the morning of 05/06/2026, Resident #64 complained of pain to his right hip and she was not aware of what caused it. On 06/11/2026 at 2:09 p.m., an interview was conducted with S4DON. S4DON confirmed Resident #64 was identified to have a Right Superior Pubic Ramus fracture on 05/06/2026 and the facility was unable to determine how his injury occurred. S4DON confirmed she made S1ADM aware of Resident #64's injury and confirmed he was responsible for filing a report with the State Survey Agency. Review of the facility's self-reported incidents to the State Survey Agency revealed there was no report for Resident #64's Injury of Unknown Origin. On 06/11/2026 at 3:35 p.m., an interview was conducted with S1ADM. S1ADM stated an injury of unknown origin would be if a major injury occurred and neither the resident nor the staff knew how the injury occurred. S1ADM confirmed Resident #64 was identified to have a Right Superior Pubic Ramus fracture on 05/06/2026. S1ADM confirmed staff were unable to tell him how Resident #64's injury occurred. S1ADM confirmed the (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
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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	facility was not able to identify how Resident #64's injury occurred. S1ADM confirmed he did not file a SIMS Report within 2 hours of becoming aware of Resident #64's injury.

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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 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 policy review, the facility failed to store food in accordance with professional standards for food service safety by failing to document temperatures on temperature logs. This had the potential to affect the 121 residents who were served by the kitchen.Findings:Review of the policy titled, Monitoring Temperatures of Cooked Foods with a revision date of 10/2018 revealed the following, in part:The temperature of potentially hazardous cooked foods will be monitored to ensure the foods are not in the danger zone (above 41F and below 135F).Procedures:3. Cooking and holding temperatures should be recorded on the Food Holding Temperature Log or other form .4. Storage temperatures should be recorded on the Food Holding Temperature Log or other form. Review of the policy titled, Food Storage Labeling with a revision date of 05/2023 revealed the following, in part:5. Storage temperatures are routinely monitored and documented using the appropriate temperature logs.6. Temperatures are recorded daily.Review of the document titled Temperature Log dated 06/06/2026 for the Dietary department revealed no documentation of the following, in part:Breakfast Temperatures before the tray line starts;Lunch Temperatures before the tray line starts;Afternoon Refrigerator and Freezer Temperatures;Dinner Temperatures before the tray line starts; andClosing Refrigerator and Freezer Temperatures. Review of the document titled Temperature Log dated 06/07/2026 for the Dietary department revealed no documentation of the following, in part:Morning Refrigerator and Freezer Temperatures;Breakfast Temperatures before the tray line starts;Lunch Temperatures before the tray line starts; Afternoon Refrigerator and Freezer Temperatures;Dinner Temperatures before the tray line starts; andClosing Refrigerator and Freezer Temperatures. On 06/12/2026 at 4:02 p.m., an interview was conducted with S3CM. S3CM stated the Temperature Logs are important because it is how the kitchen ensures the food is properly cooked, held, and served at a safe temperatures. S3CM stated the temperatures of the freezers and refrigerators are monitored to ensure the food has not spoiled and to prevent residents from getting sick. S3CM stated the kitchen's process is to document the temperatures on the logs to ensure everything is safe for the residents. S3CM confirmed the aforementioned findings on 06/06/2026 and 06/07/2026. S3CM confirmed the temperatures should have been documented on 06/06/2026 and 06/07/2026. On 06/11/2026 at 4:53 p.m., an interview was conducted with S2AA. S2AA reviewed the Temperature Logs for 06/06/2026 and 06/07/2026 and confirmed the aforementioned findings. S2AA confirmed the Temperature Logs should be completed. On 06/11/2026 at 4:19 p.m., an interview was conducted with S1ADM. S1ADM confirmed he expected the temperatures in the kitchen to be checked daily and with each meal. S1ADM confirmed the aforementioned findings and confirmed he expected the Temperature Logs to be completed.