

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195476	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/26/2024
NAME OF PROVIDER OR SUPPLIER Capitol House Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11546 Florida Blvd Baton Rouge, LA 70815	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48872</p> <p>Based on observations and interviews, the facility failed to ensure maintenance services were provided to maintain a safe, clean, comfortable, and homelike environment for 4 of 4 (#R1, #R2, #R3 and #R4) residents' rooms observed for environmental concerns. The facility failed to ensure A/C (air conditioning) window units were clean, free of debris, and received regular maintenance</p> <p>Findings:</p> <p>Resident #R1</p> <p>Review of Resident #R1's Clinical Record revealed she was admitted to the facility on [DATE] with a BIMs of 15, which indicated cognitively intact.</p> <p>An observation was made on 12/23/2024 at 10:30 a.m. of Resident #R1's room A/C window unit. The right and left adjustable louvers of the A/C window unit were covered throughout with a buildup of black substances, spotted flat black stains and a blue glove stuffed into a crevice of one of the louvers. Further observation of the A/C window unit revealed the front panel grill had a buildup of gray dust.</p> <p>An interview was conducted on 12/23/2024 at 10:30 a.m. with Resident #R1. Resident #R1 stated she had her A/C window unit running all the time. Resident #R1 observed the A/C window unit, and she confirmed there were multiple black spots that looked like mold on the adjustable louvers and gray dust buildup on the front panel grill of the A/C window unit. She stated the A/C window unit needed to be cleaned. She stated she had trouble with allergies and was worried the state of the A/C window unit could have caused an increase in her allergy symptoms.</p> <p>Resident #R2's</p> <p>An observation was made of on 12/23/2024 at 10:38 a.m. of Resident #R3's A/C window unit in her room. Observed the right and left adjustable louvers of the A/C window unit were spotted with a buildup of black substances and spotted, flat, black stains. Further observation of the A/C window unit revealed the front panel grill had a buildup of gray dust.</p> <p>Resident #R3 and Resident #R4</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation was made on 12/23/2024 at 10:40 a.m. of Room c's A/C window unit. Observed the right and left adjustable louvers of the A/C window unit were spotted with a buildup of black substances and spotted, flat, black stains. Further observation of the A/C window unit revealed the front panel grill had a buildup of gray dust.</p> <p>Review of facility's documentation of Central A/C Filter Monthly Log revealed the following:</p> <p>November:</p> <p>Inspected- maintenance</p> <p>Replaced- cleaned/replaced</p> <p>December:</p> <p>Inspected-blank</p> <p>Replaced-blank</p> <p>A facility tour and interview was conducted on 12/23/2024 at 2:00 p.m. with S2MnD. S2MnD stated he monitored and was responsible for the monthly cleaning and maintenance of the A/C window units in the facility. During the tour, S2MnD observed the aforementioned Resident #R1, Resident #R2, Resident #R3 and Resident #R4's A/C window units, and he confirmed they were covered with black spots which looked like mildew. S2MnD confirmed the A/C window units were usually cleaned and maintenance completed once a month on the 15th and 16th day. He stated the A/C window units were due to be cleaned and filter replaced on 12/15/2024 and 12/16/2024, but had not completed the services.</p> <p>A facility tour and interview was conducted on 12/23/2024 at 2:45 p.m. with S1ADM. S1ADM observed the aforementioned A/C window units, and she confirmed they were covered with black spots and were due to be cleaned and maintenance.</p>		