

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  06/13/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43868</p> <p>Based on observation, interviews, and record review, the facility failed to ensure each resident was treated with respect and dignity in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life for 1 (#82) of 2 (#59 and #82) sampled residents reviewed for dignity. The facility failed to ensure staff communicated with the resident, and explained the care to be provided.</p> <p>Findings:</p> <p>Review of Resident #82's Clinical Record revealed he was admitted on [DATE] with diagnoses, which included Cerebral Infarction, Tracheostomy, and Need for Assistance with Personal Care.</p> <p>Review of Resident #82's admission assessment MDS with an ARD of 05/21/2024 revealed the provider assessed the resident as having a BIMS of 0, indicating the resident was severely cognitively impaired. Further review revealed he was totally dependent on staff for bed mobility, transfers, dressing, toileting, and personal hygiene.</p> <p>On 06/10/2024 at 10:20 a.m., an observation was conducted of Resident #82. S9CNA walked into Resident #82's room, pulled the curtain, and pulled the sheet to turn Resident #82 without explaining the care to be provided.</p> <p>On 06/12/2024 at 3:09 p.m., an interview was conducted with S3ADON. She confirmed she would expect all staff to greet residents when entering the room and explain the care to be provided.</p> <p>On 06/12/2024 at 3:30 p.m., an interview was conducted with S2DON. She confirmed she would expect all staff to greet residents when entering the room and explain care to be provided.</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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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42681</p> <p>Based on interviews and record reviews, the facility failed to ensure a resident's assessment accurately reflected the discharge status for 1(#97) of 5 (#52, #64, #82, #97 and #450) residents reviewed for hospitalization s.</p> <p>Findings:</p> <p>Review of Resident #97's MDS Discharge assessment dated [DATE] revealed the resident was discharged to a general hospital.</p> <p>Review of Nursing Notes for Resident #97 revealed the following, in part:</p> <p>05/09/2024 at 4:58 p.m., Resident #97's son in facility loading up all resident belongings. Resident #97 was given her signed copy of medication with all narcotics. Resident #97 was also given paperwork from the social worker. Resident #97 was rolled to private transportation and assisted by son into car.</p> <p>On 06/12/2024 at 2:38 p.m., an interview was conducted with S5MDS. She reviewed Resident #97's MDS Discharge Assessment and confirmed it indicated Resident #97 was discharged to a general hospital. She reviewed Resident #97's medical record and confirmed the resident was discharged home. She confirmed the resident's MDS Discharge Assessment was not coded correctly and should have been coded discharged home.</p> <p>On 06/12/2024 at 2:46 p.m., an interview was conducted with S2DON. She was made aware of the findings and confirmed the MDS Discharge Assessment should be accurate.</p>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47191</p> <p>Based on record review and interviews, the facility failed to ensure a resident with an identified mental health diagnosis was referred for a Preadmission Screening Resident Review (PASRR) Level II evaluation as required for 1(#4) of 3(#4, #77, and #90) sampled residents records reviewed for PASRR.</p> <p>Findings:</p> <p>Review of the Clinical Record revealed Resident #4 was admitted to the facility on [DATE] with diagnoses which included Schizophrenia. Further review revealed additional medical diagnoses of Anxiety disorder (11/12/2019), Schizoaffective Disorder (10/11/2017), and Unspecified Psychosis (06/06/2014). Further review of the clinical record revealed no documentation of a Level II PASRR evaluation.</p> <p>On 06/12/2024 at 1:30 p.m., an interview was conducted with S8SSD. She stated when a resident acquired a new mental health diagnosis she submitted a request to the state agency for a PASRR Level II referral. She reviewed the PASRR Level I on file for Resident #4 dated 01/15/2013. She confirmed Resident #4 had acquired the above listed diagnosis since the last Resident Review submission. She confirmed a Resident Review form should have been submitted for evaluation and determination for Level II services and was not.</p> <p>On 06/12/2024 at 1:45 p.m., an interview was conducted with S2DON. She reviewed the PASRR Level I on file for Resident #4 dated 01/15/2013. She confirmed Resident #4 had acquired the above listed diagnosis since the last Resident Review submission. She confirmed a Resident Review form should have been submitted for evaluation and determination for Level II services and was not.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42681</p> <p>Based on observation, interviews, and record review, the facility failed to store food in accordance with professional standards for food service safety. This had the potential to affect 78 residents who were served meals from the kitchen.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Food Safety Requirements, dated 08/2022, revealed in part:</p> <p>Food will be stored, prepared, distributed, and served in accordance with professional standards for food service safety.</p> <p>3. Facility staff shall inspect all food, food products, and beverages upon receipt and ensure proper storage</p> <p>a. Refrigerated storage-foods that require refrigeration shall be refrigerated immediately upon receipt.</p> <p>On 06/10/2024 at 9:00 a.m., an initial tour of the kitchen was conducted with S7DM. The following items were found opened on a shelf instead of in the refrigerator:</p> <ol style="list-style-type: none"> <li>1. Soy Sauce, 1 gallon bottle, half empty. Manufacture's label read Refrigerate After Opening.</li> <li>2. Lemon Juice, 1 quart bottle, half empty. Manufacture's label read Refrigerate After Opening.</li> </ol> <p>On 06/10/2024 at 9:02 a.m., an interview was conducted with S7DM. She confirmed the soy sauce and lemon juice were open. She confirmed both the soy sauce and lemon juice should have been refrigerated upon opening and was not.</p> <p>On 06/11/2024 at 10:00 a.m., an interview was conducted with S1ADM. She stated she expected all opened food items which require refrigeration would be stored in the refrigerator.</p>