

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195477	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/02/2025
NAME OF PROVIDER OR SUPPLIER Flannery Oaks Guest House		STREET ADDRESS, CITY, STATE, ZIP CODE 1642 N. Flannery Road 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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46981</p> <p>Based on interviews and record review, the facility failed to protect the residents' right to be free from physical abuse for 1 (#2) of 3 (#1, #2, and #3) residents reviewed for abuse. The facility failed to ensure Resident #2 was free from physical abuse by S5CNA.</p> <p>The facility implemented corrective actions, which were completed prior to the State Agency's investigation, thus it was determined to be a Past Noncompliance citation.</p> <p>Findings:</p> <p>A review of the facility's policy dated 03/05/2023 and titled, Abuse-Prevention and Prohibition Policy and Procedure revealed the following, in part:</p> <p>Purpose: Each resident has the right to be free from abuse .No one shall abuse a resident .This policy applies to facility staff</p> <p>Policy:</p> <p>3. Physical Abuse includes hitting, slapping .</p> <p>A review of Resident #2's clinical record revealed he was admitted to the facility on [DATE]. The resident had diagnoses, which included Vascular Dementia, Depression, and Anxiety Disorder.</p> <p>A review of Resident #2's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/04/2024 revealed a Brief Interview for Mental Status (BIMS) of 14, which indicated he was cognitively intact.</p> <p>A review of the facility's Self-Reported Incident Report, dated 12/22/2024, revealed the following, in part:</p> <p>Victim: Resident #2</p> <p>Accused: S5CNA</p> <p>Allegations: Physical abuse</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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Incident Occurred: 12/22/2024</p> <p>A review of Resident #2's Nurse's Note dated 12/22/2024 at 8:10 a.m. revealed the following, in part:</p> <p>Resident #2 was upset because he didn't receive coffee on his breakfast tray. Resident #2 threatened to hit S5CNA in the face. Resident #2 hit S5CNA, and S5CNA hit Resident #2. Resident #2 and S5CNA were separated. Resident #2 denies injury. Police, NP, RP, and S1ADM notified.</p> <p>A review of S5CNA's written statement dated 12/22/2024 revealed the following: Resident #2 said he would hit me. Resident #2 hit me, and I responded with my hand, popping Resident #2.</p> <p>A review of S7HK's written statement dated 12/22/2024 revealed the following: Resident #2 slapped S5CNA in the face, and S5CNA hit Resident #2.</p> <p>On 12/30/2024 at 10:50 a.m., an interview was conducted with S7HK. She stated she was working on 12/22/2024, and she witnessed the physical altercation between Resident #2 and S5CNA. She stated Resident #2 hit S5CNA in her face. She stated S5CNA hit Resident #2 on his forehead with the palm of her hand. She stated she separated Resident #2 and S5CNA. She stated S5CNA hitting Resident #2 was abuse. She stated she received in-services on abuse prevention and prohibition on 12/22/2024.</p> <p>On 12/30/2024 at 11:05 a.m., an interview was conducted with S2DON. She stated on 12/22/2024, S1ADM called her and notified her S5CNA hit Resident #2, after Resident #2 hit S5CNA. She stated if a staff member hit a resident, it was abuse. She stated S5CNA left the facility immediately after the altercation and was terminated. She stated she assessed Resident #2, and no injuries were noted. She stated police, Resident #2's RP, and S1ADM were notified. She stated following this incident all staff received in-services on abuse prevention and prohibition with a posttest given by herself and S1ADM starting on 12/22/2024 with 100% completion by 12/25/2024. She stated she received the in-service on 12/22/2024 by S1ADM. She stated Resident #2 was assessed daily by herself for 3 days and interviewed by the social worker 3 times a week for 2 weeks to monitor for changes. She stated random residents were interviewed daily by herself for 2 weeks to monitor for further abuse allegations, with none identified.</p> <p>On 01/02/2025 at 8:30 a.m., an interview was conducted with S1ADM. He stated on 12/22/2024, he was notified of the altercation between Resident #2 and S5CNA. He stated he reviewed camera footage, which revealed Resident #2 hit S5CNA in her face, and then S5CNA hit Resident #2 on his forehead. He stated he saw S7HK separate Resident #2 and S5CNA. He stated S5CNA was sent home as soon as the incident occurred and was terminated. He stated it was never appropriate for a staff member to hit a resident. He stated S2DON assessed Resident #2, and no injuries were noted. He stated police, Resident #2's RP, and state office were notified on 12/22/2024. He stated following the incident all staff received in-services on abuse prevention and prohibition with a posttest given by himself and S2DON starting on 12/22/2024 with 100% completion by 12/25/2024. He stated he received the in-service on 12/22/2024 by corporate. He stated all staff had a return demonstration through questioning staff on the policy and procedure for abuse prevention and prohibition. He stated Resident #2 was assessed daily for 3 days by S2DON and interviewed by the social worker 3 times a week for 2 weeks to monitor for changes. He stated random residents were interviewed daily for 2 weeks to monitor for further abuse allegations by S2DON, with none identified. He stated in morning meetings, he followed up for 2 weeks to ensure a resident had not voiced concerns of potential abuse, with none identified.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/02/2025 at 8:33 a.m., an interview was conducted with Resident #2. He stated on 12/22/2024, he hit S5CNA in the face and S5CNA hit him in the forehead with her hand. He stated S5CNA was taken out of the facility and terminated. He stated S2DON assessed him for injuries and checked on him daily since 12/22/2024. He stated the social worker interviewed him multiple times following the incident.</p> <p>On 01/02/2025 at 9:02 a.m., an interview was conducted with S8SSD. She stated on 12/22/2024, S2DON notified her S5CNA hit Resident #2, after Resident #2 hit S5CNA. She stated if a staff member hit a resident, it was abuse. She stated S5CNA left the facility immediately after the altercation and was terminated. She stated S2DON assessed Resident #2, and no injuries were noted. She stated police, Resident #2's RP, and S1ADM were notified. She stated following this incident all staff received in-services on abuse prevention and prohibition with a posttest given by S2DON and S1ADM starting on 12/22/2024 with 100% completion by 12/25/2024. She stated Resident #2 was assessed daily by S2DON for 3 days and interviewed by herself 3 times a week for 2 weeks to monitor for changes, with none identified. She stated random residents were interviewed daily by herself for 2 weeks to monitor for further abuse allegations, with none identified.</p> <p>On 01/02/2025 at 9:19 a.m., an interview was conducted with S3RN. She stated she received in-services on 12/23/2024 on abuse prevention and prohibition by S2DON. She stated she completed a posttest and answered questions related to abuse by S2DON.</p> <p>On 01/02/2025 at 9:22 a.m., an interview was conducted with S6RN. She stated she received in-services on 12/22/2024 on abuse prevention and prohibition by S2DON. She stated she completed a posttest and answered questions related to abuse by S2DON.</p> <p>Throughout the survey from 12/30/2024 to 01/02/2025, observations, record reviews, and staff interviews revealed staff received training on the facility's abuse policies and procedures, de-escalating aggressive behaviors, and the effect of staff approach in relation to resident's behaviors. Interviews revealed staff were knowledgeable of the types of abuse and were aware abuse should be reported to administration immediately.</p> <p>The facility had implemented the following actions to correct the deficient practice:</p> <ol style="list-style-type: none"> 1. Corrective actions were accomplished for residents found to be affected by the alleged deficient practice include: <ol style="list-style-type: none"> a. Resident #2 and S5CNA separated. Resident #2 brought to a safe place. S5CNA was escorted outside of the facility. b. Administrator notified. c. Police notified. d. Head to toe assessment completed on Resident #2. e. Resident #2 and S5CNA interviewed and statements received. f. In-service all staff regarding policy and procedure for abuse prevention and prohibition. <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. All residents have the potential to be affected by this alleged deficient practice.</p> <p>3. The measures put into place to prevent this alleged deficient practice from re-occurring:</p> <ul style="list-style-type: none"> a. In-service all staff regarding policy and procedure for abuse prevention and prohibition. b. Residents with a BIMS of 9-15 interviewed by staff to ensure that the resident has not felt abused and that each resident feels safe. c. Resident #2 interviewed by social services 3 times a week for 2 weeks to ensure Resident #2 does not have any psychological concerns following the incident. d. Head to toe assessment completed by nurse daily for 3 days to ensure Resident #2 does not have any physical concerns following the incident. <p>4. Facility will monitor its performance to ensure sustained compliance by the following:</p> <ul style="list-style-type: none"> a. Administrator and or designee will have a return demonstration through questioning staff on the policy and procedure for abuse prevention and prohibition. b. Administrator and or designee will follow-up in morning meeting and with weekend supervisor for 2 weeks and as needed to ensure a resident has not voiced concerns of potential abuse. c. Additional in-servicing and/or progressive disciplinary action will occur if further noncompliance is noted. <p>5. Corrective action will be completed by 01/07/2025.</p> <p>48333</p>

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>48333</p> <p>Based on record review and interviews, the facility failed to complete quarterly assessments for 2 (#1, #3) of 3 (#1, #2, and #3) residents reviewed for Resident Assessment.</p> <p>Findings:</p> <p>Review of the facility's policy titled, MDS Policy and Procedure with an effective date of 06/25/2015 revealed the following, in part:</p> <p>Policy Statement:</p> <p>All Minimal Data Set (MDS) are to be completed and transmitted according to the most current Resident Assessment Instrument (RAI) manual.</p> <p>Resident #1</p> <p>On 01/02/2025, a review of Resident #1's MDS assessment revealed a Quarterly MDS with an ARD (Assessment Reference Date) of 12/18/2024. Further review revealed the MDS assessment was not completed by 01/01/2025.</p> <p>Resident #3</p> <p>On 01/02/2025, a review of Resident #3's MDS assessment revealed a Quarterly MDS with an ARD of 12/11/2024. Further review revealed the MDS assessment was not completed by 12/25/2024.</p> <p>An interview was conducted on 01/02/2025 at 11:50 a.m. with S4MDS. He confirmed all Quarterly Assessments should be completed within 14 days of the ARD. He confirmed Resident #1's MDS should have been completed by 01/01/2025, but was not completed timely. He further confirmed Resident #3's MDS should have been completed by 12/25/2024, but was not completed timely.</p> <p>An interview was conducted on 01/02/2025 with S2DON. She confirmed Quarterly MDS Assessments should be completed within 14 days of the ARD. She further confirmed Resident #1 and Resident #3's Quarterly MDS Assessments were not completed timely, but should have been.</p>