

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 05/16/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48537</p> <p>Based on interviews and record review, the facility failed to ensure an alleged violation of physical abuse was reported within 2 hours to the State Survey Agency after an allegation was made for 1 (#295) of 3 (#5, #294, and #295) residents reviewed for abuse.</p> <p>Findings:</p> <p>Review of the facility's policy titled Abuse - Prevention and Prohibition Policy and Procedure revealed the following:</p> <p>Purpose:</p> <p>Each resident has the right to be free from abuse . This policy applies to covered individuals (the owner, operator, employees, managers, vendors, agency staff, agents, or contractors) . present in our facility.</p> <p>Policy:</p> <p>To provide a safe, abuse-free environment for all residents. If you suspect physical abuse of a resident contact the Administrator immediately.</p> <p>I. Types of Abuse:</p> <p>3. Physical Abuse may including hitting, slapping, pinching, biting, shoving, and kicking.</p> <p>II. Procedures</p> <p>7. Reporting/Response</p> <p>The facility employee or covered individual who becomes aware of abuse shall immediately report the matter to the facility administrator.</p> <p>The Administrator shall immediately initiate a report to the State Agency and the facility's local law enforcement agency, but not less than 2 hours after forming the suspicion of a crime if the alleged violation involves abuse (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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>All covered individuals are required by law to report any suspected abuse or neglect.</p> <p>Review of Resident #295's Clinical Record revealed she was admitted to the facility on [DATE] with Diagnoses which included Dementia and Traumatic Subdural Hemorrhage.</p> <p>Review of the admission MDS with ARD of 05/10/2024 revealed the provider assessed Resident #295 as having a BIMS of 4, which indicated the resident had severe cognitive impairment.</p> <p>Review of the Nurses/Care team notes revealed the following:</p> <p>05/12/2024 9:01 p.m. LATE ENTRY FROM 05/11/2024 2:00 p.m.: While resident was sitting in the lobby near the television area next to Resident #80, Resident #295 began hitting Resident #80 in the face and was witnessed by S15CNA who removed resident along with S16RNS. Resident #295 was placed in her room and monitored for the remainder of the shift. Signed by: S17LPN</p> <p>Review of the facility's Incident Log, dated November 2023 through current, revealed no documented incident between Residents #295 and #80.</p> <p>Review of the facility's state agency reported incidents for the past six months revealed no reports of the above incident.</p> <p>On 05/14/2024 at 12:08 p.m., an interview was conducted with S15CNA. She stated she witnessed the incident between Resident #295 and Resident #80 on 05/11/2024. She stated Resident #295 and #80 were seated in the day room area near NSB. She stated she saw Resident #295 slapping Resident #80 in the face. S15CNA stated she immediately separated Resident #295 from Resident #80 and brought her to her room. She stated what she witnessed was physical abuse. She stated once she separated the residents, she immediately reported the incident to her supervisor.</p> <p>On 05/14/2024 at 12:57 p.m., an interview was conducted with S1ADM. He stated he was made aware of the incident between Residents #295 and #80 sometime around 12:30 p.m. on 05/11/2024 by a staff member. He stated it was reported to him Resident #295 was hitting Resident #80. He stated he did not consider the incident to be physical abuse and did not report it to the state agency.</p>		

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<p>F 0640</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40512</p> <p>Based on record reviews and interviews, the facility failed to electronically transmit a subset of items upon a resident's discharge for 2 (#38, #84) of 5 (#38, #84, #88, #91, and #92) residents reviewed for discharge.</p> <p>Resident #38</p> <p>Review of Resident #38's clinical record revealed the resident was admitted to the facility on [DATE] and discharged on [DATE]. Further review revealed the resident did not have an electronically transmitted discharge MDS assessment.</p> <p>Resident #84</p> <p>Review of Resident #84's clinical record revealed the resident was admitted to the facility on [DATE] and discharged on [DATE]. Further review revealed the resident did not have an electronically transmitted discharge MDS assessment.</p> <p>An interview was conducted with S6MDS on 05/15/2024 at 12:38 p.m. She reviewed Resident #38's clinical record. She stated the resident was discharged on [DATE] and a discharge assessment was not electronically transmitted. She confirmed a discharge assessment should have been completed on 01/31/2024. She reviewed Resident #84's clinical record. She stated the resident was discharged from the facility on 01/23/2024 and a discharge assessment was not electronically transmitted. She confirmed a discharge assessment should have been completed for Resident #84 on 01/23/2024.</p> <p>An interview was conducted with S2DON on 05/15/2024 at 2:10 p.m. She confirmed MDS staff should have completed and transmitted a discharge assessments after a resident was discharged from the facility.</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40512</p> <p>Based on interviews and record reviews, the facility failed to ensure the resident assessments accurately reflected the resident's status. The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Staff accurately marked a resident was evaluated for PASRR on 2 (#62, #66) of 4 (#8, #36, #62, #66) resident's reviewed for PASRR; and 2. Staff accurately reflected the discharge status for 1 (#91) of 5 (#38, #84, #88, #91, #92) residents reviewed for discharge; and 3. Staff accurately reflected a resident had pressure ulcers for 1 of 1 (#43) resident reviewed for pressure ulcers. <p>1.</p> <p>Resident #62</p> <p>Review of Resident #62's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses which included Bipolar Disorder and Borderline Personality Disorder.</p> <p>Review of Resident #62's clinical record revealed a Level II PASRR with approval dates of 04/03/2024 through 04/02/2024.</p> <p>Review of Resident #62's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/07/2024 revealed question A1500, Resident evaluated for PASRR, was answered as no.</p> <p>Resident #66</p> <p>Review of Resident #66's clinical record revealed the resident was admitted to the facility on [DATE] with Diagnoses which included Paranoid Schizophrenia.</p> <p>Review of Resident #66's clinical revealed a Level II PASRR with approval dates of 05/09/2023 through 05/07/2024.</p> <p>Review of Resident #66's yearly MDS with ARD of 02/07/2024 revealed question A1500, Resident evaluated for PASRR, was answered as no.</p> <p>An interview was conducted with S7MDS on 05/14/2024 at 3:20 p.m. She reviewed Resident #62's and Resident #66's clinical records and confirmed both had been evaluated for a Level II PASRR. She reviewed Resident #62's and Resident #66's MDS both dated 02/07/2024. She confirmed both Resident #62's and Resident #66's MDS revealed question A1500, Resident evaluated for PASRR, was answered as no. She confirmed both Resident #62 and Resident #66 MDS was inaccurate.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with S2DON on 05/15/2024 at 2:10 p.m. She confirmed MDS staff were expected to accurately capture resident's information on the assessments. She confirmed the MDS should accurately reflect if a resident was evaluated for PASRR.</p> <p>2.</p> <p>Resident #91</p> <p>Review of Resident #91's clinical record revealed the resident was admitted to the facility on [DATE] and discharged to home on 03/19/2024.</p> <p>Review of Resident #91's Discharge MDS with an ARD of 03/19/2024 indicated the following:</p> <p>A2000: discharge date - 03/19/2024; and</p> <p>A2105: Discharge Status - 4. Short Term General Hospital.</p> <p>Review of Resident #91's Nurse Notes revealed a note written on 03/19/2024 at 9:52 p.m. indicated at 10:00 a.m. resident was discharged to home.</p> <p>An interview was conducted on 05/15/2024 at 1:45 p.m. with S13LPN. S13LPN confirmed she was Resident #91's nurse at the time of her discharge. S13LPN confirmed Resident #91 discharged to home from the facility.</p> <p>An interview was conducted on 05/15/2024 at 1:40 p.m. with S6MDS. S6MDS confirmed Resident #91's MDS Discharge Assessment revealed Resident #91 was discharged to the hospital which was incorrect. S6MDS confirmed Resident #91's MDS Discharge Assessment should have been coded correctly.</p> <p>An interview was conducted on 05/15/2024 at 2:10 p.m. with S2DON. She confirmed she would expect MDS Assessments to be coded accurately and Resident #91's was not.</p> <p>3.</p> <p>Resident #43</p> <p>Review of Resident #43's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses which included Cutaneous Abscess of Buttock.</p> <p>Review of the current Physician Orders revealed in part:</p> <p>04/23/2024-Right Medial buttock Stage 3 clean with wound cleanser, pat dry, apply sodium chloride dressing, and cover with dry dressing until resolved.</p> <p>05/13/2024 Stage 3 to right heel, clean with wound cleanser, pat dry, paint with gentian violet and leave open to air.</p> <p>Review of current wound log dated revealed Resident #43 had a right buttock Stage 3 with identified date of 02/27/2024, and Unstageable to right heel identified date of 04/27/2024.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #'s 43 Admission MDS with an ARD of 03/04/2024 indicated the following:</p> <p>M0100A: Risk determination: has PU/injury, scar, dressing - Unchecked</p> <p>Further review of Section I-Active Diagnoses revealed no diagnosis for Pressure Ulcers.</p> <p>An interview was conducted on 05/15/2024 at 10:26 a.m. with S19WCN. She confirmed Resident #43 had a Right Medial buttock Stage 3 and Stage 3 to right heel.</p> <p>An interview was conducted on 05/15/2024 at 10:38 a.m. with S6MDS. S6MDS confirmed if a resident was receiving wound care and had a current pressure ulcer there should be an active diagnosis for wounds. After reviewing Resident #43's Admission MDS with ARD of 03/04/2024 Section M, S6MDS confirmed Resident #43 did not have an active diagnosis and was not checked for having a pressure ulcer and should have.</p> <p>An interview was conducted on 05/15/2024 at 11:00 a.m. with S2DON. She stated MDS was made aware of new wound care orders and new wounds in the morning meetings and 24 hour communication report sheet. She stated she expected resident's MDS to be accurate.</p> <p>44590</p> <p>48537</p> <p>48912</p>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44590</p> <p>Based on interview and record reviews, the facility failed to ensure a resident with a newly identified mental health diagnosis was referred for a Preadmission Screening and Resident Review (PASRR) Level II Evaluation as required for 1 (#36) of 4 (#8, #36, #62 and #66) residents reviewed for PASRR.</p> <p>Findings:</p> <p>Review of Resident #36's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included, in part, Psychosis not due to a substance or known physiological condition (Onset Date: 08/25/2017).</p> <p>Review of Resident #36's most recent Level I PASRR Screening and Determination form revealed her previous assessment was performed on 08/18/2017.</p> <p>Review was attempted of Resident #36's Level 1 PASRR Screen and Determination submission following the addition of a new relevant mental illness diagnosis on 08/25/2017 with no documentation available for review.</p> <p>Review of Resident #36's most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/24/2024, indicated the resident had a Brief Interview of Mental Status (BIMS) of 0, indicating the resident was significantly cognitively impaired. Further review revealed, in part, the following:</p> <p>Section I: Diagnoses</p> <p>I5950: Psychotic Disorder (other than Schizophrenia) - Checked.</p> <p>I8000: Additional ICD Diagnosis - F29 Unspecified Psychosis not due to a substance or known physiological condition.</p> <p>An interview was conducted on 05/15/2024 at 2:00 p.m. with S1ADM. He confirmed Resident #36's Pre-admission Level I PASRR Screen and Determination was most recently submitted on 08/18/2017. He confirmed on 08/25/2017, Resident #36 received a new diagnosis of a relevant mental illness; Unspecified Psychosis not due to a substance or known physiological condition. He confirmed the facility did not resubmit a new Level I PASRR Screen and Determination with the onset of the new diagnosis.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44590</p> <p>Based on interview and record reviews, the facility failed to ensure a record of the Level 1 Preadmission Screening Resident Review (PASRR) form was maintained in the resident's record for 1 (#8) of 4 (#8, #36, #62 and #66) residents reviewed for PASRR.</p> <p>Findings:</p> <p>Review of Resident #8's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included, in part, the following: Schizophrenia (Onset Date: 07/27/2006).</p> <p>Review of Resident #8's most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/27/2024, indicated the resident had a Brief Interview of Mental Status (BIMS) of 15, indicating the resident was cognitively intact. Further review revealed, in part, the following:</p> <p>Section I:</p> <p>I6000: Schizophrenia - Checked.</p> <p>Review was attempted of Resident #8's Pre-admission PASRR Level 1 Screening and Determination Review Form with no documentation available for review.</p> <p>An interview was conducted on 05/15/2024 at 2:00 p.m. with S1ADM. He confirmed Resident #8 had an active diagnosis of Schizophrenia. He confirmed Schizophrenia was one of the relevant mental illnesses listed on the Level I PASRR Screen and Determination. He confirmed the facility did not have a copy of Resident #8's most recent Level 1 PASRR Screen and Determination. He confirmed the facility had not submitted a Level 1 PASRR Screen and Determination for Resident #8 when she was admitted to the facility on [DATE].</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48537</p> <p>48912</p> <p>Based on observations, interviews and record review, the facility failed to develop and implement a comprehensive person-centered care plan to meet the needs of 2 (#23, #86) residents out of a 25 total sampled residents. The facility failed to:</p> <ol style="list-style-type: none"> 1. Report Resident #23's urinalysis results to the consulting provider as ordered; and 2. Ensure care plan was comprehensive and individualized for Resident #86 whom exhibited frequent refusals and behaviors. <p>Findings:</p> <ol style="list-style-type: none"> 1. <p>Review of the facility's policy titled, Notifying Clinicians - Laboratory/Diagnostic Testing Policy & Procedure revealed the following:</p> <p>Procedure:</p> <p>I. Laboratory Services (483.50)</p> <p>d. The facility must promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results . per the ordering physician's orders.</p> <p>Process:</p> <p>III. Once the laboratory . test is completed the results will be reported to the order physician, physician assistant, or nurse practitioner in a timely manner.</p> <p>Review of Resident #23's Clinical Record revealed she was admitted on [DATE] with diagnoses which included Stage 3 Chronic Kidney Disease, Urinary Tract Infection, Unspecified Injury of Unspecified Kidney, Acute Kidney Failure, Disorder of Urinary System, Overactive Bladder, and Personal History of Urinary Tract Infections.</p> <p>Review of the most recent Care Plan the following:</p> <p>Onset: 04/01/2024</p> <p>Problem: I am at risk for infection returning</p> <p>Intervention: My labs need to be done as ordered by my MD; notify my MD of significant changes</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the most recent Physician Orders, dated November 2023 through current, revealed the following:</p> <p>05/09/2024 U/A with C&S - Fax results to urologist fax number</p> <p>Review of the Nurses/Care Team Notes, dated November 2023 through current, revealed the following:</p> <p>On 05/08/2024 at 8:47 p.m. Resident returned from urology appointment with new order for urine culture and to fax results to urologist fax number. Signed by: S3IP</p> <p>Review of Laboratory Results ordered on 05/09/2024 by Resident's urologist for urinalysis revealed the specimen was collected on 05/09/2024, sent to the facility's outside lab company and reported to the facility on [DATE].</p> <p>On 05/14/2024 at 9:40 a.m., an interview was conducted with S14LPN. After reviewing Resident #23's chart, she stated the results of the UA collected on 05/09/2024 were not in Resident #23's chart at this time.</p> <p>On 05/15/2024 at 9:00 a.m., a telephone interview was conducted with the medical assistance for Resident #23's urologist. She confirmed Resident #23 was seen in the clinic by her urologist on 05/08/2024 and was sent back to the facility with an order for a urinalysis with culture and sensitivity and request of the results to be faxed to the clinic office once received. She stated the clinic still had not received the results of the urinalysis.</p> <p>On 05/15/2024 at 1:27 p.m., an interview was conducted with S2DON. She stated she was responsible for checking for resulted lab tests and ensuring the results are sent to providers once resulted. She stated there is a lab notification log kept at the front nurses' station with the ward clerk. She stated when a nurse gets an order for a lab, they are to notify the ward clerk of the order so they can notify the facility's outside lab company. If the specimen to be collected is urine, the nurse will write on the notification log the date and time the specimen was collected. She stated she checks the log daily to check to see if the lab company has resulted the pending specimen sample(s). She confirmed she did not send the results of Resident #23's urinalysis as ordered by the urologist.</p> <p>2.</p> <p>Review of Resident #86's Clinical Record revealed he was readmitted on [DATE] with diagnoses which included Bacteremia, Benign Prostate Hyperplasia, Urinary Tract Infection, Retention of Urine, Chronic Kidney Disease, Cystitis, and Gastrostomy Status.</p> <p>Review of the 5 day MDS with ARD of 04/22/2024 revealed Resident #86 had a BIMS of 7, which indicated the resident was severely cognitively impaired. Review of Section GG - Functional Abilities and Goals revealed Resident #86 required partial/moderate assistance with toileting. Review of Section H - Bladder and Bowel revealed Resident #86 had an indwelling urinary catheter. Review of Section K-Swallowing/Nutritional Status revealed Resident #86 had a feeding tube.</p> <p>Review of the most recent Care Plan the following revealed that Resident #86 was not care planned for refusal of care related to his PEG and catheter or behaviors.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Nurses/Care Team Notes, dated March 2024 through current, revealed the following:</p> <p>On 03/27/2024 at 12:49 p.m. Resident #86 refused tube feeding.</p> <p>On 04/01/2024 at 4:45 p.m. Resident #86 was redirected and educated not to pull on his PEG tube or catheter.</p> <p>On 04/09/2024 at 8:28 a.m. Resident #86 noted pulling at catheter.</p> <p>On 04/09/2024 at 8:28 p.m. Resident #86 pulled catheter.</p> <p>On 04/19/2024 at 5:38 a.m. Resident #86 refused bolus feeding.</p> <p>On 04/22/2024 at 8:42 a.m. Resident #86 refused morning feeding.</p> <p>Review of the 24 hour Communication Report log dated 05/01/2024 to current revealed on 05/10/2024 resident #86 refused care and slammed door on CNA hand.</p> <p>On 05/14/2024 at 11:04 a.m., an interview was conducted with S13LPN. She stated Resident #86 constantly puts his indwelling catheter bag in the trash can and she has to constantly educate him to remove the catheter bag from the trash can. S13LPN stated Resident #86 had orders to apply a leg beg every morning, but he often refused to have it applied. S13LPN stated Resident #86 also frequently refused this PEG tube feedings and flushes. She stated she documented refusals of care and behaviors in nurse's notes and sometimes on the 24 hour Communication Report log.</p> <p>On 05/15/2024 at 9:50 a.m., an interview was conducted with S6MDS. She stated she was responsible for care plans. S6MDS stated the process for care plan updating or revisions was for her to get updates in the morning meeting and reviewing the 24 hour Communication Report logs daily. She stated then she would update the care plan by adding interventions. S6MDS confirmed she was not aware of Resident #86's frequent refusals and behaviors.</p> <p>On 05/15/2024 at 2:22 p.m., an interview was conducted with S2DON. She confirmed staff should be documenting refusals of care on the MAR, Nurses' notes, and 24 hour Communication Report log. S2DON confirmed if a resident was frequently refusing care and exhibiting behaviors MDS should be made aware in the morning meeting using the 24 hour Communication Report logs and refusals and behaviors should be properly care planned. After reviewing Resident #86's current care plan, S2DON confirmed Resident #86 was not care planned for frequent refusals and behaviors.</p>		

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 05/16/2024
NAME OF PROVIDER OR SUPPLIER Flannery Oaks Guest House		STREET ADDRESS, CITY, STATE, ZIP CODE 1642 N. Flannery Road Baton Rouge, LA 70815	
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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48537</p> <p>Based on interviews and record review, the facility failed to ensure services were provided by the facility to meet quality of professional standards. The facility failed to obtain physician's orders when the facility received medications from the pharmacy for 1 (#23) of 5 (#23, #51, #26, #294, and #47) residents reviewed for medication administration.</p> <p>Findings:</p> <p>Review of Resident #23's Clinical Record revealed a facility admitted [DATE] with diagnoses which included Stage 3 Chronic Kidney Disease, Urinary Tract Infection, Unspecified Injury of Unspecified Kidney, Acute Kidney Failure, Disorder of Urinary System, Overactive Bladder, and Personal History of Urinary Tract Infections.</p> <p>Review of the yearly MDS with ARD of 04/17/2024 revealed Resident #23 had a BIMS of 15, which indicated she was cognitively intact.</p> <p>Review of the most recent Care Plan revealed the following:</p> <p>Onset: 04/01/2024</p> <p>Problem: I am at risk for infection returning</p> <p>Intervention: Administer my medications as ordered</p> <p>Onset: 11/28/2023</p> <p>Problem: I have overactive bladder</p> <p>Intervention: Administer my medications as ordered</p> <p>On 05/13/2024 at 8:46 a.m., an interview was conducted with Resident #23. She stated she had an appointment with her urologist on Wednesday, 05/08/2024 and received a prescription for an antibiotic, but had not received the antibiotic as of this morning, Monday, 05/13/2024. She stated she had asked about the medication and was told there was something wrong with how the prescription was written, which was delaying her getting the medication.</p> <p>On 05/14/2024 at 9:57 a.m., an interview was conducted with S3IP. She stated Resident #23 had an appointment with her urologist last week. She stated the facility's pharmacy delivered Levaquin, Pyridium and Macrobid for Resident #23 on Friday, 05/10/2024, but there were no physician orders for the medications. She stated on Monday, 05/13/2024, the facility contacted the urologist and obtained orders for the medications received.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/14/2024 at 2:30 p.m., an interview was conducted with S4NP. She stated she was unaware the facility had received medications ordered by Resident #23's urologist on 05/10/2024 for Levaquin, Pyridium and Macrobid. She stated on 05/13/2024, orders were obtained from Resident #23's urologist, and medications were started on the evening of 05/13/2024. She stated she was not informed medications were delivered on 05/10/2024 without physician orders, and should have been.</p> <p>On 05/15/2024 at 9:00 a.m., a telephone interview was conducted with the medical assistant at Resident #23's urologist's office. She confirmed Resident #23 was seen in the clinic on 05/08/2024. She stated on 05/10/2024, Resident #23's urologist electronically prescribed Levaquin, Macrobid and Pyridium to the facility's pharmacy. She stated she did not have any missed calls or voicemails from staff from the facility on 05/10/2024. She stated she received a call on 05/13/2024 from the facility requesting orders for Levaquin, Macrobid and Pyridium.</p> <p>On 05/15/2024 at 9:15 a.m., a telephone interview was conducted with the pharmacist at the facility's pharmacy. She stated an electronic prescription was received for Resident #23's Levaquin, Macrobid and Pyridium on 05/10/2024 at 9:49 a.m. and was sent out for facility delivery on the first truck which left the pharmacy on 05/10/2024 at 12:00 p.m. She stated the facility should have received the medication by 2:00 p. m. on 05/10/2024. She stated the Levaquin and Pyridium prescriptions were to be started upon receipt of the medications and the Macrobid was to be started once the Levaquin prescription was completed.</p> <p>On 05/15/2024 at 1:27 p.m., an interview was conducted with S2DON. She stated if medications were delivered to the facility for a resident with no physician's orders, she would expect the nurse to obtain orders from the ordering physician. She stated nursing staff should have obtained orders for the antibiotics as quickly as possible.</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44590</p> <p>Based on observations, interviews, and record reviews, the facility failed to provide care and services in accordance with orders written for dining for 1 (#78) of 2 (#9 and #78) residents reviewed for requiring feeding assistance.</p> <p>Findings:</p> <p>Review of Resident #78's Clinical Record revealed he was admitted to the facility on [DATE]. Further review revealed he was admitted to a local hospice agency on 02/08/2024 with a diagnosis of Muscle Wasting and Atrophy.</p> <p>Review of Resident #78's most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/08/2024, indicated resident had a Brief Interview of Mental Status (BIMS) of 3, indicating resident was severely cognitively impaired. Further review revealed he required supervision or touching assist with eating.</p> <p>Review of Resident #78's Hospice Plan of Care, dated 02/08/2024, revealed, in part, the following:</p> <p>Physician's Orders:</p> <p>Patient must be fed all meals.</p> <p>Problem:</p> <p>Nutrition/Hydration diminished due to disease progression.</p> <p>Goal:</p> <p>For facility staff, family/friends, patient, adjust to changing nutritional needs, ongoing.</p> <p>Review of Resident #78's Weight Log, dated 02/14/2024 through 04/16/2024, revealed, in part, the following:</p> <p>02/14/2024: 128.6 pounds;</p> <p>03/19/2024: 123.6 pounds; and</p> <p>04/16/2024: 123.2 pounds.</p> <p>An observation was conducted on 05/13/2024 at 10:45 a.m. of a sign hanging on the wall in Resident #78's room indicating he should be fed all meals.</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation was conducted on 05/13/2024 at 12:05 p.m. of Resident #78 seated in bed attempting to feed himself with no staff present in the room. Throughout the course of lunch service, no staff arrived to feed Resident #78.</p> <p>An observation and interview was conducted on 05/14/2024 at 11:25 a.m. of S10CNA delivering Resident #78's meal tray to his bedside table then exiting his room. She stated Resident #78 did not require feeding assistance with meals and never had.</p> <p>An interview was conducted on 05/15/2024 at 10:50 a.m. with S9LPN. She confirmed Resident #78 had a current order to be fed all meals by staff.</p> <p>An interview was conducted on 05/15/2024 at 9:50 a.m. with Resident #78's hospice nurse. She confirmed Resident #78 had an order to be fed all meals because frequently he would not eat if staff were not there to assist and provide encouragement. She confirmed if the hospice agency wrote an order, the hospice agency expected the facility staff to follow them as written.</p> <p>An interview was conducted on 05/15/2024 at 2:10 p.m. with S2DON. She confirmed Resident #78 had an active order to be fed all meals. She confirmed she would expect staff to implement orders as written.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44590</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure a resident was offered a therapeutic diet when the health care provider ordered a therapeutic diet for 2 (#9 and #78) of 3 (#9, #70 and #78) residents reviewed for nutritional status.</p> <p>Findings:</p> <p>Resident #9</p> <p>Review of Resident #9's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses which included, in part, the following; Dementia; Alzheimer's; Delusional Disorders; Aphasia; and Dysphagia.</p> <p>Review of Resident #9's most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/08/2024, indicated resident had a Brief Interview of Mental Status (BIMS) of 3, which indicated resident had severe cognitive impairment. Further review revealed, in part, Resident #9 received a therapeutic diet.</p> <p>Review of Resident #9's current Physician Orders revealed, in part, the following:</p> <p>02/01/2024: Pudding with Lunch and Dinner;</p> <p>02/26/2024: Protein Juice with all Meals; and</p> <p>10/03/2023: Ice Cream with Lunch and Supper.</p> <p>Review of Resident #9's Nutrition Assessment, dated 01/29/2024, revealed, in part, the following:</p> <p>Nutrition Diagnosis: Inadequate energy intake due to condition .</p> <p>Nutrition Interventions: . Receiving ice cream with lunch and supper. Significant weight loss of 5% in 49 days. Continue to encourage intake.</p> <p>Review of Resident #9's Care Plan, revealed, in part, the following:</p> <p>I am at risk for weight loss related to poor intake. (Created 11/15/2023.)</p> <p>I need my meals served as ordered by my physician; and</p> <p>Provide my supplements to me as ordered.</p> <p>Review of Resident #9's meal ticket revealed no documentation of the need for protein juice drink with all meals, pudding with lunch and dinner or ice cream with lunch and supper.</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation was conducted on 05/13/2024 at 12:10 p.m. with S10CNA. Resident #9 was observed in bed with S10CNA seated at bedside feeding her. Resident #9's meal tray was observed with no protein juice, pudding or ice cream on the tray.</p> <p>An observation was conducted on 05/14/2024 at 11:35 a.m. with S12CNAS. Resident #9 was observed seated in her wheelchair in the main dining room. Resident #9's meal tray was observed with no protein juice, pudding or ice cream on the tray. S12CNAS confirmed there was not a protein juice, pudding or ice cream present on Resident #9's meal tray. S12CNAS confirmed she was not aware of any orders for Resident #9 to receive extra items with meals.</p> <p>An interview was conducted on 05/15/2024 at 8:50 a.m. with S4NP. She confirmed Resident #9 had some weight loss since the beginning of the year and should be receiving ice cream with lunch and supper, pudding with lunch and dinner and a protein juice with all meals. She confirmed if she was not receiving the extra food/beverage items as ordered, this could be a contributing factor to her weight loss. S4NP confirmed she would expect staff to follow orders as written.</p> <p>Resident #78</p> <p>Review of Resident #78's Clinical Record revealed he was admitted to the facility on [DATE]. Further review revealed he was admitted to a local hospice agency on 02/08/2024 with a diagnosis of Muscle Wasting and Atrophy.</p> <p>Review of Resident #78's most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/08/2024, indicated resident had a Brief Interview of Mental Status (BIMS) of 3, indicating resident was severely cognitively impaired. Further review revealed, in part, Resident #78 received a therapeutic diet.</p> <p>Review of Resident #78's current Physician Orders revealed, in part, the following:</p> <p>03/19/2024: Protein Juice Drink with all Meals;</p> <p>02/09/2024: Pureed Soup with Lunch and Dinner; and</p> <p>10/03/2023: Ice Cream with Lunch and Supper.</p> <p>Review of Resident #78's Hospice Plan of Care, dated 02/08/2024, revealed, in part, the following:</p> <p>Problem: Nutrition/Hydration diminished due to disease progression.</p> <p>Goal: For facility staff to adjust to changing nutritional needs, ongoing.</p> <p>Review of Resident #78's meal ticket revealed no documentation of the need for protein juice drink with all meals, pureed soup with lunch and dinner or ice cream with lunch and supper.</p> <p>An observation was conducted on 05/13/2024 at 12:05 p.m. of Resident #78's bedside table sitting next to the bed with his lunch tray sitting on top. No protein juice, ice cream or soup was noted on his meal tray.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Flannery Oaks Guest House		STREET ADDRESS, CITY, STATE, ZIP CODE 1642 N. Flannery Road Baton Rouge, LA 70815	

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation was conducted on 05/14/2024 at 11:25 a.m. with S10CNA. Resident #78's meal tray was observed arriving to his room without protein juice, ice cream or soup on his meal tray. S10CNA confirmed Resident #78's meal tray did not contain a protein juice, ice cream or soup. S10CNA confirmed Resident #78 did not typically receive those items and she was not aware he should.</p> <p>An interview was conducted on 05/15/2024 at 9:50 a.m. with Resident #78's hospice nurse. She confirmed Resident #78 was one of her patients. She confirmed the hospice agency expected the facility staff to follow all of Resident #78's orders as written.</p> <p>An interview was conducted on 05/14/2024 at 11:40 a.m. with S12CNAS. S12CNAS confirmed the dietary staff were in charge of placing the appropriate food and beverage items on each resident's tray to match their orders.</p> <p>An interview was conducted on 05/15/2024 at 12:40 p.m. with S11DS. S11DS confirmed she was aware of a history of weight loss for Resident #9 and Resident #78 but was not aware of any current dietary addition orders for either of them. S11DS provided a copy of Resident #9 and Resident #78's meal tickets, which did not accurately reflect the resident's current dietary orders. S11DS stated she and S2DON met weekly to discuss residents at high risk for weight loss. S11DS stated during this weekly meeting, S2DON provided her with a list of each resident's orders for additional food and beverage items so she could add it to each resident's meal ticket. S11DS stated the meal tickets were then printed for each resident for the week and were used by her staff to accurately prepare every meal tray leaving the kitchen. S11DS confirmed the dietary staff would not know to add the necessary additions if she were not told of the orders by S2DON.</p> <p>An interview was conducted on 05/15/2024 at 2:10 p.m. with S2DON. S2DON confirmed Resident #9 had the following active orders; pudding with lunch and dinner, ice cream with lunch and supper and protein juice with all meals. S2DON confirmed Resident #78 had the following active orders; protein juice drink with all meals, pureed soup with lunch and dinner, and ice cream with lunch and supper. She confirmed she and S11DS met weekly to discuss residents at high risk for weight loss. S2DON confirmed she was responsible for providing S11DS with any additions or changes in dietary orders during their weekly meeting and she must have missed Resident #9 and Resident #78's. S2DON confirmed she would expect staff to implement all dietary orders as written, especially when a resident had a recent history of weight loss.</p>

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48912</p> <p>Based on interviews and record reviews the facility failed to identify a resident's past history of trauma, and/or triggers which may cause re-traumatization for 1of 1(#86) resident reviewed for Post-Traumatic Stress Disorder (PTSD).</p> <p>Findings:</p> <p>Review of Resident #86's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included the following: Bacteremia, Benign Prostate Hyperplasia, Lack of Coordination, and PTSD.</p> <p>Review of Resident #86's most recent Care Plan revealed, Resident #86 was not care planned for PTSD.</p> <p>Review of Resident #86's Social assessment dated [DATE] revealed the Trauma Informed Care screening questions were answered no.</p> <p>Review of Resident #86's physician progress notes dated 03/19/2024 to current revealed Resident #86's history of present illness included a PTSD diagnosis.</p> <p>Review of Resident #86's Psychiatric Notes dated 03/15/2024 revealed, in part, other comorbidities PTSD.</p> <p>On 05/14/2024 at 10:56 a.m., an interview was conducted with S20CNA. She stated she was Resident #86's aide. S20CNA stated she was not aware of Resident #86's diagnosis of PTSD.</p> <p>On 05/14/2024 at 11:04 a.m., an interview was conducted with S13LPN. She stated she was aware of Resident #86's PTSD diagnosis. S13LPN confirmed there were no interventions in place to address Resident #86's history of PTSD.</p> <p>On 05/14/2024 at 2:01 p.m., an interview was conducted with S2DON. She stated when a resident had a diagnosis of PTSD, a routine social assessment should be completed and the facility's provider should review the assessment. She stated when a new resident was admitted the Social Services department was responsible for completing the assessment.</p> <p>On 05/15/2024 at 11:56 a.m., an interview was conducted with Resident #86's Responsible Party (RP). She stated Resident #86's was diagnosed with PTSD. She stated no one at the facility had spoken to her about Resident #86's PTSD diagnosis.</p> <p>On 05/15/2024 at 1:35 p.m., a telephone interview was conducted with S21SW. She stated when a resident was admitted to the facility with a diagnosis of PTSD, she would speak to the resident about the nature of events, triggers, etc. and then refer the resident to be seen by the psychiatric nurse practitioner. S21SW confirmed she completed Resident #86's Social assessment on 03/21/2024. S21SW confirmed she completed the assessment, but was not aware the resident had a history or diagnosis of PTSD.</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/16/2024 at 9:28 a.m., a telephone interview was conducted with the Psychiatric Nurse Practitioner. She stated she was aware of Resident #86's diagnosis of PTSD. She stated the facility staff should have been aware of the PTSD diagnosis. She confirmed when she evaluated Resident #86 on 03/16/2024, she did not evaluate the resident for PTSD due to him only being oriented to self. She stated when a resident had an active diagnosis or history of PTSD, a PTSD evaluation should be completed. She confirmed a PTSD evaluation should have be completed for Resident #86 and it was not.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40512</p> <p>Based on interviews and record review, the facility failed to ensure PRN orders for psychotropic medications were limited to 14 days and indicated the duration for 2 (#63, #78) of 3 (#63, #80, and #78) residents reviewed receiving hospice services.</p> <p>Findings:</p> <p>Resident #63</p> <p>Review of Resident #63's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses which included Anxiety Disorder, Delusional Disorders, Major Depressive Disorder, and Restlessness and Agitation.</p> <p>Review of Resident #63's May 2024 Physician's Orders revealed an order written on 03/13/2024 for Ativan 1 mg tablet, one tablet by mouth every 4 hours as needed (PRN) for anxiety/agitation. Further review revealed the PRN medication had no stop date.</p> <p>Review of Resident #62's May 2024 Medication Administration Record (MAR) revealed an Ativan 1 mg tablet by mouth every for hours as needed for anxiety/agitation was started on 03/13/2024. Further review revealed the PRN medication had no stop date.</p> <p>Resident #78</p> <p>Review of Resident #78's clinical record revealed the resident was admitted to the facility on [DATE] and admitted to a local hospice agency on 02/08/2024.</p> <p>Review of Resident #78's May 2024 Physician's Orders revealed an order written on 05/08/2024 for Ativan 1mg tablet, administer 1 tablet by mouth every 4 hours PRN for anxiousness. Further review revealed the PRN medication had no stop date.</p> <p>An interview was conducted on 05/15/2024 at 2:10 p.m. with S2DON. She confirmed Ativan was a psychotropic medication. She confirmed Resident #63 had an order on 03/13/2024 for PRN Ativan 1mg tablet with no stop date. She confirmed Resident #78 had an order on 05/08/2024 for PRN Ativan 1mg tablet with no stop date.</p> <p>44590</p>		

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 05/16/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>42681</p> <p>Based on observation, record review, and interviews, the facility failed to ensure drugs and biologicals used in the facility were labeled in accordance with currently accepted professional principles for 1 (MR1) of 2 (MR1 and MR2) medication storage rooms observed. The facility failed to ensure a urine specimen was labeled with resident's first and last name, include a second identifier, and include the date and time of specimen collection.</p> <p>Findings:</p> <p>Review of the lab provider's policy, titled Urine Specimens, reviewed 05/14/2024, dated 01/2024, revealed, in part:</p> <p>Urinalysis and Culture and Susceptibility-Submit a urinalysis preservative tube and culture and susceptibility preservative tube. Label both tubes with the patient's first and last name and a second identifier. Include the date and time of specimen collection on each specimen container.</p> <p>On 05/14/2024 at 8:27 a.m., an observation was made of MR1 with S3IP. In the refrigerator labeled Specimens, a clear bag with two tubes filled with yellow fluid was discovered. Both tubes did not have a resident's name, date and time collected, or a second identifier.</p> <p>On 05/14/2024 at 8:28 a.m., an interview was conducted with S3IP. She confirmed both specimen tubes did not have a resident's name, date and time collected, or a second identifier. She stated specimens collected should have a date, time, and resident's name on it when collected.</p> <p>On 05/14/2024 at 9:30 a.m., an interview was conducted with S2DON. She verbalized she would expect all staff would label specimens with the resident's name, date and time collected, and a second identifier. She verbalized labeling specimens was common professional standard.</p> <p>On 05/14/2024 at 9:32 a.m., an interview was conducted with S1ADM. He confirmed he would expect all specimens collected would be labeled with the resident's name, date and time collected, and a second identifier.</p>		

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NAME OF PROVIDER OR SUPPLIER Flannery Oaks Guest House		STREET ADDRESS, CITY, STATE, ZIP CODE 1642 N. Flannery Road Baton Rouge, LA 70815	
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40512</p> <p>Based on record reviews and interviews, the facility failed to ensure medical records were accurately documented for 1 (#24) of 5 (#23, #24, #47, #62, #80) resident's reviewed for unnecessary medications.</p> <p>Findings:</p> <p>Review of Resident #24's clinical record revealed he was admitted to the facility on [DATE] with diagnoses which included Delusional Disorders (onset 04/14/2023), and Major Depressive Disorder.</p> <p>Review of Resident #24's May 2024 Physician's orders revealed an order started on 10/01/2023 for Risperdal 0.5 mg tablet, one tablet by mouth every evening. Diagnosis Major Depressive Disorder.</p> <p>Review of Resident #24's May 2024 MAR revealed an order started on 10/01/2023 for Risperdal 0.5 mg tablet, one tablet by mouth every evening. Diagnoses Major Depressive Disorder</p> <p>Review of Resident #24's Pharmaceutical Consultant Report, Antipsychotic Diagnosis Request, dated 05/02/2023 revealed the physician documented the diagnosis of Delusional Disorder as the reason the resident was receiving Risperdal.</p> <p>An interview was conducted with S2DON on 05/15/2024 at 10:00 a.m. She stated each prescribed psychotropic medication should have an appropriate diagnoses linked to it to indicate what the medication was being used to treat. She stated medical records was responsible for reviewing resident's pharmaceutical consultant reports and adjusting the diagnosis in the system.</p> <p>An interview was conducted with S5MR on 05/15/2024 at 10:20 a.m. She stated she was not responsible for reviewing the pharmaceutical consultant reports and updating or changing diagnoses attached with psychotropic medications.</p> <p>An interview was conducted with S2DON on 5/15/2024 at 10:25 a.m. She reviewed Resident #24's pharmaceutical consultant report and confirmed, on 05/02/2023, the physician documented the Risperdal was to be administered to treat the diagnosis of Delusional Disorder. She reviewed Resident #24's Physician's orders and MARs and confirmed Risperdal was documented as being administered to treat the diagnosis of Major Depressive Disorder. She confirmed the records were inaccurate.</p>		

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NAME OF PROVIDER OR SUPPLIER Flannery Oaks Guest House		STREET ADDRESS, CITY, STATE, ZIP CODE 1642 N. Flannery Road Baton Rouge, LA 70815	

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48912</p> <p>Based on observations, interviews, and record reviews, the facility failed to maintain an infection control program designed to provide a safe, sanitary environment, and to help prevent the development and transmission of communicable diseases and infections for 1 of 1 (Resident #86) residents observed with an indwelling catheter.</p> <p>Findings:</p> <p>A review of Resident #86's Clinical Record revealed he was readmitted to the facility on [DATE] with diagnoses included the following: Bacteremia, Benign Prostate Hyperplasia, Urinary Tract Infection, Retention of Urine, Chronic Kidney Disease, and Cystitis.</p> <p>A review of Resident #86's MDS, with an ARD of 04/22/2024, indicated the resident had a BIMS of 7, which indicated he had severe cognitive impairment. Further review revealed he had an indwelling urinary catheter.</p> <p>On 05/13/2024 at 8:40 a.m., an observation was made of Resident #86 ambulating in his room, the indwelling catheter bag was hooked to the trash can.</p> <p>On 05/13/2024 at 11:20 a.m., an observation was made of Resident #86 ambulating in his room. The resident was dragging the indwelling catheter bag on the floor.</p> <p>On 05/15/2024 at 9:35 a.m., an observation was made of Resident #86 sitting on his bed. The indwelling catheter bag was set in the bed. Indwelling catheter bag was not below the level of the bladder and half full of urine which was flowing back.</p> <p>On 05/15/2024 at 9:36 a.m., an interview was conducted with S13LPN. Upon entering Resident #86's room, S13LPN observed Resident #86's indwelling catheter bag in resident's bed. She stated Resident #86 puts his catheter bag in the trash can. S13LPN confirmed the indwelling catheter bag should be kept below the level of the bladder, out of the trash can, and off the floor.</p> <p>On 05/15/2024 at 2:22 p.m., an interview was conducted with S2DON. S2DON confirmed the indwelling catheter bag should be kept below the bladder, out of trash can, and off the floor due to increased risk of infection.</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>42681</p> <p>Based on record reviews and interviews, the facility failed to develop procedures to ensure 2 (#51 and #62) of 5 (#9, #51, #62, #70 and #90) resident's records had documentation indicating resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>Findings:</p> <p>Review of the facility's policy, titled Pneumococcal Vaccination of Resident Policy and Procedure, reviewed 05/14/2024, dated 08/01/2022, revealed, in part:</p> <p>Purpose: It is the policy of this facility that each resident or their responsible party will be asked on admission if they have previously had the pneumococcal vaccinations and their age at the time of vaccination. The records that accompany the resident also will be used to determine immunization status.</p> <p>Procedure:</p> <p>2. Facility will document pneumonia vaccine administration on Form Immunization Record and Form Vaccination [NAME] Roster.</p> <p>Review of Resident #51's clinical record from 10/01/2023 to 05/13/2024 revealed no documentation of pneumococcal immunization status.</p> <p>Review of Resident #62's clinical record from 10/01/2023 to 05/13/2024 revealed no documentation of pneumococcal immunization status.</p> <p>On 05/14/2024 at 12:58 p.m., an interview was conducted with S3IP. She confirmed she was responsible for obtaining consents, documentation, and administration of pneumococcal vaccines for all residents. She reported the pneumococcal vaccine was available in the pharmacy for administration between 10/01/2023 to 05/14/2024. She confirmed all pneumococcal immunization administration and documentation was not complete for all residents at this time.</p>