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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45270 Based on record review and interviews, the facility failed to maintain accurate records in accordance with accepted professional standards and practices for 1 (#2) of 3 (#1, #2, and #3) residents reviewed for therapeutic diets. The facility failed to ensure Resident #2's diet order was updated in the electronic medical record. The deficient practice had the potential to affect the 134 residents residing in the facility receiving physician ordered nutrition. Findings: Review of the facility's policy titled, Therapeutic Diet Orders with a revision date of 11/2024, revealed the following, in part: Policy Explanation and Compliance Guidelines: 4. The therapeutic diet order shall be documented in the medical record . Review of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Unspecified Cerebral Infarction and Pneumonitis Due To Inhalation of Food and Vomit. Review of Resident #2's current electronic Physician Orders revealed the following, in part: Diet: Controlled Carbohydrate, Mechanical Soft, Honey/Moderately Thick Liquids with Double Portions all meals. Review of Resident #2's handwritten Physician Order dated 10/25/2024 revealed the following, in part: Diet upgrade to Regular texture/Thin liquids as per Pharyngogram results. Review of Resident #2's undated Diet Requisition Form revealed the following, in part: Diet Change (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: 195483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Texture - Regular Liquids - Thin Review of Resident #2's Meal Tickets dated 11/25/2024 for breakfast, lunch, and supper revealed a Controlled Carbohydrate Diet, Regular Texture, Thin Liquids, and Double Portions diet. On 11/25/2024 at 2:10 p.m., an interview was conducted with S3RD. She stated Resident #2 admitted to the facility after a stroke and was prescribed a mechanical soft diet with honey thickened liquids. She stated, on 10/25/2024, Resident #2's diet was upgraded to a regular texture with thin liquids. She reviewed and confirmed the handwritten physician order was Resident #2's current diet order. She reviewed and confirmed the speech therapist filled out the diet requisition order. She stated the nurse received and signed the diet requisition order. She confirmed Resident #2's electronic record should have reflected the updated, accurate, diet order and did not. On 11/25/2024 at 2:30 p.m., an interview was conducted with S2ADON. She reviewed Resident #2's current physician orders, handwritten diet order dated 10/25/2024, undated diet requisition form, and meal tickets dated 11/25/2024. She confirmed Resident #2's electronic record should have been updated by the nurse who signed the diet requisition form. On 11/25/2024 at 3:15 p.m., an interview was conducted with S1DON. She reviewed Resident #2's current physician orders, handwritten diet order dated 10/25/2024, undated diet requisition form, and meal tickets dated 11/25/2024. She stated the nurse who signed the diet requisition form for Resident #2's diet change should have updated the diet order in the electronic record. She confirmed Resident #2's electronic physician orders did not reflect the accurate diet order and should have.