

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  03/12/2025
NAME OF PROVIDER OR SUPPLIER  Center Point Health Care and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<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> 44590</p> <p>Based on interviews and record reviews, the facility failed to ensure the accuracy of Minimum Data Set (MDS) Assessments for 1 (#2) of 7 (#1-#7) residents reviewed in the sample. The facility failed to ensure:</p> <ol style="list-style-type: none"> <li>1. Resident #2 was coded for diagnoses of Schizoaffective Disorder and Post Traumatic Stress Disorder (PTSD); and</li> <li>2. Resident #2 was coded for his most recent Gradual Dose Reduction (GDR) date and the provider's response.</li> </ol> <p>This deficient practice had the potential to affect a current census of 147 residents.</p> <p>Findings:</p> <p>Review of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE].</p> <p>Review of Resident #2's Psychiatry Progress Note, dated 01/31/2025, revealed, in part, the following:</p> <p>Active Diagnoses: Schizoaffective Disorder and PTSD.</p> <p>Review of Resident #2's GDR, performed on 01/09/2025, revealed, in part, the following:</p> <p>Medications Reviewed:</p> <p>Seroquel 400mg 1 by mouth every night.</p> <p>Vistaril 25mg by mouth three times daily.</p> <p>Physician Response to Review:</p> <p>Currently on minimal effective doses with dose reduction inappropriate at this time. Continue current doses due to actively delusional, psychotic intermittently, recent in-patient psych stay.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #2's most recent MDS Assessment, with an Assessment Reference Date of 02/03/2025, revealed, in part, the following:</p> <p>I600-Schizophrenia: Unchecked.</p> <p>I6100-PTSD: Unchecked.</p> <p>N0450-Has a GDR been attempted? 0. No.</p> <p>N0450C-Date of last attempted GDR: Blank.</p> <p>N0450D-Physician documented GDR as clinically contraindicated: 0. No.</p> <p>N0450E-Date Physician documented GDR as clinically contraindicated: Blank.</p> <p>An interview was conducted on 03/12/2025 at 3:30 p.m. with S3MDS. S3MDS reviewed Resident #2's MDS Assessment, dated 02/03/2025, and confirmed he was not coded to have Schizoaffective Disorder or PTSD and should have been. S3MDS reviewed Resident #2's MDS Assessment, dated 02/03/2025, and confirmed Resident #2's aforementioned GDR and provider response was not coded on his MDS Assessment and should have been.</p> <p>An interview was conducted on 03/12/2025 at 3:40 p.m. with S2DON. S2DON confirmed all MDS Assessments should accurately reflect the resident's status and Resident #2's did not.</p> <p>An interview was conducted on 03/12/2025 at 3:45 p.m. with S1ADM. S1ADM confirmed all MDS Assessments should accurately reflect the resident's status and Resident #2's did not.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44590</p> <p>Based on interviews and record reviews, the facility failed to develop a trauma-informed, comprehensive person-centered care plan, which included measurable objectives and timeframes to meet a resident's medical, nursing, mental and psychosocial needs for 1 (#2) of 7 (#1-#7) residents reviewed in the sample. The facility failed to develop a care plan for Resident #1's diagnoses of Schizoaffective Disorder and Post Traumatic Stress Disorder (PTSD).</p> <p>This deficient practice had the potential to affect a current census of 147 residents.</p> <p>Findings:</p> <p>Review of the facility's Care Plan Revisions Upon Status Change policy, effective 05/2023, revealed, in part, the following:</p> <p>Policy Explanation and Compliance Guidelines:</p> <ol style="list-style-type: none"> <li>1. The comprehensive care plan will be reviewed and revised as necessary, when a resident experiences a status change.</li> <li>2. Procedure for reviewing and revising the care plan when a resident experiences a status change:             <ol style="list-style-type: none"> <li>f. Care Plans will be modified as need by the MDS Coordinator or other designated staff member.</li> </ol> </li> </ol> <p>Review of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE].</p> <p>Review of Resident #2's Psychiatry Progress Note, dated 01/31/2025, revealed, in part, diagnoses including Schizoaffective Disorder and PTSD.</p> <p>Review of Resident #2's Care Plan, as of 03/10/2025, revealed, in part, no documented evidence of a Care Plan for diagnoses of Schizoaffective Disorder and PTSD.</p> <p>An interview was conducted on 03/12/2025 at 3:30 p.m. with S3MDS. S3MDS reviewed Resident #2's Care Plan and confirmed he was not care planned for Schizoaffective Disorder or PTSD and should have been.</p> <p>An interview was conducted on 03/12/2025 at 3:40 p.m. with S2DON. S2DON confirmed all Care Plans should accurately reflect the resident's status and Resident #2's did not.</p> <p>An interview was conducted on 03/12/2025 at 3:45 p.m. with S1ADM. S1ADM confirmed all Care Plans should accurately reflect the resident's status and Resident #2's did not.</p>		

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<p>F 0741</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that the facility has sufficient staff members who possess the competencies and skills to meet the behavioral health needs of residents.</p> <p>44590</p> <p>Based on interviews and record reviews, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Develop a facility assessment which addressed staff training for skills and non-pharmacological interventions and the process to evaluate competency of skill sets necessary to provide the level and type of care necessary to meet the mental and psychosocial health needs of their resident population diagnosed with Schizophrenia Disorder, Post Traumatic Stress Disorder (PTSD) and Substance Use Disorder (SUD); and</li> <li>2. Provide staff training for non-pharmacological interventions and ensure competency in the skill sets necessary to meet the mental and psychosocial health needs of their resident population diagnosed with Schizophrenia, PTSD and SUD for 4 of 4 (S4LPN, S5LPN, S6RN, and S7MSW) Personnel Files reviewed.</li> </ol> <p>This deficient practice had the potential to affect a current census of 147 residents.</p> <p>Findings:</p> <p>Review of the Facility Assessment, dated 03/15/2024, revealed, in part, the following:</p> <p>Part 1: Our Resident Profile</p> <p>1.3 Diseases/Conditions, Physical and Cognitive Disabilities Accepted by Facility</p> <p>Psychiatric/Mood Disorders; such as, Schizophrenia and PTSD that Needs Interventions.</p> <p>Acuity</p> <p>1.5 Describe your resident's acuity levels.</p> <p>Major RUG-IC Categories:</p> <p>Behavioral Symptoms and Cognitive Performance - 15</p> <p>Special Treatments and Conditions:</p> <p>Mental Health - Behavioral Health Needs - 10</p> <p>Mental Health - Active or Current Substance Use Disorder - 10</p> <p>Part 2: Services we offer based on our residents' needs</p> <p>2.1 Resident Support/Care Needs</p> <p>(continued on next page)</p>

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<p>F 0741</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Specific Care and Practices for Mental Health and Behavior</p> <p>Manage the medical conditions and medication related issues causing psychiatric symptoms and behavior, identify and implement interventions to help support individuals with issues such as dealing with anxiety, are of someone with cognitive impairment, care of individuals with depression, trauma/PTSD, other psychiatric diagnoses, intellectual or developmental disabilities.</p> <p>Part 3: Facility Resources Needed to Provide Competent Support and Care for our Resident Population</p> <p>3.4 Staff Training/Education and Competencies</p> <p>No documented evidence of the training process for non-pharmacological interventions related to mental and psychosocial health diagnoses or the process for ensuring staff competency in the skill sets required to provide appropriate care for residents with mental and psychosocial health diagnoses.</p> <p>Review of the facility's Employee Training Materials for the Use of Non-Pharmacological Interventions to Meet the Mental and Psychosocial Health Needs for Residents with Schizophrenia and SUD was attempted on 03/12/2025 with no documented evidence produced for review.</p> <p>Review of the facility's Competency Evaluation Materials for the Use of Non-Pharmacological Interventions to Meet the Mental and Psychosocial Health Needs for Residents with Schizophrenia, PTSD and SUD was attempted on 03/12/2025 with no documented evidence produced for review.</p> <p>Review of S4LPN, S5LPN, S6RN, and S7MSW's Personnel File, as of 03/12/2025, revealed, in part, no documented evidence of training for the use of non-pharmacological interventions for Schizophrenia and SUD or competency evaluations to ensure the skill sets necessary to meet the mental and psychosocial health needs of the resident population; including, Schizophrenia, PTSD and SUD.</p> <p>An interview was conducted on 03/12/2025 at 3:45 p.m. with S1ADM. S1ADM reviewed the Facility Assessment and confirmed it did not outline the process for staff training and ensuring the competency of staff's skill sets in the use of non-pharmacological interventions for residents diagnosed with Schizophrenia, PTSD and SUD and it should. S1ADM the facility's training materials for Schizophrenia and SUD and confirmed it did not address the use of non-pharmacological interventions for residents diagnosed with Schizophrenia and SUD and it should. S1ADM confirmed the facility did not currently have a process to ensure competency of staff's skill sets in the use of non-pharmacological interventions for residents diagnosed with Schizophrenia, PTSD and SUD and it should. S1ADM reviewed Personnel Files for S4LPN, S5LPN, S6RN, and S7MSW and confirmed they did not contain documented evidence of training for the use of non-pharmacological interventions for Schizophrenia and SUD or competency evaluations to ensure the skill sets necessary to meet the mental and psychosocial health needs of the resident population; including, Schizophrenia, PTSD and SUD and they should.</p>		