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	11/25/2025

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. Based on observations, interviews, and record review, the facility failed to ensure services provided met professional standards of quality for 1 (#1) of 3 residents reviewed with feeding tubes. The facility failed to ensure nursing staff:Clarified Resident #1's tube feeding orders with the physician; andVerified accurate administration of Resident #1's tube feeding rate prior to documenting administration of tube feedings. Findings: Review of the facility's policy titled, Care and Management of Feeding Tubes, revised 01/2025, revealed the following, in part:Policy: It is a policy of this facility to utilize feeding tubes in accordance with current clinical standards of practice, with interventions to prevent complications to the extent possible.Definitions:Feeding tube refers to a medical device used to provide liquid nourishment, fluids, and medications by bypassing oral intake.Policy Explanation and Compliance Guidelines:1. Feeding tubes will be utilized according to physician/nurse practitioner's orders, which typically include: the kind of feeding and its caloric value, volume, duration, mechanism of administration.9. Direction for staff regarding nutritional products and meeting the resident's nutritional needs will be provided:e. Ensuring that the administration of enteral nutrition is consistent with and follows the practitioner's orders. Review of Resident #1's Clinical Record revealed an admission date of 01/20/2025 and diagnoses, which included Cerebral Infarction, Hemiplegia and Hemiparesis, Unspecified Protein-Calorie Malnutrition, Adult Failure to Thrive, Gastrostomy Status, Dysphagia, and Type 2 Diabetes Mellitus. Review of Resident #1's current Care Plan revealed the following, in part:Problem: The resident requires tube feeding related to Dysphagia; nothing by mouth.Interventions: The resident is dependent on tube feeding. See Medical Doctor orders for current feeding orders. 1.Review of Resident #1's current Physician Orders dated November 2025 revealed the following, in part:Start: 11/12/2025 - Twenty-two hours continuous tube feeding of Glucerna 1.5 at 50 mL/hr.Further review of the Physician's Orders revealed no order or documentation indicating when to hold the tube feeding for two hours in a twenty-four hour period. Review of Resident #1's Nurses' Notes dated 11/12/2025 through 11/24/2025 revealed no documentation of holding Resident #1's tube feedings for two hours daily. Further review revealed no documentation indicating when to hold the tube feeding daily. Review of Resident #1's MAR dated November 2025 revealed no documentation Resident #1's tube feeding was held for two hours daily. An interview was conducted with S4LPN on 11/24/2025 at 12:18 p.m. She reviewed Resident #1's clinical record. She confirmed Resident #1's tube feeding order for Glucerna 1.5 at 50 mL/hr for 22 hours per day. She confirmed there was not an order indicating when to hold the tube feeding for two hours in a twenty-four hour period, and there should have been. She stated she was unsure when the tube feeding was being held. She further confirmed Resident #1's current tube feeding order needed clarification. An interview was conducted with S1DON on 11/25/2025 at 9:55 a.m. She reviewed Resident #1's clinical record. She confirmed Resident #1's tube feeding order for Glucerna 1.5 at 50 mL/hr for 22 hours per day started on 11/12/2025. She confirmed there was no order or documentation in Resident #1's clinical record indicating when to hold the tube feeding for two hours in a twenty-four hour period. She stated the nurses should have obtained a clarification order from Resident #1's physician to reflect the times the tube feeding should have been held. 2.Review of Resident #1's Physician Orders dated November 2025 revealed the following, in part:Start: 09/28/2025; D/C date: 11/12/2025 - Twenty-two hours (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

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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	continuous tube feeding of Glucerna 1.5 at 40 mL/hr.Start: 11/12/2025, current order - Twenty-two hours continuous tube feeding of Glucerna 1.5 at 50 mL/hr. Review of Resident #1's MAR dated November 2025 revealed twenty-two hours continuous tube feeding of Glucerna 1.5 at 50 mL/hr to be signed as administered daily at 9:00 a.m. and 6:00 p.m. Further review revealed S4LPN documented administration of Resident #1's enteral feeding at 50 mL/hr on the following dates: 11/12/2025 at 6:00 p.m., 11/13/2025, 11/18/2025, 11/19/2025, 11/20/2025, 11/23/2025, and 11/24/2025 at 9:00 a.m. An observation was made of Resident #1 on 11/24/2025 at 8:59 a.m. She was lying in bed with tube feeding of Glucerna 1.5 infusing via pump at 40 mL/hr. An observation was made of S4LPN reconnecting Resident #1's tube feeding on 11/24/2025 at 12:12 p.m. She administered the Glucerna 1.5 at 40 mL/hr via pump. An interview was conducted with S4LPN on 11/24/2025 at 12:18 p.m. She confirmed Resident #1 was receiving Glucerna 1.5 at 40 mL/hr continuously. She reviewed Resident #1's tube feeding order and confirmed the tube feeding should have been infusing at 50 mL/hr for 22 hours per day. She confirmed she signed out the ordered tube feeding as being administered at 50 mL/hr when it was only infusing at 40 mL/hr. She confirmed she should have checked the tube feeding rate this morning prior to signing out the current physician ordered rate, and she did not. She stated she was unaware Resident #1's tube feeding rate had increased to 50 mL/hr. She stated Resident #1 had been receiving 40 mL/hr on her shifts. An interview was conducted with S1DON on 11/25/2025 at 9:55 a.m. She reviewed Resident #1's clinical record. She confirmed Resident #1's tube feeding order for Glucerna 1.5 at 50 mL/hr for 22 hours per day started on 11/12/2025. She confirmed the nurse should have verified Resident #1 was receiving tube feedings at the physician ordered rate. She confirmed the nurse should have verified Resident #1's tube feeding was infusing at the physician ordered rate prior to documenting administration of the tube feeding.

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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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on observations, interviews, and record review, the facility failed to ensure a resident maintained acceptable parameters of nutritional status by failing to ensure the resident received tube feedings based on the comprehensive assessment for 1 (#1) of 3 residents reviewed with feeding tubes.Findings: Review of the facility's policy titled, Nutritional Management, and revised 05/2023, revealed the following, in part:Policy: The facility provides care and services to each resident to ensure the resident maintains acceptable parameters of nutritional status in the context of his or her overall condition.Compliance Guidelines:1. A systematic approach is used to optimize each resident's nutritional status:c. Developing and consistently implementing pertinent approaches.4. Care Plan implementation:d. Tube feeding or parenteral fluids will be provided in the context of the resident's overall clinical condition and resident goals/preferences. Review of Resident #1's Clinical Record revealed an admission date of 01/20/2025 and diagnoses, which included Cerebral Infarction, Hemiplegia and Hemiparesis, Unspecified Protein-Calorie Malnutrition, Adult Failure to Thrive, Gastrostomy Status, Dysphagia, and Type 2 Diabetes Mellitus. Review of Resident #1's Physician Orders dated November 2025 revealed the following, in part:Start: 09/28/2025; D/C date: 11/12/2025 - Twenty-two hours continuous tube feeding of Glucerna 1.5 at 40 mL/hr.Start: 11/12/2025, current order - Twenty-two hours continuous tube feeding of Glucerna 1.5 at 50 mL/hr. Review of Resident #1's current Care Plan revealed the following, in part:Problem: The resident requires tube feeding related to Dysphagia; nothing by mouth.Interventions: The resident is dependent on tube feeding. See Medical Doctor orders for current feeding orders. Review of Resident #1's weight history from 08/29/2025 through 11/17/2025 revealed the following:08/29/2025 - 139.4 pounds;09/15/2025 - 136 pounds;10/10/2025 - 130 pounds; and11/17/2025 - 128.8 pounds. Review of Resident #1's Registered Dietician Note by S3RD dated 11/06/2025 revealed the following, in part:Current weight: 130 poundsTube feeding is not meeting Resident #1's daily nutrient needs. Current tube feeding: Glucerna 1.5 at 40 mL/hr for 22 hours per day.Tube feeding is providing 1320 kcal, meeting 81% of calories.Total daily needs: 1636-1800 kcalRecommendation: increase tube feeding rate to 50 mL/hr continuous. An observation was made of Resident #1 on 11/24/2025 at 8:59 a.m. She was lying in bed with tube feeding of Glucerna 1.5 infusing via pump at 40 mL/hr. An observation was made of S4LPN reconnecting Resident #1's tube feeding on 11/24/2025 at 12:12 p.m. She administered the Glucerna 1.5 at 40 mL/hr via pump. An interview was conducted with S4LPN on 11/24/2025 at 12:18 p.m. She confirmed Resident #1 was receiving Glucerna 1.5 at 40 mL/hr continuous. She reviewed Resident #1's tube feeding order and confirmed the tube feeding should have been infusing at 50 mL/hr for 22 hours per day. An interview was conducted with S3RD on 11/25/2025 at 8:59 a.m. She stated Resident #1 was receiving tube feeding only for nutrition. She confirmed, on 11/06/2025, she recommended to increase Resident #1's tube feeding rate to 50 mL/hr. She stated Resident #1's physician approved to increase her tube feeding rate, and therefore, the facility should have been administering the tube feeding at 50 mL/hr when the physician ordered it. She confirmed Resident #1 needed the Glucerna 1.5 at 50 mL/hr to increase her caloric intake to better meet her needs. An interview was conducted with S1DON on 11/25/2025 at 9:55 a.m. She reviewed Resident #1's RD note dated 11/06/2025 and confirmed the recommendation was to increase her Glucerna 1.5 to 50 mL/hr. She confirmed the physician's order was implemented on 11/12/2025 for Glucerna 1.5 at 50 mL/hr for 22 hours per day. She confirmed Resident #1's tube feeding should have been administered at the physician ordered rate. An interview was conducted with S2NP on 11/25/2025 at 10:45 a.m. She confirmed she was in agreement with increasing Resident #1's tube feeding rate to 50 mL/hr. She stated she expected Resident #1's tube feeding to be administered at the ordered rate of 50 mL/hr.