

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 02/19/2026
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews, the facility failed to ensure prescribed medications were available for administration for 1 (#3) of 3 residents reviewed for medication availability. This failed practice had the potential to affect any of the 152 residents currently residing in the facility. Review of facility's policy titled Medication Reordering revealed the following, in part: 2. Acquisition of medications should be completed in a timely manner to ensure medications are administered in a timely manner. 3. When administering medications, nurses must monitor remaining supply and reorder medications timely to prevent omissions, time permitting. Review of Resident #3's Clinical Record revealed the resident was admitted to the facility on [DATE] with diagnosis including Essential Hypertension. Review of Resident #3's current February 2026 Physician Orders revealed an order for Hydralazine HCL 10 mg one tablet by mouth two times a days with a start date of 01/06/2025. An observation and interview was conducted on 02/18/2026 at 9:36 a.m. with S2LPN during medication administration. Observation revealed S2LPN did not have Hydralazine on the medication cart or in the medication storage room to be administered to Resident #3. S2LPN confirmed she did not have the Hydralazine in the facility to administer to Resident #3. She confirmed the MAR revealed Resident #3 received her last dose of Hydralazine 10 mg on 02/17/2026 at 17:00 p.m. She confirmed the medication was not reordered from the pharmacy as of 02/18/2026, and could have been reordered by any nurse administering medications 7 days in advance prior to running out to ensure the facility had the medication available for administration. Review of Resident #3's February 2026 MAR revealed no documented evidence Hydralazine 10 mg PO was administered on 02/18/2026 at the 8:00 a.m. dose. An interview was conducted on 02/19/2026 at 10:34 a.m. with S1ADM. S1ADM confirmed medications ordered by the physician should be available for administration for the residents at all times. S1ADM further confirmed she expected nurses to request medication refills from the pharmacy prior to running out.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 195483	If continuation sheet Page 1 of 3

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 02/19/2026
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure the medication error rate was less than 5% by having a medication error rate of 60% during the medication administration observation. A total of 65 opportunities were observed, which included 39 medication errors with Resident #3, #R1, #R2, #R3, and #R4 of 5 residents observed for medication administration. This failed practice had the potential to affect any of the 152 residents currently residing in the facility. Review of the facilities policy titled, Medication Administration with a revised date of 04/2022, revealed, in part: 11. Compare medication with MAR to verify resident name, medication name, form, dose, route and time. b. Administer within 60 minutes prior to or after scheduled time unless otherwise ordered by physician. Resident #3 Review of Resident #3's current Physician Orders revealed: Hydralazine HCL 10 mg one tablet by mouth two times a days at 8:00 am and 5:00 p.m. On 02/18/2026 at 9:36 a.m., an observation was made of S2LPN. S2LPN was observed not administering Resident #3's Hydralazine HCL 10 mg tablet. On 02/18/2026 at 9:36 a.m. an interview was conducted with S2LPN. She confirmed the facility did not have the Hydralazine HCL in the facility to be administered to Resident #3. She confirmed the medication was not ordered from pharmacy as of 02/18/2026 at 9:36 a.m. Resident # R1 Review of Resident #R1's current Physician Orders revealed: Arginaid 1 packet by mouth twice daily at 8:00 a.m. and 4:00 p.m. Acetaminophen ER 650mg give 2 tablets by mouth two times a day for pain at 8:00 a.m. and 8:00 p.m. Vitamin C 500 mg 1 tablet by mouth two times daily at 8:00 a.m. and 4:00 p.m. Multivitamin with mineral 1 tablet by mouth daily at 8:00 a.m. Ferrous Gluconate 324 mg one tablet by mouth daily at 8:00 a.m. Vitamin B12-500 mcg 1 tablet by mouth daily at 8:00a.m. Ipratropium- Albuterol Solution 0.5-2.5 mg/3ML 1 vial inhaled twice daily at 8:00 a.m. and 5:00 p.m. Spironolactone 25 mg 1 tablet by mouth daily at 8:00 a.m. Metoprolol Succinate ER 25 mg 1 tablet by mouth daily at 8:00 a.m. Jardiance 10 mg 1 tablet by mouth daily at 8:00 a.m. Furosemide 40 mg 1 tablet by mouth daily at 8:00 a.m. An observation was conducted on 02/18/2026 at 10:47 a.m. of S3LPN administering the above medications to Resident #R1. An interview was conducted on 02/18/2026 at 10:36 a.m. with S3LPN. S3LPN confirmed that medications should be given between 8:00 a.m. and 10:00 a.m. She confirmed Resident #R1's medications were given late the morning of 02/18/2026. Resident #R2 Review of Resident #R2's current Physician Orders revealed: Amlodipine 10 mg 1 tablet by mouth daily at 8:00 a.m. Aspirin 81 mg 1 tablet by mouth daily at 8:00 a.m. Bupropion 150 mg 1 tablet by mouth daily at 8:00 a.m. Vitamin D 125 mcg give 1 tablet by mouth once daily at 8:00 a.m. Plavix 75 mg tablet give one tablet by mouth once daily at 8:00 a.m. Doxazosin 2mg tablet give 1 tablet by mouth daily at 8:00 a.m. Lexapro 20 mg 1 tablet by mouth daily at 8:00 a.m. Ezetimibe 10 mg tablet 1 tablet by mouth daily at 8:00 a.m. Isosorbide Mononitrate ER 30 mg 1 tablet by mouth daily at 8:00 a.m. Lamictal 25 mg tablet 1 tablet by mouth daily at 8:00 a.m. Multivitamin 1 tablet by mouth daily at 8:00 a.m. Flomax 0.4mg 1 capsule by mouth daily at 8:00 a.m. An observation was conducted on 02/18/2026 at 10:20 a.m. of S2LPN administering the above medications to Resident #R2. Resident #R3 Review of Resident #R3's current Physician Orders revealed: Allopurinol 300 mg tablet 1 by mouth twice daily at 8:00 a.m. and 5:00 p.m. Baclofen 20 mg 1 tablet by mouth 3 times daily at 8:00 a.m., 2:00 p.m., and 8:00 p.m. Culturelle Oral Capsule 1 capsule by mouth once time daily at 8:00 a.m. Cymbalta 30 mg one capsule by mouth two times daily at 8:00 a.m. and 8:00 p.m. Gabapentin 600 mg 1 tablet by mouth three times daily at 8:00 a.m., 2:00 p.m., and 8:00 p.m. Multivitamin- Minerals 1 tablet by mouth daily at 8:00 a.m. Cilostazol 50 mg 1 tablet by mouth twice daily at 8:00 a.m. and 8:00 p.m. An observation was conducted on 02/18/2026 at 10:30 a.m. of S2LPN administering the above medications to Resident #R3. Resident #R4 Review of Resident #R4's current Physician Orders revealed: Aspirin 81 mg tablet 1 tablet by mouth daily at 8:00 a.m. Vitamin C</p> <p>(continued on next page)</p>		

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 02/19/2026
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)		
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	500 mg 1 tablet by mouth daily at 8:00 a.m. Jardiance 25 mg 1 tablet by mouth daily at 8:00 a.m. Losartan 50 mg 1 tablet by mouth daily at 8:00 a.m. Meloxicam 7.5 mg 1 tablet by mouth twice daily at 8:00 a.m. and 5:00 p.m. Protonix 40 mg 1 tablet by mouth daily at 8:00 a.m. Seroquel 100 mg 1 tablet by mouth twice daily at 8:00 a.m. and 8:00 p.m. Multivitamin 1 tablet by mouth daily at 8:00 a.m. An observation was conducted on 02/18/2026 at 10:37 a.m. of S2LPN administering the above medications to Resident #R4. On 02/18/2026 at 11:00 a.m. an interview was conducted with S2LPN. She confirmed the above observations of medication administration for Resident's #R2, #R3, and #R4. She confirmed morning medication pass started at 8:00 am and nurses have to administer medications from 7:00 a.m. - 9:00 a.m. She further confirmed that any medication administered after 10:00 a.m. was considered late. On 02/18/2026 at 12:00 p.m. an interview was conducted with S1ADM. She confirmed that nurses have one hour prior to scheduled medications and one hour after scheduled medications to administer meds. She confirmed that if a medication was given at 10:00 a.m. it was considered late. All medications should be administered within the appropriate time frame.		