STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195505	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid City Community Nursing and Rehab	4005 North Blvd Baton Rouge, LA 70806

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46981 Based on record review and interviews, the facility to ensure nursing staff communicated a significant change in status to the residents' nurse practitioner for 2 (#1 and #2) of 4 (#1, #2, #3, and #4) residents reviewed for notification of change. Findings: Review of the facility's policy dated 02/2025 and titled, Notification of a Change in a Patient's Condition or Status revealed the following, in part: Procedure: The Nurse will notify the patient's Attending Physician or On-Call Physician when there has been: An accident or incident involving a patient Resident #1 A review of Resident #1's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Schizophreniform Disorder. A review of Resident #1's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/06/2024, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) of 13, which indicated Resident #1 was cognitively intact. Resident #2 A review of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Bipolar Disorder. A review of Resident #1's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/07/2025, revealed Resident #2 had a Brief Interview for Mental Status (BIMS) of 15, which indicated Resident #2 was cognitively intact. A review of an Incident Report dated 01/18/2025 at 6:30 p.m. revealed following, in part: (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195505	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid City Community Nursing and Rehab	4005 North Blvd Baton Rouge, LA 70806

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	S7CNA reported Resident #1 and Resident #2 were arguing in their room and Resident #2 hit Resident #1 with a reacher tool. S4LPN assessed the situation and the residents had no injuries. Resident #2 was moved to another room and was monitored. A review of S7CNA's written statement revealed the following, in part: On 01/18/2025, Resident #2 hit Resident #1 with a reacher tool, and Resident #1 punched Resident #2 in the face. S7CNA immediately reported the altercation to S4LPN. An interview was conducted on 02/10/2025 at 2:15 p.m., with S7CNA. She stated she witnessed the altercation between Resident #1 and Resident #2 on 01/18/2025. She stated she separated the residents and notified S4LPN of the altercation immediately on 01/18/2025. An interview was conducted on 2/10/2025 at 2:20 p.m., with S4LPN. She stated S7CNA notified her immediately of the altercation between Resident #1 and Resident #2 on 01/18/2025. She stated she did not notify the on-call nurse practitioner of the incident until 01/20/2025 when Resident #1 began to have swelling in his right hand. She stated she should have notified the on-call nurse practitioner of the incident on 01/18/2025. An interview was conducted on 02/11/2025 at 2:00 p.m., with S9NP. She stated she was the on-call nurse practitioner for 01/18/2025. She reviewed her call logs for 01/18/2025 and confirmed she did not receive a notification of the altercation between Resident #1 and Resident #2 and should have.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195505	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid City Community Nursing and Rehab	4005 North Blvd Baton Rouge, LA 70806

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 0600 Level of Harm - Actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46981 Based on interviews and record review, the facility failed to protect the residents' right to be free from physical abuse for 4 (#1, #2, #3, and #4) of 4 (#1, #2, #3, and #4) sampled residents reviewed for physical abuse. The facility implemented corrective actions, which were completed prior to the State Agency's investigation, thus it was determined to be a Past Noncompliance citation. This deficient practice resulted in an actual physical harm on 01/18/2025, when Resident #1, a cognitively intact Resident, punched Resident #2 in his face three times. Resident #1 was diagnosed with Unspecified Fracture of Fifth Metacarpal Bone of his Right Hand on 01/20/2025. Findings: Review of the facility's policy dated 02/2025 and titled, Abuse, Neglect, and Exploitation revealed in part, the following: Definitions: Physical Abuse-includes, but is not limited to hitting, slapping, punching. Prevention of Abuse-The facility will implement policies and procedures to prevent and prohibit all types of abuse. Resident #1 Review of Resident #1's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Schizophrenia. Review of Resident #1's MDS with an ARD of 11/06/2024 revealed a BIMS of 13, which indicated he was cognitively intact. Resident #2 Review of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Cervical Disc Disorder. Review of Resident #2's MDS with an ARD of 01/07/2025 revealed a BIMS of 15, which indicated he was cognitively intact. Resident #3 Review of Resident #3's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Cognitive Communication Deficit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195505	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid City Community Nursing and Rehab	4005 North Blvd Baton Rouge, LA 70806

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 0600 Level of Harm - Actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Review of Resident #3's MDS with an ARD of 11/13/2024 revealed a BIMS of 13, which indicated she was cognitively intact. Resident #4 Review of Resident #4's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Traumatic Brain Injury and Dementia. Review of Resident #4's MDS with an ARD of 10/09/2024 revealed a BIMS of 13, which indicated he was cognitively intact. Review of the facility's Incident Log dated December 2024 through January 2025 revealed the following: 1. A physical aggression incident between Resident #1 and Resident #4 on 12/18/2024. 2. A physical aggression incident between Resident #2 and Resident #3 on 12/24/2024. 3. A physical aggression incident between Resident #1 and Resident #2 on 01/18/2025. On 02/10/2025, review of the facility's incident report dated 12/18/2024, revealed in part, the following: Incident Description: Resident #1 went to the nurses' station and stated, I f***ed him up. He stated he was referring to Resident #4. Staff immediately went into the residents' room and found Resident #4 with scratches to his left arm. Resident #1 had a deep laceration between his thumb and pointer finger on his right hand. Resident #1 stated, Everyday he is just sleeping and I'm tired of it. Immediate Action Taken: Staff assessed both residents and no injuries were noted. The residents were immediately separated and Resident #1 was placed in another room. 1:1 monitoring began on both residents. Monitoring was discontinued when Resident #1 was sent to a behavioral hospital on the morning of 12/19/2024 when the NP, DON, and RP were notified. Resident #4 was treated in-house with antibiotic cream and had no complaints of pain or being fearful of Resident #1. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195505	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid City Community Nursing and Rehab	4005 North Blvd Baton Rouge, LA 70806

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 0600 Level of Harm - Actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	An interview was conducted on 02/10/2025 at 10:10 a.m., with S5LPN. She stated on 12/18/2024, around midnight, Resident #1 came to the nurses' station and stated, I f***ed him up. She stated Resident #1 stated he was referring to Resident #4. She stated she immediately went into the residents' room and found Resident #4 with scratches to his left arm. She stated Resident #1 had a deep laceration between his thumb and pointer finger on his right hand. She stated Resident #1 stated, Everyday he is just sleeping and I'm tired of it. She stated she assessed both residents. She stated she immediately separated them, and placed Resident #1 in another room. She stated 1:1 monitoring began on both residents on 12/18/2024. She stated Resident #1 was sent to a behavioral hospital on the morning of 12/19/2024 when the NP, DON, and RP were notified. She stated Resident #4 was treated in-house with antibiotic cream and had no complaints of pain or being fearful of Resident #1. She stated after Resident #1 returned to the facility, he had a new diagnosis, a medication was added to his orders, and his care plan was updated. She stated Resident #1 was also placed in a new room. 1:1 monitoring continued for days, and psychiatric staff began to assess him further. She stated all staff felt these changes were effective for Resident #1. She stated she received an in-service and posttest on reporting abuse, types of abuse, and de-escalation on 01/20/2025. An interview was conducted on 02/10/2025 at 10:30 a.m., with Resident #1. He stated in December 2024, he scratched Resident #4 on his arm several times because he would not stop sleeping all day. He stated Resident #4 then pinched him on his hand. An interview was conducted on 02/10/2025 at 10:41 a.m., with Resident #4. He stated in December 2024, Resident #1 scratched him on his arm several times. He stated he pinched Resident #1 on his hand. An interview was conducted on 02/10/2025 at 1:45 p.m., with S1ADM. He stated on 12/18/2024 around midnight, Resident #1 came to the nurses' station and stated, I f***ed him up. He stated Resident #1 stated he was referring to Resident #4. He stated S5LPN immediately went into the residents' room and found Resident #4 with scratches to his left arm. He stated Resident #1 had a deep laceration between his thumb and pointer finger on his right hand. He stated Resident #1 stated, Everyday he is just sleeping and I'm tired of it. He stated S5LPN assessed both residents. He stated S5LPN immediately separated the residents, and placed Resident #1 in another room. He stated 1:1 monitoring began on both residents. He stated Resident #1 was sent to a behavioral hospital on the morning of 12/19/2024 when the NP, DON, and RP were notified. He stated Resident #4 was treated in-house with antibiotic cream and had no complaints of pain or being fearful of Resident #1. He stated after Resident #1 returned to the facility, he had a new diagnosis, a new medication was added to his orders, and his care plan was updated. Resident #1 was also placed in a new room, 1:1 monitoring continued for two days, and psychiatric staff began to assess him further. He stated all staff felt these changes were effective for Resident #1. He stated he received an in-service and posttest on reporting abuse, types of abuse, and de-escalation on 01/20/2025. On 02/10/2025, review of the facility's incident report dated 12/24/2024, revealed in part, the following: Incident Description: S3LPN was notified by S6CNA that Resident #2 had slapped Resident #3 in the face. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195505	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid City Community Nursing and Rehab	4005 North Blvd Baton Rouge, LA 70806

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 0600 Level of Harm - Actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Immediate Action Taken: Staff assessed both residents and no injuries were noted. The residents were immediately separated. S3LPN notified S8NP and S1ADM of the altercation. 1:1 monitoring began on both residents and was discontinued when Resident #2 was sent to a behavioral hospital on 12/24/2024. Resident #3 had no complaints of pain or being fearful of Resident #2. An interview was conducted on 02/10/2025 at 10:37 a.m., with Resident #2. He stated in December 2024, he slapped Resident #3 on the forehead when he wanted to be assisted instead of her. An interview was conducted on 02/10/2025 at 10:41 a.m., with Resident #3. She stated in December 2024, Resident #2 slapped her on the forehead when she received assistant and not him. An interview was conducted on 02/10/2025 at 1:45 p.m., with S6CNA. She stated she witnessed the incident which occurred on 12/24/2024 between Resident #2 and Resident #3. She stated on 12/24/2024, Resident #2 slapped Resident #3 on the forehead because Resident #2 wanted the resident who was assisting Resident #3 to assist him instead. She stated she separated both residents and immediately reported the incident to S3LPN. She stated Resident #3 had no complaints of pain or being fearful of Resident #2. She stated she received an in-service and posttest on reporting abuse, types of abuse, and de-escalation on 01/20/2025. An interview was conducted on 02/10/2025 at 1:55 p.m., with S3LPN. He stated on 12/24/2024, S6CNA notified him of Resident #2 slapping Resident #3 on the forehead. He stated S6CNA immediately separated the residents. He stated he assessed both residents and no injuries were noted. He stated he reported the incident to S8NP and S1ADM who were located nearby. He stated both residents were placed on 1:1 monitoring on 12/24/2024, and monitoring was discontinued when Resident #2 was sent to a behavioral hospital on 12/24/2024. He stated Resident #3 had no complaints of pain or being fearful of Resident #2. He stated after Resident #2 returned to the facility, he had a new diagnosis, a medication was added to his orders, and his care plan was updated. He stated 1:1 monitoring continued for two days and psychiatric staff began to assess him further. He stated all staff felt these changes were effective for Resident #2. He stated he received an in-service and posttest on reporting abuse, types of abuse, and de-escalation on 01/20/2025. An interview was conducted on 02/10/2025 at 1:45 p.m., with S1ADM. He stated on 12/24/2024, S3LPN notified him of Resident #2 slapping Resident #3 in the forehead. He stated S6CNA immediately separated the residents. He stated S3LPN assessed both residents and no injuries were noted. He stated both residents were placed on 1:1 monitoring on 12/24/2024, and monitoring was discontinued when Resident #2 was sent to a behavioral hospital on 12/24/2024. He stated Resident #3 had no complaints of pain or being fearful of Resident #2. He stated after Resident #2 returned to the facility, he had a new diagnosis, a medication was added to his orders, and his care plan was updated. He stated 1:1 monitoring continued for two days and psychiatric staff began to assess him further. He stated all staff felt these changes were effective for Resident #2. He stated he received an in-service and posttest on reporting abuse, types of abuse, and de-escalation on 01/20/2025. Review of S7CNA's written statement dated 01/18/2025 revealed in part, the following: Resident #2 hit Resident #1 with a reacher tool, and Resident #1 punched Resident #2 in the face. S7CNA immediately reported the altercation to S4LPN. On 02/10/2025, review of the facility's incident report dated 01/18/2025 revealed in part, the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195505	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid City Community Nursing and Rehab	4005 North Blvd Baton Rouge, LA 70806

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 0600 Level of Harm - Actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Incident Description: S7CNA reported Resident #1 and Resident #2, were arguing in their room, and Resident #2 hit Resident #1 with a reacher tool. Immediate Action Taken: Staff assessed both residents and no injuries were noted. The residents were immediately separated. S7CNA notified S4LPN of the altercation. 1:1 monitoring began on both residents. On 01/20/2025, Resident #1 was noted to have swelling of his right hand. Resident #1 had a mobile x-ray completed, which resulted as a 5th Metacarpal Neck Fracture of the Right Hand. Resident #1 was sent to a local hospital on 01/20/2025. Resident #2 had no complaints of pain or being fearful of Resident #1. An interview was conducted on 02/10/2025 at 10:30 a.m., with Resident #1. He stated a few weeks ago, he punched Resident #2 on his face a few times. He stated Resident #2 poked him with his reacher tool. He stated he did not have any pain until two days later. An interview was conducted on 02/10/2025 at 10:37 a.m., with Resident #2. He stated a few weeks ago, he poked Resident #1 with his reacher tool and Resident #1 punched him in the side of his face. He stated S7CNA witnessed this incident. An interview was conducted on 02/10/2025 at 2:15 p.m., with S7CNA. She stated she witnessed the altercation between Resident #1 and Resident #2 on 01/18/2025. She stated she heard raised voices coming from Resident #1 and Resident #2's room. She stated when she entered the room, Resident #2 was standing at Resident #1's bedside poking him with his reacher tool. She stated Resident #1 then punched Resident #2 three times on the side of his face with a closed fist. She stated she separated them, and notified S4LPN of the altercation immediately on 01/18/2025. She stated her witness statement was completed on 01/18/2025 and placed in the shift report box. She stated both residents had no complaints of pain. She stated Resident #2 denied being fearful of Resident #1. She stated she received an in-service and posttest on reporting abuse, types of abuse, and de-escalation on 01/20/2025. She stated Resident #1 did not exhibit behaviors that would indicate physical altercations from the time of the 12/18/2024 until 01/18/2024. She stated Resident #2 did not exhibit behaviors that would indicate physical altercations from the time of the 12/24/2024 until 01/18/2024. An interview was conducted on 2/10/2025 at 2:20 p.m., with S4LPN. She stated S7CNA notified her immediately of the incident on 01/18/2025. She stated S7CNA separated the residents. She stated she assessed both residents and no injuries were noted. She stated both residents were placed on 1:1 monitoring on 01/18/2025. She stated on 01/20/2025, Resident #1 was noted to have swelling of his right hand. She stated Resident #1 had a mobile x-ray completed which resulted as a 5th Metacarpal Neck Fracture of the Right Hand. She stated Resident #1 was sent to a local hospital on 01/20/2025. She stated Resident #2 had no complaints of pain or being fearful of Resident #1. She stated after Resident #2 returned to the facility, 1:1 monitoring continued for two days and psychiatric staff began to assess him further. She stated both residents now attend a day program, attend 1:1 counseling with administrative staff, and both of the residents' care plans were updated. She stated all staff felt these changes were effective for Resident #2. She stated she received an in-service and posttest on reporting abuse, types of abuse, and de-escalation on 01/20/2025. She stated Resident #1 did not exhibit behaviors that would indicate physical altercations from the time of the 12/18/2024 until 01/18/2024. She stated Resident #2 did not exhibit behaviors that would indicate physical altercations from the time of the 12/24/2024 until 01/18/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195505	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid City Community Nursing and Rehab	4005 North Blvd Baton Rouge, LA 70806

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 0600 Level of Harm - Actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	An interview was conducted on 02/10/2025 at 1:45 p.m., with S1ADM. He stated on 01/20/2025, Resident #1 began to have swelling to his right hand. He stated he was then notified of Resident #1 punching Resident #2 in the face on 01/18/2025 and also received S7CNA's written statement dated 01/18/2025. He stated on 01/18/2025 after the incident, S7CNA immediately separated the residents. He stated S4LPN assessed both residents and no injuries were noted. He stated both residents were placed on 1:1 monitoring on 01/18/2025, until Resident #1 was sent to a local hospital on 01/20/2025 after a mobile x-ray resulted as a 5th Metacarpal Neck Fracture of the Right Hand. He stated Resident #2 had no complaints of pain or being fearful of Resident #1. He stated after Resident #2 returned to the facility, 1:1 monitoring continued for two days and psychiatric staff began to assess him further. He stated both residents now attend a day program, attend 1:1 counseling with administrative staff, and both residents' care plans were updated. He stated all staff felt these changes were effective for Resident #2. He stated he received an in-service and posttest on reporting abuse, types of abuse, and de-escalation on 01/20/2025. He stated monitoring started on 01/20/2025 and will be ongoing weekly until 02/20/2025. Throughout the survey from 02/10/2025 to 02/11/2025, observations, record review, and staff interviews revealed staff received training on the facility's abuse policies and procedures, de-escalating aggressive behaviors, and the effect of staff approach in relation to resident's behaviors. Interviews revealed staff were knowledgeable of the types of abuse and were aware abuse should be reported to administration immediately. The facility had implemented the following actions to correct the deficient practice: 1. Corrective actions were accomplished on 01/20/2025 for residents found to be affected by the alleged deficient practice include: a. Resident #2 was moved to another room. Monitoring tool in place for both residents. b. Both residents were to behavioral hospital. c. Both residents continue to be seen by psychiatric, attend the day program, and 1:1 counseling with administrative staff. 2. All residents have the potential to be affected by this alleged deficient practice. 3. The measures put into place to prevent this alleged deficient practice from re-occurring on 01/20/2025: a. In-service all staff regarding policy and procedure for abuse prevention and prohibition. b. Residents with a BIMS of 9-15 interviewed by staff to ensure that the resident has not felt abused and that each resident feels safe. 4. Facility will monitor its performance to ensure sustained compliance starting on 01/20/2025 weekly for 4 weeks, by the following: a. Administrator and or designee will have a return demonstration through questioning staff on the policy and procedure for abuse prevention and prohibition. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195505	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid City Community Nursing and Rehab	4005 North Blvd Baton Rouge, LA 70806

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 0600 Level of Harm - Actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	b. Administrator and or designee will follow-up in morning meeting for 4 weeks and as needed to ensure a resident has not voiced concerns of potential abuse. c. Additional in-servicing and/or progressive disciplinary action will occur if further noncompliance is noted. 5. Corrective action will be completed by 01/21/2025.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195505	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid City Community Nursing and Rehab	4005 North Blvd Baton Rouge, LA 70806

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 0609 Level of Harm - Actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46981 Based on interviews and record review, the facility failed to ensure allegations of physical abuse were reported to the facility's administrator and the state agency in an appropriate time frame for 4 (#1, #2, #3, and #4) of 4 (#1, #2, #3, and #4) residents reviewed for physical abuse. The facility failed to ensure: 1. Staff immediately reported physical abuse to administration when Resident #1 and Resident #2 got into a physical altercation; and 2. The administrator reported 3 separate incidents of physical abuse involving Resident #1 and #2; Resident #2 and #3; and Resident # 1 and #4 to the state survey agency. This deficient practice resulted in an actual physical harm on 01/18/2025, when Resident #1, a cognitively intact Resident, punched Resident #2 in his face three times. Resident #1 was diagnosed with Unspecified Fracture of Fifth Metacarpal Bone of his Right Hand on 01/20/2025. Findings: Cross Reference F600 Review of the facility's policy dated 02/2025 and titled, Abuse, Neglect, and Exploitation revealed in part, the following: Definitions: Physical Abuse-includes, but is not limited to hitting, slapping, punching. Reporting/Response: 1. Reporting of all alleged violations to the Administrator, state agency .within specified timeframes: a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse. Resident #1 Review of Resident #1's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Schizophrenia. Resident #2 Review of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Cervical Disc Disorder. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195505	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid City Community Nursing and Rehab	4005 North Blvd Baton Rouge, LA 70806

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 0609 Level of Harm - Actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Resident #3 Review of Resident #3's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Cognitive Communication Deficit. Resident #4 Review of Resident #4's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Traumatic Brain Injury and Dementia. 1. Review of the facility's incident report dated 01/18/2025, revealed in part, the following: Incident Description: S7CNA reported Resident #1 and Resident #2, were arguing in their room, and Resident #2 hit Resident #1 with a reacher tool at 6:30 p.m. An interview was conducted on 02/10/2025 at 10:30 a.m., with Resident #1. He stated a few weeks ago, he punched Resident #2 on his face a few times with his right hand. He stated Resident #2 poked him with his reacher tool so he punched him. He stated he did not have any pain or swelling to the right hand after punching Resident #2 until two days later when he was diagnosed with a right finger fracture. An interview was conducted on 02/10/2025 at 2:15 p.m., with S7CNA. She stated she witnessed the altercation between Resident #1 and Resident #2 on 01/18/2025. She stated she heard raised voices coming from Resident #1 and Resident #2's room. She stated when she entered the room, Resident #2 was standing at Resident #1's bedside poking him with his reacher tool. She stated Resident #1 then punched Resident #2 three times on the side of his face with a closed fist. She stated she notified S4LPN of the altercation immediately on 01/18/2025 around 6:30 p.m. She stated a resident punching another resident was a type of physical abuse and should be reported. An interview was conducted on 02/10/2025 at 2:20 p.m., with S4LPN. She stated S7CNA notified her immediately of the incident on 01/18/2025 around 6:30 p.m. She stated she did not report the incident to anyone else until 01/20/2025, when Resident #1 was noted to have swelling of his right hand. She stated Resident #1 had a mobile x-ray on 01/20/2025 completed which resulted as a 5th Metacarpal Neck Fracture of the Right Hand. She stated a resident punching another resident was physical abuse and should be reported. She stated she knew to report it, but she failed to do so on 01/18/2025. An interview was conducted on 02/11/2025 at 2:02 p.m., with S9NP. She stated she was the on-call nurse practitioner for 01/18/2025. She reviewed her call logs for 01/18/2025 and confirmed she did not receive a notification of the altercation between Resident #1 and Resident #2 and should have. An interview was conducted on 02/10/2025 at 1:45 p.m., with S1ADM. He stated S4LPN should have reported the physical abuse between Resident #1 and Resident #2 to him on 01/18/2025 and did not until 01/20/2025. He stated all physical abuse should be reported to the DON and Administrator immediately and reported to the state agency within 2 hours. 2. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195505	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid City Community Nursing and Rehab	4005 North Blvd Baton Rouge, LA 70806

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 0609 Level of Harm - Actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Review of the facility's incident report dated 12/24/2024, revealed in part, the following: Incident Description: S3LPN was notified by S6CNA at 11:45 a.m. that Resident #2 had slapped Resident #3 in the face. An interview was conducted on 02/10/2025 at 1:45 p.m., with S6CNA. She stated she witnessed the incident which occurred on 12/24/2024 at 11:45 a.m. between Resident #2 and Resident #3. She stated on 12/24/2024, Resident #2 slapped Resident #3. She stated she separated both residents and immediately reported the incident to S3LPN on 12/24/2024 at 11:45 a.m. She stated a resident slapping another resident was a type of physical abuse and should be reported. An interview was conducted on 02/10/2025 at 1:55 p.m., with S3LPN. He stated on 12/24/2024, S6CNA notified him around 11:45 a.m. of Resident #2 slapping Resident #3 on the forehead. He stated he immediately reported the incident to S8NP and S1ADM on 12/24/2024. He stated a resident slapping another resident was a type of physical abuse and should be reported. Review of the facility's incident report dated 12/18/2024, revealed in part, the following: Incident Description: Resident #1 went to the nurses' station and stated, I f***ed him up. He stated he was referring to Resident #4. Staff immediately went into the residents' room and found Resident #4 with scratches to his left arm. Resident #1 had a deep laceration between his thumb and pointer finger on his right hand. Resident #1 stated, Everyday he is just sleeping and I'm tired of it. An interview was conducted on 02/10/2025 at 10:10 a.m., with S5LPN. She stated on 12/18/2024, around midnight, Resident #1 and Resident #4 got into an altercation. She stated she immediately separated them, and placed Resident #1 in another room. She stated 1:1 monitoring began on both residents. She stated Resident #1 was sent to a behavioral hospital on the morning of 12/19/2024. She stated she notified the NP, DON, and RP of the incident on 12/19/2024 around 7:00 a.m. She stated a resident scratching another resident was a type of physical abuse and should be reported. An interview was conducted on 02/10/2025 at 1:45 p.m., with S1ADM. He stated in December 2024 through January 2025, S2CON was responsible for reporting to the state agency and he was the DON. He stated he became the Administrator later in January 2025 after the aforementioned incidents. He stated he was aware of the incidents which occurred on 12/18/2024, 12/24/2024, and 01/18/2025. He confirmed the incidents were abuse, should have been reported, and were not. An interview was conducted on 02/11/2025 at 2:00 p.m., with S2CON. She stated in December 2024 through January 2025, she was responsible for reporting to the state agency and was the Administrator during that time. She stated she was aware of the incidents which occurred on 12/18/2024, 12/24/2024, and 01/18/2025. She stated these incidents were not physical abuse, and therefore she did not report them to the state agency.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195505	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid City Community Nursing and Rehab	4005 North Blvd Baton Rouge, LA 70806

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46981 Based on record review and interviews, the facility failed to ensure residents with an identified mental health diagnosis were referred for a Preadmission Screening and Resident Review (PASARR) Level II evaluation as required for 2 (#1 and #2) of 4 (#1, #2, #3, and #4) residents reviewed for PASARR. Findings: Review of the facility's policy dated 02/2025 and titled, Resident Assessment-Coordination with PASARR Program revealed in part, the following: 1. All applicants to this facility will be screened for serious mental disorders or intellectual disabilities and related conditions in accordance with State's Medicaid rules for screening. 1ai. Negative Level I Screen-permits admission to proceed and ends the PASARR process unless a possible serious mental disorder or intellectual disability arises later. Resident #1 A review of Resident #1's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Schizophreniform Disorder. Further review revealed additional medical diagnosis of Unspecified Psychosis (onset date of 12/19/2024). Further review revealed Resident #1 was diagnosed with Unspecified Psychosis on 12/19/2024 and no review for a Level II evaluation and determination had been submitted after Resident #1 received this diagnosis. Resident #2 A review of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Cervical Disc Disorder with Myelopathy. Further review revealed additional medical diagnosis of Bipolar Disorder (onset date of 01/02/2025). Further review revealed Resident #2 was diagnosed with Bipolar Disorder on 01/02/2025 and no review for a Level II evaluation and determination had been submitted after Resident #2 received this diagnosis. An interview was conducted on 02/11/2025 at 11:10 a.m., with S11SW. She stated she was responsible for filing PASARR Level I and II paperwork in resident records. She stated she was unsure who was responsible for completing resident assessment following a new psychiatric diagnosis, and who was responsible for submitting a new Level I Pre-admission Screening and Resident Review to determine candidacy for Level II services. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195505	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid City Community Nursing and Rehab	4005 North Blvd Baton Rouge, LA 70806

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted on 02/11/2025 at 11:15 a.m., with S1ADM. He stated he was unsure of who was responsible for completing resident assessment following a new psychiatric diagnosis, and who was responsible for submitting a new Level I Pre-admission Screening and Resident Review to determine candidacy for Level II services. He stated S10PNP may have more information regarding roles/responsibilities pertaining to psychiatric services and PASARR. He reviewed both Resident #1 and Resident #2's diagnoses and confirmed that they acquired new psychiatric diagnoses since Level I approval, and a new Level I Pre-admission Screening and Resident Review was not completed and should have been. An interview was conducted on 02/11/2025 at 11:38 a.m., with S10PNP. She stated she was responsible for assessing and treating residents with psychiatric diagnoses on a routine basis. She stated any evaluations, new diagnoses, treatment notes, and recommendations were reported via email to the Administrative staff. She further stated she was not responsible for submitting a new Level I Pre-admission Screening and Resident Review to determine candidacy for Level II services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195505	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid City Community Nursing and Rehab	4005 North Blvd Baton Rouge, LA 70806

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 0835 Level of Harm - Actual harm Residents Affected - Some	Administer the facility in a manner that enables it to use its resources effectively and efficiently. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46981 Based on interviews and record review, the facility failed to be administered in a manner that enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being for each resident residing in the facility. The facility failed to have an effective system in place to ensure: 1. Residents with newly diagnosed mental illnesses were reevaluated for PASRR Level II determinations for 2 (#1 and #2) of 4 (#1, #2, #3, and #4) residents reviewed for PASRR; and 2. Allegations of physical abuse were reported to the state agency, immediately but not later than 2 hours after the allegation for 4 (#1, #2, #3, and #4) of 4 (#1, #2, #3, and #4) residents reviewed for abuse; and 3. Allegations of physical abuse were reported to the administrator immediately after the allegation for 2 (#1 and #2) of 4 (#1, #2, #3, and #4) residents reviewed for abuse. The deficient practice had the potential to affect a census of 110 residents. This deficient practice resulted in an actual physical harm on 01/18/2025, when Resident #1, a cognitively intact Resident, punched Resident #2 in his face three times. Resident #1 was diagnosed with Unspecified Fracture of Fifth Metacarpal Bone of his Right Hand on 01/20/2025. Findings: Cross Reference F609. Cross Reference F644. 1. Resident #1 A review of Resident #1's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Schizophreniform Disorder. Further review revealed Resident #1 was diagnosed with Unspecified Psychosis on 12/19/2024 and no documentation a Level II evaluation and determination had been submitted after Resident #1 received this diagnosis. Resident #2 A review of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195505	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid City Community Nursing and Rehab	4005 North Blvd Baton Rouge, LA 70806

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 0835 Level of Harm - Actual harm Residents Affected - Some	Further review revealed Resident #2 was diagnosed with Bipolar Disorder on 01/02/2025 and no documentation a Level II evaluation and determination had been submitted after Resident #2 received this diagnosis. An interview was conducted on 02/11/2025 at 11:10 a.m. with S11SW. She stated she was responsible for filing PASRR Level I and II paperwork in resident records upon admission to the facility. She stated she was unsure who was responsible for completing resident assessments following a new psychiatric diagnosis after admission, and who was responsible for submitting a new Resident Review to determine candidacy for Level II services. An interview was conducted on 02/11/2025 at 11:15 a.m. with S1ADM. He stated he was unsure who was responsible for completing resident assessments following a new psychiatric diagnosis, and who was responsible for submitting a new Level I Pre-admission Screening and Resident Review to determine candidacy for Level II services. He reviewed both Resident #1 and Resident #2's diagnoses and confirmed they acquired new psychiatric diagnoses since Level I approval, and a new Level I Pre-admission Screening and Resident Review was not completed and should have been. An interview was conducted on 02/11/2025 at 2:00 p.m. with S2CON. She stated she was unaware of who was responsible for ensuring residents received evaluations for PASRR determination of services after new psychiatric diagnoses. 2. Resident #1 Review of Resident #1's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Schizophrenia. Review of Resident #1's MDS with an ARD of 11/06/2024 revealed a BIMS of 13, which indicated he was cognitively intact. Resident #4 Review of Resident #4's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Traumatic Brain Injury and Dementia. Review of Resident #4's MDS with an ARD of 10/09/2024 revealed a BIMS of 13, which indicated he was cognitively intact. Review of the facility's incident report dated 12/18/2024, revealed in part, the following: Incident Description: Resident #1 went to the nurses' station and stated, I f***ed him up. He stated he was referring to Resident #4. Staff immediately went into the residents' room and found Resident #4 with scratches to his left arm. Resident #1 had a deep laceration between his thumb and pointer finger on his right hand. Resident #1 stated, Everyday he is just sleeping and I'm tired of it. Resident #3 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195505	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid City Community Nursing and Rehab	4005 North Blvd Baton Rouge, LA 70806

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 0835 Level of Harm - Actual harm Residents Affected - Some	Review of Resident #3's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Cognitive Communication Deficit. Review of Resident #3's MDS with an ARD of 11/13/2024 revealed a BIMS of 13, which indicated she was cognitively intact. Review of the facility's Incident Log dated December 2024 through January 2025 revealed the following: A physical aggression incident between Resident #2 and Resident #3 on 12/24/2024. Review of the facility's incident report dated 12/24/2024, revealed in part, the following: Incident Description: S3LPN was notified by S6CNA at 11:45 a.m. that Resident #2 had slapped Resident #3 in the face. An interview was conducted on 02/10/2025 at 1:45 p.m. with S1ADM. He stated December 2024 through January 2025, S2CON was responsible for reporting to the state agency and he was the DON. He stated he was aware of the incidents which occurred on 12/18/2024, 12/24/2024, and 01/18/2025. He confirmed the incidents were abuse, should have been reported to state agency, and were not. An interview was conducted on 02/11/2025 at 2:00 p.m. with S2CON. She stated December 2024 through January 2025, she was responsible for reporting to the state agency and was the Administrator during that time. She stated she was aware of the incidents which occurred on 12/18/2024, 12/24/2024, and 01/18/2025. She stated these incidents were not physical abuse, and therefore she did not report them to the state agency. 3. Review of the facility's incident report dated 01/18/2025, revealed in part, the following: Incident Description: S7CNA reported Resident #1 and Resident #2 were arguing in their room, and Resident #2 hit Resident #1 with a reacher tool at 6:30 p.m. An interview was conducted on 02/10/2025 at 2:15 p.m. with S7CNA. She stated she witnessed Resident #1 punch Resident #2 on 01/18/2025. She stated she notified S4LPN of the altercation immediately on 01/18/2025 around 6:30 p.m. An interview was conducted on 02/10/2025 at 2:20 p.m. with S4LPN. She stated S7CNA notified her immediately of the incident on 01/18/2025 around 6:30 p.m. She stated she did not report the incident to anyone else until 01/20/2025, when Resident #1 was noted to have swelling of his right hand. She stated Resident #1 had a mobile x-ray on 01/20/2025 completed which resulted as a 5th Metacarpal Neck Fracture of the Right Hand. She stated a resident punching another resident was physical abuse and should be reported. She stated she knew to report it, but she failed to do so on 01/18/2025. An interview was conducted on 02/10/2025 at 1:45 p.m. with S1ADM. He stated he was made aware on 01/20/2025 of the incident between Resident #1 and Resident #2 which occurred on 01/18/2025. He confirmed the incident was abuse, should have been reported on 01/18/2025, and was not. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195505	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid City Community Nursing and Rehab	4005 North Blvd Baton Rouge, LA 70806

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 0835 Level of Harm - Actual harm Residents Affected - Some	An interview was conducted on 02/11/2025 at 2:00 p.m. with S2CON. She stated she was made aware on 01/20/2025 of the incident between Resident #1 and Resident #2 which occurred on 01/18/2025. She stated this incident was not physical abuse.