

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195505	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2025
NAME OF PROVIDER OR SUPPLIER Mid City Community Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to implement and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections for 1 (#2) of 1 resident reviewed for Enhanced Barrier Precautions (EBP). The facility failed to ensure staff wore proper Personal Protective Equipment (PPE) while providing care to a resident who was on Enhanced Barrier Precautions (EBP). Findings:Review of the facility's policy titled, Enhanced Barrier Precautions with a revision date of 04/2024 revealed the following, in part:Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms.Definitions: Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high-contact resident care activities.Policy Explanation and Compliance Guidelines:2. Initiation of Enhanced Barrier Precautions: b. An order for enhanced barrier precautions will be obtained for residents with any of the following: i.indwelling medical devices (e.g., feeding tubes)4. High-contact resident care activities include: f. changing briefs or assisting with toiletingReview of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE] with a diagnosis of Traumatic Subarachnoid Hemorrhage and Gastrostomy Status.Review of Resident #2's current Physician Orders revealed the following, in part: Start date: 06/02/2025; Enhanced Barrier Precautions when providing high-contact resident care.Review of Resident #2's current Care Plan revealed the following, in part:Focus: I require staff to use EBP.Intervention: Wear required PPE when performing contact care. On 08/18/2025 at 4:00 p.m., an observation was made of the EBP sign posted on the wall above Resident #2's bed. The sign revealed the following, in part: Providers and staff must also:Wear gloves and a gown for the following high-contact resident care activities.In addition to standard precautions, everyone must gown and glove for these resident care activities - Changing briefs On 08/18/2025 at 4:00 p.m., an observation was made of incontinent care on Resident #2. S2CNA changed Resident #2's brief without wearing a gown. On 08/18/2025 at 4:05 p.m., an interview was conducted with S2CNA. She confirmed Resident #2 had a Percutaneous Endoscopic Gastrostomy (PEG) tube. She further confirmed she did not wear the appropriate PPE while performing incontinent care and should have. On 08/20/2025 at 11:59 a.m., an interview was conducted with S1DON. She confirmed she would expect staff to wear the appropriate PPE when providing incontinent care to a resident with a PEG tube.</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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