

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 03/19/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52121</p> <p>Based on observations, interviews, and record review, the facility failed to ensure a resident's call light was within reach for 1 (#4) of 22 residents reviewed in the final sample.</p> <p>Findings:</p> <p>Review of Resident #4's Clinical Record revealed the resident was admitted to the facility on [DATE] with diagnoses which included morbid obesity.</p> <p>Review of Resident #4's Significant Change MDS with an ARD of 02/25/2025 revealed a BIMS of 14, which indicated she was cognitively intact.</p> <p>On 03/17/2025 at 11:05 a.m., an observation was made of Resident #4 in her room. She was lying in bed, with her call light resting on the floor behind the bed.</p> <p>On 03/17/2025 at 11:10 a.m., an interview was conducted with Resident #4. Resident #4 stated she was independent with eating but was dependent for all other ADL care. Resident #4 stated her call light was frequently out of reach and she had to yell out until someone responded.</p> <p>On 03/17/2025 at 1:45 p.m., an observation was made of Resident # 4 in her room. She was lying in bed, with her call light resting on the floor behind the bed.</p> <p>On 03/18/2025 at 10:41 a.m., an observation was made of Resident #4 in her room. She was lying in bed, with her call light resting on the floor behind the bed.</p> <p>On 03/18/2025 at 12:44 p.m., an observation was made of Resident #4 in her room. She was lying in bed, with her call light resting on the floor behind the bed.</p> <p>On 03/19/2025 at 9:42 a.m., an interview was conducted with S4LPN. S4LPN confirmed call lights should be within the resident's reach at all times. She verified Resident #4 was able to use her call light. S4LPN further stated Resident #4's call light was frequently not within reach and resident would yell out for the nurse if needed.</p> <p>On 03/19/2025 at 2:55 p.m., an interview was conducted with S2DON. S2DON was made aware of the above observations and confirmed she expected staff to keep call lights within a resident's reach.</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 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>46981</p> <p>Based on observation, record review, and interview, the facility failed to ensure the results from the most recent complaint survey was readily available for resident review.</p> <p>This deficient practice had the potential to affect the 104 residents who currently resided in the facility.</p> <p>Findings:</p> <p>Review of the facility's Survey History revealed the most recent survey was a Complaint Survey on 02/11/2025.</p> <p>An observation was made on 03/17/2025 at 9:30 a.m. of the facility's Survey Results folder located near the entrance of the facility.</p> <p>Review of the Survey Results folder revealed the last survey posted in the binder was dated 04/18/2024. Further review revealed no documented evidence of the survey results from complaint survey dated 02/11/2025.</p> <p>An interview was conducted on 03/17/2025 at 9:35 a.m. with S1ADM. He reviewed the facility's Survey Results folder. He confirmed the survey results from complaint survey dated 02/11/2025 were not located in the folder.</p>

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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>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46975</p> <p>52121</p> <p>Based on interviews and record reviews, the facility failed to ensure the MDS assessment accurately reflected the resident's status for 2 (#4 and #50) residents out of a total of 22 sampled residents. The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Resident #4 was coded correctly for functional abilities and goals; and 2. Resident #50 was coded correctly for medications. <p>Findings:</p> <p>Resident #4</p> <p>Review of Resident #4's Clinical Record revealed she was admitted to the facility on [DATE].</p> <p>Review of Resident #4's Significant Change MDS with an ARD of 02/25/2025 revealed a BIMS of 14, which indicated she was cognitively intact. Further review revealed she was coded as being independent for toileting hygiene, showering/bathing, and putting on/taking off footwear in Section GG: Functional Abilities and Goals.</p> <p>On 03/17/2025 at 11:10 a.m., an interview was conducted with Resident #4. Resident #4 stated she was independent with eating but was dependent for all other ADL care.</p> <p>On 03/19/2025 at 1:37 p.m., an interview was conducted with S4LPN. S4LPN stated Resident #4 was not able to perform toileting hygiene, shower/bathe, nor put on/take off footwear independently.</p> <p>On 03/19/2025 at 1:52 p.m., an interview was conducted with S3MDS. S3MDS stated she was responsible for completing Resident #4's MDS assessments. S3MDS reviewed Resident #4's Significant Change MDS with an ARD of 02/25/2025. S3MDS confirmed toileting hygiene, showering/bathing, and putting on/taking off footwear should have been coded as dependent and was not.</p> <p>On 03/19/2025 at 2:55 p.m., an interview was conducted with S2DON. S2DON reviewed Resident #4's Significant Change MDS with an ARD of 02/25/2025. She confirmed Resident #4 was not coded accurately for toileting hygiene, showering/bathing, and putting on/taking off footwear.</p> <p>Resident #50</p> <p>Review of Resident #50's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included Cerebral Infarction.</p> <p>Review of Resident #50's Quarterly MDS with an ARD of 02/05/2025 revealed he was coded as receiving antiplatelets and anticoagulants in Section N: Medications.</p> <p>(continued on next page)</p>		

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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 #50's Physician Orders dated January 2025-March 2025 revealed the following, in part:</p> <p>Aspirin 81 mg orally one time a day.</p> <p>Clopidogrel Bisulfate 75 mg orally one time a day.</p> <p>On 03/19/2025 at 1:50 p.m., an interview was conducted with S3MDS. She stated she was responsible for completing Resident #50's MDS assessments. She reviewed Resident #50's Quarterly MDS assessment dated [DATE] and verified he was coded for anticoagulants. She reviewed Resident #50's physician orders and confirmed he had an order for Clopidogrel and Aspirin, which were antiplatelets, not anticoagulants. She stated Resident #50 should not have been coded for anticoagulants.</p> <p>On 03/19/2025 at 2:55 p.m., an interview was conducted with S2DON. She reviewed Resident #50's physician orders dated January 2025-March 2025. She verified Aspirin and Clopidogrel were antiplatelet medications and confirmed Resident #50's Quarterly MDS assessment should not have been coded for anticoagulants.</p>		

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47191</p> <p>Based on record review and interviews, the facility failed to ensure a resident's laboratory tests were completed as ordered by the physician for 1(#52) of 22 residents investigated in the final sample.</p> <p>Findings:</p> <p>Review of Resident #52's clinical record revealed she was admitted to the facility on [DATE] with a diagnosis which included Diabetes.</p> <p>Review of Resident #52's Physician's Orders revealed, in part:</p> <p>Order date 11/25/2024- laboratory blood draw for HGBA1C every three months in March, June, September, December once every 3 months starting on the 25th of each month.</p> <p>Review of Resident #52's clinical record revealed the last collected HGBA1C was performed on 10/26/2024.</p> <p>Review of the Medication Administration Record from November 2024 to present revealed no documented evidence Resident #52's HGBA1C labs were collected.</p> <p>Review of Resident #52's Care Plan Report revealed the following:</p> <p>Focus- I have a History of Diabetes</p> <p>Interventions- Obtain lab work as ordered</p> <p>An interview was conducted on 03/19/2025 at 3:08 p.m. with a local laboratory spokesperson. He stated the last collected lab on record for HGBA1C for Resident #52 was collected on 10/26/2024.</p> <p>An interview was conducted on 03/19/2025 at 3:10 p.m. with S2DON. She reviewed Resident #52's clinical record and confirmed the last documented HGA1C collection was performed on 10/26/2024. She confirmed no additional HGBA1C labs were collected from Admission to present and should have been.</p>		