

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 04/08/2026
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, interviews and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety. The facility failed to ensure: Food was properly stored, labeled and dated with an open date, or discarded for safety; and Staff documented food temperatures on food served to residents. There were 114 residents who received food served from the kitchen. Review of facility's policy titled, Food Safety Requirements, last revised August 2022, revealed the following, in part:Policy: It is the policy of the facility to procure food from sources approved or considered satisfactory by federal, state and local authorities. Food will also be stored, prepared, distributed and served in accordance with professional standards for food service safety.Policy Explanation and Compliance Guidelines: 1. B. Storage of food in a manner that helps prevent deterioration or contamination of the food, including from growth of microorganisms. 3.c. Practices to maintain safe refrigerated storage include: iv. Labeling, dating, and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by date, or frozen (where applicable)/ discarded; and keeping foods covered or in tight containers. 1.On 04/06/2026 at 8:30 a.m. a tour of the kitchen was conducted with S5CK. The following was observed and S5CK confirmed:Walk in refrigerator:An undated, and unlabeled clear, gallon bag of opened purple cabbage and sliced carrots that contained a purple colored liquid;An undated, unsealed half used large stick of butter;An undated, opened, half-full bag of green grapes on a vine that were browning;An undated, and unlabeled gallon bag of garlic toast;A half cut, unsealed orange on the refrigerator shelf; andAn open and undated container of beef base. Dry Storage:An opened, undated, 9.7 ounce bag of sugar. Seasoning shelf next to the stove:An opened and undated 5 pound bag of grits;A hard piece of toasted bread lying on the seasoning shelf; andA white, unlabeled and undated, canister of yellow seasoning that was clumped. On 04/06/2026 at 8:40 a.m., an interview was conducted with S5CK. S5CK confirmed all opened food items should have been in a sealed, labeled and dated container, but were not. She also confirmed the bag of cabbage and carrots, grapes and half of orange should have been discarded and not available for resident consumption. 2.Review of food temperature logs on 04/07/2026 at 11:00 a.m. was conducted with S3DM and revealed the following: 04/02/2026- No documented food temperatures for dinner;04/03/2026- No documented food temperatures for breakfast, lunch or dinner;04/04/2026- No documented food temperatures for breakfast, lunch or dinner;04/05/2026- No documented food temperatures for dinner; and 04/06/2026- No documented food temperatures for dinner. On 04/07/2026 at 11:00 a.m., an interview was conducted with S3DM. He stated 114 residents were served from the kitchen. He stated he was responsible for ensuring staff were obtaining and documenting food temperatures prior to serving each meal, and staff did not document the food temperatures on the log, but should have. He confirmed all opened food items in the kitchen should be sealed, labeled and dated, and the bag of cabbage and carrot, bag of grapes and half of orange should have been discarded and not available for resident consumption. On 04/07/2026 at 1:15 p.m., an interview was conducted with S1ADM. S1ADM confirmed all opened food items in the kitchen refrigerator or dry storage should have been labeled and dated. He stated he expected all kitchen staff, including the dietary manager, to comply and oversee that food temperatures were obtained, and documented, and all opened food was labeled and dated.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to develop a trauma-informed, comprehensive person-centered care plan, which included measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs for 1 (#14) of 30 Residents reviewed in the final sample. The facility failed to develop a care plan for Resident #14's diagnosis of Post-Traumatic Stress Disorder (PTSD). Review of Resident #14's Clinical Record revealed she was admitted to the facility on [DATE] with a diagnosis of PTSD. Review of Resident #14's most current care plan revealed no documented evidence of a care plan for diagnosis of PTSD. On 04/08/2026 at 1:25 p.m., an interview was conducted with S4LPN. S4LPN stated he was unaware Resident #14 had a diagnosis of PTSD and confirmed he was not familiar with Resident #14's triggers that may result in a mental health crisis. S4LPN reviewed and confirmed Resident #14's care plan did not include a history of PTSD. On 04/08/2026 at 2:45 p.m., an interview was conducted with S6CNA. S6CNA stated she was unaware Resident #14 had a diagnosis of PTSD and confirmed she was not familiar with Resident #14's triggers that may result in a mental health crisis. On 04/08/2026 at 2:50 p.m., an interview was conducted with S7CNA. S7CNA stated she was unaware Resident #14 had a diagnosis of PTSD and confirmed she was not familiar with Resident #14's triggers that may result in a mental health crisis. On 04/08/2026 at 2:55 p.m., an interview was conducted with S2DON. S2DON reviewed Resident #14's care plan and confirmed all care plans should accurately reflect the resident's status and Resident #14's did not.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interviews, and record review the facility failed to ensure drugs and biologicals used in the facility were stored in accordance with currently accepted professional principles. The facility failed to ensure a medication cart was free of unlabeled capsules for 1 (Cart A) of 2 medication carts reviewed. Review of facility's policy titled, Labeling of Medications and Biologicals, last revised October 2020, revealed the following, in part: Policy: All medications and biologicals in the facility will be labeled in accordance with current state and federal regulations to facilitate consideration of precautions and safe administration of medications. Policy Explanation and Compliance Guidelines: 1. All medications and biologicals will be labeled in accordance with applicable federal and state requirements and current accepted pharmaceutical principles and practices. On 04/06/2026 at 12:25 p.m., an observation was made of Cart A with an interview from S4LPN. Observation of Cart A revealed an unlabeled, clear, medication cup with 10 unidentified white capsules in the top drawer of the cart. S4LPN confirmed the observation and reported the medications were likely probiotics from the weekend shift. S4LPN further confirmed the medications should have been in a labeled container identifying the medication. S4LPN explained unlabeled medications could lead to a nurse administering the wrong medications. On 04/07/2026 at 1:00 p.m., an interview was conducted with S2DON. S2DON confirmed all medications in the medication carts should have been labeled, and all staff nurses were responsible to clean their medication carts each shift. On 04/07/2026 at 1:15 p.m., an interview was conducted with S1ADM. He stated staff nurses should not remove medications from a labeled bottle to store in a medication cart. He confirmed it is the responsibility of the staff nurses to check the medication carts each shift and all medications should remain labeled.</p>		