STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195512	A. Building B. Wing	06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pines Retirement Center of Baton Rouge	14686 Old Hammond Hwy. Baton Rouge, LA 70816

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 47732 Based on observations and interviews, the facility failed to ensure the residents had a safe, functional, sanitary, and comfortable environment. The facility failed to ensure: 1. Room A was clean and free of debris. This had the potential to affect any of the 60 residents residing in the facility who used Room A, and; 2. The ceiling tiles were clean and free of stains for 1 (Room B) of 20 rooms observed on Hall A. Findings: On 06/10/2024 at 9:00 a.m., an observation of Room A was made with S2DON. There were three walnut size hair balls, a toothbrush, open tube of toothpaste, and a hair comb in the first sink, and hair was noted on the floor. The second shower stall was observed with open shampoo bottles on the floor. The third shower stalls hot and cold control knobs were non-functional and dripping a steady stream of water .The shower head was laying on the floor in the fourth shower stall. S2DON confirmed there had been no resident showers that morning, and the shower was left in this condition by the weekend staff. She confirmed the shower should be cleaned and sanitized daily by housekeeping staff and the CNAs were responsible for cleaning and disinfecting in between residents, and this had not been done. On 06/10/2024 at 9:10 a.m., during inspection of rooms on Hall A, two ceiling tiles in Room B were noted to have dinner plate sized brown colored stains. On 06/10/2024 at 9:15 a.m., an interview was conducted with Resident R1. He stated the ceiling tiles had been stained for a long period of time, and he had requested they be changed. On 06/10/2024 at 9:20 a.m., an observation and interview was conducted with S2DON. She confirmed the ceiling tiles in Room B were stained, and should have been changed. On 06/11/2024 at 11:07, an observation of Room A was made with S2DON. There was a disposable razor with the safety cover removed on the floor of Room A. S2DON confirmed the disposable razor did not have a safety cover, appeared to be used, and should not have been left on the floor of Room A. (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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/11/2024 at 11:30 a.m., an interview was conducted with S1ADM. He confirmed Room A should be cleaned daily by housekeeping staff and CNAs should clean and disinfect in-between residents, and ceiling tiles that were stained should be replaced, and they were not.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 47732 Based on observations and interviews, the facility failed to store food in accordance with professional standards for food service safety. This had the potential to effect all residents who were served from the kitchen. Findings: On 06/10/2024 at 8:00 a.m., an initial tour of the kitchen was conducted with S3DW. The following observations were made and confirmed: -One bulk storage container contained an open bag of sugar. A paper cup was in the bag of sugar. The lid of the container was left open. -One bulk storage container contained opened bags of flour and rice. The lid of the container was left open. On 06/10/2024 at 8:34 a.m., an interview was conducted with S4DM. She was notified of the aforementioned findings made with S3DW. She confirmed the bulk storage containers should be securely closed and should not contain a paper cup. On 06/10/2024 at 9:30 a.m., an interview was conducted with S1ADM. He was notified of the aforementioned findings. He confirmed the bulk storage containers should be securely closed, and should not contain a paper cup.