

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 09/27/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195512	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2024
NAME OF PROVIDER OR SUPPLIER Pines Retirement Center of Baton Rouge		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47546 Based on record review and interviews, the facility failed to ensure a resident with pressure ulcers received necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for 1 (#1) of 2 (#1 and #2) residents reviewed for medical appointments. The facility failed to ensure Resident #1 attended their follow up outpatient wound clinic appointment as scheduled. Findings: Review of Facility's current policy titled, Skin Program, Pressure Ulcers & Other Wounds revealed in part: Care of Residents with Wounds (Pressure & Non-Pressure Related) c. Obtain treatment order from physician if needed or implement the facility's protocol if appropriate. Review of Resident #1's Clinical Record revealed he was admitted on [DATE]. His Diagnoses included the following: Type 2 Diabetes Mellitus with Foot Ulcer, Non Pressure Chronic Ulcer of Other Part of Left Foot with Fat Layer Exposed, Morbid Obesity Due to Excessive Calories, and Non-Compliance with Medication Regimen. Review of Resident #1's Quarterly MDS with ARD of 06/18/2024 revealed a BIMS of 15, which indicated the resident was cognitively intact. Review of Resident #1's Physician Orders dated June 2024 - current revealed the following in part: Diabetic ulcer to left heel: Dressing to be changed on Mondays by outpatient wound clinic and changed on Thursdays and PRN by facility. Review of Resident #1's Wound and Hyperbaric Center Orders dated 06/17/2024 revealed the following in part: Return Appointment in 1 week. Appointment scheduled for 06/24/2024 at 8:00 a.m. Review of Resident #1's Nurse's Notes dated June 2024 revealed no evidence he attended the scheduled follow up appointment with outpatient wound clinic on 06/24/2024 as ordered. (continued on next page)		

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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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 07/08/2024 at 12:25 p.m., an interview was conducted with Resident #1. He stated he had an initial appointment with outpatient wound clinic on 06/17/2024 and was supposed to have a scheduled a follow up appointment on 06/24/2024. He stated he missed his follow up appointment. On 07/09/2024 at 11:49 a.m., an interview was conducted with S3WC. She stated she was responsible for scheduling appointments as ordered. She verified Resident #1 did not have a scheduled appointment documented on the facility calendar for 06/24/2024, and Resident #1 missed his follow up appointment. On 07/09/2024 at 1:05 p.m., an interview was conducted with S2LPN. She stated Resident #1 did have an appointment scheduled with outpatient wound care on 06/24/2024 at 8:00 a.m. She stated the facility could not find the after visit summary with the date and time of appointment and appointment was missed. On 07/09/2024 at 1:20 p.m., an interview was conducted with S1DON. She stated that Resident #1 did have an appointment with the outpatient wound clinic scheduled for 06/24/2024 and it was missed.		