| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195512 | A. Building<br>B. Wing | 08/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pines Retirement Center of Baton Rouge | 14686 Old Hammond Hwy.<br>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 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44965<br><br>Based on interviews and record review, the facility failed to ensure a resident's physician was notified after a change in physical and mental status occurred for 1 (#2) of 4 (#1, #2, #11, and #12) residents reviewed for notification of change.<br><br>Findings:<br><br>Review of the facility's policy titled, Change in a Resident's Condition or Status revealed the following, in part:<br><br>Policy Statement:<br><br>Our facility shall promptly notify the resident, his or her attending Physician, and representative of changes in the resident's medical/mental condition and/or status.<br><br>Policy Interpretation and Implementation:<br><br>1. The nurse supervisor/charge nurse will notify the resident's attending Physician or on-call physician when there has been:<br><br>d. A significant change in a resident's physical/emotional/mental condition;<br><br>2. A significant change of condition is a decline or improvement in the resident's status that:<br><br>a. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions.<br><br>6. The nurse supervisor/charge nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.<br><br>Review of Resident #2's Clinical Record revealed she was admitted to the facility on [DATE] and had diagnoses, which included Acute Embolism and Thrombosis of Unspecified Deep Veins of Right Lower Extremity, Chronic Atrial Fibrillation, Essential Hypertension, Age-Related Physical Debility, Muscle Wasting and Atrophy, Unspecified Dementia, Adult Failure to Thrive, Chronic Venous Hypertension with Ulcer of Left Lower Extremity, and (08/09/2024) Urinary Tract Infection.<br><br>(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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195512 | A. Building<br>B. Wing | 08/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pines Retirement Center of Baton Rouge | 14686 Old Hammond Hwy.<br>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 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review of Resident #2's MDS with an ARD of 07/05/2024 revealed a BIMS of 2, which indicated severe cognitive impairment.<br><br>Review of Resident #2's Physician Orders dated August 2024 revealed the following, in part:<br><br>Start date: 07/02/2024 - Vital signs every shift<br><br>Review of Resident #2's Vital Sign History dated August 2024 revealed the following, in part:<br><br>08/05/2024 at 3:00 p.m. by S16LPN: Blood Pressure 74/42 mmHg<br><br>08/06/2024 at 2:07 p.m. by S8LPN: Blood Pressure 82/56 mmHg, Heart Rate 40 beats per minute (bpm)<br><br>Review of Resident #2's Nurses' Notes dated August 2024 revealed, in part, no documentation a doctor and/or Nurse Practitioner was notified of abnormal vital signs and/or a change in mental status.<br><br>Review of Resident #2's Clinical Record revealed no documented evidence of Skilled Nursing Notes dated August 2024.<br><br>An interview was conducted with S16LPN on 08/28/2024 at 2:33 p.m. She stated a low blood pressure for Resident #2 would be in the 80s/50s mm/Hg range. She reviewed Resident #2's documented blood pressures dated 08/05/2024. She confirmed she documented Resident #2's blood pressure as 74/42 mm/Hg on 08/05/2024 at 3:00 p.m. She confirmed this was a low blood pressure and S10NUP should have been notified. She stated she thought she notified S10NUP. She confirmed there was no documentation she notified anyone of the abnormal blood pressure. She stated Resident #2 was pleasantly confused at baseline. She stated, on 08/09/2024, Resident #2 was exhibiting increased confusion. She stated Resident #2 was asking her on multiple occasions to put her back in the bed but she was already in the bed. She stated during her shift on 08/09/2024, Resident #2 continued to have increased confusion, which was more than her baseline. She stated she did not notify the doctor and/or NP of Resident #2's increased confusion/altered mental status. She confirmed she should have notified S10NUP of Resident #2's altered mental status since it was a deviation from her baseline.<br><br>An interview was conducted with S8LPN on 08/29/2024 at 2:45 p.m. She reviewed Resident #2's documented blood pressure and heart rate dated 08/06/2024 at 2:07 p.m. She confirmed she documented Resident #2's blood pressure as 82/56 mm/Hg and heart rate as 40 bpm. She stated she should have notified S10NUP of the vital signs because they were considered low. She confirmed there was no documented evidence she notified S10NUP and there should have been. She stated physician notification would have been documented in a nurse's note or skilled nursing note.<br><br>An interview was conducted with S2DON on 08/28/2024 at 2:56 p.m. She stated she expected the nurses to use their judgement regarding when to notify the doctor or Nurse Practitioner.<br><br>An interview was conducted with S2DON on 08/29/2024 at 8:52 a.m. She confirmed there were no Skilled Nursing Notes in Resident #2's Clinical Record for the month of August 2024.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195512 | A. Building<br>B. Wing | 08/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pines Retirement Center of Baton Rouge | 14686 Old Hammond Hwy.<br>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 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | An interview was conducted with S10NUP on 08/29/2024 at 8:40 a.m. He stated, generally, he expected to be notified of blood pressures in the low 90s/50s mm/Hg range. He reviewed Resident #2's vital signs dated 08/05/2024 through 08/06/2024. He confirmed he should have been notified of Resident #2's blood pressure of 74/42 mm/Hg on 08/05/2024 at 3:00 p.m. and blood pressure of 82/56 mm/Hg and heart rate of 40 bpm on 08/06/2024 at 2:07 p.m. He confirmed he was not notified of these vital signs. He stated if the nurse identified increased confusion or altered mental status in Resident #2 that was not improving or worse from her baseline, he would have expected to be notified, and he was not. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195512 | A. Building<br>B. Wing | 08/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pines Retirement Center of Baton Rouge | 14686 Old Hammond Hwy.<br>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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42681<br><br>47732<br><br>Based on interviews and observations, the facility failed to ensure that<br><br>residents had a clean and safe environment for 1 (#7) of 7 (#1,#3,#7, #8,#9,#10, and #11) residents reviewed for environment. The facility failed to ensure the following:<br><br>1. Resident #7's blanket and floor mattress were clean and free of debris.<br><br>2. Hall A and Hall C were clean and free of debris.<br><br>Findings<br><br>On 08/28/2024, review of the facility's undated policy titled Homelike Environment, revealed, in part:<br><br>In accordance with resident's rights, the facility will provide a safe, clean, comfortable and homelike environment.<br><br>3. The facility will maintain a clean environment.<br><br>1.<br><br>On 08/26/2024 at 11:50 a.m., an observation was made of Resident #7 in his room. Multiple areas of dried tube feeding were observed on a soiled, uncovered mattress on the floor beside Resident #7's bed. Further observation revealed a blanket soiled with three walnut-sized areas of a yellow, moist substance laying on the floor by the bed.<br><br>On 08/26/2024 at 11:55 a.m., an interview was conducted with S2DON. She stated housekeeping should clean mattresses and cover them with a fitted sheet daily. She confirmed the mattress was soiled with dried tube feeding and the blanket on the floor was soiled, and should not have been.<br><br>On 08/26/2024 at 11:55 a.m., an interview and observation of Resident #7's room with S1ADM. He confirmed the mattress on the floor was uncovered and soiled with dried tube feeding solution, and the blanket on the floor was soiled and should not have been.<br><br>2.<br><br>On 08/26/2024 at 6:10 a.m., an observation was made of Hall A. Hall A contained a smell consistent with urine. The floor which lead into Hall A had 2 large, brown, splatters of a dried substance.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195512 | A. Building<br>B. Wing | 08/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pines Retirement Center of Baton Rouge | 14686 Old Hammond Hwy.<br>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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 08/26/2024 at 6:11 a.m., an interview was conducted with S4LPN. She confirmed the brown stains on the floor on Hall A were coffee. She stated residents wasted coffee on the floor in Hall A between 6:00 p.m. and 6:00 a.m., and housekeeping was not available to clean it up.<br><br>On 08/26/2024 at 6:12 a.m., an observation was made of Hall C. Two thin, long, brown streaks spanned more than half of Hall C and two large, black shoe print stains were observed in the middle of Hall C and proceeded to the exit door to the smoker's patio.<br><br>On 08/27/2024 at 8:56 a.m., an interview was conducted with S13HSK. She stated no housekeeping was in the building between the hours of 6:00 p.m. to 6:00 a.m. She stated spills are always on the floors when housekeeping entered the facility at 6:00 a.m. She stated it was not acceptable to have stains on the floors.<br><br>On 08/27/2024 at 9:08 a.m., an interview was conducted with S14HSK. She stated the expectation was nursing staff were responsible for cleaning up spills between the hours of 6:00 p.m. to 6:00 a.m. She confirmed when housekeeping staff arrived to the facility on [DATE] at 6:00 a.m., the floors on Hall A and Hall C were stained and dirty.<br><br>On 08/27/2024 at 9:22 a.m., an interview was conducted with S15HSK. He confirmed the aforementioned observations of coffee stains in Hall A and dirty floors on Hall C. He further stated the facility should be clean and it was not.<br><br>On 08/27/2024 at 10:24 a.m., an interview was conducted with S1ADM. He stated it was the responsibility of the nursing staff, specifically the CNAs, to clean up spills after hours to promote a safe, homelike environment. S1ADM further stated he expected everyone in the building to pick up debris and wipe up spills immediately when observed. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195512 | A. Building<br>B. Wing | 08/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pines Retirement Center of Baton Rouge | 14686 Old Hammond Hwy.<br>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 0623<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44965<br><br>Based on interview and record review, the facility failed to document the reason for transfer in the resident's Medical Record for 1 (#2) of 3 (#1, #2, and #10) residents reviewed with hospital transfers.<br><br>Findings:<br><br>Review of the facility's undated policy titled, Transfer or Discharge Documentation revealed the following, in part:<br><br>Policy Statement:<br><br>When a resident is transferred or discharged , the reason for the transfer or discharge will be documented in the medical record.<br><br>Policy Interpretation and Implementation:<br><br>1. Information pertaining to the transfer or discharge of a resident will be documented in the resident's medical record.<br><br>Review of Resident #2's Medical Record revealed an admitted [DATE] and a discharge date of [DATE].<br><br>Review of the facility's Emergency Transfer Log dated August 2024 revealed Resident #2 was transferred to the hospital on 08/11/2024 for a medical transfer and did not return.<br><br>Review of Resident #2's Nurses' Notes dated August 2024 revealed no documentation of the reason Resident #2 was transferred to the hospital.<br><br>An interview was conducted with S2DON on 08/29/2024 at 1:01 p.m. She stated Resident #2 was transferred to the hospital on 08/11/2024. She reviewed Resident #2's Medical Record and confirmed there was no documentation to indicate Resident #2 was sent to the hospital and/or why she was transferred, and there should have been. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195512 | A. Building<br>B. Wing | 08/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pines Retirement Center of Baton Rouge | 14686 Old Hammond Hwy.<br>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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43133<br><br>Based on interviews and record reviews, the facility failed implement a resident's comprehensive person-centered care plan by failing to implement Physician's Orders for 2 (#6 and #10) of 12 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, and #12) residents reviewed for comprehensive care plans. The facility failed to ensure the following:<br><br>1. MRI orders were implement per Physician's Orders for Resident #6, and<br><br>2. Oxygen orders were implemented per Physician's Orders for Resident #10.<br><br>Findings:<br><br>1.<br><br>Review of Resident #6's Clinical Record revealed she was admitted to the facility on [DATE] and had diagnoses, which included Low Back Pain and Fibromyalgia.<br><br>Review of Resident #6's Yearly MDS with an ARD of 07/16/2024 revealed she had a BIMS of 15, which indicated she was cognitively intact.<br><br>Review of Resident #6's Physician Progress Note dated 04/02/2024 by S6MED revealed the following, in part:<br><br>Tests and procedures to be scheduled:<br><br>MRI Cervical Spine without contrast<br><br>MRI Lumbar Spine without contrast<br><br>MRI Shoulder without contrast<br><br>An interview was conducted with Resident #6 on 08/16/2024 at 2:36 p.m. She stated approximately four months ago, her pain management doctor ordered MRIs. She stated she had not received the MRIs.<br><br>An interview was conducted with a representative at Resident #6's pain management clinic on 08/27/2024 at 8:35 a.m. She reviewed Resident #6's most recent progress note completed by S6MED dated 04/02/2024. She confirmed, on 04/02/2024, S6MED ordered MRIs to be completed for Resident #6. She stated the pain management clinic was initially responsible for scheduling Resident #6's MRI. She stated, on 04/03/2024, a staff member from Resident #6's nursing facility contacted the pain management clinic and asked for the MRI orders to be sent to the nursing facility so the nursing facility could schedule the MRIs. She stated the MRIs then became the responsibility of the nursing facility. She stated S6MED wanted Resident #6's MRIs to be completed and she was unsure if they had been completed.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195512 | A. Building<br>B. Wing | 08/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pines Retirement Center of Baton Rouge | 14686 Old Hammond Hwy.<br>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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | An interview was conducted with S7WDC on 08/27/2024 at 8:48 a.m. She stated she was responsible for scheduling resident appointments. She confirmed she was aware of Resident #6's MRI orders from April 2024. She stated she called Resident #6's pain management clinic in April 2024 regarding Resident #6's MRIs and was told Resident #6's insurance would not cover them. She stated the orders were then sent to the facility, and the facility should have scheduled Resident #6's MRIs. She stated Resident #6's MRIs fell through the cracks and had not been scheduled nor completed.<br><br>An interview was conducted with S1ADM on 08/27/2024 at 8:54 a.m. He stated he was unaware of any orders for Resident #6 to have an MRI. He stated if the facility was made aware of MRI orders for Resident #6, the facility should have attempted to find an MRI location where Resident #6's insurance would be accepted. He stated in the event the facility was unable to find a location where Resident #6's insurance would cover her MRIs ordered by the physician, the facility would have been liable for the cost of the MRIs. He confirmed Resident #6's MRIs should have been scheduled and completed.<br><br>2.<br><br>Review of Resident #10's Clinical Record revealed she was admitted to the facility on [DATE] and had diagnoses, which included Acute Respiratory Failure with Hypoxia and Chronic Systolic Congestive Heart Failure.<br><br>Review of Resident #10's current MDS with an ARD of 08/21/2024 revealed the resident had a BIMS of 15, which indicated she was cognitively intact.<br><br>Review of Resident #10's Physician's Orders dated 08/16/2024 revealed the following, in part:<br><br>Oxygen 4 liters via nasal cannula, maintain oxygen saturation 92% or above.<br><br>Review of Nurses Documentation dated 08/16/2024 through 08/19/2024 revealed the following, in part: At 10:19 a.m. late entry for 08/16/2024 at 1:34 p.m. Resident #10 receiving 10 Liters per nasal per concentrator. Documentation was signed By: S9LPN<br><br>Review of Resident #10's Vital Sign Sheet dated 08/16/2024 at 11:43p.m. through 08/25/2024 at 09:43 a.m. revealed the following, in part:<br><br>Oxygen at 10 liters per minute via nasal cannula Signed By: S9LPN<br><br>An interview was conducted with S9LPN on 8/28/2024 1:31 p.m. She stated she was told in morning report that Resident #10 was on oxygen at 10 liters per nasal cannula. She confirmed she placed Resident #10 on 10 liters of oxygen per nasal cannula and documented it in her notes.<br><br>An interview was conducted with S10NUP on 08/29/2024 at 9:25 a.m. He stated he reviewed the discharge instructions he received from the transferring hospital and continued the same orders, including oxygen at 4 liters per nasal cannula to keep Resident #10's oxygen saturation levels at 92% or above. He stated nursing staff input the orders in the computer system and he reviewed and signed them. He confirmed he did not place an order for Resident #10 to have 10 liters of oxygen per nasal cannula.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195512 | A. Building<br>B. Wing | 08/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pines Retirement Center of Baton Rouge | 14686 Old Hammond Hwy.<br>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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | An interview was conducted with S2DON on 08/29/2024 at 2:12 p.m. She reviewed the nurses notes dated 08/19/2024 at 10:19 a.m. S2DON confirmed S9LPN had documented in the nurses' note she had placed Resident #10 on 10 liters of oxygen per nasal cannula. She further confirmed oxygen was ordered at 4 liters per nasal cannula to keep oxygen saturation at or above 92%.<br><br>44965 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195512 | A. Building<br>B. Wing | 08/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pines Retirement Center of Baton Rouge | 14686 Old Hammond Hwy.<br>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 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44965<br><br>Based on observations, interviews, and record reviews, the facility failed to ensure services provided by the facility met professional standards of quality by failing to ensure nursing staff did not borrow medications from one resident to administer to another resident for 1 (#R4) of 7 (#5, #6, #7, #R1, #R2, #R3, and #R4) residents reviewed for pharmaceutical services.<br><br>Findings:<br><br>Review of the facility's undated policy titled, Medications - Administering revealed the following, in part:<br><br>Policy interpretation and Implementation:<br><br>7. The individual administering the medication must check the label three times to verify the right resident, right medication, right dosage, right time, and right method (route) of administration before giving the medication.<br><br>19. Medications ordered for a particular resident may not be administered to another resident, unless permitted by state law and facility policy, and approved by the Director of Nursing Services.<br><br>Review of Resident #R4's Clinical Record revealed he was admitted to the facility on [DATE] and had diagnoses, which included Human Immunodeficiency Virus Disease.<br><br>Review of Resident #R4's current Physician Orders revealed the following, in part:<br><br>Order date: 08/16/2024 - Biktarvy 50-200-25 mg tablet by mouth daily<br><br>Review of Resident #6's MAR dated August 2024 revealed Biktarvy was administered daily as ordered.<br><br>An interview was conducted with S9LPN on 08/27/2024 at 9:51 a.m. She stated Resident #R4 had Biktarvy ordered but it had never been filled. She stated she borrowed doses of Biktarvy from another resident to give to Resident #R4. An observation was made of Resident #R4's nurses' medication cart on 08/27/2024 at 9:51 a.m., and there was no Biktarvy present for Resident #R4. There was another resident's Biktarvy 50-200-25 mg prescription bottle present with a fill date of 07/20/2024 for 30 tablets. S9LPN confirmed Resident #R4's Biktarvy had never been filled and was not available for administration.<br><br>An interview was conducted with S10NUP on 08/27/2024 at 10:31 a.m. He stated he was unaware of Resident #R4's Biktarvy not being filled. He stated it was not acceptable for nurses to borrow medications from one resident to administer to another resident.<br><br>A telephone interview was conducted with S11PHM on 08/27/2024 at 10:00 a.m. She stated the pharmacy had not received an order for Biktarvy for Resident #R4. She stated the pharmacy should have been made aware of Resident #R4's Biktarvy order when it was received.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195512 | A. Building<br>B. Wing | 08/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pines Retirement Center of Baton Rouge | 14686 Old Hammond Hwy.<br>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 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | An interview was conducted with S12LPN on 08/27/2024 at 11:33 a.m. She stated Resident #R4's Biktarvy had never been available. She stated she borrowed Biktarvy from another resident to administer to Resident #R4. She confirmed medications should not have been borrowed from one resident to give to another resident.<br><br>An interview was conducted with S2DON on 08/28/2024 at 9:59 a.m. She stated she was made aware on 08/27/2024 of Resident #R4's Biktarvy having never been available in the facility and another resident's medication was used for Resident #R4. She stated nurses should not have borrowed medications from one resident to give to another resident. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195512 | A. Building<br>B. Wing | 08/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pines Retirement Center of Baton Rouge | 14686 Old Hammond Hwy.<br>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 0693<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47732<br><br>Based on record review, observations, and interviews, the facility failed to ensure residents who were fed by enteral means received the appropriate treatment and services to prevent complications of enteral feeding for 1 (#7) of 2 (#7, and #8) residents reviewed for enteral feedings. The facility failed to ensure:<br><br>1. Enteral feeding solution bags were changed every 24 hours; and<br><br>2. Opened enteral feeding solution was labeled with the date and time.<br><br>Findings:<br><br>Review of the clinical record for Resident #7 revealed he was admitted to the facility on [DATE] with diagnoses which included Dysphagia and Gastrostomy Status.<br><br>Review of Resident #7's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/22/2024 revealed, in part, a Brief Interview for Mental Status exam score of 4 which indicated Resident #7 was severely cognitively impaired. Further review of Section K revealed Resident #7 had a feeding tube.<br><br>Review of the current Physician Orders for Resident #7, revealed, in part, the following: Jevit Provify 1.5 @ 70 ml/hr. x 22 hours via gastrostomy tube.<br><br>An observation was made on 08/27/2024 at 10:00 a.m. of Resident #7 in his room. Resident #7's tube feeding solution of Jevit Provify 1.5 was observed infusing at 70ml/hr. with a label dated 08/25/2024 at 6:00 a. m. On the table in the resident's room, a container of Jevit Provify was opened, 50% empty and not labeled with date/time opened.<br><br>On 08/27/2024 at 10:02 a.m., an observation and interview was conducted with S9LPN. She confirmed she had initiated the tube feeding on 08/27/2024 at 6:00 a.m. She confirmed the bag was dated 08/25/2024, and should have been changed. She further confirmed the opened bottle of tube feeding was left in the resident's room, was not labeled with date and time opened, and should have been.<br><br>An interview and observation was conducted on 08/27/2024 at 10:05 a.m. with S2DON in Resident #7's room. She confirmed the bag of tube feeding solution was hanging for longer than 24 hours and should have been replaced. She further confirmed the open container of Jevit Provify was available for use and should have been labeled with the date/time opened, and was not.<br><br>An interview and observation was conducted on 08/27/2024 at 10:05 a.m. with S1ADM in Resident #7's room. He confirmed the aforementioned findings and stated the tube feeding bag should have been replaced after 24 hours. He further confirmed the open container of Jevit Provify should have been labeled with the date/time opened, and was not. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195512 | A. Building<br>B. Wing | 08/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pines Retirement Center of Baton Rouge | 14686 Old Hammond Hwy.<br>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 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44965<br><br>Based on observations, interviews, and record reviews, the facility failed to provide pharmaceutical services, including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each for 2 (#6 and #R4) of 7 (#5, #6, #7, #R1, #R2, #R3, and #R4) residents reviewed for pharmaceutical services. The facility failed to ensure Resident #6 and #R4's prescribed medications were available for administration.<br><br>Findings:<br><br>Review of the facility's undated policy titled, Pharmacy Services revealed the following, in part:<br><br>Policy:<br><br>It is the policy of this facility to ensure that pharmaceutical services are provided to meet the needs of each resident, are consistent with state and federal requirements, and reflect current standards of practice.<br><br>Definitions:<br><br>Pharmaceutical services refers to:<br><br>The process of receiving and interpreting prescriber's orders; acquiring, receiving, storing, controlling, reconciling, compounding, dispensing, packaging, labeling, distributing, administering, monitoring responses to, using and/or disposing of all medications .<br><br>Compliance and Guidelines:<br><br>1. The facility will provide pharmaceutical services to include procedures that assure the accurate acquiring, receiving, dispensing, and administering of all routine and emergency drugs and biologicals to meet the needs of each resident, are consistent with state and federal requirements, and reflect current standards of practice.<br><br>7. The pharmacist is responsible for helping the facility obtain and maintain timely and appropriate pharmaceutical services that support residents' healthcare needs, goals, and quality of life that are consistent with current standards of practice and meet state and federal requirements.<br><br>8. The pharmacist, in collaboration with the facility and medical director, should include within its services to:<br><br>f. Strive to assure that medications are requested, received and administered in a timely manner as ordered by the authorized prescriber .<br><br>Resident #6<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195512 | A. Building<br>B. Wing | 08/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pines Retirement Center of Baton Rouge | 14686 Old Hammond Hwy.<br>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 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of Resident #6's Clinical Record revealed she was admitted to the facility on [DATE] and had diagnoses, which included Low Back Pain, Gastroesophageal Reflux Disease, and Fibromyalgia.<br><br>Review of Resident #6's Yearly MDS with an ARD of 07/16/2024 revealed she had a BIMS of 15, which indicated she was cognitively intact.<br><br>Review of Resident #6's Physician Orders dated August 2024 revealed the following, in part:<br><br>Order date: 03/09/2024, Discontinue date: 08/26/2024 - Norco 7.5-325 mg by mouth every four hours as needed for pain<br><br>Order date: 11/09/2022, Discontinue date: 08/26/2024 - Nexium DR 40 mg by mouth daily<br><br>Review of Resident #6's MAR dated August 2024 revealed, in part, Norco was last given on 06/14/2024.<br><br>An interview was conducted with Resident #6 on 08/26/2024 at 11:33 a.m. She stated the facility was currently out of her Nexium. She stated they had been out of it for two to three days and she was having acid reflux at night. She stated at one time, the facility was out of her Nexium for a month.<br><br>An interview was conducted with Resident #6 on 08/26/2024 at 2:36 p.m. She stated she had not had any Norco in a few months.<br><br>An observation was made of Resident #6 nurses' medication cart with S9LPN present on 08/26/2024 at 12:35 p.m. There was no Nexium and/or Norco present in the medication cart for Resident #6. S9LPN confirmed Nexium and Norco were active orders for Resident #6 and there was no Nexium and/or Norco available for Resident #6. S9LPN stated Resident #6's Norco had not been available for a few months.<br><br>An interview was conducted with S2DON on 08/26/2024 at 12:41 p.m. She confirmed Resident #6 had active orders for Nexium and Norco. She reviewed Resident #6's Clinical Record and stated Resident #6 had not received Norco since 06/14/2024. She confirmed ordered medications should have been available for administration.<br><br>An interview was conducted with S10NUP on 08/26/2024 at 12:53 p.m. He confirmed he was the facility's Nurse Practitioner and provided care for Resident #6. He stated the pain management provider ordered Resident #6's Norco. He stated he was not made aware of any issues with Resident #6's Nexium. He stated the nurse asked him today to change Resident #6's Nexium to Protonix. He stated prior to today, he had been documenting on his progress note to continue Nexium, as he thought she was receiving it daily as ordered.<br><br>An interview was conducted with S11PHM on 08/26/2024 at 1:58 p.m. She confirmed Resident #6 had an order for Nexium 40 mg daily. She stated Nexium 40 mg was filled for Resident #6 on 05/11/2024 for 30 doses and on 08/06/2024 for 14 doses. She stated Resident #6's Nexium was not filled between those two dates. She stated on 08/22/2024, the facility was notified of Resident #6's insurance plan limit for Nexium was exceeded and the over the counter item would have to be used. She stated once the facility was notified, it was their responsibility to get the over the medication or obtain a different order from the doctor. She stated Resident #6's Norco was filled on 04/28/2024 for 120 tablets. She stated there had not been a new hard script sent to the pharmacy for Norco since then.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195512 | A. Building<br>B. Wing | 08/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pines Retirement Center of Baton Rouge | 14686 Old Hammond Hwy.<br>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 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Resident #R4<br><br>Review of Resident #R4's Clinical Record revealed he was admitted to the facility on [DATE] and had diagnoses, which included Human Immunodeficiency Virus Disease.<br><br>Review of Resident #R4's current Physician Orders revealed the following, in part:<br><br>Order date: 08/16/2024 - Biktarvy 50-200-25 mg tablet by mouth daily<br><br>An interview was conducted with S9LPN on 08/27/2024 at 9:51 a.m. She stated Resident #R4 had Biktarvy ordered, but it had never been filled. An observation was made of Resident #R4's nurses' medication cart at that time and there was no Biktarvy present for Resident #R4. S9LPN confirmed Resident #R4's Biktarvy had never been filled and was not available for administration.<br><br>A telephone interview was conducted with S11PHM on 08/27/2024 at 10:00 a.m. She stated the pharmacy had not received an order for Biktarvy for Resident #R4. She stated the pharmacy should have been made aware of Resident #R4's Biktarvy order when it was received.<br><br>An interview was conducted with S12LPN on 08/27/2024 at 11:33 a.m. She stated Resident #R4's Biktarvy had never been available in the facility.<br><br>An interview was conducted with S2DON on 08/28/2024 at 9:59 a.m. She stated she was made aware on 08/27/2024 of Resident #R4's Biktarvy having never been available in the facility.<br><br>An interview was conducted with S10NUP on 08/27/2024 at 10:31 a.m. He stated he was unaware of Resident #R4's Biktarvy not being filled. He stated Resident #R4 needed his Biktarvy and it should have been available. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195512 | A. Building<br>B. Wing | 08/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pines Retirement Center of Baton Rouge | 14686 Old Hammond Hwy.<br>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 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47732<br><br>Based on record review and interview, the facility failed to ensure a resident's Medication Administration Record (MAR) was accurately documented for 1 (#8) of 12 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, and #12) sampled residents reviewed.<br><br>Findings:<br><br>A review of Resident #8's Clinical Record revealed he was admitted on [DATE] with diagnoses that included Diabetes Insipidus, Muscle Wasting and Atrophy, Congestive Heart Failure, Oropharyngeal Dysphagia, Hydrocephalus, Hypertensive heart disease with heart failure, and presence of gastrostomy tube.<br><br>A review of the current Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/08/2024 revealed that Resident #8 had a Brief Interview for Mental Status (BIMS) of 4 indicating severe cognitive impairment.<br><br>A review of Resident #8's Medication Administration Record (MAR) dated August 2024 revealed medications and treatments were not administered and documented consistent with physician's orders. Further review revealed:<br><br>1. Levothyroxine 112 mcg: administer one tablet by mouth daily at 6:00 a.m., not documented as administered on 08/26/2024.<br><br>2. Diabetasource AC 0.06 gram 1.2kcal/ml oral liquid: gastrostomy tube once an evening with 100 ml water every 6 hours @ 8:00 p.m., not documented as administered on 08/26/2024.<br><br>3. Diabetasource AC 0.06 gram 1.2kcal/ml oral liquid: gastrostomy tube once an evening with 100 ml water every 6 hours stop feeding @ 6:00 a.m., not documented as administered on 08/26/2024.<br><br>4. Humalog Quick Pen (U100) - Administer subcutaneously four times daily per sliding scale - document blood sugar: 0-50 give orange juice and notify MD, 51-199 - No insulin , 200-250 = 2 units, 251-300 = 4 units , 301-350 = 6 units, 351-400 = 8 units, greater than 400 = 10 units and call MD , no blood sugar or insulin administration documented on 08/26/2024 at 5:00 a.m.<br><br>5. Lantus Solostar u-100 insulin 100u/ml (3ml) subcutaneous pen: Administer 7 units subcutaneously once an evening daily at 9:00 p.m., not documented as administered on 8/25/2024 at 9 p.m.<br><br>6. Amantadine HCL 50 mg/5ml oral solution: Administer 10 ml gastrostomy tube twice daily, not documented as administered on 08/25/2024 at 9:00 p.m.<br><br>7. Eliquis 5 mg tablet: administer one tablet via gastrostomy tube twice daily, not documented as administered on 08/25/2024 at 9:00 p.m.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195512 | A. Building<br>B. Wing | 08/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pines Retirement Center of Baton Rouge | 14686 Old Hammond Hwy.<br>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 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 08/27/2024 at 2:30 p.m., an interview was conducted with S17LPN. She confirmed she was the nurse caring for Resident #8 on 08/25/2024. She stated she administered the aforementioned medications and did not go back into the medication administration record to document them and should have.<br><br>On 08/27/2024 at 2: 35 p.m., a third attempt was made to contact S18LPN, unable to make contact.<br><br>On 08/27/2024 at 2:00 p.m., an interview was conducted with S2DON. After review of the Medication Administration Record for Resident #8. She confirmed she investigated the aforementioned medications and they were administered. She stated the aforementioned medications were not documented as being administered and should have been. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195512 | A. Building<br>B. Wing | 08/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pines Retirement Center of Baton Rouge | 14686 Old Hammond Hwy.<br>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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47732<br><br>Based on a record review, observations, and interviews, the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of infection. The facility failed to ensure staff wore proper Personal Protective Equipment (PPE) for 1(#8) of 2 (#7 and #8) residents who were on Enhanced Barrier Precautions (EBP).<br><br>Findings:<br><br>Review of the facility policy titled Enhanced Barrier Precautions, dated May 2023, revealed the following:<br><br>It is the policy of this facility to implement enhanced barrier precautions (EBP) for the prevention of transmission of multidrug-resistant organisms (MDRO).<br><br>47. Implementation of Enhanced Barrier Precautions<br><br>a. Gowns and gloves will be available<br><br>48. High Contact resident care activities include:<br><br>f. Changing briefs or assisting with toileting.<br><br>Review of Resident #8's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses of Dysphagia, Oropharyngeal Phase, and Gastrostomy Tube.<br><br>An observation was made on 08/26/2024 at 8:12 a.m. of the Enhanced Barrier Precautions sign posted on Resident #8's door. Signage indicated the following:<br><br>Gown required for direct, hands on care for this resident.<br><br>An observation was made on 08/26/2024 at 8:15 a.m. of S3CNA, without a gown, as she changed Resident #8's soiled incontinent brief.<br><br>An interview was conducted on 08/26/2024 at 8:20 a.m. with S3CNA. She stated residents on EBP required a gown and gloves when soiled briefs are changed. She stated she was not wearing a gown while changing Resident #8's soiled incontinent brief and should have been.<br><br>An interview was conducted on 08/26/2024 at 11:58 a.m. with S2DON. S2DON confirmed Resident #8 was on EBP and S3CNA should have worn a gown when she changed Resident #8's incontinent brief. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195512 | A. Building<br>B. Wing | 08/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pines Retirement Center of Baton Rouge | 14686 Old Hammond Hwy.<br>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 0925<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.<br><br>42681<br><br>Based on observations and interviews, the facility failed to maintain an effective pest control program by failing to ensure the facility was free of pest and insects. The deficient practice had the potential to affect 67 residents who resided in the facility.<br><br>Findings:<br><br>An observation was made of Resident #6's room on 08/26/2024 at 11:33 a.m. There were two almond sized roaches crawling from under her wheelchair to under her bed. An interview was conducted with Resident #6 at that time. Resident #6 stated saw roaches in her room daily.<br><br>An observation was made of Rm D 08/26/2024 at 1:30 p.m. There were four dead, peanut sized roaches inside the toilet paper roll in Rm D.<br><br>An observation was made of Resident #3's bathroom on 08/27/2024 at 8:20 a.m. There were three live, brown, almond sized roaches crawling between the toilet and the baseboard. An interview was conducted with Resident #3 at that time. Resident #3 stated roaches were present in the bathroom every day.<br><br>An observation was made of Rm C on 08/27/2024 at 8:56 a.m. There were two almond sized roaches and one small and round roach on the walls. An interview was conducted with S13HSK in Rm C at that time. S13HSK confirmed the bugs on the walls to be live roaches. S13HSK stated there are roaches all over the facility.<br><br>An observation was made of Resident #9's room on 08/28/2024 at 10:50 a.m. There were seven gnats on Resident #9's bed and five gnats and three almond sized roaches crawling on Resident #9's night stand.<br><br>An interview was conducted with S17CNA on 08/28/2024 at 10:57 a.m. S17CNA confirmed there were gnats and roaches in Resident #9's room daily.<br><br>An interview was conducted with S2DON on 08/28/2024 at 11:03 a.m. S2DON confirmed there were gnats in Resident #9's room daily. S2DON stated the facility has attempted to remove the gnats, but were unsuccessful.<br><br>An interview was conducted with a representative from the local pest control company on 08/28/2024 at 12:43 p.m. He stated all resident rooms were not treated for pest regularly. He stated if there were pests in a particular room, the facility should notify him, and he would treat the room.<br><br>An interview was conducted with S1ADM on 08/27/2024 at 10:24 a.m. He was made aware of the aforementioned findings above. S1ADM stated he has contacted the pest control company frequently. He confirmed all rooms in the facility had not been treated for pest. He confirmed infestations of pest of any kind should be treated appropriately. |