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	02/04/2025

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47173 Based on observations, interviews and record reviews the facility failed to ensure a resident's comprehensive plan of care was developed and implemented for 2 (#1 and #3) of 3 (#1, #2 and #3) residents reviewed for care plans. The facility failed to ensure: 1. Resident #1's care plan was revised for the use of a geri chair; 2. Resident #3's care plan was implemented for neurological assessments after two unwitnessed falls; and 3. Resident #3's care plan was revised for a fall on 12/07/2024. Findings: 1. Review of the clinical record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses, which included Non-Alzheimer's Dementia, Muscle Weakness and Muscle Atrophy. Review of Resident #1's current care plan revealed no documented evidence to reflect the current use of Resident #1's geri chair. On 02/03/2025 observations were made throughout the day of Resident #1 sitting up in a geri chair in front of nurse's station. On 02/04/2025 at 2:30 p.m., an interview was conducted with S5LPN. She stated Resident #1 was bed bound and used a geri chair when out of bed due to poor trunk control. On 02/04/2025 at 1:45 p.m., an interview was conducted with S3MDS. She stated she was responsible for updating resident care plans to reflect their current needs. She stated Resident #1 used a geri chair due to poor trunk control. S3MDS reviewed Resident #1's care plan and confirmed the care plan had not been revised to reflect his current use of a geri chair and should have been. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 02/04/2025 at 3:25 p.m., an interview was conducted with S2DON. She stated Resident #1 used a geri chair due to poor trunk control. S2DON reviewed Resident #1's care plan and confirmed the care plan had not been revised to reflect his current use of a geri chair and should have been. 2. Review of the clinical record revealed Resident #3 was admitted to the facility on [DATE]. Resident #3 had diagnoses which included Liver Cell Carcinoma, Cirrhosis, Anxiety, Malnutrition, Insomnia and [NAME] Johnson's Syndrome. Review of the Admission MDS with an ARD of 11/19/2024, revealed Resident #3 had a BIMS of 9 which indicated moderate cognitive impairment. Review of Resident #3's Incident Reports revealed the following: 12/18/2024 at 7:30 p.m. - unwitnessed fall 12/19/2024 at 3:00 a.m. - unwitnessed fall Review of Resident #3's Care Plan revealed the following: Goal: Resident will be free of falls. Interventions: 12/18/2024- Neurological Assessments x72 hours. 12/19/2024- Neurological Assessments x72 hours. Review of Resident #3's neurological documentation revealed assessments were performed on the following dates and times: 12/18/2024-7:00 p.m. 12/19/2024- 3:00 a.m., 11:00 a.m. 12/20/2024- 11:00 a.m. On 02/04/2025 at 10:30 a.m., an interview was conducted with S2DON. She stated neurological assessments should be implemented with each separate fall, even if the falls occur back to back. She stated she expected nursing staff to follow the resident's care plan. S2DON reviewed Resident #3's current Care Plan, Incident Reports and Neurological Assessment sheets dated 12/18/2024 and 12/19/2024, and confirmed neurological assessments had not been completed for the full 72 hours. She stated the nursing staff did not implement the interventions on Resident #3's Care Plan and should have. 3. (continued on next page)

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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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #3's nurse's notes dated 12/07/2024 revealed Resident #3 had a fall and was found on the floor with a laceration above his left eyebrow. Review of Resident #3's current care plan revealed he was at risk for falls. Further review revealed no documented evidence of a revision to include the fall which occurred on 12/07/2024. On 02/04/2025 at 1:45 p.m., an interview was conducted with S3MDS. She stated she was responsible for revising care plans. She stated every morning the Interdisciplinary Team met and reviewed nurse's notes to discuss any areas of concerns, including falls. She stated the process was to revise the care plan and place a new intervention with every fall. S3MDS reviewed the nurse's notes dated 12/07/2024 and confirmed Resident #3 had a fall with injury. She confirmed the care plan had not been revised to reflect the fall on 12/07/2024 and should have been. On 02/04/2024 at 3:25 p.m., an interview was conducted with S4DON. She reviewed Resident #3's care plan and nurse's notes dated 12/07/2024. S4DON confirmed Resident #3's care plan had not been revised to reflect the fall on 12/07/2024 and should have.