STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195537	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Guest House Care Center	10145 Florida Blvd Baton Rouge, LA 70815

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46308 Based on record review and interviews, the facility failed to ensure a resident's advanced directive was honored for 1 (#1) of 3 (#1, #2, and #3) residents reviewed for advanced directives. Findings: Review of the facility's policy and procedure titled, Cardiopulmonary Resuscitation (CPR) read in part: Procedure: 1) Assess the resident to determine if he/she is unconscious. While checking for responsiveness, check to see if the patient is apneic or only gasping, assume that he/she is in cardiac arrest. 2) Delegate a specific individual to check the resident's advance medical directive, orders and care plan for CPR or no CPR order; have individual call paramedics, attending physician and administrative personnel per facility procedure and report back to you as soon as possible. 3) If CPR is not elected on resident's advance medical directives, follow advance medical directives and stay with resident as appropriate until emergency medical personnel (EMT, Paramedics, etc.) arrive. Review of Resident #1's Clinical Record revealed the resident was admitted to the facility on [DATE]. Review of Resident #1's Physician Orders for [DATE] revealed a code status of DNR with a start date of [DATE]. Review of Resident #1's Care Plan revealed: Care Plan Description: I have an Advance Directive. I am a DNR. Start date: [DATE] Care Plan Goal: The staff will adhere to my choices made in my Advance Directive. (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: 195537	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Guest House Care Center	10145 Florida Blvd Baton Rouge, LA 70815

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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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of Resident #1's Advance Directive Consent dated [DATE] revealed Resident #1 expressed wishes for a do not resuscitate status. Review of Resident #1's progress notes revealed an entry by S4LPN on [DATE] at 3:40 p.m. that read in part: Nurse went to Resident #1's room and found Resident #1 in seated position with back against posterior closet wall and unresponsive. S3LPN noticed a black belt around Resident's neck extending from the closet bar. S3LPN removed belt from resident's neck and lowered him into supine position of floor and CPR initiated. On [DATE] at 1:30 p.m., an interview was conducted with S3LPN. She stated on [DATE] she walked into Resident #1's room and found him unresponsive with a belt around his neck in the closet of his room. She stated she picked Resident #1 up, removed the belt from around his neck, lowered him to the floor, and checked for a pulse. She stated she panicked because the pulse was absent and initiated CPR before checking for code status. On [DATE] at 10:20 a.m., an interview was conducted with S1DON. She confirmed CPR was initiated on Resident #1. She stated she expected her nurses to check the chart first for code status and then follow the advance directive.

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46308 Based on interviews and record review, the facility failed to maintain accurately documented medical records in accordance with accepted professional standards and practices for 1 (#1) of 3 (#1, #2, and #3) sampled residents reviewed. The facility failed to ensure nursing staff documented on Resident #1's Medication Administration Record accurately. Findings: Review of the Clinical Record revealed Resident #1 was admitted to the facility on [DATE] with the diagnosis which included Major Depressive Disorder. Review of the current Physician Orders for Resident #1 revealed the following, in part: Start date: 11/23/2023 Cymbalta 60mg capsule-one capsule by mouth once a day-targeted behavior: Depressed Mood. Review of the April 2024 MAR for Resident #1 revealed the following on 8:00 a.m. dose of Cymbalta 60mg: 04/01/2024- Sadness-Present- Signed: S2LPN 04/02/2024- Sadness-Present- Signed: S2LPN 04/03/2024- Sadness-Present- Signed: S2LPN 04/04/2024- Sadness-Present- Signed: S2LPN 04/06/2024- Sadness-Present- Signed: S2LPN 04/07/2024- Sadness-Present- Signed: S2LPN 04/08/2024- Sadness-Present- Signed: S2LPN 04/12/2024- Sadness-Present- Signed: S2LPN On 04/18/2024 at 9:50 a.m., a telephone interview was conducted with S2LPN. She stated Resident #1 never displayed signs and symptoms of sadness or depressed mood. She stated she documented sadness for monitoring on the Medication Administration Record because the system wouldn't allow her to click anything else on the Electronic Record. She stated she never witnessed Resident #1 having sadness or depression. On 04/18/2024 at 11:30 a.m., an interview was conducted with S1DON. She reviewed Resident #1's April 2024 Medication Administration Record and confirmed staff documented the monitoring for depressed mood inaccurately.