

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 09/10/2024
NAME OF PROVIDER OR SUPPLIER The Guest House Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45270</p> <p>Based on record review and interviews, the facility failed to ensure services were provided to meet quality professional standards for 1 (#1) of 3 (#1, #2, and #3) residents reviewed for pain medication administration. The facility failed to ensure Resident #1's Oxycodone was documented in the MAR (Medication Administration Record) at the time of administration.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Medication Administration with an effective date of 08/27/2018, revealed the following, in part:</p> <p>Purpose: To define responsibility and delineate processes for safe administration of medications by nursing personnel.</p> <p>Procedure:</p> <p>g. Administer the medication as ordered and document the administration .in the electronic medication administration record as appropriate.</p> <p>Review of Resident #1's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses of Other Chronic Pain, Opioid Use, Peripheral Vascular Disease, Acquired Absence of Right Leg, Above Knee, and Generalized Abdominal Pain.</p> <p>Review of Resident #1 Quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 05/15/2024 revealed she had frequent pain and was taking an Opioid.</p> <p>Review of Resident #1's Physician Orders dated July 2024 to August 2024 revealed the following, in part:</p> <p>Start Date: 06/19/2024 Oxycodone HCL (Immediate Release) 10 mg tablet one tablet by mouth four times daily related to Other Chronic Pain.</p> <p>Review of Resident #1's MAR for Oxycodone, dated July 2024 to August 2024 revealed the following, in part:</p> <p>(continued on next page)</p>

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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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Start date: 06/19/2024 Oxycodone HCL (Immediate Release) 10 mg tablet one tablet by mouth four times daily related to Other Chronic Pain.</p> <p>Further review revealed the following documentation errors of Oxycodone by S3LPN:</p> <p>07/04/2024 4:00 p.m. dose: Signed off by S3LPN on 07/04/2024 at 5:11 p.m.;</p> <p>07/04/2024 8:00 p.m. dose: Signed off by S3LPN on 07/05/2024 at 1:46 a.m.;</p> <p>07/06/2024 8:00 p.m. dose: Signed off by S3LPN on 07/07/2024 at 7:32 a.m.;</p> <p>07/07/2024 8:00 p.m. dose: Signed off by S3LPN on 07/08/2024 at 3:27 a.m.;</p> <p>07/14/2024 8:00 p.m. dose: Signed off by S3LPN on 07/15/2024 at 6:30 a.m.;</p> <p>07/15/2024 4:00 p.m. dose: Signed off by S3LPN on 07/15/2024 at 5:40 p.m.;</p> <p>07/15/2024 8:00 p.m. dose: Signed off by S3LPN on 07/15/2024 at 10:25 p.m.;</p> <p>07/20/2024 8:00 p.m. dose: Signed off by S3LPN on 07/21/2024 at 8:52 a.m.;</p> <p>07/21/2024 8:00 p.m. dose: Signed off by S3LPN on 07/22/2024 at 4:44 a.m.;</p> <p>07/27/2024 8:00 p.m. dose: Signed off by S3LPN on 07/27/2024 at 9:28 p.m.;</p> <p>07/28/2024 8:00 p.m. dose: Signed off by S3LPN on 07/29/2024 at 6:01 a.m.;</p> <p>08/04/2024 8:00 p.m. dose: Signed off by S3LPN on 08/04/2024 at 9:31 p.m.;</p> <p>08/06/2024 8:00 p.m. dose: Signed off by S3LPN on 08/07/2024 at 1:38 p.m.;</p> <p>08/10/2024 8:00 p.m. dose: Signed off by S3LPN on 08/11/2024 at 6:38 a.m.;</p> <p>08/17/2024 8:00 p.m. dose: Signed off by S3LPN on 08/18/2024 at 5:28 a.m.;</p> <p>08/18/2024 8:00 p.m. dose: Signed off by S3LPN on 08/19/2024 at 6:32 a.m.;</p> <p>08/20/2024 4:00 p.m. dose: Signed off by S3LPN on 08/20/2024 at 6:04 p.m.;</p> <p>08/20/2024 8:00 p.m. dose: Signed off by S3LPN on 08/21/2024 at 3:25 a.m.;</p> <p>08/24/2024 8:00 p.m. dose: Signed off by S3LPN on 08/25/2024 at 5:22 a.m.;</p> <p>08/25/2024 8:00 p.m. dose: Signed off by S3LPN on 08/26/2024 at 5:41 a.m.;</p> <p>08/27/2024 4:00 p.m. dose: Signed off by S3LPN on 08/27/2024 at 6:01 p.m.;</p> <p>08/29/2024 8:00 p.m. dose: Signed off by S3LPN on 08/30/2024 at 4:30 a.m.; and</p> <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>08/31/2024 8:00 p.m. dose: Signed off by S3LPN on 09/01/2024 at 6:48 a.m.</p> <p>On 09/10/2024 at 12:30 p.m., a telephone interview was conducted with S3LPN. She stated Resident #1 was prescribed Oxycodone 10 mg by mouth four times daily. She stated she administered Resident #1's Oxycodone at the time it was due to be given during her shifts, but did not always document on the MAR at the time it was administered. She stated she would wait until later in her shift when she entered all of her other documentation to document Resident #1's Oxycodone medication administration. S3LPN confirmed she had not documented Resident #1's Oxycodone doses as they were administered on the aforementioned dates, and should have.</p> <p>On 09/10/2024 at 3:05 p.m., an interview was conducted with S2DON. She stated she expected the nurses to document medications on the MAR when medication administration was completed. She reviewed Resident #1's MAR dated July 2024 through August 2024 and confirmed S3LPN had not documented Resident #1's Oxycodone doses as they were administered on the aforementioned dates, and should have.</p>