

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2025
NAME OF PROVIDER OR SUPPLIER  Old Jefferson Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8340 Baringer Foreman Road. Baton Rouge, LA 70817	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46975</b></p> <p>Based on interviews and record reviews, the facility failed to ensure the Minimum Data Set accurately reflected the residents' status for 1 (#49) of 4 (#33, #49, #214, and #414) residents by failing to ensure Resident #49 was coded correctly for infections.</p> <p>Findings:</p> <p>Review of Resident #49's Clinical Record revealed she was admitted to the facility on [DATE] with admission diagnoses of Sepsis and Pneumonia.</p> <p>Review of Resident #49's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/14/2024 revealed a Brief Interview for Mental Status (BIMS) of 5, which indicated she was severely cognitively impaired. Further review revealed the following, in part:</p> <p>Section I-Active Diagnoses</p> <p>Active Diagnoses in the last 7 days-check all that apply</p> <p>Infections</p> <p>Section I1200. Pneumonia. Yes</p> <p>Section I1200. Septicemia. Yes</p> <p>Review of Resident #49's Physician Orders and Medication Administration Record (MAR) dated November 2024 revealed no orders for treatment of Pneumonia and Septicemia.</p> <p>Review of Resident #49's Nurse's Notes dated November 2024 revealed no noted related to the resident having Pneumonia and Septicemia.</p> <p>Review of the facility's Infection Log dated November 2024 revealed no infections, including Pneumonia and Septicemia for Resident #49.</p> <p>On 02/03/2025 at 12:05 a.m., an interview was conducted with Resident #49's family member. Resident #49's family member stated the resident did not have any infections including, Pneumonia and Septicemia, in November 2024.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2025
NAME OF PROVIDER OR SUPPLIER  Old Jefferson Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8340 Baringer Foreman Road. Baton Rouge, LA 70817	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/04/2025 at 12:15 p.m., an interview was conducted with S7LPN. She stated Resident #49 had not had any infections, including Pneumonia and Septicemia.</p> <p>On 02/05/2025 at 10:26 a.m., an interview was conducted with S4CCC. She stated she was responsible for completing Resident #49's MDS assessments. She reviewed Resident #49's Annual MDS assessment with an ARD of 11/14/2024. She confirmed Pneumonia and Septicemia were admit diagnoses, and should not have been coded under active diagnoses.</p> <p>On 02/05/2025 at 11:00 a.m., an interview was conducted with S2DON. She reviewed Resident #49's active diagnoses and Annual MDS with an ARD of 11/14/2024. She confirmed Resident #49 was coded for Pneumonia and Septicemia and should not have been.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2025
NAME OF PROVIDER OR SUPPLIER  Old Jefferson Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8340 Baringer Foreman Road. Baton Rouge, LA 70817	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44965</p> <p>46975</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure each resident who was unable to carry out activities of daily living (ADLs) received the necessary services to maintain good personal hygiene by failing to ensure:</p> <ol style="list-style-type: none"> <li>1. Each resident received scheduled baths for 2 (#37 and #75) of 7 (#12, #23, #37, #45, #68, #75, and #92) residents reviewed for ADLs; and</li> <li>2. Each resident received necessary perineal care after incontinent episodes and prior to application of a clean brief for 3 (#12, #23, and #92) of 7 (#12, #23, #37, #45, #68, #75, and #92) residents reviewed for ADLs.</li> </ol> <p>Findings:</p> <ol style="list-style-type: none"> <li>1.</li> </ol> <p>Resident #37</p> <p>Review of Resident #37's Clinical Record revealed she was admitted to the facility on [DATE] and had diagnoses, which included Parkinson's Disease, Other Specified Anxiety Disorders, Age Related Osteoporosis, Age Related Physical Debility, and Spasmodic Torticollis.</p> <p>Review of Resident #37's Quarterly MDS with an ARD of 12/21/2024 revealed a BIMS of 15, which indicated she was cognitively intact. Further review of the MDS revealed she required substantial/maximal assistance with bathing.</p> <p>Review of Resident #37's current Care Plan revealed the following, in part:</p> <p>Problem: I have an ADL self-care performance deficit.</p> <p>Interventions: Bathing/showering: I require extensive assistance by one staff with bathing/showering.</p> <p>Review of Resident #37's Bath Documentation revealed she was scheduled to receive baths on Mondays, Wednesdays, and Fridays. Further review of the bath documentation dated 02/03/2025 revealed S12CNA documented not applicable for Resident #37's scheduled bath.</p> <p>An interview was conducted with Resident #37 on 02/03/2025 at 10:30 a.m. She stated she had not received a bath three times weekly. She explained she was unaware she had a bath schedule because she received baths inconsistently. She stated she wanted a bed bath three times weekly.</p> <p>An interview was conducted with Resident #37 on 02/04/2025 at 9:11 a.m. She stated she did not receive a bath on 02/03/2025 and wanted a bed bath.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2025
NAME OF PROVIDER OR SUPPLIER  Old Jefferson Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8340 Baringer Foreman Road. Baton Rouge, LA 70817	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A telephone interview was conducted with S12CNA on 02/04/2025 at 12:40 p.m. She confirmed she was the CNA assigned to Resident #37 on 02/03/2025. She stated Resident #37's bath days were Monday, Wednesday, and Friday. She stated, on 02/03/2025, Resident #37 did not receive a bed bath. She confirmed Resident #37 did not refuse her bed bath. She stated Resident #37 should have received a full bed bath on her bath days.</p> <p>An interview was conducted with S10CNA on 02/04/2025 at 4:04 p.m. She confirmed she was the shower aide for Resident #37 on 02/03/2025. She stated Resident #37's bath days were Mondays, Wednesdays, and Fridays. She stated Resident #37's preferred bath method was a bed bath. She stated Resident #37 did not receive a bed bath on 02/03/2025, which was her scheduled bath day.</p> <p>An interview was conducted with S2DON on 02/05/2025 at 8:48 a.m. She stated Resident #37's bath days were Mondays, Wednesdays, and Fridays. She confirmed Resident #37's scheduled bath on 02/03/2025 was documented as not applicable. She reviewed Resident #37's Medical Record and confirmed there was no documented bath refusals for 02/03/2025. She confirmed if Resident #37 refused any services, it should have been documented.</p> <p>Resident #75</p> <p>Review of Resident #75's Clinical Record revealed she was admitted to the facility on [DATE] and had diagnoses, which included Other Cerebral Infarction, Unsteadiness on Feet, and Muscle Wasting and Atrophy.</p> <p>Review of Resident #75's Quarterly MDS with an ARD of 11/062024 revealed a BIMS of 15, which indicated she was cognitively intact. Further review of the MDS revealed she required partial/moderate assistance with bathing.</p> <p>Review of Resident #75's current Care Plan revealed the following, in part:</p> <p>Problem: I have an ADL self-care performance deficit related to generalized muscle weakness, impaired coordination, and poor endurance.</p> <p>Interventions: Bathing/showering: I require extensive assistance by 2 staff with bathing/showering.</p> <p>An interview was conducted with Resident #75 on 02/04/2025 at 2:38 p.m. She confirmed her shower was scheduled yesterday and she did not receive it. She stated she did not receive a shower today, and her next scheduled shower day was 02/05/2025.</p> <p>An interview was conducted with S11CNA on 02/04/2025 at 2:05 p.m. She stated Resident #75 was scheduled to receive a shower on 02/03/2024. She confirmed Resident #75 did not receive a shower on 02/03/2025.</p> <p>An interview was conducted with S10CNA on 02/04/2025 at 4:04 p.m. She confirmed she was the shower aide on 02/03/2025. She confirmed Resident #75 did not receive a shower on 02/03/2025.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2025
NAME OF PROVIDER OR SUPPLIER  Old Jefferson Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8340 Baringer Foreman Road. Baton Rouge, LA 70817	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with S2DON on 02/05/2025 at 8:48 a.m. She confirmed Resident #75's scheduled bath day was Mondays, Wednesdays, and Fridays. She stated Resident #75 should have received her bath or shower on 02/03/2025 since it was her scheduled bath day. She confirmed each resident should have been provided their preferred bath on their scheduled bath days.</p> <p>2.</p> <p>Resident #12</p> <p>Review of Resident #12's Clinical Record revealed she was admitted to the facility on [DATE] and had diagnoses, which included Lack of Coordination and Lumbar Compression Fracture.</p> <p>Review of Resident #12's Quarterly MDS with an ARD of 01/14/2025 revealed a BIMS of 13, which indicated she was cognitively intact. Further review of the MDS revealed she required partial/moderate assistance with toileting hygiene and she was occasionally incontinent.</p> <p>Review of Resident #12's current Care Plan revealed the following, in part:</p> <p>Problem: I am at risk for potential impairment to skin integrity.</p> <p>Interventions: Keep my skin clean and dry.</p> <p>An observation was conducted on 02/05/2025 at 4:12 a.m. of S8CNA changing Resident #12's brief. S8CNA removed Resident #12's brief, which was soiled with urine. S8CNA applied a new clean brief without cleansing Resident #12's peri area.</p> <p>An interview was conducted with Resident #12 on 02/05/2025 at 10:00 a.m. She stated she wanted to be cleansed after each incontinent episode, and had never refused to be cleansed before.</p> <p>Resident #23</p> <p>Review of Resident #23's Clinical Record revealed she was admitted to the facility on [DATE] and had diagnoses, which included Lack of Coordination.</p> <p>Review of Resident #23's Quarterly MDS with an ARD of 11/20/2024 revealed a BIMS of 14, which indicated she was cognitively intact. Further review of the MDS revealed she required partial/moderate assistance with toileting hygiene and she was occasionally incontinent.</p> <p>Review of Resident #23's current Care Plan revealed the following, in part:</p> <p>Problem: I have bladder incontinence.</p> <p>Interventions: Clean my peri-area with each incontinent episode.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2025
NAME OF PROVIDER OR SUPPLIER  Old Jefferson Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8340 Baringer Foreman Road. Baton Rouge, LA 70817	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with Resident #23 on 02/04/2024 at 2:10 p.m. She stated a CNA came into her room between 4:00 a.m.-4:30 a.m. every morning to change her brief. She stated the CNA took the soiled brief off and put a clean one on without cleansing her peri-area. She stated she was unable to clean herself after she had an incontinent episode and wanted to be cleansed. She stated she never refused peri-care.</p> <p>An observation was conducted on 02/05/2025 at 4:38 a.m. of S8CNA changing Resident #23's brief. S8CNA removed Resident #23's urine saturated brief. The urine had soaked through Resident #23's brief. Four inches of the back of the resident's gown was wet, her cloth pad was wet, and the bed sheet was wet. There were visible drops of urine running down Resident #23's buttocks when the brief was removed. S8CNA applied a new clean brief and gown without cleansing Resident #23's skin or peri-area.</p> <p>Resident #92</p> <p>Review of Resident #92's Clinical Record revealed she was admitted to the facility on [DATE] and had diagnoses, which included Hemiplegia and Hemiparesis following Cerebral Infarction affecting Right Dominant Side.</p> <p>Review of Resident #92's Quarterly MDS with an ARD of 12/16/2024 revealed a BIMS of 14, which indicated she was cognitively intact. Further review of the MDS revealed she required substantial/maximum assistance with toileting hygiene and she was always incontinent.</p> <p>Review of Resident #92's current Care Plan revealed the following, in part:</p> <p>Problem: I have urge bladder incontinence.</p> <p>Interventions: Clean my peri-area with each incontinent episode.</p> <p>An observation was conducted on 02/05/2025 at 4:30 a.m. of S8CNA changing Resident #92's brief. S8CNA removed Resident #92's urine saturated brief. There were visible drops of urine running down Resident #92's buttocks when the brief was removed. S8CNA applied a new clean brief without cleansing Resident #92's peri-area.</p> <p>An interview was conducted with Resident #92 on 02/05/2025 at 7:00 a.m. She stated S8CNA did not provide peri-care to her when changing her brief this morning. She stated she wanted to be cleansed after each incontinent episode, and she could not do it herself. She stated she never refused peri-care.</p> <p>An interview was conducted with S8CNA on 02/05/2025 at 4:47 a.m. She stated Resident #23 was a heavy wetter and the last time she changed Resident #23's brief was at 1:30 a.m. She verified Resident #23's urine had soaked through the brief, gown, pad, and bed sheet. She stated rounds should be made every 2 hours. She confirmed the residents listed above were all soiled with urine and she did not provide peri-care.</p> <p>An interview was conducted with S2DON on 02/05/2025 at 11:00 a.m. She was notified of the above observations. S2DON confirmed staff should perform peri-care after each incontinent episode. She confirmed CNA's should perform rounds and incontinent checks every 2 hours on the residents.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2025
NAME OF PROVIDER OR SUPPLIER  Old Jefferson Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8340 Baringer Foreman Road. Baton Rouge, LA 70817	

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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>46981</p> <p>Based on observation, interviews, and record review, the facility failed to ensure nurse staffing data was posted daily in a prominent location readily accessible to residents and visitors. This deficient practice had the potential to affect any of the 111 residents residing in the facility.</p> <p>Findings:</p> <p>Review of the facility's policy titled Posting Direct Care Daily Staffing Numbers, dated 01/2023 revealed in part, the following:</p> <p>Policy Statement:</p> <p>Our facility will post on a daily basis for each shift nurse staffing data, including the number of nursing personnel responsible for providing direct care to residents.</p> <p>A tour and observation was made on 02/03/2025 at 11:10 a.m. of the facility, and no staffing data sheets was observed.</p> <p>An interview was conducted on 02/03/2025 at 11:15 a.m. with S5CS. She stated she was responsible for posting staffing data sheets. She stated the staffing data information was not posted for 02/03/2025.</p> <p>An interview was conducted on 02/03/2025 at 11:16 a.m. with S1ADM. He stated S5CS was responsible for posting staffing data sheets. He stated the staffing data information was not posted for 02/03/2025 and should have been.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2025
NAME OF PROVIDER OR SUPPLIER  Old Jefferson Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8340 Baringer Foreman Road. Baton Rouge, LA 70817	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>48912</p> <p>Based on an observation and interviews, the facility failed to ensure drugs were stored in accordance with current accepted professional principles. The facility failed to ensure a medication cart was clean and free of loose pills for 1 (Med Cart B) of 3 (Med Cart A, B, and C) medication carts reviewed.</p> <p>Findings:</p> <p>Review of the facility's policy with a revised date of 11/2020, titled Storage of Medications, revealed in part, the following:</p> <p>The facility stores all drugs and biologicals in a safe, secure, and orderly manner.</p> <p>On 02/04/2025 at 10:08 a.m., a review and observation was made of Med Cart B with S6LPN, which revealed the following:</p> <p>4-Oval white colored tablets loose in cart.</p> <p>3-Round white colored tablets loose in cart.</p> <p>3-Oblong white colored tablets loose in cart.</p> <p>2-Oblong white colored tablets loose in cart.</p> <p>2-Small round white colored tablets loose in cart.</p> <p>2-Round yellow colored tablets loose in cart.</p> <p>1-Oblong yellow colored tablet loose in cart.</p> <p>1-Large round white colored tablet loose in cart.</p> <p>1-Half of a rectangle white colored tablet loose in cart.</p> <p>1-Half of a round white colored tablet loose in cart.</p> <p>Totaling 18 whole tablets and 2 halves of tablets loose in medication cart.</p> <p>On 02/04/2025 at 10:25 a.m., an interview was conducted with S6LPN. She reviewed the aforementioned findings, and confirmed there was a total of 18 whole tablets and 2 halves of tablets loose in the medication cart, and they should not have been.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2025
NAME OF PROVIDER OR SUPPLIER  Old Jefferson Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8340 Baringer Foreman Road. Baton Rouge, LA 70817	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 02/04/2025 at 1:45 p.m., an interview was conducted with S2DON. She stated she expected staff to remove and dispose of any loose pills noted on medication carts. S2DON was informed of the aforementioned findings, and she confirmed there should have not been any loose pills on the medication cart.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2025
NAME OF PROVIDER OR SUPPLIER  Old Jefferson Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8340 Baringer Foreman Road. Baton Rouge, LA 70817	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44965</p> <p>Based on observation, interviews, and record review, the facility failed to ensure each resident received meals which accommodated preferences for 1 (#36) of 2 (#36 and #37) residents reviewed for food.</p> <p>Findings:</p> <p>Review of Resident #36's Clinical Record revealed she was admitted to the facility on [DATE] and had diagnoses, which included Dementia and Protein-Calorie Malnutrition.</p> <p>Review of Resident #36's Meal Ticket dated 02/04/2025 for the breakfast meal revealed she should have received double portions.</p> <p>An observation was made of Resident #36's breakfast tray on 02/04/2025 at 8:44 a.m. She had one 9 ounce bowl mixed with grits, scrambled eggs, and sausage and one slice of French toast. Her meal ticket read regular diet with double portions.</p> <p>An interview was conducted with S9CNA on 02/04/2025 at 8:49 a.m. She confirmed she served Resident #36's breakfast tray. She reviewed Resident #36's breakfast meal ticket and confirmed it read Resident #36 should have been served double portions. She confirmed Resident #36's breakfast tray did not contain double portions. She confirmed Resident #36's breakfast tray contained a single portion of grits, scrambled eggs, sausage, and French toast.</p> <p>An interview was conducted with S13LPN on 02/04/2025 at 8:54 a.m. She stated Resident #36 should have received double portions with meals.</p> <p>An interview was conducted with S3DM on 02/04/2025 at 9:02 a.m. She confirmed Resident #36's meal preference of double portions was listed on her meal tickets for all meals. She confirmed Resident #36 should have received double portions with all meals.</p> <p>An interview was conducted with S2DON on 02/05/2025 at 8:48 a.m. She stated Resident #36's double portions listed on her meal ticket was a meal preference. She confirmed the double portions should have been provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2025
NAME OF PROVIDER OR SUPPLIER  Old Jefferson Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8340 Baringer Foreman Road. Baton Rouge, LA 70817	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46981</p> <p>Based on observations, interviews, and record review, the facility failed to store foods under sanitary conditions. The facility failed to ensure:</p> <ol style="list-style-type: none"> <li>1. Food was dated after opening, and</li> <li>2. Temperatures were documented on temperature logs daily.</li> </ol> <p>This deficient practice had the potential to affect 110 residents who were provided meals from the facility's kitchen.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Food Receiving and Storage and dated 10/2017, revealed in part, the following:</p> <p>Policy Statement:</p> <p>Foods shall be received and stored in a manner that complies with safe food handling practices.</p> <p>Procedure:</p> <ol style="list-style-type: none"> <li>8. All foods stored in the refrigerator or freezer will be covered, labeled, and dated (received and/or open date).</li> <li>12. Functioning of the refrigeration and food temperatures will be monitored at designated intervals throughout the day by the food and nutrition services manager or designee and documented according to state-specific requirements.</li> </ol> <p>During the initial tour of the facility's kitchen on 02/03/2025 at 8:22 a.m. with S3DM, the following observations were made:</p> <p>Snack/Nourishment Refrigerator:</p> <p>1-opened gallon of mayonnaise was undated, 1/4 remained.</p> <p>Salad Bar Station:</p> <p>1-opened container of chopped lettuce, undated.</p> <p>1-opened container of chopped tomatoes, undated.</p> <p>1-opened container of sliced cheese, undated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2025
NAME OF PROVIDER OR SUPPLIER  Old Jefferson Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8340 Baringer Foreman Road. Baton Rouge, LA 70817	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's temperature logs for the walk-in freezer, walk-in refrigerator, and snack/nourishment refrigerator revealed no documentation of temperatures for January 2025 to current.</p> <p>On 02/03/2025 at 8:25 a.m., an interview was conducted with S3DM. She confirmed the above aforementioned findings. She confirmed all opened items should be labeled with an open date. She confirmed the food items in the salad bar station should have been labeled with the dates they were placed on the salad bar station. She confirmed temperature logs for January 2025 to current were blank, and temperatures should have been documented daily.</p> <p>On 02/04/2025 at 1:31 p.m., an interview was conducted with S1ADM. He confirmed all opened items should have been labeled with an open date. He confirmed temperatures should have been documented daily, and all temperature logs should have been completed.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2025
NAME OF PROVIDER OR SUPPLIER  Old Jefferson Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8340 Baringer Foreman Road. Baton Rouge, LA 70817	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48872</b></p> <p>Based on observations, interviews, and record reviews, the facility failed to implement and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The facility failed to ensure staff donned proper Personal Protective Equipment (PPE) during feeding tube care for 1 (#41) of 3 (#15, #41 and #60) residents observed for Enhanced Barrier Precautions (EBP).</p> <p>Findings:</p> <p>Review of the facility's policy dated 04/2024, titled, Enhanced Barrier Precautions revealed the following, in part:</p> <p>Enhanced barrier precautions are utilized to prevent the spread of multidrug resistant organisms (MDROs) to residents.</p> <p>Policy Interpretation and Implementation:</p> <p>2. EBP employ targeted gown and glove use during high contact resident care activities.</p> <p>a. Gloves and gown are applied prior to performing the high contact resident care activity.</p> <p>3. Examples of high contact resident care activities requiring the use of gown and gloves for EBP .include device care or use.</p> <p>5. EBP are indicated for residents with indwelling medical devices.</p> <p>a. Examples of medically inserted devices may include .feeding tubes.</p> <p>Review of the facility's sign titled Enhanced Barrier Precautions revealed the following instructions, in part:</p> <p>Enhanced Barrier Precautions .providers and staff must wear gloves and a gown for the following high contact resident care activities: .Device care or use of .feeding tube, wound care: any skin opening requiring a dressing.</p> <p>Review of Resident #41's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Other Sequelae of Cerebral Infarction and Gastrostomy Status.</p> <p>Review of Resident #41's current Physician Orders revealed the following, in part:</p> <p>Start date - 10/26/2022 enteral feed order: every shift residual check.</p> <p>Start date - 10/26/2022 enteral feed order: every shift visually assess tube and site.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2025
NAME OF PROVIDER OR SUPPLIER  Old Jefferson Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8340 Baringer Foreman Road. Baton Rouge, LA 70817	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #41's current Care Plan revealed the following, in part:</p> <p>Problem: At risk for developing multidrug resistant organism infections related to feeding tube. Require the use of EBP.</p> <p>Intervention: EBP per facility protocol. Resident #41 will have EBP PPE as required.</p> <p>An observation was made on 02/05/2025 at 8:50 a.m. of Resident #41's door to her room. A sign was noted near the door above the room number, which read EBP with the above instructions.</p> <p>An observation was made on 02/05/2025 at 8:50 a.m. of S14LPN providing care for Resident #41's Percutaneous Endoscopic Gastrostomy (PEG) tube site. S14LPN applied gloves and entered Resident #41's room without a gown. S14LPN lifted Resident #41's gown and visually assessed the gauze dressing at the PEG site. Then, S14LPN retrieved an empty syringe, grasped the PEG tube, and checked Resident #41's residual. After PEG site assessment and residual check, S14LPN cleaned Resident #41's PEG tube syringe.</p> <p>An interview was conducted on 02/05/2025 at 8:55 a.m. with S14LPN. S14LPN stated Resident #41 was on EBP related to her PEG tube. S14LPN confirmed she did not have a gown on during care of Resident #41's PEG tube site. S14LPN stated she would put on a gown for PEG tube feedings, dressing changes and medications administration, but not for PEG site assessment and residual check. S14LPN stated she was not sure the proper EBP protocol.</p> <p>An interview was conducted on 02/05/2025 at 2:15 p.m. with S2DON. S2DON confirmed Resident #41 was on EBP related to the PEG tube device. S2DON stated S14LPN had notified her that she did not have a gown on during Resident #41's PEG site assessment and residual check. She confirmed she would expect the staff to follow EBP PPE protocol and apply a gown and gloves during direct care of residents</p>