STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195571	A. Building B. Wing	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Old Jefferson Community Care Center	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)
F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to meet Hospice requirements by failing to maintain a system to ensure a resident's Hospice Binder contained the most recent Hospice Plan of Care for 1 (#12) of 2 residents reviewed for Hospice care. Review of Resident #12's Clinical Record revealed she was admitted to the facility on [DATE]. Further review revealed Resident #12 was a patient of a local Hospice agency with an admission date of 02/20/2025. Review of Resident #12's Hospice Binder and Electronic Health Record revealed no current Hospice Plan of Care on file for current Certification Period of 03/05/2026 through 05/03/2026. An interview was conducted on 03/25/2026 at 11:55 a.m. with S1DON. S1DON stated she worked in collaboration with hospice representatives to coordinate care to the resident provided by the facility. S1DON reviewed Resident #12's Hospice Binder and Electronic Health Record. S1DON confirmed there was no current Hospice Plan of Care on file for the current Certification Period of 03/05/2026 through 05/03/2026. S1DON confirmed Resident #12's Hospice Binder should have contained the most current and up to date Plan of Care and did not.

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