

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195590	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER St Clare Manor Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7435 Bishop Ott Drive Baton Rouge, LA 70806	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</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 an injury of unknown origin was reported immediately, but not later than 2 hours after the incident, to the facility Administrator and to the State Survey Agency within the specified timeframe for 1 (#1) of 3 (#1, #2, and #3) residents reviewed for accidents.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, dated 09/2022, revealed the following, in part:</p> <p>Policy: All reports of resident abuse (including injuries of unknown origin) . are reported to local, state and federal agencies (as required by current regulations) .</p> <p>Policy Interpretation and Implementation:</p> <p>Reporting Allegations to the Administrator .</p> <p>1. If resident abuse .or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law.</p> <p>2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies:</p> <p>The state licensing/certification agency responsible for surveying/licensing the facility.</p> <p>3.Immediately is defined as:</p> <p>a. within two hours of an allegation involving abuse or result in serious bodily injury.</p> <p>Review of Resident #1's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Unspecified Dementia and Primary Generalized Osteoarthritis.</p> <p>Review of Resident #1's Quarterly MDS with ARD 04/03/2024, revealed she had a BIMS of 00, which indicated she was severely cognitively impaired.</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: 195590	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER St Clare Manor Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7435 Bishop Ott Drive Baton Rouge, LA 70806	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's Nurses Notes dated April 2024 revealed the following, in part:</p> <p>04/19/2024 at 5:42 p.m. Resident #1 in bed, swelling and edema noted to left lower leg. On call Nurse Practitioner called, new orders noted to x-ray extremity to rule out fracture. Signed by S10LPN.</p> <p>04/20/2024 at 3:54 a.m. Resident #1 x-ray results in, Resident #1 has a fracture to her left leg. On call Nurse Practitioner (NP) notified, order given to send Resident #1 to a local hospital. Resident #1's . results report called to Registered Nurse at 8:59 p.m. Resident #1 left facility via ambulance. Signed by S9LPN.</p> <p>Review of Resident #1's Mobile X-ray Report dated 04/19/2024 at 8:01 p.m. revealed the following, in part:</p> <p>Impression: The bones are osteopenic. Acute fracture of the distal tibia and proximal fibula.</p> <p>Further review revealed the mobile radiology company notified the nurse at the facility at 04/19/2024 at 8:07 p.m. Receipt of report was confirmed and read back was given.</p> <p>Review of Resident #1's Hospital Records dated 04/19/2024-04/22/2024 revealed the following, in part:</p> <p>Resident #1 was admitted to a local hospital on 04/19/2024 at 10:51 p.m. with chief complaint of left leg pain and had an x-ray obtained at the facility that showed a proximal fibular fracture and a distal tibia fracture. Repeat x-rays revealed a closed left tibia and fibula fracture.</p> <p>An interview was attempted with Resident #1 on 05/08/2024 at 1:00 p.m. Resident was unable to hold a conversation due to impaired cognitive status.</p> <p>An interview was conducted with S10LPN on 05/09/2024 at 10:25 a.m. She said Resident #1 had dementia, was nonverbal, and required total assistance with ADL's. She verified she worked on 04/19/2024 from 7:00 a. m. to 7:00 p.m. and was assigned to Resident #1. She said on the afternoon of 04/19/2024, S8CNA called her to Resident #1's room. She said S8CNA removed Resident #1's covers to reposition her in bed and noticed her left leg was swollen. She said she assessed Resident #1's left leg and observed discoloration and swelling. She stated she called the nurse practitioner on call and received an order for a left lower leg x-ray to rule out a fracture. She contacted the mobile radiology company, but did not receive the radiology report prior to the end of her shift. She said she reported her observations of Resident #1's left lower extremity to S9LPN during shift change. She said Resident #1 had no known falls or injuries that could have caused the injury to her left leg.</p> <p>A telephone interview was conducted with S8CNA on 05/09/2024 at 1:48 p.m. She said on 04/19/2024, she noticed Resident #1's left leg was swollen. She said she immediately notified S10LPN who came and assessed Resident #1's leg. She said an x-ray of Resident #1's left leg was done during her shift. She said Resident #1 was transferred to the hospital during her shift on 04/19/2024. She said she did not know how Resident #1 could have fractured her left leg.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195590	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER St Clare Manor Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7435 Bishop Ott Drive Baton Rouge, LA 70806	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A telephone interview was conducted with S9LPN on 05/09/2024 at 2:00 p.m. She said on 04/19/2024 during shift change, S10LPN reported to her x-ray results were pending for Resident #1's left swollen leg. She said S10LPN reported it was unknown how Resident #1's left leg was injured. She said S4ADON called her with Resident #1's x-ray results which revealed a fracture to her left leg. She stated the physician was notified and Resident #1 was transferred to the hospital.</p> <p>An interview was conducted with S4ADON on 05/09/2024 at 2:17 p.m. She said on 04/19/2024, she was the on call nurse for the facility. She said she was aware Resident #1 had an injury of unknown origin and a mobile x-ray revealed a fracture to her left leg. She said Resident #1's fracture and injury of unknown origin should be reported to the State agency within 2 hours of the discovery. She said S1ADM was responsible for reporting injuries of unknown origin to the State agency. S4ADON confirmed she had not notified S1ADM on 04/19/2024 when Resident #1's fracture and injury of unknown origin was identified.</p> <p>An interview was conducted with S3DON on 05/09/2024 at 2:40 p.m. She said she received a phone call from S4ADON on 04/19/2024 around 9:00 p.m. that Resident #1's x-ray results revealed a fracture to her left leg and she was sent to the hospital. S3DON said she did not report Resident #1's fracture to S1ADM on 04/19/2024.</p> <p>An interview was conducted with S1ADM on 05/09/2024 at 3:20 p.m. He reviewed the facility's investigative report filed with the state dated 04/20/2024 at 9:43 a.m. for Resident #1. He said he was notified by S3DON on the morning of 04/20/2024, Resident #1 had a left leg fracture and was sent to the hospital. He said Resident #1 had a BIMS of 0 and was unable to tell staff what happened. He said he was not aware of Resident #1's injury of unknown origin and x-ray results until 04/20/2024.</p>		