STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195590	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Clare Manor Nursing and Rehabilitation	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observations and interviews, the facility failed to ensure drugs and biologicals used in the facility were stored in accordance with currently accepted professional principles by failing to ensure:Resident rooms were free of loose and unlabeled pills for 1 (Resident #145's room) of 6 resident rooms observed during medication administration; andMedication carts were free of loose and unlabeled pills for 2 (Med Cart 1 and Med Cart 2) of 3 medication carts reviewed.Findings: Review of the facility's Storage of Medications policy, dated November 2020, revealed the following, in part:Policy:The facility stores all drugs and biologicals in a safe, secure, and orderly manner.2. Drugs and biologicals are stored in the packaging, containers or other dispensing systems in which they are received. Only the issuing pharmacy is authorized to transfer medications between containers. 1.On 05/04/2026 at 10:12 a.m., an observation was made with S4LPN during medication administration of an unlabeled and oblong shaped white pill broken in half on the floor of Resident #145's room. On 05/04/2026 at 10:18 a.m., an interview was conducted with S4LPN. She confirmed the above unlabeled and oblong shaped white pill broken in half was on Resident #145's floor and should not have been. 2.On 05/04/2026 at 10:55 a.m., an observation was made of MedCart1 with S2LPN, which revealed five loose, and unlabeled, pills on the bottom of the cart's drawers. On 05/04/2026 at 10:59 a.m., an interview was conducted with S2LPN. S2LPN confirmed the above pills were loose, and unlabeled, in the cart and should not have been. On 05/04/2026 at 11:10 a.m., an observation was made of MedCart2 with S3LPN, which revealed one half of a white pill, loose and unlabeled, on the bottom of the cart's drawer. On 05/05/2026 at 3:48 p.m., an interview was conducted with S1DON. She was made aware of the above observation and confirmed medications should not be loose and unlabeled in the medication carts. She confirmed medications should not be unlabeled, loose on the floor of a resident's room.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195590	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Clare Manor Nursing and Rehabilitation	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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure residents were offered a therapeutic diet when the health care provider ordered a nutritional supplement for 1 (#95) of 3 residents reviewed for nutrition. Findings: Resident #95Review of Resident #95's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included Malignant Neoplasm of Brain and Colostomy Status. Review of Resident #95's Quarterly MDS with an ARD of 03/11/2026, revealed a BIMS of 9, which indicated moderate cognitive impairment. Review of Resident #95's current Physician Orders revealed the following, in part:Start date 09/12/2025 -Mighty Shakes - with meals House supplement or equivalent with each meal Problem: I have the potential for weight loss/gain and altered nutrition related to my facility ordered diet.Interventions: Mighty Shakes with meals, house supplement or equivalent with each meal-date initiated-09/12/2025. On 05/05/2026 at 8:10 a.m., an observation was made of Resident #95 with breakfast tray at bedside. No mighty shake or equivalent noted on resident's breakfast tray. On 05/06/2026 at 8:24 a.m. observation made of S6CNA delivering Resident #95's breakfast tray. No Mighty Shake noted on resident's tray. CNA confirmed resident did not have a Mighty Shake or equivalent on his breakfast tray. On 05/06/2026 at 8:28 a.m., an interview was conducted with S5ADON. She reviewed Resident #95's orders and confirmed he should have a Mighty Shake or equivalent on his tray with all meals.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195590	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Clare Manor Nursing and Rehabilitation	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)
F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and interviews the facility failed to provide food that accommodated the resident's food preference for 1 (#9) of 9 of residents reviewed for food accommodations/preference. Findings: Review of Resident #9's Clinical Record revealed he was readmitted to the facility on [DATE]. Review of Resident #9's Quarterly MDS with an ARD of 02/25/2026 revealed a BIMS of 14, which indicated he was cognitively intact. Review of the May 2026 Menu revealed the following:Entree- Red BeansStarch- RiceWith a substitute alternative available. Review of the dietary system with RD (Registered Dietician) the following:Resident #9 disliked red beans and rice Review of the lunch dietary ticket dated 05/04/2026 for Lunch revealed the following:Entree- Entree substituteStarch- starch substitute On 05/04/2026 at 12:30 p.m., an observation and interview was conducted with Resident #9. Red beans and rice noted on Resident #9's food tray. Resident #9 stated he did not like red beans and rice. On 05/05/2026 at 12:54 p.m., an interview was conducted with S7RD. She stated residents provided their food dislikes and it was placed in the dietary system. She stated if a resident disliked the scheduled meal, the system would automatically request a substitution served on the dietary ticket. She reviewed the lunch dietary ticket, dated 05/04/2026 and confirmed it stated entree and starch substitution. She further confirmed Resident #9 should not have been served red beans and rice and should have been served the alternate meal. On 05/06/2026 at 4:00 p.m., an interview was conducted with S1DON. She confirmed residents should receive meals according to their preferences.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195590	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Clare Manor Nursing and Rehabilitation	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)
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 observations, interviews and record reviews, the facility failed to communicate with hospice staff pertaining to residents current oxygen orders for 1 (#144) of 1 residents reviewed for oxygen therapy. Findings: Review of the Facility's Policy, Hospice Program, dated July 2017, revealed the following, in part:10. In general, it is the responsibility of the facility to meet the Resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs. These include:d. Communicating with the hospice provider (and documenting such communication) to ensure that the needs of the resident are addressed and met 24 hours per day; and Review of Resident #144's clinical record revealed he was admitted to the facility on [DATE] and admitted to hospice services on 04/29/2026. Review of the hospice binder for Resident #144 revealed standing orders for oxygen 2-5 liters via nasal cannula as needed. On 05/04/2026 at 9:13 a.m., an observation was made of Resident #144 supine in bed receiving oxygen at 6 liters per minute via nasal cannula. An interview was conducted with S2LPN on 05/04/2026 at 3:18 p.m. She confirmed Resident #144's current order was oxygen continuous at 2 liters via nasal cannula but the resident received hospice services. She stated the hospice agency had a standing order for oxygen 2-5 liters via nasal cannula. She stated she did not know what Resident #144's current oxygen rate was and only needed to check it once on her shift. An interview was conducted with the hospice agency nurse on 05/05/2026 at 1:46 p.m. She stated Resident #144 was admitted to the agency on 04/29/2026 and his oxygen was being administered at 2 liters via nasal cannula. She stated she completed a hospice visit on 04/30/2026 and his oxygen was being administered at 4 liters via nasal cannula. She confirmed the facility did not communicate to the hospice agency that Resident #144's oxygen was increased to 6 liters via nasal cannula and should have. An interview was conducted with S1DON on 05/06/2026 at 3:30 p.m. She confirmed the hospice orders included oxygen 2-5 liters via nasal cannula. She further confirmed the facility nurse should have notified the hospice agency when Resident #144 required 6 liters oxygen via nasal cannula for comfort.