STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195635	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Capital Oaks Nursing & Rehabilitation Center LLC	4100 North Blvd 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 2 (#18 and #96) of 5 residents reviewed for nutrition. Findings: Resident #18Review of Resident #18's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included Dementia, Alzheimer's Disease, and Abnormal Weight Loss. Review of Resident #18's Quarterly MDS with an ARD of 03/03/2026, revealed a BIMS of 6, which indicated severe cognitive impairment. Review of Resident #18's current Physician Orders revealed the following, in part:Start date 12/16/2025 -Generic high protein, high calorie health shake with meals related to Abnormal weight loss.Start date 02/12/2026 -Nutri-Freeze cup three times a day related to deficiency of other vitamins. Review of Resident #18's Registered Dietician Assessment Summary, dated 02/24/2026, revealed, in part, the following:Staff Notes/RD Observations: Resident #18 eats cereal all throughout the dayCurrent Diet Order: Regular diet, regular texture, regular/thin consistency; Generic high protein, high calorie health shake with meals, Nutri-Freeze Cup three times a day, snacks three times a dayMalnutrition Plan: Provide resident with meals, snacks, and supplements to meet nutrient needs. On 04/01/2026 at 8:10 a.m., an observation was made of Resident #18's breakfast tray and meal ticket with documentation noted for a nutritional shake and Nutri-freeze cup. Neither of these items were noted on Resident #18's breakfast tray. On 04/01/2026 at 8:15 a.m., an observation was made with S3CNA of Resident #18's breakfast tray and meal ticket. S3CNA confirmed Resident #18's breakfast tray did not have the ordered nutritional shake or Nutri-freeze cup and should have. On 04/01/2026 at 8:20 a.m., an observation was made with S2LPN of Resident #18's breakfast tray and meal ticket. S2LPN confirmed Resident #18's breakfast tray did not have the ordered nutritional shake or Nutri-Freeze Cup and should have. Resident #96Review of Resident #96's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses which included Dementia, Adult Failure to Thrive, and Abnormal Weight Loss. Review of Resident #96's Quarterly MDS with an ARD of 01/07/2026, revealed a BIMS of 15, which indicated she was cognitively intact. Review of Resident #96's current Physician Orders revealed the following, in part:Start date 07/01/2024 - Generic high protein, high calorie health shake with meals Start date 09/22/2025 - Nutri-Freeze Cup with meals Review of Resident #96's current Care Plan revealed the following:Problem: Potential for altered nutrition and dehydration related to diagnosis of Anorexia and Vitamin Deficiency.Intervention: high protein shakes three times a day. On 03/31/2026 at 12:50 p.m., an observation was made of Resident #96's lunch tray and meal ticket with documentation noted for a nutritional shake and a Nutri-freeze Cup. Neither of these items were noted on Resident #96's lunch tray. Resident #96 stated she enjoyed the frozen snack and would eat it if it was on her tray. On 03/31/2026 at 12:57 p.m., an observation was made with S4CNA of Resident #96's lunch tray and meal ticket. S4CNA confirmed Resident #96's lunch tray did not have the ordered nutritional shake or Nutri-Freeze Cup and should have. On 04/01/2026 at 7:58 a.m., an interview was conducted with S5DM. S5DM stated Nutri Freeze Cups and nutritional shakes came from the kitchen. S5DM stated kitchen staff should prepare resident trays according to the resident's meal ticket. She stated if supplemental shakes and Nutri-Freeze Cups were on the meal (continued on next page)

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
	195635	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Capital Oaks Nursing & Rehabilitation Center LLC	4100 North Blvd 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	tickets they should be on the resident's tray. On 04/01/2026 at 1:00 p.m., an interview was conducted with S1DON. S1DON stated if a resident had dietary supplements ordered with meals they should be on the resident's tray as ordered.