

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195472	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER The Woodleigh of Baton Rouge		STREET ADDRESS, CITY, STATE, ZIP CODE 14333 Old Hammond Hwy. Baton Rouge, LA 70816	
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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</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 make prompt efforts to resolve grievances for 1 (#3) of 2 (#3 and #29) residents reviewed for grievances. The facility failed to ensure a grievance was promptly investigated when Resident #3 reported a missing blanket and clothing to staff.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Grievances/Complaints, Filing with a revision date of 04/2017 revealed the following, in part:</p> <p>Policy Statement: Residents and their representatives have the right to file grievances, either orally or in writing, to the facility staff or to the agency designated to hear grievances. The Administrator and staff will make prompt efforts to resolve grievances to the satisfaction of the resident .</p> <p>Policy Interpretation and Implementation:</p> <p>1. Any resident .may file a grievance or complaint concerning care . or any other concerns regarding his or her stay at the facility.</p> <p>8. Upon receipt of a grievance and/or complaint, the designee will review and investigate the allegations and submit a written report of such findings to the Administrator within five (5) working days of receiving the grievance and/or complaint.</p> <p>11. The Administrator will review the findings to determine what corrective actions, if any, need to be taken.</p> <p>12. The resident, or person filing the grievance and/or complaint on behalf of the resident, will be informed of the findings of the investigation and the actions that will be taken to correct any identified problems.</p> <p>a. The Administrator, or his or her designee, will make such reports within 5 working days of the filing of the grievance or complaint with the facility.</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

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #3's Clinical Record revealed she was admitted to the facility on [DATE].</p> <p>Review of Resident #3's MDS with an ARD of 04/05/2024, revealed she had a BIMS of 15, which indicated she was cognitively intact.</p> <p>Review of facility's Grievance Log from December 2023 to May 2024 revealed no documentation the facility logged a grievance for Resident #3's missing clothing and blanket.</p> <p>An interview was conducted with Resident #3 on 05/28/2024 at 8:42 a.m. She stated about a month ago she reported missing clothing and a blanket to staff on the hall, but could not recall who. She stated the missing clothing items and blanket were sent to the laundry and never returned to her. She stated she made a list of missing items and gave it to S6HS last month. She stated she was missing the following items: matching orange/peach shirt and pair of culottes, beige shorts, red shirt, turquoise shirt and a pair of culottes, and a blanket she received as a gift for her birthday. She stated the facility never reimbursed her for the missing clothing or blanket, nor did the facility replace the items or inform her what they would do about the missing items.</p> <p>An interview was conducted with S5CNA on 05/29/2024 at 9:05 a.m. She stated the facility cleaned Resident #3's laundry. She stated a couple months ago, Resident #3 reported missing several items of clothing and a blanket. She stated she looked for the missing items, could not find them, and went to the laundry room and notified S6HS of Resident #3's missing items. She stated Resident #3's blanket was never found, but was unsure about the missing clothing.</p> <p>An interview was conducted with S6HS on 05/29/2024 at 9:32 a.m. He stated Resident #3 reported missing a blanket a few weeks ago, but he did not recall her missing any clothing. He stated he looked for the blanket, but had not found it. He stated missing laundry items that were unable to be located, should be reported to the Administrator, who would then report it as a grievance. He confirmed he had not reported Resident #3's missing laundry items to the Administrator.</p> <p>An interview was conducted with S7SSD on 05/29/2024 at 2:25 p.m. She stated any staff can report a grievance. She stated when a grievance was reported for missing laundry items she, S2DON or the former Administrator opened a grievance. She stated if the missing laundry items could not be located a grievance should be opened and started the same day it was reported. She stated no staff had reported any grievances for Resident #3's missing clothing or a blanket.</p> <p>An interview was conducted with S2DON on 05/29/2024 at 3:55 p.m. She stated S7SSD and any department head can open a grievance. She stated S7SSD logged all grievances. She stated she was not aware of Resident #3 missing any clothing items or a blanket. She confirmed no grievances for missing clothing or a blanket had been filed for Resident #3. She stated S6HS should have reported the missing laundry items to the former Administrator when he could not find them.</p> <p>An interview was conducted with S1CADM on 05/29/2024 at 4:05 p.m. He stated when a resident had a complaint, a grievance should be filed, investigated, and a follow up done with the resident. He stated Resident #3's missing clothing and blanket would have been treated as a grievance, laundry and staff would look for the items, and S7SSD would have completed the grievance form. He stated S6HS should have reported Resident #3's missing laundry items to S7SSD and the former Administrator and a resolution given to Resident #3 within 3 to 5 days.</p>		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43868</p> <p>Based on interviews and record reviews, the facility failed to ensure resident MDS assessments accurately reflected the resident's status for 2 of 2 (#13 and #18) residents reviewed for PASRR by failing to correctly code the residents PASRR evaluations.</p> <p>Findings:</p> <p>Resident #13</p> <p>Review of Resident #13's Clinical Record revealed he was admitted on [DATE] with diagnoses which included Major Depressive Disorder, Bipolar Disorder, Persistent Mood Affective Disorder, and Generalized Anxiety Disorder. Further review revealed an approved Level II PASRR.</p> <p>Review of Resident #13's Annual MDS with ARD of 12/21/2023 revealed question A1500, Resident evaluated for PASRR, was answered as no.</p> <p>Resident #18</p> <p>Review of Resident #18's Clinical Record revealed he was admitted on [DATE] with diagnoses which included Schizoaffective Disorder, and Bipolar Disorder. Further review revealed an approved Level II PASRR.</p> <p>Review of Resident #18's Annual MDS with ARD of 01/04/2024 revealed question A1500, Resident evaluated for PASRR, was answered as no.</p> <p>On 05/29/2024 at 2:03 p.m., an interview was conducted with S24CM. She stated comprehensive MDS assessments should include if the resident has a state level II PASRR. She confirmed Resident #13 and Resident #18 had an approved state level II PASRR, the MDS did not include the state level PASRR and it should have.</p> <p>On 05/30/2024 at 3:01 p.m., an interview was conducted with S2DON. She confirmed the MDS assessments should be accurate for residents.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45270</p> <p>Based on record review, observations and interviews, the facility failed to ensure services were provided by the facility to meet quality professional standards. The facility failed to ensure medications were administered safely and timely by leaving the medications at the bedside for 1 (#64) of 24 residents observed during the initial screening of residents upon facility entrance.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Medication Administration Policy with a revision date of 04/2019 revealed the following, in part:</p> <p>Policy Statement:</p> <p>Medications are administered in a safe and timely manner, and as prescribed.</p> <p>Review of Resident #64's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Polyneuropathy, Acquired Absence of Right Leg Above Knee, Acquired Absence of Left Leg Above Knee, Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms, Moderate Protein Calorie Malnutrition, Peripheral Vascular Disease, and Unspecified Pain.</p> <p>Review of Resident #64's Quarterly MDS with an ARD of 02/20/2024, revealed he had a BIMS of 15, which indicated he was cognitively intact.</p> <p>Review of Resident #64's current Physician Orders revealed the following, in part:</p> <p>Start date 07/23/2022 Flomax 0.4 mg give 2 capsules by mouth one time a day.</p> <p>Start date 05/12/2023 Meloxicam 7.5 mg give 1 tablet by mouth one time a day.</p> <p>Start date 07/21/2023 Gabapentin 600 mg give 1 tablet by mouth three times a day.</p> <p>Start date 07/22/2023 Thera Tablet give 1 tablet by mouth one time a day.</p> <p>Start date 03/25/2024 Methocarbamol 750 mg give 2 tablets by mouth three times a day.</p> <p>An observation was made of Resident #64 on 05/28/2024 at 8:24 a.m. He was observed awake and alert lying in bed. A plastic medication cup containing 7 pills was observed on the bedside table. He verified the medications in the plastic cup were his morning medications. He stated S3LPN left the medications this morning to take when he was ready, because he was nauseated.</p> <p>An interview was conducted with S3LPN on 05/28/2024 at 8:35 a.m. She observed and verified the plastic medication cup containing 7 pills on Resident #64's bedside table. She confirmed the medications in the cup were Methocarbamol 750 mg, Gabapentin 600 mg, Mobic 7.5 mg, Flomax 0.4 mg, and Therapeutic Vitamin. She confirmed she did not observe Resident #64 take his morning medications and should have.</p> <p>(continued on next page)</p>		

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted with S2DON on 05/29/2024 at 4:00 p.m. She confirmed medications should not have been left at the resident's bedside and the nurse should have observed Resident #64 take his medications.		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43868</p> <p>Based on observations, interviews, and record review, the facility failed to ensure a resident who was unable to carry out ADLs received the necessary services to maintain good grooming and personal hygiene for 1 (#13) of 2 (#13, and #23) residents reviewed for ADL's. The facility failed to trim fingernails for Resident #13.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Care of Fingernails/Toenails and dated February 2018, revealed the following, in part:</p> <p>General Guidelines 1. Nail care includes daily cleaning and regular trimming.</p> <p>Review of Resident #13's Medical Record revealed the resident was admitted to the facility on [DATE] with diagnoses which included Hemiplegia and Hemiparesis following Non-traumatic Intracerebral Hemorrhage Affecting Left Non-Dominant Side and Type 2 Diabetes Mellitus.</p> <p>Review of Resident #13's Quarterly MDS with an ARD of 03/08/2024 revealed Resident #13 had a BIMS of 15, which indicated intact cognition. Further review revealed Resident #13 required moderate assistance for ADLs.</p> <p>Review of Resident #13's care plan revealed the following:</p> <p>Problem: Diagnosis Diabetes Mellitus</p> <p>Interventions: Nursing to provide nail care</p> <p>Problem: Self-care deficit related to needs assistance with ADLs</p> <p>Goal: Resident will be well groomed daily this quarter</p> <p>Interventions: Assist with ADLs as needed</p> <p>Review of the current Physician Orders for Resident #13 revealed no orders for nail care.</p> <p>On 05/28/2024 at 8:37 a.m., an observation was conducted of Resident #13 sitting in his wheelchair outside of the shower room. His fingernails are noted to be 1/2 to 1 cm long with black stuff under multiple fingernails. He stated he was waiting for his shower and would like his nails trimmed and cleaned.</p> <p>On 05/28/2024 at 2:54 p.m., an observation was conducted of Resident #13 sitting in his wheelchair in his room. His fingernails are noted to be 1/2 to 1 cm long. Resident #13 stated he went to the shower room every other day. He stated he had his shower this morning and his nails were cleaned but were not trimmed. He stated his nails were too long and he wanted them trimmed.</p> <p>(continued on next page)</p>		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 05/28/2024 at 3:03 p.m., an interview was conducted with S25CNA. She stated CNAs clean the resident's fingernails and toe nails. She stated nurses trim the resident's fingernails and toenails because the CNA's did not know which residents were Diabetic.</p> <p>On 05/28/2024 at 3:10 p.m., an interview was conducted with S17CNAS. She stated if a Diabetic resident's fingernails needed to be trimmed she would expect the CNA to report this to the nurse.</p> <p>On 05/28/2024 at 3:24 p.m., an interview was conducted with S23LPN. She stated if residents were Diabetic, the nurse or wound care nurse would provide fingernail care. She confirmed the CNA had not reported that Resident #13 needed fingernail care.</p> <p>On 05/30/2024 at 9:56 a.m., an interview was conducted with S10LPN. She stated Resident #13 did not refuse care. She stated the nurse or wound care nurse would complete fingernail care if residents were diabetic. She said fingernails would be assessed daily with normal rounds.</p> <p>On 05/30/2024 at 10:06 a.m., an interview was conducted with S22CNA. She stated Resident #13 faithfully went to the shower room [ROOM NUMBER] times per week. She stated the nurse or wound care nurse would complete fingernail care for Diabetic residents.</p> <p>On 05/30/2024 at 2:36 p.m., an interview was conducted with S17CNAS. She confirmed she observed Resident #13's fingernails on 05/28/2024 and they needed to be trimmed, and should have been trimmed prior to getting that long.</p> <p>On 05/30/2024 at 3:01 p.m., an interview was conducted with S2DON. She stated the process for fingernail care was that any staff could trim the fingernails, regardless if they are Diabetic. She stated fingernails should be trimmed when a resident requested them to be trimmed. She said if a resident requested the nails to be trimmed and they were 1 cm long, then she would expect them to be trimmed.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45270</p> <p>Based on observations, interviews, and record review, the facility failed to ensure a resident was offered a therapeutic diet when the health care provider ordered a nutritional supplement for 1 (#3) of 5 (#3, #35, #44, #64 and #79) residents reviewed for nutritional status.</p> <p>Findings:</p> <p>Review of Resident #3's Clinical Record revealed she was admitted to the facility on [DATE] with diagnosis, which included Unspecified Protein-Calorie Malnutrition.</p> <p>Review of Resident #3's MDS with an ARD of 04/05/2024, revealed she had a BIMS of 15, which indicated she was cognitively intact. Further review revealed Resident #3 received a therapeutic diet.</p> <p>Review of Resident #3's current Physician Orders revealed the following, in part:</p> <p>Start date 05/17/2024 House Shake Supplement three times a day related to Unspecified Protein-Calorie Malnutrition; give 1 carton strawberry with all meals.</p> <p>Review of Resident #3's Nutrition Assessment Notes, dated 05/16/2024, revealed, in part, the following:</p> <p>She is a very picky eater . She is eating meals in her room and is feeding herself. Skin Stage 4 pressure ulcer to right heel . Recommendation: Resume Strawberry House Shakes with all meals related to diagnosis of Unspecified Protein-Calorie Malnutrition.</p> <p>Review of Resident #3's Care Plan, revealed, in part, the following:</p> <p>Problem: Alteration in nutrition .</p> <p>Interventions: Provide supplements as ordered</p> <p>An observation and interview was conducted with Resident #3 on 05/29/2024 at 7:40 a.m. She stated she had finished eating breakfast. An observation was made of the meal ticket on the breakfast tray with documentation noted for a strawberry Mighty Shake. Resident #3 did not have a Mighty Shake on her tray and had consumed approximately 25% of the meal. She stated she was supposed to get a Mighty Shake with all meals, but did not always get it. She stated she had lost weight over the last few months, and her appetite and weight had been fluctuating.</p> <p>An interview was conducted with S4CNA on 05/29/2024 at 7:55 a.m. She stated Resident #3 had a decreased appetite and the kitchen was supposed to send a Mighty Shake with her meals. She observed Resident #3's breakfast meal tray, and confirmed the Mighty Shake was not on the tray and should have been.</p> <p>(continued on next page)</p>		

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>An interview was conducted with S5CNA on 05/29/2024 at 9:05 a.m. She stated Resident #3 had a decreased appetite and a Mighty Shake was supposed to be sent with her meal trays. She stated Resident #3 did not have a Mighty Shake on her breakfast tray and should have.</p> <p>An interview was conducted with S3LPN on 05/29/2024 at 10:20 a.m. She stated Resident #3 had a decreased appetite, weight loss, and was placed on Mighty Shakes with all meals. She stated the kitchen staff should have sent a Mighty Shake on Resident #3's breakfast tray this morning. She stated if Resident #3 did not have a Mighty Shake on her meal tray, the CNAs should have went to the kitchen and got one.</p> <p>An interview was conducted with S8DM on 05/30/2024 at 3:00 p.m. She stated when a resident had weight loss, she sent recommendations to nursing for supplements, who then received an order from the physician. She stated after the supplement was ordered, she updated the resident's meal tickets, and notified the kitchen staff of the new order. She stated the kitchen staff should ensure the supplements were on the meal trays. She stated if the supplement was not placed on the tray, the CNA or nurse on the hall should come get the supplement from the kitchen and provide it to the resident. She stated she resumed the order for Resident #3's Mighty Shake on 05/16/2024, because the resident had lost weight after a hospitalization . She stated a Mighty Shake should have been provided to Resident #3 for each meal.</p> <p>An interview was conducted with S2DON on 05/29/2024 at 3:55 p.m. She stated the kitchen staff were responsible for sending the Mighty Shake supplements on the resident's meal trays. She verified Resident #3 was ordered Mighty Shakes with all meals and should have had one on her breakfast tray.</p>		

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F 0726 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43868</p> <p>Based on interviews and record reviews, the facility failed to ensure each nurse aide was competent when transferring a resident with the slide board for 1 (#29) of 3 (#29, #61, and #69) residents reviewed for falls.</p> <p>This deficient practice resulted in an actual harm for Resident #29, beginning on 04/02/2024 at 4:30 p.m. when S16CNA inappropriately used the slide board during a transfer, which resulted in Resident #29 falling to the floor. On the morning of 04/03/2024, Resident #29 refused care due to severe pain when she moved. On 04/03/2024 at 12:12 p.m., Resident #29 had X-rays in the facility that revealed a Left Femur Fracture. Resident #29 was transferred to the emergency room and found to have a Left Distal Femur Fracture and a Right Displaced fracture that required surgical interventions.</p> <p>Review of the Facility's November 2023 Training Materials revealed the following, in part:</p> <p>Sliding Board Transfer</p> <p>7. The caregiver should position themselves in front of the patient when performing the transfer, using proper body mechanics.</p> <p>Review of Resident #29's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses which included: Displaced Intertrochanteric Fracture of Right Femur on 04/03/2024, Unspecified Fracture of Lower End of Left Femur on 04/03/2024, and Multiple Sclerosis.</p> <p>Review of the Quarterly MDS with an ARD of 01/02/2024 revealed the provider assessed Resident #29 as having a BIMS of 15, which indicated the resident was cognitively intact. The resident was documented as dependent on staff for assistance with transfers.</p> <p>Review of Resident #29's most recent Care Plan revealed the facility included the following problems and interventions, in part:</p> <p>Problem: Potential for falls related to decreased mobility, medication effects, and diagnosis of Multiple Sclerosis</p> <p>Interventions: Use slide board for transfers</p> <p>Review of the Facility Incident Report revealed the following, in part:</p> <p>04/02/2024 at 4:30 p.m.</p> <p>Description: Resident #29 observed sitting on the floor in front of wheelchair with S16CNA in the room. She denied pain or discomfort at the present time. Head to toe assessment completed, no nodule or skin tears. Resident #29 assisted to chair x 3 assist, NP notified.</p> <p>04/03/2024- Fracture to left femur to ER for evaluation and treatment.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #29's Nurse's Notes revealed the following, in part:</p> <p>04/02/2024 at 4:30 p.m., Resident #29 observed sitting on floor in front of wheelchair with S16CNA in the room. She stated while being transferred by S16CNA to chair using the sliding board she slid off the board to the floor. Resident #29 denied pain or discomfort at this time, head to toe assessment completed, and no nodule or skin tears. Resident assisted to chair x 3 assist. NP notified. S23LPN</p> <p>04/03/2024 at 11:21 a.m., Resident #29 in bed while CNA attempted to assist the resident with changing. Resident #29 stated too much pain to complete the task. NP notified of Resident #29's pain level. NP assessed the resident and ordered X-Ray of bilateral knees, Femur, and hips. Pain medication ordered. Local imaging agency notified. S23LPN</p> <p>04/03/2024 at 2:30 p.m., Order received per NP to send Resident #29 to emergency room due to left femur fracture.</p> <p>Review of Resident #29's Hospital Medical Records revealed, in part, the following:</p> <p>04/03/2024</p> <p>Reason for Visit: Resident #29 was brought by ambulance from a local nursing home after a ground-level fall the day prior to presentation. Resident #29 received assistance yesterday with incontinent care, attempted transfer with a sliding board and fell . She received Tylenol at the nursing home and on route she received fentanyl.</p> <p>HPI indicated: CT scan and x-ray of the pelvis and femur with intertrochanteric right femoral fracture. Pain control with Norco, Morphine, and hydromorphone.</p> <p>Impression indicated acute distal femoral fracture left; acute right femoral fracture.</p> <p>Review of Resident #29's Radiology Report revealed, in part, the following:</p> <p>Left Femur CT w/o IV Contrast on 04/03/2024</p> <p>There is an acute comminuted fracture distal femoral diaphysis, 2 cm displacement, with anterior angulation/external rotation distal fracture fragment and mild impaction of the fracture fragments. There is an associated hemorrhage at the fracture sites accounting for the soft tissue density. There is mild thigh subcutaneous edema.</p> <p>Left Hip unilateral 1 view w/ pelvis on 04/03/2024</p> <p>Impression/Plan: Intertrochanteric right femoral fracture related to ground level fall</p> <p>Review of Resident #29's Nurse's Notes revealed the following, in part:</p> <p>04/11/2024 at 1:59 p.m., Report received from local hospital. Resident #29 will be returning to facility with closed fracture of left femur, fracture to right hip, post op closed reduction with nail placement to right femur and post op closed reduction with nail placement to left femur.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER The Woodleigh of Baton Rouge		STREET ADDRESS, CITY, STATE, ZIP CODE 14333 Old Hammond Hwy. Baton Rouge, LA 70816	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0726</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #29's facility Nurse Practitioner progress notes revealed the following:</p> <p>04/12/2024</p> <p>Hospital follow up</p> <p>She was recently sent to the emergency department after a ground level fall and imaging at the nursing home showed Left Distal Femur Fracture. In the emergency department she was found to have a Left Distal Femur Fracture and Right Displaced Fracture. Orthopedics was consulted and Resident #29 underwent closed reduction with nail placement of the right femur on 04/04/2024 and underwent nail placement to the left femur on 04/09/2024. Tramadol as needed for pain.</p> <p>On 05/29/2024 at 9:44 a.m., an interview was conducted with Resident #29. She stated on 04/02/2024, S16CNA transferred her from the bed to the wheelchair via slide board. She stated during the transfer, S16CNA was standing behind her. She stated the slide board was tilted and she slid forward, falling to the ground. She stated she was initially in pain but denied the pain because she was hoping it would get better. She stated the pain did not get better and x-rays were ordered.</p> <p>On 05/29/2024 at 11:45 a.m., an interview was conducted with S23LPN. She stated on 04/02/2024, S16CNA called her to the room because Resident #29 had a fall. She stated Resident #29 said she fell off the board to the floor. She stated the resident did not initially complain of any pain. She said the resident began to complain of pain on the morning of 04/03/2024 and the NP was notified.</p> <p>On 05/29/2024 at 2:36 p.m., an interview was conducted with S20PT. She stated Resident #29 should be transferred using the slide board with max assist. She stated during the time she worked at the facility she conducted trainings with staff but could not provide any dates or names of the staff who were trained.</p> <p>On 05/29/2024 at 2:42 p.m., an interview was conducted with S21PTAD. She stated she worked with the facility's contracted Physical Therapy agency from 2021 until 04/30/2024. She stated in 2021, Resident #29 used the slide board for transfers. She stated she never trained any staff on the use of the slide board.</p> <p>On 05/30/2024 at 2:45 p.m., an interview was conducted with S26ST. She stated she began working for the facility on 05/01/2024. She confirmed she had not provided any demonstrations to staff since she began on 05/01/2024. She stated an equipment transfer demonstration should be conducted with staff annually at a minimum with a return demonstration.</p> <p>On 05/30/2024 at 5:12 p.m., an interview was conducted with S16CNA. She stated she received computer training on how to use the slide board/transfer in December 2023, but did not complete a return demonstration to ensure she was transferring with the slide board correctly. She stated Resident #29 used the slide board for transfers. She stated on 04/02/2024, she was transferring Resident #29 to the chair from the bed and Resident #29 fell off the slide board onto the floor. She stated she went immediately to the nurse and informed her of the fall.</p> <p>On 05/30/2024 at 4:20 p.m., an interview was conducted with S17CNAS. She confirmed she did not watch any staff demonstrate the slide board/transfer prior to staff being assigned to work independently on the hall after orientation or annually.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0726 Level of Harm - Actual harm Residents Affected - Few	On 05/30/2024 at 3:01 p.m., an interview was conducted with S2DON. She stated new employees completed orientation in the computer system and would be placed on the floor for 3 days with a CNA, to learn the care residents required. She confirmed new CNA employees did not complete a slide board/transfer competency skills check upon hire or annually. She stated, staff were competent if they had a license or certification. She said she conducted an in-service on safe transfers in November 2023, but staff did not complete a return demonstration to ensure competency. She stated staff verbalized understanding of the training. She confirmed S16CNA did not attend the training in November 2024, but completed the computerized training in December.		

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Post nurse staffing information every day. 43133 Based on observation and interview, the facility failed to ensure nurse staffing data, including resident census, and total number and actual hours worked for licensed and unlicensed nursing staff, was posted in a prominent location readily accessible to residents and visitors. This deficient practice had the potential to affect any of the 90 residents residing in the facility. Findings: On 05/28/24 at 11:55 a.m., an observation was conducted of the daily nursing staff sheet located behind the nurses' station in the medical record room which was restricted to staff only. On 05/28/24 at 12:18 p.m., an interview was conducted with S2DON. She confirmed the daily nursing staff sheet was posted behind the nurses' station and was not accessible for residents or visitors to view.		

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43868</p> <p>Based on interviews and record review, the facility failed to ensure PRN orders for psychotropic medications were limited to 14 days and indicated the duration for 4 (#17, #35, #58, and #69) of 5 (#17, #35, #58, #64, and #69) residents reviewed .</p> <p>Findings:</p> <p>Resident #17</p> <p>Review of Resident #17's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses which included Unspecified Dementia, Generalized Anxiety Disorder, and Insomnia.</p> <p>Review of Resident #17's May 2024 Physician's Orders revealed an order written on 10/30/2023 for Lorazepam 1 mg tablet, one tablet by mouth every 4 hours as needed for anxiety, insomnia, nausea, or shortness of breath. Further review revealed the PRN medication had no stop date.</p> <p>Review of Resident #17's May 2024 MAR revealed Lorazepam 1 mg tablet by mouth every 4 hours as needed for anxiety, insomnia, nausea, or shortness of breath. Further review revealed the PRN medication had no stop date.</p> <p>Resident #35</p> <p>Review of Resident #35's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses of Alzheimer's Disease, Schizoaffective Disorder, Unspecified Mood Disorder, and Anxiety.</p> <p>Review of Resident #35's May 2024 Physician's Orders revealed an order written on 03/16/2021 for Lorazepam 1 mg tablet, one tablet by mouth every 4 hours as needed for anxiety, insomnia, nausea, or shortness of breath. Further review revealed the PRN medication had no stop date.</p> <p>Review of Resident #35's May 2024 MAR revealed an order written on 03/16/2021 for Lorazepam 1 mg tablet, one tablet by mouth every 4 hours as needed for anxiety, insomnia, nausea, or shortness of breath was started on 03/16/2021. Further review revealed the PRN medication had no stop date.</p> <p>Resident #58</p> <p>Review of Resident #58's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses which included Vascular Dementia, Major Depressive Disorder, and Schizoaffective Disorder.</p> <p>Review of Resident #58's November 2023 Physician's Orders revealed an order written on 11/27/2023 for Lorazepam tablet 1 mg, give 1 tablet by mouth every 4 hours as needed for anxiety and/or shortness of breath. Further review revealed the PRN medication had no stop date.</p> <p>(continued on next page)</p>		

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Review of Resident #58's May 2024 Medication Administration Record revealed an order written on 11/27/2023 for Lorazepam tablet 1 mg, Give 1 tablet by mouth every 4 hours as needed for anxiety and/or shortness of breath. Further review revealed the PRN medication had no stop date.</p> <p>Resident #69</p> <p>Review of Resident #69's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses which included Unspecified Dementia, Unspecified Psychosis Not Due to a Substance or Known Physiological Condition and Anxiety Disorder.</p> <p>Review of Resident #69's May 2024 Physician's Orders revealed an order written on 04/22/2024 for Lorazepam oral tablet 1 mg by mouth every 4 hours as needed for shortness of breath, anxiety and/or trouble sleeping. Further review revealed the PRN medication had no stop date.</p> <p>Review of Resident #69's May 2024 MAR revealed an order written on 04/22/2024 for Lorazepam tablet 1mg by mouth every 4 hours as needed for shortness of breath, anxiety and/or trouble sleeping. Further review revealed the PRN medication had no stop date.</p> <p>A telephone interview was conducted on 05/29/2024 at 2:35 p.m. with the pharmacist responsible for completing the facility's pharmaceutical consultation reports for MRR and GDR. He stated all PRN antipsychotic medications including lorazepam required an end date of no longer than 14 days following the start of the medication.</p> <p>An interview was conducted on 05/30/2024 at 2:56 p.m. with S2DON. She confirmed Lorazepam was an anxiolytic medication used to treat anxiety. She confirmed Resident #17 had an order on 10/30/2023 for PRN Lorazepam 1mg tablet with no stop date. She confirmed Resident #35 had an order on 03/16/2021 for PRN Lorazepam 1mg tablet with no stop date. She confirmed Resident #58 had an order on 11/27/2023 for PRN Lorazepam 1mg tablet with no stop date. She confirmed Resident #69 had an order on 04/22/2024 for PRN Lorazepam 1mg tablet with no stop date.</p> <p>47732</p> <p>48537</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p>48537</p> <p>Based on interviews and record review, the facility failed to ensure all licensed nursing and certified nursing assistant staff had documented new hire and annual competency demonstrations for all skills related to their expected roles for 5 out of 5 personnel files reviewed. This had the potential to affect all 89 residents residing in the facility.</p> <p>Findings:</p> <p>Review of S12CNA's personnel file revealed S12CNA's date of hire was 05/21/2024. Further review revealed no documented evidence of any competencies being completed upon hire.</p> <p>Review of S13CNA's personnel file revealed S13CNA's date of hire was 01/22/2024. Further review revealed no documented evidence of any competencies being completed upon hire.</p> <p>Review of S14LPN's personnel file revealed S14LPN's date of hire was 10/08/2021. Further review revealed no documented evidence of any competencies being completed annually.</p> <p>Review of S15LPN's personnel file revealed S15LPN's date of hire was 03/11/2024. Further review revealed no documented evidence of any competencies being completed upon hire.</p> <p>Review of S16CNA's personnel file revealed S16CNA's date of hire was 09/30/2022. Further review revealed no documented evidence of any competencies being completed annually.</p> <p>An interview was conducted with S17CNAS on 05/30/2024 at 4:20 p.m. She confirmed CNAs did not demonstrate competency skills prior to being assigned to work independently on the hall after completing orientation shifts or annually.</p> <p>An interview was conducted with S2DON on 05/30/2024 at 3:01 p.m. She said she conducted in-service skills trainings regularly on various topics for nursing and CNA staff, which would include lecture training and a skills demonstration by her, S2DON. She confirmed LPN and CNA employees did not demonstrate any competency skills upon hire or annually.</p> <p>45270</p>		