

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2025
NAME OF PROVIDER OR SUPPLIER Baton Rouge Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5550 Thomas Road Baton Rouge, LA 70811	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure a resident's call light was within reach for 2 (#15 and #99) of 24 residents reviewed during the initial pool. Review of the facility's policy titled, Call Light/Call Pager Systems with an effective date of date of 10/27/2014, revealed the following, in part:Policy Statement 1.1 Purpose: To provide a means of communication to staff for notification of resident needs and a system of communication among staff in the facility; including emergency notifications.1.5 PolicyThe call system must be accessible to residents while in their bed or other sleeping accommodations within the resident's room.</p> <p>Resident #15Review of Resident #15's Clinical Record revealed the resident was admitted to the facility on [DATE] with diagnoses, which included Cerebral Infarction and Hemiplegia and Hemiparesis following Cerebral Vascular Accident.</p> <p>Review of Resident #15's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/03/2025, indicated the resident was assessed by the facility to have a Brief Interview of Mental Status (BIMS) of 12, which indicated moderate cognitively impaired and required substantial assistance for transfers.</p> <p>Review of Resident #15's current Care Plan revealed the following, in part:Problem: I have a history of falls and at risk for injury related to falls. Interventions: Encouraged to use call light for assistance with transfers. On 09/29/2025 at 9:05 a.m., an observation was conducted of Resident #15's call light. Resident #15's call light was noted not in reach. Resident #15 pointed to the call light hanging on the outlet, and stated he could not reach the call light.</p> <p>On 09/29/2025 at 11:05 a.m., an observation was conducted with S10LPN. S10LPN confirmed the call light was not in reach of Resident #15 and should have been.</p> <p>Resident #99</p> <p>Review of Resident #99's Clinical Record revealed the resident was admitted to the facility on [DATE] with diagnoses, which included Polyosteoarthritis, Visual Loss, and Pain.</p> <p>Review of Resident #99's quarterly MDS, with an ARD of 07/16/2025, indicated the resident was assessed by the facility to have a BIMS of 4, which indicated severe cognitively impaired and was dependent on staff for transfers.</p> <p>Review of Resident #99's current Care Plan revealed the following, in part:</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Problem: I have an activities of daily living self-care performance deficit related to Dementia</p> <p>Intervention: Encouraged to use call light for assistance.</p> <p>On 09/29/2025 at 9:42 a.m., an observation was made of Resident #99 sitting in the Geri-chair approximately 2 feet from her bed with the call light attached to the side of the resident's bed and out of reach.</p> <p>On 09/29/2025 at 11:10 a.m., an observation was made of Resident #99 in the Geri-chair approximately 2 feet from her bed with the call light attached to the side of the resident's bed and out of reach.</p> <p>On 09/29/2025 at 11:23 a.m., an observation was made of Resident #99 with S9LPN. S9LPN confirmed Resident #99's call light was attached to her bed and not in reach of Resident #99 and should have been.</p> <p>On 09/30/2025 at 9:47 a.m., an interview was conducted with S13CNA. S13CNA stated Resident #99 used the call light for assistance and it should be in reach at all times.</p> <p>On 09/30/2025 at 9:58 a.m., an interview was conducted with S14CNA. S14CNA stated resident #99 used the call light for assistance and it should be in reach at all times.</p> <p>On 09/30/2025 at 10:15 a.m., an interview was conducted with S15CNA. S15CNA stated Resident #99 used the call light for assistance and it should be in reach at all times.</p> <p>On 09/29/2025 at 3:20 p.m., an interview was conducted with S8MDS. S8MDS confirmed if a resident was care planned to use the call light for assistance, the call light should be kept within the resident's reach.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, observations, and interviews the facility failed to develop and implement a comprehensive person-centered care plan. The facility failed to: 1. Ensure Resident #15's call light was within reach and covered with bright tap; and 2. Ensure Resident #71 was care planned as a safe smoker. This deficient practice had the potential to affect a current census of 94 residents. Review of the facility's policy titled, Call Light/Call Pager Systems with an effective date of date of 10/27/2014, revealed the following, in part: Policy Statement 1.1 Purpose: To provide a means of communication to staff for notification of resident needs and a system of communication among staff in the facility; including emergency notifications. 1.5 Policy The call system must be accessible to residents while in their bed or other sleeping accommodations within the resident's room.</p> <p>Resident #15 Review of Resident #15's Clinical Record revealed the resident was admitted to the facility on [DATE] with diagnoses, which included Cerebral Infarction and Hemiplegia and Hemiparesis following Cerebral Vascular Accident.</p> <p>Review of Resident #15's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/03/2025, indicated the resident was assessed by the facility to have a Brief Interview of Mental Status (BIMS) of 12, which indicated moderate cognitively impaired and required substantial assistance for transfers.</p> <p>Review of Resident #15's current Care Plan revealed the following, in part: Problem: I have a history of falls and at risk for injury related to falls. Interventions: Encouraged to use call light for assistance with transfers.</p> <p>On 09/29/2025 at 9:05 a.m., an observation was conducted of Resident #15's call light. Resident #15's call light was noted not in reach. Resident #15 pointed to the call light hanging on the outlet, and stated he could not reach the call light.</p> <p>On 09/29/2025 at 11:05 a.m., an observation was conducted with S10LPN. S10LPN confirmed the call light was not in reach of Resident #15 and should have been.</p> <p>2.</p> <p>Review of Resident #71's Clinical Record revealed he admitted to the facility on [DATE] and had diagnoses, which included End Stage Renal Disease, Cerebral Infarction, Chronic Respiratory Failure with Hypoxia</p> <p>Review of Resident #71's Quarterly MDS with an ARD of 09/10/2025, indicated the resident was assessed by the facility to have a Brief Interview of Mental Status (BIMS) of 14, which indicated cognitively intact.</p> <p>Review of Facility's Smokers List revealed Resident #71 was not indicated as a smoker.</p> <p>Review of Resident #71's current Care Plan revealed no care plan indicating the resident was a smoker.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/29/2025 at 9:30 a.m., an observation was conducted of Resident #71 outside on the smoking patio smoking a cigarette.</p> <p>On 09/30/2025 at 9:47 a.m., an interview was conducted with S13CNA. She stated Resident #71 was a safe smoker.</p> <p>On 09/30/2025 at 9:58 a.m., an interview was conducted with S14CNA. She stated Resident #71 was a safe smoker.</p> <p>On 09/30/2025 at 1:07 p.m. an interview was conducted with S11CC. S11CC stated she was responsible for updating care plans. She stated a smoker should be care planned as such. She confirmed Resident #71 was not care planned as a smoker until yesterday evening when she updated his care plan. She stated he should have been care planned for being a smoker before yesterday.</p> <p>\</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** Based on interviews and record review, the facility failed to ensure services provided by the facility met professional standards of quality. The facility failed to follow standing physician orders and notify the physician of blood glucose reading over 400 for 2 (#7 and #15) of 3 (#7, #12, and #15) residents reviewed for insulin administration. Review of the facility's Blood Glucose Monitoring standing orders, updated on 12/31/2024 revealed the following, in part: All admissions/readmissions with a diagnosis of Diabetes should have accuchecks. Administer Novolog/Humalog insulin SQ as indicated in the parameters below. If glucose is greater than 400 give 10 units and notify provider for additional orders. Resident #7 Review of Resident #7's Clinical Record revealed he was admitted to the facility on [DATE] and had a diagnosis of Type 2 Diabetes Mellitus. Review of Resident #7's current physician orders revealed the following, in part: NovoLOG FlexPen 100 unit/mL (Insulin Aspart)-Inject as per sliding scale: 401 and greater, give 10 units and notify doctor. Review of Resident #7's Medication Administration Record (MAR) revealed the following, in part: 09/08/2025 at 8:00 p.m. - 409 blood glucose documented by S4LPN. Review of Resident #7's September 2025 nurses' notes revealed no documentation of notification to the doctor or nurse practitioner of elevated blood glucose levels.</p> <p>Resident #15 Review of Resident #15's Clinical Record revealed he was admitted to the facility on [DATE] and had a diagnosis of Type 2 Diabetes Mellitus.</p> <p>Review of Resident #15's current physician orders revealed the following, in part: Accucheck AC and HSNovolog Solution 100 unit/ml (Insulin Aspart)-Inject as per sliding scale: 401 and greater, give 10 units and notify doctor.</p> <p>Review of Resident #15's Medication Administration Record (MAR) revealed the following, in part: 09/08/2025 at 10:00 p.m. - 426 blood glucose documented by S4LPN; 09/10/2025 at 10:00 p.m. - 447 blood glucose documented by S6LPN; 09/11/2025 at 10:00 p.m. - 557 blood glucose documented by S6LPN; 09/13/2025 at 4:00 p.m. - 466 blood glucose documented by S7LPN; 09/18/2025 at 10:00 p.m. - 443 blood glucose documented by S6LPN; 09/19/2025 at 10:00 p.m. - 428 blood glucose documented by S6LPN; 09/21/2025 at 4:00 p.m. - 434 blood glucose documented by S4LPN; and 09/22/2025 at 8:00 p.m. - 486 blood glucose documented by S6LPN.</p> <p>Review of Resident #15's September 2025 nurses' notes revealed no documentation of notification to the doctor or nurse practitioner of elevated blood glucose levels.</p> <p>An interview was conducted on 09/29/2025 at 4:00 p.m. with S6LPN. She confirmed she did not notify the doctor on any of the aforementioned dates of elevated blood glucose for Resident #15 and should have.</p> <p>An interview was conducted on 09/30/2025 at 9:40 a.m. with S4LPN. She confirmed she did not notify the doctor on any of the aforementioned dates of elevated blood glucose for Resident #7 or Resident #15 and should have.</p> <p>An interview was conducted on 09/30/2025 at 1:50 p.m. with S5NP. She stated the facility had standing orders and she should be notified if a resident's blood glucose was over 400 and she would expect nurses to do so. She stated if nursing staff notified her, it should be documented in the nurse's notes.</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 - Some	An interview was conducted on 10/01/2025 at 1:00 p.m. with S2DON. He stated the facility had standing orders and the nurse practitioner should be notified if a resident's blood glucose was over 400 and he would expect nurses to do so.		