

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195382	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Central Guest House Healthcare & Rehabilitation Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 10748 Joor Road Baton Rouge, LA 70818	
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 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure a Significant Change in Status Minimum Data Set (MDS) Assessment was completed within 14 days of a resident admitted to hospice for 1 (#136) of 3 (#76, #136, and #159) sampled residents who received hospice services. Findings: Review of Resident #136's Clinical Record revealed he was admitted to the facility on [DATE]. Review of Resident #136's Physicians Orders revealed Resident #136 was admitted to Hospice on 04/30/2024. Review of Resident #136's MDS assessments from 04/30/2024 to present revealed no Significant Change MDS was submitted to reflect Hospice services were provided. On 02/12/2025 at 10:54 a.m., an interview was conducted with S3MDS. She stated an admission to Hospice services required a Significant Change MDS assessment. She reviewed Resident #136's MDS assessments and confirmed a Significant Change MDS was not completed after being admitted to Hospice on 04/30/2024 and should have. On 02/12/2025 at 2:04 p.m., an interview was conducted with S2DON. She confirmed Resident #136 was admitted to Hospice services on 04/30/2024. S2DON reviewed Resident #136's MDS assessments and confirmed a Significant Change MDS was not completed after being admitted to Hospice and should have.		

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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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on interviews and record reviews, the facility failed to ensure MDS assessments accurately reflected the residents' status by failing to ensure: 1. Discharge dispositions were accurately coded for 1 (#161) of 4 (#159, #161, #312, and #412) discharged resident records reviewed; and 2. Hospice services were accurately coded for 1 (#136) of 3 (#76, #136 and #159) residents reviewed who received hospice services. Findings: Review of the facility's policy titled, MDS Policy and Procedure dated 06/25/2015 revealed the following, in part: Policy: All Minimum Data Set (MDS) are to be completed and transmitted according to the most current Resident Assessment Instrument (RAI) manual. 1. Resident #161 Review of Resident #161's Clinical Record revealed an admission date of 10/16/2024 and a discharge date of 11/12/2024. Further review of the Clinical Record revealed she was a planned discharge home with Home Health Services. Review of Resident #161's Discharge MDS assessment with an ARD of 11/12/2024 revealed her discharge from the facility was unplanned. An interview was conducted with S4SW on 02/12/2025 at 11:28 a.m. She stated Resident #161's discharge from the facility was a planned discharge. An interview was conducted with S3MDS on 02/12/2025 at 11:34 a.m. She confirmed Resident #161's discharge from the facility was a planned discharge. She confirmed Resident #161's discharge MDS with an ARD of 11/12/2024 was coded as her discharge was unplanned. She confirmed Resident #161's MDS was coded inaccurately. An interview was conducted with S2DON on 02/12/2025 at 12:19 p.m. She confirmed Resident #161's discharge from the facility was planned, and her discharge MDS should have been coded accurately to reflect her planned discharge. 2. Resident #136 Review of Resident #136's Clinical Record revealed an admission date of 10/17/2023. Further review of the Clinical Record revealed Resident #136 was admitted to Hospice services on 04/30/2024. (continued on next page)		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #136's Quarterly MDS assessment with an ARD of 12/18/2024 revealed the following: Section O0110: Special Treatments, Procedures and Programs: K1- Hospice Care- No An interview was conducted with S9MDS on 02/12/2025 at 10:52 a.m. She confirmed Resident #136 received hospice services. She reviewed Resident #136's MDS with an ARD of 12/18/2024 and confirmed it was inaccurately coded to reflect the hospice services provided. An interview was conducted with S2DON on 02/12/2025 at 11:08 a.m. She confirmed Resident #136 began receiving hospice services on 04/30/2024. She reviewed Resident #136's MDS with an ARD of 12/18/2024 and confirmed it was inaccurately coded to reflect the hospice services provided.		

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observations and interviews, the facility failed to ensure nurse staffing data was posted in a prominent place readily accessible to residents and visitors. This deficient practice had the potential to affect any of the 157 residents residing in the facility. Findings: A tour was conducted of all facility common areas on 02/10/2025 at 9:50 a.m. Observations revealed there was no nurse staffing data posted. An interview was conducted with S8UC on 02/10/2025 at 10:03 a.m. She stated she was responsible for writing the nurse staffing data on the facility's form. She stated she kept the form in a binder behind the nurses' station. She confirmed a resident or family member would have to ask to view the nurse staffing data. She confirmed the nurse staffing data was not posted in a prominent area readily accessible to residents and visitors. An interview was conducted with S1ADM on 02/10/2025 at 10:07 a.m. He confirmed the facility's nurse staffing data was not posted in a prominent area readily accessible to residents and visitors.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and policy review, the facility failed to ensure drugs and biologicals used in the facility were labeled in accordance with currently accepted professional principles for 2 (Cart A and Cart B) of 3 (Cart A, Cart B, and Cart C) medication carts observed. The facility failed to ensure: 1. Insulin vials were labeled with the date opened and discarded 28 days after the date opened; and 2. Medications were discarded by their expiration date. Findings: Review of the facility's policy titled, Medication Administration dated [DATE] revealed the following, in part: Purpose: To define responsibility and delineate processes for safe administration of medications by nursing personnel. Procedure: 7. Multi-dose vials: b. All multi-dose vials shall be labeled with the initials of the person opening the vial and an expiration date that is 28 days after opening. c. Opened multi-dose vials that lack dates or initials shall be discarded. Cart A An observation was made of Cart A on [DATE] at 2:24 p.m. with S7LPN present. The following was observed: One bottle of Mucus Relief 400 mg with an expiration date of 09/2024. An interview was conducted with S7LPN following the above observation. She confirmed the above medication was expired and available for use. She stated medications should have been discarded by the manufacture's expiration date. Cart B An observation was made of Cart B on [DATE] at 2:15 p.m. with S6LPN present. The following was observed: One vial of Resident #65's Novolin R 100 unit/mL insulin with a fill date of [DATE] was opened and not labelled with the open date; (continued on next page)		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	One vial of Resident #107's Novolin R 100 unit/mL insulin with a fill date of [DATE] was opened and not labelled with the open date; One vial of Resident #107's Novolin R 100 unit/mL insulin with a fill date of [DATE] was opened and not labelled with the open date; One vial of Resident #123's Novolin R 100 unit/mL insulin with a fill date of [DATE] was open and labelled with an open date of [DATE]; and One tube of Resident #56's Premarin Vaginal Cream 30 grams was available for use with an expiration date of [DATE]. An interview was conducted with S6LPN following the above observation. She confirmed the above observations. She stated insulin vials should have been labelled with the open date and discarded 28 days after opening. She confirmed all medications should have been discarded by the manufacturer's expiration date. An interview was conducted with S2DON on [DATE] at 10:23 a.m. She confirmed insulin vials should have been labelled with the open date and discarded 28 days after opening. She stated medications should have been discarded by the manufacturer's expiration date.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and policy review, the facility failed to prepare, distribute, and serve food in accordance with professional standards for food service safety by failing to ensure staff with facial hair wore a beard restraint while preparing to serve food. This deficient practice had the potential to affect any of the 155 residents who received food from the facility's kitchen. Findings: Review of the facility's policy titled, Medical Nutrition Therapy and Food Systems Management with a revision date of 10/2018 revealed the following, in part: 3. Proper Work Attire b. The food service employee observes the following dress standards: i. Employees with facial hair wear a beard restraint. An observation was made in the facility's kitchen on 02/10/2025 at 11:26 a.m. The dietary staff were preparing to serve lunch. There were three male dietary aides with beards preparing drinks and placing lids on the cups. None of the three male dietary aides had on a facial hair restraint. An interview was conducted with S5DM on 02/11/2025 at 11:33 a.m. She confirmed the male dietary aides had facial hair, did not have on a beard restraint while preparing food and drinks, and should have. An interview was conducted with S1ADM on 02/12/2025 at 8:49 a.m. He confirmed facial hair should have been restrained while dietary staff prepared food and drinks.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to maintain an infection prevention and control program to help prevent the development and transmission of infection by failing to ensure staff donned proper Personal Protective Equipment (PPE) when performing high-contact resident care for 1 (#18) of 8 (#18, #28, #33, #55, #67, #136, #154 and #362) residents reviewed on Enhanced Barrier Precautions (EBP). This deficient practice had the potential to affect any of the 33 residents residing in the facility who had Enhanced Barrier Precautions implemented. Findings: Review of the facility's policy which had an effective date of 04/01/2024, and titled Enhanced Barrier Precautions Policy and Procedure revealed the following, in part: Purpose: To prevent the spread of potential infection by implementing Enhanced Barrier Precautions when contact precautions do not apply. This approach recommends the use of EBP during high-contact care activities for residents with chronic wounds . Procedure: EBP are indicated for residents with any of the following: 1 b. Wounds and/or indwelling medical devices even if the resident is not known to be infected. 5. PPE is to be applied prior to performing the high- contact resident activity according to below and before moving on to another resident: Perform hand hygiene, put on a gown and gloves, after resident care throw away gown and gloves in trash receptacle, and perform hand hygiene. Review of Resident #18's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses of Pressure Ulcer of Sacral Region and Resistance to Multiple Antibiotics. Review of Resident #18's current Physician Orders revealed the following, in part: Enhanced Barrier Precautions: utilize gown and gloves during high contact care activities for resident with chronic wounds. An observation of Resident #18's a brief change and wound care was conducted on 02/11/2025 at 9:05 a.m. An EBP sign was noted on Resident #18's door which read providers and staff must wear gloves and gowns for the following high- contact resident care activities: changing brief and wound care. S11CNA was observed to change the residents brief and assist with wound care. S10LPN was observed to perform wound care. Neither S11CNA nor S10LPN were observed to wear a gown during the care provided. An interview was conducted on 02/11/2025 at 9:22 a.m. with S10LPN. She stated EBP was used for any resident with chronic open wounds which required a dressing. She confirmed Resident # 18 was on EBP and she did not wear a gown for wound care, but should have. An interview was conducted on 02/11/2025 at 9:25 a.m. with S11CNA. She stated EBP was used for any resident with open wounds. She confirmed Resident #18 was on EBP and she did not wear a gown to change Resident #18's brief or assist with wound care, but should have. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 02/11/2025 at 3:43 p.m. with S2DON. She reported EBP are used for resident's who have wounds or open areas of the skin that required a dressing. She confirmed Resident #18 was on EBP. She further confirmed staff were expected to wear gowns when changing a brief or performing wound care on Resident #18.		