

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER Capital Oaks Nursing & Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure resident assessments accurately reflected the residents' status. The facility failed to ensure staff accurately coded: 1. The correct number of days insulin injections were received for 1 of 1 (#42) resident reviewed for insulin; and 2. Level II PASARR (Preadmission Screening and Resident Review) for 4 (#9, #44, #53, and #55) of 8 (#8, #9, #31, #44, #53, #55, #74, and #79) residents reviewed for PASARR. Findings: 1. Resident #42 Review of Resident #42's clinical record revealed he was admitted to the facility on [DATE]. Further review of Resident #42's clinical record revealed no active diagnosis of Diabetes Mellitus noted. Review of Resident #42's Quarterly Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD) of 12/04/2024 revealed a BIMS score of 15, which indicated he was cognitively intact. Further review of Section N0350A-Insulin Injections, revealed Resident #42 was coded as receiving insulin injections for 7 of the last 7 days of the assessment period. Review of Resident #42's current Physician Order's revealed no active orders to indicate management of Diabetes Mellitus. On 03/24/2025 at 10:30 a.m., an interview was conducted with Resident #42. He stated he did not have a history of Diabetes Mellitus and did not receive insulin injections. On 03/25/2025 at 10:30 a.m., an interview was conducted with S16LPN. She stated she was assigned to Resident #42's care. She reviewed Resident #42's diagnosis list and current Physician orders, and confirmed he did not have a diagnosis of Diabetes Mellitus and did not receive insulin injections. On 03/26/2025 at 2:10 p.m., an interview was conducted with S5CCC. She reviewed Resident #42's Quarterly MDS with an ARD of 12/04/2024, and confirmed he did not have a diagnosis of Diabetes Mellitus and should not have been coded as receiving insulin injections. (continued on next page)		

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 - Some	On 03/26/2025 at 2:25 p.m., an interview was conducted with S2DON. She reviewed Resident #42's Quarterly MDS with an ARD of 12/04/2024, and confirmed he did not have a diagnosis of Diabetes Mellitus and should not have been coded as receiving insulin injections. 2. Resident #9 Review of Resident #9's clinical record revealed he was admitted to the facility on [DATE] with diagnoses, which included, Schizoaffective Disorder, Bipolar Type and Major Depressive Disorder Review of Resident #9's Form 142 revealed he was approved for admission by Level II Authority for a temporary period effective 11/19/2024 through 11/18/2025. Review of Resident #9's Annual MDS with an ARD of 01/07/2025 revealed Section A1500 is the resident currently considered by the state level II PASARR process to have serious mental illness and/or intellectual disability or a related condition, was answered No. On 03/26/2025 at 2:12 p.m., an interview was conducted with S4CCC. She verified Resident #9 had a Level II PASARR. S4CCC reviewed Resident #9's Annual MDS with an ARD of 01/07/2025, and confirmed he was coded as not having a PASARR level II and should have been. Resident #44 Review of Resident #44's clinical record revealed she was admitted to the facility on [DATE] with diagnoses, which included, Schizoaffective Disorder, Paranoid Schizophrenia, and Major Depressive Disorder. Review of Resident #44's Form 142 revealed she was approved for admission by Level II Authority for a temporary period effective 06/28/2024 through 06/27/2025. Review of Resident #44's Significant Change MDS with an ARD of 09/10/2024 revealed Section A1500 is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition, was answered No. On 03/26/2025 at 2:12 p.m., an interview was conducted with S4CCC. She verified Resident #44 had a Level II PASARR. S4CCC reviewed Resident #44's Significant Change MDS with an ARD of 09/10/2024, and confirmed she was coded as not having a PASARR level II and should have been. Resident #53 Review of Resident#53's clinical record revealed he was admitted to the facility on [DATE] with diagnoses, which included, Major Depressive Disorder Severe, Anxiety, and Bipolar Disorder. Review of Resident #53's Form 142 revealed he was approved for admission by Level II Authority for a temporary period effective of 10/17/2024 through 01/14/2025. (continued on next page)		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #53's admission MDS with an ARD of 10/31/2024 revealed section A1500 is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition, was answered No. On 03/26/2025 at 2:54 p.m., an interview was conducted with S5CCC. She verified Resident #53 had a Level II PASARR. S5CCC reviewed Resident #53's admission MDS with an ARD of 10/31/2024, and confirmed he was coded as not having a PASARR level II and should have been. Resident #55 Review of Resident #55's clinical record revealed she was admitted to the facility on [DATE] with diagnoses, which included, Unspecified Psychosis and Schizophrenia. Review of Resident #55's Form 142 revealed she was approved for admission by Level II Authority for a temporary period effective 12/18/2024 through 03/17/2025. Review of Resident #55's admission MDS with ARD of 01/14/2025 revealed Section A1500 is the resident currently considered by the state level II PASARR process to have serious mental illness and/or intellectual disability or a related condition, was answered No. On 03/26/2025 at 2:12 p.m., an interview was conducted with S4CCC. She verified Resident #55 had a Level II PASARR. S4CCC reviewed Resident #55's admission MDS with an ARD of 01/14/2025, and confirmed she was coded as not having a PASARR level II and should have been. On 03/26/2025 at 4:25 p.m., and interview was conducted with S2DON. She stated she expected all MDS assessments to be coded correctly. S2DON confirmed Residents' #9, #44, #53 and #55's should have been coded for having level II PASARR's.		

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure a resident with an identified mental health diagnosis was referred for a Preadmission Screening and Resident Review (PASRR) Level II evaluation as required for 2 (#31 and #79) of 5 (#8, #31, #53, #74, and #79) sampled residents reviewed for PASRR Level II. Findings: Resident #31 Review of the Clinical Record revealed Resident #31 was admitted to the facility on [DATE]. Further review revealed she was diagnosed with Schizophrenia and Manic Episode on 05/06/2022. On 03/26/2025 at 12:50 p.m., an interview was conducted with an OBH (Office of Behavioral Health) representative. She stated documentation on file for Resident #31 revealed an approval for PASRR Level II with a temporary effective period of 01/21/2021 through 01/22/2022. She stated if a resident received a new mental health diagnosis that met the criteria for a Level II evaluation, the facility was responsible for resubmitting a Resident Review Form. On 03/26/2025 at 1:03 p.m., an interview was conducted with S3SS. She stated she was responsible for submitting Resident Review Forms to OBH. She reviewed Resident #31's Level II PASRR with a temporary effective period of 01/21/2021 to 01/22/2022. She then reviewed Resident #31's diagnoses, which included Schizophrenia and Manic Episode, with an onset date of 05/06/2022. S3SS confirmed a Resident Review Form should have been resubmitted and was not. Resident #79 Review of the Clinical Record revealed Resident #79 was admitted to the facility on [DATE]. Further review revealed she was diagnosed with Delusional Disorders and Psychosis on 06/07/2024 and Major Depressive Disorder on 12/03/2019. On 03/26/2025 at 12:52 p.m., an interview was conducted with an OBH (Office of Behavioral Health) representative. She stated Resident #79 should have had a new Resident Review Form submitted after receiving a new diagnosis of Delusional Disorder, Psychosis, and Major Depressive Disorder, and OBH did not have one on file. She stated OBH requested new documentation from the facility on 03/6/2025, and OBH had not received the requested information. She stated if a resident received a new mental health diagnosis that met the criteria for a Level II evaluation, the facility was responsible for resubmitting a Resident Review Form. On 03/26/2025 at 1:05 p.m., an interview was conducted with S3SS. She stated she was responsible for submitting Resident Review Forms to OBH. She reviewed Resident #79's Level I PASRR dated 12/09/2019. She then reviewed Resident #79's diagnoses, which included Delusional Disorder and Psychosis with an onset date of 06/07/2024. S3SS confirmed a Resident Review Form should have been resubmitted and was not.		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to develop and implement a comprehensive person-centered care plan. The facility failed to: 1. Ensure a care plan was comprehensive and individualized for a medical diagnosis of Diarrhea for 1 (#40) of 25 Resident's care plans reviewed; 2. Ensure a care plan was developed for a Level II PASRR(Preadmission Screening and Resident Review) for 1 (#53) of 6 (#8, #31, #44 #53, #74, #79) residents reviewed for PASRR; and 3. Ensure a care plan was comprehensive and individualized for behaviors of refusing monthly weights for 1 (#74) of 3 (#22, #52, and #74) Residents reviewed for nutrition. Findings: Review of facility's undated policy, titled, Comprehensive Resident Care Plans revealed, the following, in part: Policy: A comprehensive care plan will be developed for each resident. The care plan will be revised as often as necessary to provide the information necessary to provide appropriate care and services for the resident. Objective: .The care plan shall describe services furnished to attain or maintain the resident's highest practicable, physical, mental and psychosocial well-being. The resident's right to refuse care and treatment shall also be included in the comprehensive care plan. 1. Resident #40 Review of Resident #40's Clinical Record revealed she was admitted to the facility on [DATE] with a diagnosis of Diarrhea. Review of Resident #40's most recent Care Plan revealed no individualized care plan for diagnosis of Diarrhea. On 03/25/2025 at 10:38 a.m., an interview was conducted with S12LPN who confirmed Resident #40 had a diagnosis of Diarrhea and received prescribed anti-diarrhea medications as needed. On 03/26/2025 at 2:54 p.m., an interview was conducted with S5CCC. She confirmed she was responsible for Care Plans. She further confirmed Resident #40 had a diagnosis of Diarrhea and was not care planned for this diagnosis and should have been. 2. (continued on next page)		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #53 Review of Resident #53's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included, Major Depressive Disorder, Anxiety, and Bipolar Disorder. Review of Resident #53's Level II PASRR revealed a temporary effective date of 01/15/2025 through 04/25/2025. Review of Resident #53's most recent Care Plan revealed no individualized care plan for Level II PASRR to include recommended services. On 03/26/2025 at 2:54 p.m., an interview was conducted with S5CCC. She confirmed Resident #53 had an active Level II PASRR and was not care planned for the Level II PASRR or the recommended services, and should have been. 3. Resident #74 Review of Resident #74's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included, Dementia with Behavioral Disturbance, and Unspecified Psychosis. Review of Resident #74's weight log revealed the following: 08/13/2024- 182.0lbs 10/10/2024- 172.0lbs 01/10/2025- 165.2lbs On 03/26/2025 at 12:39 p.m., an interview was conducted with S6RN. She stated all residents were weighed monthly and she was responsible for charting weights in the clinical record and updating the care plan related to weights. She stated Resident #74 refused to be weighed in February 2025, and confirmed there was no documented evidence he refused or an attempt was made to reweigh Resident #74. She further confirmed Reside #74 should have been care planned for refusing to weigh. On 03/26/2025 at 1:07 p.m., an interview was conducted with S15CNA. She stated she was responsible for weighing all residents. She stated Resident #74 often refused to be weighed. On 03/26/2025 at 2:54 p.m., an interview was conducted with S5CCC. She stated she was unaware Resident #74 often refused monthly weights. She reviewed Resident #74 care plan and confirmed he was not care planned for refusal of monthly weights and should have been. On 03/26/2025 at 4:15 p.m., an interview was conducted with S2DON who confirmed she expected all care plans to be developed and implemented to each residents individualized needs. She confirmed Resident #40 should have been care planned for a diagnosis of Diarrhea, Resident #53 should have been appropriately care planned for Level II PASRR, and Resident #74 should have been care planned for refusing monthly weights.		

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide or obtain dental services for each resident. Based on record review and interviews, the facility failed to have a policy identifying circumstances when the loss or damage of dentures was the facility's responsibility. This deficient practice had the potential to affect any of the 112 residents residing in the facility who wore dentures. Findings: Review of the facility's undated policies titled, Oral/Teeth Management and Care: A.M. failed to identify circumstances when the loss or damage of dentures was the facility's responsibility. On 03/26/2025 at 2:35 p.m., an interview was conducted with S2DON. She stated she did not know the responsibility the facility had when a resident's dentures were lost or damaged. She stated the policies above were the only policies the facility had related to teeth, and neither policy identified circumstances when the loss or damage of dentures was the facility's responsibility. On 03/26/2025 at 2:40 p.m., an interview was conducted with S1ADM. He confirmed the facility did not have a policy identifying circumstances when the loss or damage of dentures was the facility's responsibility.		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to maintain complete and accurate records in accordance with accepted professional standards and practices for 4 (#9, #22, #53, and #89) of 25 sampled residents reviewed for accurate documentation. The facility failed to accurately document: 1. Completion of wound care for Residents #9, #22, and #53; and 2. Administration of Enteral Feedings for Resident #89. Findings: Review of the facility's undated policy, titled, Documentation Guidelines: General, revealed in part, the following: Policy: Nursing Services documentation will include the following: 6. Administration of medication and treatments; 7. Food and Fluid intake 1. Resident #9 Review of Resident #9's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included Hidradenitis Suppurativa. Review of Resident #9's Treatment Administration Records (TAR) dated February 2025 and March 2025 revealed the following, in part: Pressure Ulcer right gluteus: Cleanse with wound cleanser, pat dry, apply Collagen wound filler and Calcium Alginate, cover with non-border dressing daily and as needed until resolved. Start date 02/09/2025. Further review revealed the wound care treatment was not initialed as completed on 02/16/2025, 02/22/2025, 02/23/2025, 02/24/2025, 02/28/2025, 03/02/2025, 03/08/2025, 03/22/2025 and 03/23/2025. On 03/26/2025 at 12:36 p.m., an interview was conducted with S6RN. She confirmed she worked on 02/24/2025. She stated either herself or S7RN would have performed Resident #9's wound care on 02/24/2025. She reviewed Resident #9's TAR and confirmed the wound care due on 02/24/2025 was not documented as completed, and should have been. On 03/26/2025 at 12:55 p.m., an interview was conducted with S7RN. She confirmed she worked 02/24/2025. She stated either herself or S6RN would have performed wound care on Resident #9 on 02/24/2025. She reviewed Resident #9's TAR and confirmed the wound care due on 02/24/2025 was not documented as completed, and should have been. (continued on next page)		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/26/2025 at 1:38 p.m., an interview was conducted with S8RN. She confirmed she worked on 02/22/2025, 02/23/2025, 03/08/2025, 03/22/2025 and 03/23/2025. She stated she was responsible for completing residents wound care on the weekends. S8RN stated she completed Resident #9's wound care treatments on the dates mentioned above. She confirmed she did not document the wound care treatments on 02/22/2025, 02/23/2025, 03/08/2025, 03/22/2025 and 03/23/2025 and should have. On 03/26/2025 at 1:57 p.m., an interview was conducted with S9RN. She confirmed she worked on 02/16/2025 and 03/02/2025 and completed Resident #9's wound care treatments on those dates. S9RN confirmed Resident #9's wound care treatments should have been documented on 02/16/2025 and 03/02/2025. On 03/26/2025 at 2:05 p.m., an interview was conducted with S10WC. S10WC confirmed she completed Resident #9's wound care treatment on 02/28/2025. S10WC confirmed she did not document Resident #9's wound care treatment on 02/28/2025. Resident #22 Review of Resident #22's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included Complete Traumatic Amputation at Level between Left Knee and Ankle. Review of Resident #22's Treatment Administration Records (TAR) dated February 2025 and March 2025 revealed the following, in part: Apply preventive Silicone foam dressing to sacral area daily. Assess skin daily for changes, prior to applying dressing. Further review revealed the wound care treatment was not initialed as completed on 02/08/2025, 02/22/2025, 02/23/2025, 02/24/2025, 03/08/2025 and 03/22/2025. Head to toe skin assessment daily by treatment nurse every day shift. Further review revealed the skin assessment was not initialed as completed on 02/08/2025, 02/22/2025, 02/23/2025, 02/24/2025, 03/08/2025 and 03/22/2025. Surgical incision left stump lateral side: cleanse with wound cleanser, pat dry, apply Calcium Alginate and collagen wound filler, cover with non-border dressing daily and as needed until resolved. Further review revealed the wound care was not initialed as completed on 02/22/2025, 02/23/2025, 02/24/2025, 03/08/2025 and 03/22/2025. On 03/26/2025 at 12:36 p.m., an interview was conducted with S6RN. She confirmed she worked 02/24/2025. She stated either herself or S7RN would have performed Resident #22's wound care and skin assessment on 02/24/2025. She reviewed Resident #22's February 2025 TAR and confirmed the wound care and skin assessment on 02/24/2025 was not documented as completed, and should have been. On 03/26/2025 at 12:55 p.m., an interview was conducted with S7RN. She confirmed she worked 02/24/2025. She stated either herself or S6RN would have performed Resident #22's wound care and skin assessment on 02/24/2025. She reviewed Resident #22's February 2025 TAR and confirmed the wound care and skin assessment on 02/24/2025 was not documented as completed, and should have been. (continued on next page)		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #89's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses of Attention to Gastrostomy, and Dysphagia following Cerebral Infarction. Further Review of Resident #89's February 2025 and March 2025 MAR (Medication Administration Record) revealed the following: Flush Percutaneous Endoscopic Gastrostomy (PEG) with 220 milliliters (mL) of water six times daily. Start date of 07/03/2024. Further review of the MAR revealed the PEG flush was not initialed as completed on the following dates: 02/05/2025 at 1:00 p.m., 02/06/2025 at 9:00 p.m., 02/07/2025 at 1:00 p.m., 02/20/2025 at 9:00 p.m., 02/25/2025 at 9:00 p.m., 03/12/2025 at 1:00 p.m., 03/15/2025 at 1:00 p.m., 03/18/2025 at 1:00p. m., and 9:00 p.m., and 03/23/2025 at 9:00 p.m. Enteral Feed Order: give Isosource 1.5 cal 360mL bolus per PEG via syringe six times daily. Start date of 09/09/2024. Further review of the MAR revealed the PEG feedings were not initialed as completed on the following dates: 02/05/2025 at 1:00 p.m., 02/06/2025 at 9:00 p.m., 02/07/2025 at 1:00 p.m., 02/20/2025 at 9:00 p.m., 02/25/2025 at 9:00 p.m., 03/12/2025 at 1:00 p.m., 03/15/2025 at 1:00 p.m., 03/18/2025 at 1:00p. m., and 9:00 p.m., and 03/23/2025 at 9:00 p.m. On 03/26/2025 at 3:31 p.m., an interview was conducted with S12LPN who reviewed Resident #89's February 2025 and March 2025 MARs and confirmed the above missing documentation. S12LPN confirmed Resident #89 had not missed any PEG feedings on her shifts and the feedings should have been documented. On 03/26/2025 at 4:15 p.m., an interview was conducted with S2DON. S2DON reviewed Resident #89's February 2025 and March 2025 MARs. S2DON confirmed the above missing documentation. S2DON confirmed all Enteral Feedings should be accurately documented upon completion.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER Capital Oaks Nursing & Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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 observation, interviews, and record review, the facility failed to maintain an infection prevention and control program to help prevent the development and transmission of infection for 1 of 1 (#55) resident reviewed with a urinary catheter. The facility failed to ensure staff performed proper hand hygiene and glove use while providing catheter care for Resident #55. Findings: Review of Resident #55's Clinical Record revealed she was admitted to the facility on [DATE] with a diagnosis of Urinary Tract Infection. On 03/25/2025 at 10:24 a.m., an observation was made of S11CNA performing catheter care for Resident #55. S11CNA cleansed Resident #55's genitalia then cleansed the bowel movement from her buttocks. Next, S11CNA performed catheter care without changing gloves or performing hand hygiene. On 03/25/2025 at 10:47 a.m., an interview was conducted with S11CNA. She confirmed she did not change gloves or perform hand hygiene after cleansing the bowel movement from Resident #55 and prior to performing catheter care, and should have. On 03/26/2025 at 2:25 p.m., an interview was conducted with S2DON. She was notified of the above observation. She confirmed the CNA should have changed gloves and performed hand hygiene after cleansing the bowel movement from Resident #55 and prior to performing catheter care.		