STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195272	A. Building B. Wing	01/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jefferson Healthcare Center	2200 Jefferson Hwy Jefferson, LA 70121

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 47487 Based on record reviews, interviews, and observations, the facility failed to: 1.Ensure oxygen cylinders were stored and secured in a manner that prevented the potential for serious harm or injury for 4 residents (Resident #9, Resident #10, Resident #11, and Resident #12) out of the 34 residents that required oxygen as identified on the oxygen Physician Orders List and; 2. Ensure residents who were identified as unsafe smokers did not have access to smoking materials for 3 (Resident #6, Resident #7, and Resident #8) out of 9 unsafe smokers identified on the Unsafe Smoker List. The deficient practice resulted in an Immediate Jeopardy (IJ) situation on 01/23/2023 at 2:15 p.m. when Resident #9 knocked over one large oxygen cylinder in his room, and the large oxygen cylinder's valve opened and oxygen was inadvertently released with a hissing sound. On 01/23/2023 at 2:15 p.m., surveyor was standing with S6Treatment Nurse (TN) outside of Resident #9's room. A crash was heard followed by a hissing sound. S6TN and the surveyor ran into Resident #9's room to find Resident #9 had tangled up his oxygen tubing into his electric scooter wheel, and reversed backward into three large and one small free standing oxygen cylinder next to his bed. Further observation revealed, two large oxygen cylinders and one small oxygen cylinder were knocked over, and one large oxygen cylinder's valve was opened and oxygen was inadvertently released. Resident #9's oxygen tubing was disconnected from oxygen concentrator that he was supposed to be on, and Resident #9's room was cluttered with multiple oxygen cylinders unsecured, oxygen concentrators, multiple cords, and tubing lying on the floor causing the likelihood for the potential for severe harm or injury. The deficient practice resulted in an Immediate Jeopardy (IJ) situation on 01/23/2023 at 3:00 p.m., when Resident #8 was observed smoking a cigarette in his bed and stated you caught me smoking and extinguished his cigarette into a small bowl on his bedside table. Resident #8 stated that he asked to go outside and smoke, but that staff would never bring him outside, so he smoked in his room. Resident #8 stated that he was not able to get out of bed by himself and transfer to a wheelchair. Resident #8 had a red pack of cigarettes, a purple lighter, and one extinguished cigarette butt at his bedside. This deficient practice had the likelihood to potentially cause serious harm or injury to all 178 residents residing in the facility as identified on the Facility Census List. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195272	A. Building B. Wing	01/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jefferson Healthcare Center	2200 Jefferson Hwy Jefferson, LA 70121

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	The facility submitted a plan of removal that consisted of the following: 1.Corrective actions were taken for Resident #6, Resident #7, Resident #8, Resident #9, Resident #10, Resident #11, and Resident #12 by the alleged deficient practice by: Registered Nurse (RN) Director of Nursing (DON) in-serviced nursing staff on 01/24/2023 on ensuring oxygen cylinders are secured in cylinder racks/cylinder stands and properly stored in designated areas, ensuring unsafe smokers are supervised and ensuring smoking materials and/or cigarettes are not in possession of any unsafe smokers and kept on the nurse's carts. The nursing staff will ensure unsafe smokers are not in possession of smoking material by observation every shift. Agency staff and new hires will be in-serviced on oxygen cylinders and unsafe smokers prior to working any shift. Regular staff will be in-serviced prior to the next shift. Facility wide audits performed by S2Directior of Nursing (DON), S7Assistant Director of Nursing (ADON), S1Administrator, and S3Corporate Nurse on 01/24/2023 to ensure all oxygen cylinders were stored and secured properly and to ensure unsafe smokers were not in possession of smoking materials/cigarettes. The facility will contact family members of unsafe smokers via phone call on 01/25/2023 to inform them that when delivering smoking materials they should give the materials to the resident's assigned nurse and not the resident. 2. All residents who reside in the facility have the potential to be affected by the alleged deficient practice. The facility had a census of 178. 3. Measures put in place to ensure the alleged deficient practice will not recur are: RN DON in-serviced nursing staff on 01/24/2023 on ensuring oxygen cylinders are secured in cylinder racks/cylinder stands and properly stored in designated areas, ensuring unsafe smokers are supervised and ensuring smoking materials and/or cigarettes are not in possession of any unsafe smokers and are kept on the nurse's carts. The nursing staff will ensure unsafe smokers are not in possession of smoking materials by observation every shift. Agency staff any new hires will be in-services on oxygen cylinders and unsafe smokers prior to working any shift. Facility wide audit performed by S2Directior of Nursing (DON), S7Assistant Director of Nursing (ADON), S1Administrator, and S3Corporate Nurse on 01/24/2023 to ensure all oxygen cylinders were stored and secured properly and to ensure unsafe smokers were not in possession of smoking material/cigarettes. The facility will contact family members of unsafe smokers via phone call on 01/15/2023 to inform them that when delivering smoking materials they should give the materials to the resident's assigned nurse and not the resident. The facility performed smoking assessments on all residents that smoke on 01/24/2023. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195272	A. Building B. Wing	01/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jefferson Healthcare Center	2200 Jefferson Hwy Jefferson, LA 70121

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Smoking binders identifying unsafe smokers were updated on 01/24/2023 and placed at each nurse's station. Cognitive unsafe smokers were counseled per S1DON and S7ADON on 01/24/2023 on smoking policy and ensuring smoking materials are given to their nurse. 4. The facility plans to monitor its performance to ensure solutions are achieved and sustained by: RN DON or designee to perform facility audits 2 times per week to ensure oxygen cylinders are properly secured, unsafe smokers are appropriately supervised and to ensure unsafe smokers are not in possession of smoking materials/cigarettes. Audits began on 01/24/2023. Audits will continue until 02/25/2023. 5. Corrective actions will be completed by: 01/25/2023. The Immediate Jeopardy was removed on 01/25/2023 at 2:32 p.m., after it was determined through observations, interviews, and record reviews, the facility implemented an acceptable Plan of Removal. Findings: 1. Review of the facility's Oxygen Administration Policy and Procedure revealed, in part, oxygen cylinders should be secured on a stand with a safety strap or chain and appropriate oxygen sign should be placed per facility procedure. Resident #9 Review of Resident #9's electronic medical recorded (EMR) revealed Resident #9 was admitted to facility on 10/26/2022 with diagnoses which included, in part, pain, shortness of breath, anxiety, wheezing, and person history of malignant neoplasm of prostate. Review of Resident #9's MDS (Minimum Data Sheet) with ARD (Assessment Reference Date) of 11/08/2022 revealed, in part, Resident #9 had a BIMS (brief interview mental status) score of 13 which indicated mild cognitive impairment, and Resident #9 required extensive two person physical assistance with bed mobility, transfer, and requires supervision with locomotion on hall with motorized scooter. Review of Resident #9's care plan revealed, in part, a goal of Resident #9 will exhibit no shortness of breath with interventions that include administer oxygen as ordered. Further review revealed, in part, no interventions or goals related to safe/unsafe smoking. Review of Resident #9's physician orders for January 2023 revealed, in part, an order for oxygen at 2-8 liters via nasal cannula continuous (may remove for ADL's). Review of Resident #9's Assessment for Safe Smoking dated 10/27/2022 revealed, in part, Resident #9 was a safe smoker. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195272	A. Building B. Wing	01/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jefferson Healthcare Center	2200 Jefferson Hwy Jefferson, LA 70121

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Observation on 01/23/2023 at 10:56 a.m., revealed one (1) oxygen cylinder unsecured and lying on the floor in Resident #9's room. On 01/23/2023 at 2:15 p.m., surveyor was standing with S6Treatment Nurse (TN) outside of Resident #9's room. A crash was heard followed by a hissing sound. S6TN and the surveyor ran into Resident #9's room to find Resident #9 had tangled up his oxygen tubing into his electric scooter wheel, and reversed backward into three large and one small free standing oxygen cylinder unsecured next to his bed. Further observation revealed, two large oxygen cylinders and one small oxygen cylinder were knocked over, and one large oxygen cylinder's valve was opened and oxygen was inadvertently released. Resident #9's room was cluttered with multiple oxygen cylinders, oxygen concentrators, multiple cords, and tubing lying on floor. Observation on 01/23/2023 at 2:16 p.m. of Resident #9's room revealed 3 large oxygen cylinders free standing, unsecured between the night stand and bed, 1 large oxygen cylinder lying on the floor under the sink, unsecured, 1 small oxygen cylinder standing unsecured by the bed. Further observation revealed Resident #9 in his motorized scooter without nasal cannula on his nose. Resident #9 oxygen tubing was unconnected from oxygen concentrator when tangled in motorized scooter wheels. On 01/23/2023 at 2:30 p.m., the survey team performed a facility wide audit of resident rooms and nurse's stations ensuring the safe storage of oxygen cylinders. Resident #10 Review of Resident #10's electronic medical recorded (EMR) revealed Resident #10 was admitted to facility on 01/15/2021 and readmitted to facility on 01/17/2022 with diagnoses which included, in part, Hereditary Spastic Paraplegia and Aspiration Pneumonia. Review of Resident #10's MDS (Minimum Data Sheet) with ARD (Assessment Reference Date) of 11/08/2022 revealed, in part, Resident #10 required extensive to total assistance for all ADLs, with limited assistance for eating only. Review of Resident #10's Assessment for Safe Smoking dated 08/01/2022 revealed, in part, Resident #10 was a safe smoker. Observation on 01/23/2023 at 2:35 p.m., revealed one free standing oxygen cylinder unsecured in Resident #10's room. Resident #12 Review of Resident #12's electronic medical recorded (EMR) revealed Resident #12 was admitted to facility on 11/24/2021 with diagnoses which included, in part, Spinal Stenosis and Chronic Obstructive Pulmonary disease (COPD). Review of Resident #12's MDS (Minimum Data Sheet) with ARD (Assessment Reference Date) of 01/04/2022 revealed, in part, Resident #12 had a BIMS (brief interview mental status) score of 13 which indicated mild cognitive impairment, and Resident #12 required extensive assistance with transfers, dressing, personal hygiene, and toilet use. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195272	A. Building B. Wing	01/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jefferson Healthcare Center	2200 Jefferson Hwy Jefferson, LA 70121

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Observation on 01/23/2023 at 2:50 p.m., revealed one free standing oxygen cylinder unsecured in Resident #12's room. Resident #11 Review of Resident #11's electronic medical recorded (EMR) revealed Resident #11 was admitted to facility on 03/24/2021 with diagnoses which included, in part, COPD, Tobacco use, and Obstructive Sleep Apnea. Review of Resident #11's MDS (Minimum Data Sheet) with ARD (Assessment Reference Date) of 10/12/2022 revealed, in part, Resident #11 had a BIMS (brief interview mental status) score of 14 which indicated he was cognitively intact, and Resident #11 required limited assistance for all activities of daily living (ADLs). Observation on 01/23/2023 at 2:52 p.m., revealed one free standing oxygen cylinder unsecured in Resident #11's room. Observation on 01/23/2023 at 3:10 p.m. of Nurse' Station b revealed 6 large oxygen cylinders and 4 small oxygen cylinders on the floor not secured. Further observation revealed, 2 small oxygen cylinders on the counter not secured on the medication room counter. In an interview on 01/23/2023 at 3:11 p.m., S1Director of Nursing (DON) stated all oxygen cylinders should be properly stored when in residents rooms or in the medication rooms. S1DON further stated there should not be any oxygen cylinders free standing and not in a holder or stand. On 01/23/2023 at 3:30 pm, S3Corporate Nurse (CN) and S1Administrator were notified that oxygen cylinders were free standing and unsecured in multiple resident's rooms and nurse's station. S3CN and S1Administrator stated that staff would perform a facility wide audit to ensure no oxygen cylinders were free standing and unsecured. Observation on 01/24/2023 at 9:30 a.m., revealed one free standing oxygen cylinder unsecure in Resident #10's room. Observation on 01/24/2023 at 10:11 a.m., revealed one free standing oxygen cylinder unsecure in Resident #12's room. Observation on 01/24/2023 at 2:15 p.m. revealed the Nurse's Station b revealed 2 small oxygen cylinders and 1 large oxygen cylinder free standing and unsecured in Nurse's Station b. One small oxygen cylinder also placed on top of another small oxygen cylinder in the holder. In an interview on 01/24/2023 at 2:16 p.m., S11 Licensed Practical Nurse (LPN) stated that the two large and two small oxygen tanks in South Nursing Station are not secured and should be secured. Observation on 01/24/2023 at 2:20 p.m. of Nurse's Station a revealed one small oxygen tank improperly stored on its side on top of multiple other large oxygen tanks on the rack. In an interview on 01/24/2023 at 2:20 p.m., S12Licensed Practical Nurse (LPN) stated that 1 small oxygen tank was stored improperly in Nurse's Station a should be properly secured. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195272	A. Building B. Wing	01/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jefferson Healthcare Center	2200 Jefferson Hwy Jefferson, LA 70121

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Observation on 01/24/2023 at 2:45 p.m. did not reveal any oxygen safety signs on the doors of the oxygen storage area of the Nurse's Station a and the Nurse's Station b. In an interview on 01/24/2023 at 2:50 p.m., S3Corporate Nurse (CN) stated facility does not have oxygen safety signs in the designated areas where oxygen tanks are stored. 2. Review of facilities' smoking policy and procedure revealed, in part, a Safe Smoking Assessment and/or the Interdisciplinary Team will determine if a resident is safe to smoke. Further review revealed, in part, Safe Smoking Assessments will be completed on all resident who smoke upon admission, readmission, quarterly, annually, significant change, and as needed. Resident #8: Review of Resident #8's electronic medical recorded (EMR) revealed Resident #8 was admitted to facility on 06/03/2022 with diagnoses which included, in part, sequelae of cerebral infarction, schizophrenia primary insomnia, tobacco use, cerebral infarction, and hemiplegia affecting left non dominant side. Review of Resident #8's Quarterly MDS (Minimum Data Sheet) with ARD (Assessment Reference Date) of 12/02/2022 revealed, in part, Resident #8 had a BIMS (brief interview mental status) score of 10 which indicated he was mildly cognitively impaired, and Resident #8 required extensive two person physical assistance with bed mobility, transfer, and one person limited physical assistance for locomotion. Review of Resident #8's care plan revealed, in part, goal of Resident #8 will have minimal to no injuries r/t smoking with interventions that include Resident #8 will be reminded to smoke in designated smoke areas, Resident #8 will be instructed on safe measures to dispense smoking material, Resident #8 may need his cigarettes and lighter administered to me when he needs to smoke, and Resident #8 may need supervision when he smokes. Review of the facility's Resident Unsafe Smoker List dated 12/29/2022 revealed, in part, Resident #8 was listed as needing smoking items kept on nurse's cart. Review of Resident #8's Assessment for Safe Smoking dated 09/05/2022 revealed, in part, Resident #8 had a memory problem, was observed sharing smoking materials with other residents, and was noted for smoking in his room. Further review revealed, in part, a summary that Resident #8 is an unsafe smoker. Review of Resident #8's nurse's note revealed, in part, note dated 06/14/2022 that noted that resident stated that he is a smoker, but has not smoked since he came into the facility because he doesn't have any cigarettes. Review of Resident #8's nurse's note revealed, in part, note dated 07/06/2022 revealed, in part, resident had half smoking cigarette sitting on end table by his bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195272	A. Building B. Wing	01/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jefferson Healthcare Center	2200 Jefferson Hwy Jefferson, LA 70121

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Review of Resident #8's nurse's note revealed, in part, a note dated 08/09/2022 that noted that Resident #8 was caught smoking by nurse in Resident #8's room. Observation on 01/23/2023 at 3:00 p.m., revealed Resident #8, who was identified as an unsafe smoker per the smoking assessment completed on 09/05/2022, was smoking a cigarette in his bed. Resident #8 stated you caught me smoking and extinguished cigarette in small bowl on his bedside table. Resident #8 stated that he requested to go out and smoke, but staff do not bring him outside, so he smokes in his room. Resident #8 stated that he is not able to get out of bed by himself and transfer to a wheelchair. Resident #8 had a red pack of cigarettes, a purple lighter, and one extinguished cigarette butt at his bedside. In an interview on 01/23/2023 at 3:15 p.m., S2Director of Nursing (DON) stated that Safe Smoking assessments are to be performed quarterly when MDS is completed. S2DON further stated that anyone who is an unsafe smoker should have smoking materials kept on nursing carts. On 01/23/2023 at 3:30 p.m., S3Corporate Nurse (CN) and S1Administrator were notified that Resident #8 was found smoking in his room. S3CN and S1Administrator stated staff would perform a facility wide audit to ensure smoking paraphernalia is stored appropriately. Resident #6 Review of Resident #6's Quarterly MDS (Minimum Data Sheet) with ARD (Assessment Reference Date) of 11/09/2022 revealed, in part, Resident #6 had a BIMS (brief interview mental status) score of 14 which indicated she was cognitively intact. Review of Resident #6's care plan with a target date of 03/31/2023 revealed, in part, Resident #6 was a smoker, and was caught smoking in room on 10/05/2022, 11/09/2022, and 11/15/2022. Further review revealed, in part, interventions that included Resident #6 cigarettes to be administered to her and that Resident #6 was to be directed to the authorized smoking areas. Review of Resident #6's assessment for safe smoking dated 11/07/2022 revealed, in part, unsafe smoker since episode of smoking in room and resident aware cigarettes are in the nurse's cart. Observation on 01/24/2023 at 10:50 a.m., revealed Resident #6 had an open pack of cigarettes and a purple lighter in her shirt pocket. In an interview on 01/24/2023 at 10:50 a.m., Resident #6 stated she was allowed to keep her cigarettes and lighter because she smoked by herself at night. Observation on 01/24/2023 at 11:10 a.m. with S1Administrator, S2DON, S3Corporate Nurse, S13Regional Director, revealed Resident #6 was in the possession of a lighter and cigarettes. In an interview on 01/24/2023 at 12:30 p.m., S1Administrator, S2DON, S3Corporate Nurse, S13Regional Director, all agreed and acknowledged residents who were assessed as unsafe smokers should not have had possession of a lighter and cigarettes without staff supervision. Resident #7 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195272	A. Building B. Wing	01/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jefferson Healthcare Center	2200 Jefferson Hwy Jefferson, LA 70121

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Review of Resident #7's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 12/28/2022 revealed, in part, Resident #7 had a BIMS (brief interview mental status) score of 14 which indicated she was cognitively intact, and Resident #7 required extensive assistance with transfers; and total dependence with dressing, personal hygiene, and toilet use. Review of Resident #7's smoking assessment completed on 11/07/2022 identified Resident #7 as an unsafe smoker. Observation on 01/24/2023 at 10:00 a.m., revealed Resident #7 had an open pack of cigarettes on his bed containing 5-6 cigarettes. In an interview on 01/24/2023 at 10:00 a.m., Resident #7 stated he had possession of cigarettes but did not have a lighter. Observation on 1/24/2023 at 10:28 a.m., revealed Resident #7 had an open pack of cigarettes on his bed containing 5-6 cigarettes. In an interview on 01/24/2023 at 11:15 a.m., S1Administrator stated Resident #7 did have a pack of cigarettes in his room, and she had removed a pack of cigarettes from Resident #7's room on 01/24/2023. In an interview on 01/24/2023 at 12:30 p.m., S2DON stated any residents identified as an unsafe smoker should not be in possession of any smoking materials. She further stated the ADONs checks every day the unsafe smoker's rooms for smoking materials but does not document their rounds unless there is an issue. Observation on 01/24/2023 at 1:00 p.m., revealed Unsafe Smokers List housed at the three nursing stations in the facility were last printed on 11/10/2022 and were not up to date.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195272	A. Building B. Wing	01/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jefferson Healthcare Center	2200 Jefferson Hwy Jefferson, LA 70121

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 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Administer the facility in a manner that enables it to use its resources effectively and efficiently. 47487 Based on interviews the facility failed to administer its resources effectively and efficiently by failing to: 1. Ensure oxygen cylinders were stored and secured in a manner that prevented the potential for serious harm or injury for 4 residents (Resident #9, Resident #10, Resident #11, and Resident #12) out of the 34 residents that required oxygen as identified on the oxygen Physician Orders List and; 2. Ensure residents who were identified as unsafe smokers did not have access to smoking materials for 3 (Resident #6, Resident #7, and Resident #8) out of 9 unsafe smokers identified on the Unsafe Smoker List. This deficient practice resulted in an Immediate Jeopardy (IJ) on 01/23/2023 when the facility's administration failed to utilize resources to ensure the resident's environment was free of hazards for all residents residing in the facility due to the unsafe storage of unsecured oxygen cylinders, and due to the facilities' administrator failing to ensure the safety of unsafe smokers. On 01/23/2023 at 2:15 p.m, Resident #9 knocked over one large oxygen cylinder in his room, and the large oxygen cylinder's valve opened and oxygen was inadvertently released with a hissing sound. On 01/23/2023 at 2:15 p.m., surveyor was standing with S6Treatment Nurse (TN) outside of Resident #9's room. A crash was heard followed by a hissing sound. S6TN and the surveyor ran into Resident #9's room to find Resident #9 had tangled up his oxygen tubing into his electric scooter wheel, and reversed backward into three large and one small free standing oxygen cylinder next to his bed. Further observation revealed, two large oxygen cylinders and one small oxygen cylinder were knocked over, and one large oxygen cylinder's valve was opened and oxygen was inadvertently released. Resident #9's oxygen tubing was disconnected from oxygen concentrator that he was supposed to be on, and Resident #9's room was cluttered with multiple oxygen cylinders unsecured, oxygen concentrators, multiple cords, and tubing lying on the floor causing the likelihood for the potential for severe harm or injury. On 01/23/2023 at 3:00 p.m., Resident #8 was observed smoking a cigarette in his bed and stated you caught me smoking and extinguished his cigarette in a small bowl on his bedside table. Resident stated that he asked to go outside and smoke, but that staff would never bring him outside, so he smoked in his room. Resident #8 stated that he was not able to get out of bed by himself and transfer to a wheelchair. Resident #8 had a red pack of cigarettes, a purple lighter, and one extinguished cigarette butt at his bedside. This deficient practice had the likelihood to potentially cause serious harm or injury to all 178 residents residing in the facility as identified on the Facility Census List. The Immediate Jeopardy was removed on 01/25/2023 at 2:32 p.m., after it was determined through observations, interviews, and record reviews, the facility implemented an acceptable Plan of Removal, which included: 1.Corrective actions were taken for the residents (Resident #6, Resident #7, Resident #8, Resident #9, Resident #10, Resident #11, and Resident #120 by the alleged deficient practice by: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195272	A. Building B. Wing	01/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jefferson Healthcare Center	2200 Jefferson Hwy Jefferson, LA 70121

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 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Regional Director in-services Administrator on 01/24/2023 on ensuring the safety of unsafe smokers and ensuring oxygen cylinders are secured and properly stored. Facility audit performed on 01/24/2023 and it is noted that there are no unsecured oxygen cylinders improperly stored. Audit also revealed that unsafe smokers had no smoking material in their possession. 2. All residents who reside in the facility have the potential to be affected by the alleged deficient practice. The facility has a census of 178. 3. Measures put in place to ensure the alleged deficient practice will not reoccur are: Regional Director in-serviced Administrator on 01/24/2023 on ensuring the safety of unsafe smokers and ensuring oxygen cylinders are secured and properly stored. Facility audit performed on 01/24/2023 which noted that there are no unsecured oxygen cylinders improperly stored. 4. The facility planned to monitor its performance to ensure solutions are achieved and sustained by: Regional Director or designee will perform quality assurance administration audits 2 times per week to ensure the safety of unsafe smokers and to ensure oxygen cylinders are secure and stored properly. Audits began on 01/25/2023. Rounds will continue until 02/25/2023. 5. Corrective actions will be completed by: The facility plans to have the alleged deficient practice completed by 01/25/2023. Findings: Cross reference F689. On 01/23/2023 at 3:30 pm, S3Corporate Nurse (CN) and S1Administrator were notified that oxygen cylinders were free standing and unsecured in multiple resident's rooms and nurse's station. S3CN and S1Administrator confirmed that oxygen cylinders were not secured and stored properly. S3CN and S1Administrator further stated that staff would perform a facility wide audit to ensure no oxygen cylinders were free standing and unsecured. On 01/23/2023 at 3:30 p.m., S3Corporate Nurse (CN) and S1Administrator were notified that Resident #8 was found smoking in his room. S3CN and S1Administrator confirmed that Resident #8 was an unsafe smoker and should not have access to smoking paraphernalia or be smoking in his room. S3CN and S1Administrator further stated staff would perform a facility wide audit to ensure smoking paraphernalia was stored appropriately. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195272	A. Building B. Wing	01/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jefferson Healthcare Center	2200 Jefferson Hwy Jefferson, LA 70121

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 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Observation on 01/24/2023 at 11:10 a.m. with S1Administrator, S2DON, S3Corporate Nurse, S13Regional Director, revealed Resident #6, who was an unsafe smoker, in the possession of a lighter and cigarettes In an interview on 01/24/2023 at 11:15 a.m., S1Administrator stated Resident #7, who was an unsafe smoker, did have a pack of cigarettes in his room, and she just had removed a pack of cigarettes from Resident #7's room on 01/24/2023. In an interview on 01/24/2023 at 2:50 p.m., S3Corporate Nurse (CN) stated the facility does not have oxygen safety signs in the designated areas where oxygen cylinders are stored. In an interview on 01/25/2023 at 1:30 p.m., S13Regional Director stated he had in-serviced facility's administrator on ensuring the safety of unsafe smokers and ensuring oxygen cylinders are secured and properly stored. S13Regional Director further stated, S13Regional Director or designee would perform administrative audits 2 times per week to ensure the safety of unsafe smokers and to ensure oxygen cylinders are secure and stored properly. S13Regional Director stated that audits began on 01/25/2023 and would continue until 02/25/2023.