STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44794 Based on record reviews and interviews the facility failed to ensure each resident had the right to be free from physical abuse by another resident for 2 (#6, #11) of 3 (#6, #10, #11) residents reviewed for resident to resident altercations. Findings: Review of the facility's Abuse, Neglect and Exploitation policy revealed, in part: Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. Physical Abuse includes, but is not limited to hitting, slapping, punching, biting, and kicking. It also includes controlling behavior through corporal punishment. Resident #11 Review of the clinical record revealed Resident #11 had a BIMS of 11. This score indicated the resident was moderately cognitively impaired. Resident #6 Review of the clinical record revealed Resident 6 was admitted to the facility on [DATE] with diagnoses which included Cerebral Infarction, Type 2 Diabetes Mellitus, Cardiomyopathy, Polyneuropathy, Acute Hepatitis C, and Chronic Pain Syndrome Review of the MDS with an ARD of 04/07/2022 revealed Resident #6 had a BIMS of 14. This score indicated the resident was cognitively intact. Review of the facility's Resident Incident Report revealed the following: Date/Time - 03/17/2022 at 08:00 a.m. Location- Hallway on Unit (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Incident Reported by- S3ADON Narrative of incident and description of injuries: Resident #11 was noted coming out of Resident #10's room. Resident #10 noted striking Resident #11 in back of head. Review of the facility's Resident Incident Report revealed the following: Date/Time - 04/11/2022 at 05:01 p.m. Type of Injury- abrasion Location- TV room Incident Reported by- S3ADON Narrative of incident and description of injuries: Staff reported that Resident #6 had a fistic unwitnessed encounter in the TV room. Superficial abrasion to bridge of Resident 6's nose. Review of the facility's Nursing Notes revealed an entry by S3ADON on 03/17/2022 at 08:59 a.m. regarding a resident to resident altercation involving Resident #10 and Resident #11. Upon completing my am rounds I noted Resident #11 coming out of his old room, Resident #11 had recently been moved. I noted Resident #10 coming out behind Resident #11. I noted Resident #11 being struck by Resident #10 with a closed fist in the back of his head. I ran and intervened, Resident #10 stated that Resident #11 was in his room and eating his food and called him a derogatory name. I assessed Resident #11 and asked aides to take him to his room. I educated Resident #11 that is no longer his room and educated aides to assist resident to his new room when they see him on hall. Review of facility's Nursing Notes revealed an entry by S3ADON on 04/13/2022 at 11:13 a.m. regarding a resident to resident altercation involving Resident #6. Staff reported to me that resident had a fistic encounter with another resident. During interview with Resident #6, Resident #6 stated that he approached resident about going in his room and stealing his things. I asked Resident #6 did he see him take anything from his room, he stated no. He stated resident stood up out of his wheelchair and struck him in the face with a closed hand, he also goes on to say resident grabbed his quad cane and threw it across the floor, he stated a nurse came in and broke up altercation. Resident #6 presented with superficial abrasion across bridge of nose, denies pain at this time. Resident #6 instructed to give any belongings of value to nurse to have locked up on cart to prevent anyone from taking his items. A lock box/safe was ordered for resident so he will be able to lock up belongings in his room. On 05/03/2022 at 10:45 a.m., an interview was conducted with S3ADON. She stated she responded to the incident that occurred on 04/11/2022. She stated she witnessed Resident #11 being hit with a closed fist in the back of his head by Resident #10. She stated she intervened and separated Resident #10 and Resident #11 from one another to stop further harm or danger. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/03/2022 at 10:35 a.m., an interview was conducted with Resident #10. He recalled the incident that occurred on 03/17/2022. He stated Resident #11 had recently moved rooms. He stated he found Resident #11 in his room several times before things became physical. He stated on 03/17/2022, he found Resident #11 in his room going through his things and eating his chips. He stated he asked the resident to get out of his room and they began arguing. He stated as Resident #11 left the room he hit Resident #11 in the back of his head with his fist. He stated staff stood between the 2 of them and instructed them to return to their room. On 05/04/2022 at 12:30 p.m., an interview was conducted with S3ADON. She confirmed the facility failed to ensure Resident #11 remained free from physical abuse. On 05/05/2022 at 11:30 a.m., an interview was conducted with Resident# 6. He stated he recalled the incident dated 04/12/2022. He stated a resident was stealing personal items from him. He stated he confronted the resident which led to a physical altercation. On 05/05/2022 at 1:45 p.m., an interview was conducted with S1ADM. He confirmed the facility failed to ensure Resident #6 remained free from injury by another resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44590 44965 Based on observations, interviews, and record review, the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice and the comprehensive person-centered care plan by failing to ensure 1. Capillary blood glucose levels were administered in accordance with professional standards of practice and residents' person centered plans of care for 1 (#9) of 13 (1#, #2, #3, #6, #8, #9, #12, R1, R4, R5, R6, R7, R8) residents reviewed; and 2. The facility had a system in place to ensure medications that included heart failure medication, hyperglycemic control medications, and narcotic analgesics were appropriately administered for 6 (#1, #6, #9 #12, R5, R7) of 20 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, R1, R2, R3, R4, R5, R6, R7, and R8) residents reviewed. This deficient practice resulted in an Immediate Jeopardy situation for Resident #1 beginning on 04/06/2022 at 08:00 p.m. when nursing staff failed to administer her second scheduled daily dose of Entresto 24/26 mg, which was prescribed to treat a diagnosis of Congestive Heart Failure. Resident #1 did not receive the second daily dose of Entresto from 04/06/2022 through 04/22/2022 resulting in being transferred to the emergency room and diagnosed with a Congestive Heart Failure Exacerbation. Upon return to the facility on [DATE], nursing staff continued to omit the second daily dose of Entresto. This deficient practice resulted in an Immediate Jeopardy situation for Resident #9 beginning on 04/08/2022 upon admission to the facility when nursing staff failed to accurately transcribe admission orders and medication orders onto his MAR. The errors led to the administration of the wrong type and frequency of insulin. This resulted in multiple medication errors for Resident #9 from 04/08/2022 through 05/05/2022. In addition, Resident #9 did not consistently receive monitoring of blood glucose levels or administration of correct doses or type of insulin for multiple missed and/or inaccurate opportunities. These errors resulted in Resident #9 being transferred to the emergency roiagnom on [DATE] with a diagnosis of Hyperglycemia. Upon return to the facility on [DATE], the medication errors, inconsistent monitoring of blood glucose levels and inconsistent administration of hyperglycemic medications continued. S1ADM was notified of the immediate jeopardy on 05/06/2022 at 01:10 p.m. The Immediate Jeopardy was removed on 05/06/2022 at 03:25 p.m. when the provider presented an acceptable plan of removal. Through observation, interview and record review, the surveyors confirmed the following components of the plan of removal had been initiated and/or implemented prior to exit. Plan of Removal: Affected Residents - Action Taken (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Facility reviewed physicians' orders and verified accuracy with the provider, then reviewed the Medication Administration Record for Residents # 1 and #9 and ensured that orders were accurate and matched what was transcribed to the residents' Medication Administration Record. Facility then reviewed medication on cart and ensured that the medication cards matched the orders and were available and being administered correctly. Facility DON or designee then observed monitoring of current blood glucose level. Identification of Residents Affected or Likely to be Affected: The facility took the following actions to address the citation and prevent any additional residents from suffering an adverse outcome. The DON and designee(s) completed a chart audit of all residents receiving medication for pain management, diabetes mellitus, and cardiac related diagnoses. The Medication Administration Records (MAR) were reviewed against the physicians' orders to ensure transcription accuracy, medications timely acquired, documented appropriately, and administered as ordered. (Initiated 05/04/2022 at 08:00 p.m.) I Anticipated Completion Date 05/09/2022) - Any negative findings will be corrected immediately and DON/Designee Notified. The DON and Nursing Administrative staff completed a chart audit of residents with diabetes mellitus requiring blood glucose monitoring and insulin were reviewed to ensure accurate administration of insulin as ordered. (Initiated 05/04/2022 at 08:00 p.m. Anticipated Completion Date 05/09/2022) - Any negative findings will be corrected immediately and DON/Designee Notified. The DON and Nursing Administrative staff completed a review of narcotic medication counts against the MAR and medication card to ensure accurate documentation and procedures as outlined in the facility's Controlled Substance and Accountability Policy. (Initiated 50/04/2022 at 08:00 p.m. Anticipated Completion Date 05/09/2022) - Any negative findings will be corrected immediately and DON/Designee Notified. The Facility Medical Director or Nurse Practitioner will review all residents' current and active orders to determine accuracy. (Initiated 05/6/2022. Anticipated Completion Date 05/13/2022) Actions to Prevent Occurrence/Recurrence: The facility took the following actions to prevent an adverse outcome from reoccurring. All applicable facility policies and procedures were reviewed by the DON or designee. (Completed 05/05/2022) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Facility DON and ADON will receive education on monitoring and implementation of routine chart audits including Physicians Orders, Medication Administration Record, Narcotic Logs, Signs/Symptoms of Heart Failure and Uncontrolled Diabetes, Documentation and Transcription or Physician Orders by corporate QA Nurse. Competency will be verified by exam and a pass rate of 90% or higher must be achieved. (Initiated 05/05/2022. Anticipated Completion Date 05/06/2022) The DON or designee re-educated licensed nurses on facility policies regarding the following facility's policies and all nurses were educated prior to working their next shift: (Initiated 05/04/2022 at 08:00 p.m., All licensed nurses must receive education prior to shift) Medication Administration Policy Medication Error Policy Medication Monitoring Policy Unavailable Medications Policy Medication Reordering Policy Timely Administration of Insulin Policy Blood Glucose Monitoring Policy Controlled Substance Administration and Accountability Policy Signs/Symptoms of Heart Failure & Uncontrolled Diabetes Documentation and Transcription of Physician Orders Facility Pharmacy Consultant, Corporate QA Nurse, and Representatives from Pharmacy will be on hand to conduct a mandatory in person in-service with licensed nurses on Wednesday, May 11th at 02:00 p.m. A competency exam will be administered at the conclusion of this training and licensed nurses must prove knowledge by obtaining a pass rate of 90% or above on the exam. Any licensed nurse that does not attend mandatory in-service must review education materials provided during the training and complete exam with a pass rate of 90% or above before working any future shift. The DON or designee will monitor appropriate implementation by reviewing MAR's Narcotic Logs, and new orders during clinical startup meeting to confirm transcription accuracy. (Initiated 05/05/2022 - Any negative findings will be corrected immediately) Will continue monitoring 5 x week for 2 weeks, 3 x week for 2 weeks, and 1 x week for 4 weeks. Facility DON or designee will review all new admission charts and MAR's to confirm transcription of orders is accurate. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	(Initiated 05/06/2022) - Any negative findings will be corrected immediately and DON/Designee Notified. The DON will complete corrective action and one-to-one education on above listed topics with licensed nurse(s) identified as being deficient in their practice resulting in this citation. (Initiated 05/05/2022) The DON or designee will educate and supervise all current and new hire licensed nurses and agency nurses on the above policies and ensure adequate training and are competent to provide appropriate care to residents according to their plan of care and facility's policies. (Initiated 05/05/2022) The DON or designee will conduct weekly chart audits for physician orders to ensure transcription accuracy, medications timely acquired, documented appropriately, and administered as ordered. The audits will continue until compliance can be maintained for 3 consecutive months. (Initiated 05/05/2022) Will continue monitoring 5 x week for 2 weeks, 3 x week for 2 weeks, and 1 x week for 4 weeks. The DON and Nursing Administrative staff completed a chart audit of residents with diabetes mellitus requiring blood glucose monitoring and insulin were reviewed to ensure accurate administration of insulin as ordered. (Initiated 05/04/2022) Will continue monitoring 5 x week for 2 weeks, 3 x week for 2 weeks, and 1 x week for 4 weeks. The DON or designee will conduct a medication cross match weekly to identify the amount on hand is checked against the amount used daily from the documentation records of Controlled Substance Count and MAR. (Initiated 05/05/2022) Will continue monitoring 5 x week for 2 weeks, 3 x week for 2 weeks, and 1 x week for 4 weeks. The DON and designees will complete match back of all medication carts and ensure accurate medications are on hand for all current orders. (Will initiate immediately upon completion of Physicians Order review being conducted by Facility Medical Director/Nurse Practitioners) The deficient practice continued at a potential for more than minimal harm for all of the 117 residents that remained in the facility who received medications administered by the nursing staff. Findings: Review of the Pharmacy Service Agreement revealed the following, in part: Emergency Services (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Facility shall have available Emergency pharmaceutical services twenty four hours per day, seven days per week in their Facility stock. Review of the Policy Titled, Medication Orders revealed the following, in part: Policy: This facility shall use uniform guidelines for the ordering of medication. 1. Medications should be administered only upon the signed order of a person lawfully authorized to prescribe. 2. Verbal orders should be received only by licensed nurses, or pharmacists, and confirmed in writing by the physician, on the next visit to the facility. (See Verbal Orders Policy) Documentation of Medication Orders: a. Each medication order should be documented with the date, time, and signature of the person receiving the order. The order should be recorded on the physician order sheet, and the Medication Administration Record (MAR) b. Clarify the order. c. Enter the order on the medication order and receipt record d. Call or fax the medication order to the provider pharmacy. e. Transcribe newly prescribed medications on the MAR or treatment record. f. When a new order changes the dosage of a previously prescribed medication, discontinue previous entry by writing DC'd and the date. g. Enter the new order on the MAR. h. Notify resident's sponsor/family of new medication order. Specific Procedures for Medication Orders: i. Handwritten Order Signed by the Physician - The charge nurse on duty at the time the order is received should note the order and enter it on the physician order sheet, if not written by the physician. If necessary, the order should be clarified before the physician leaves the nursing station, whenever possible, j. Verbal Orders - The nurse should document an order by telephone or in person on the physician's order sheet, transmit the appropriate copy to the pharmacy for dispensing, and place the signed copy on the designated page in the resident's medical records. Physician orders should be signed per state specific guidelines. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	k. Written Transfer Orders - (sent with a resident by a hospital or other health care facility) Implement a transfer order without further validation, if it is signed and dated by the resident's current attending physician, unless the order is unclear or incomplete, or the date signed is different from the date of admission. If the order is unsigned, or signed by another physician, or the date is other than the date of admission, the receiving nurse should verify the order with the current attending, before medications are administered. The nurse should document verification on the admission order record, by entering the time, date, and signature. Example: Order verified by the phone with Dr. [NAME]/M. [NAME], R.N. Review of the Policy Titled, Medication Administration revealed the following, in part: Policy: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. Policy Explanation and Compliance Guidelines: 10. Review MAR to identify medication to be administered. 11. Compare medication source (bubble pack, vial, etc.) with MAR to verify resident name, medication name, form, dose, route, and time. 17. Sign MAR after administered. For those medications requiring vital signs, record the vital signs onto the MAR. 18. If medication is a controlled substance, sign narcotic book. Medication timing (excludes insulin): a. BID 09:00 a.m., 09:00 p.m. Review of the Policy Titled, Medication Orders revealed the following, in part: 1. Documentation of medication orders a. The order should be recorded on the physician order sheet, and the Medication Administration Record (MAR) e. Transcribe newly prescribed medications on the MAR or treatment record. Review of the Policy Titled, Pain Management revealed the following, in part: Policy: The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. Policy Explanation and Compliance Guidelines: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	The facility will utilize a systematic approach for recognition, assessment, treatment and monitoring of pain. a. Recognize when the resident is experiencing pain and identify circumstances when the pain can be anticipated c. Manage or prevent pain, consistent with the comprehensive assessment and plan of care, current professional standards of practice, and the resident's goals and preferences. 2. Facility staff will observe for nonverbal indicators which may indicate the presence of pain. These indicators include but are not limited to: b. Loss of function or inability to perform activities of daily living (ADLs) (e.g. rubbing a specific location of the body, or guarding a limb or other body parts) c. Fidgeting, increased or recurring restlessness d. Facial expressions (e.g. grimacing, frowning, fright, or clenching of the jaw) e. Negative vocalizations (e.g. groaning, crying, whimpering, or screaming) 2. Based on professional standards of practice, an assessment or evaluation of pain by the appropriate members of the interdisciplinary team (e.g., nurses, practitioner, pharmacists, and anyone else with direct contact with the resident) may necessitate gathering the following information as applicable to the resident: a. History of pain and its treatment including non-pharmacological, pharmacological, and alternative medicine treatment and whether or not each treatment has been effective; b. Reviewing the resident's current medical conditions (e.g. pressure injuries, diabetes with neuropathic pain, immobility, infections, amputation, oral health conditions, post CVA, venous and arterial ulcers, and multiple sclerosis). g. Impact of pain on quality of life (e.g. sleeping, functioning, appetite and mood). h. Current prescribed pain medications, dosage and frequency. Pain Management and Treatment: 2. The interventions for pain management will be incorporated into the components of the comprehensive care plan, addressing conditions or situations that may be associated with pain or may be included as a specific pain management need or goal. Review of the policy titled, Timely Administration of Insulin revealed the following, in part: Policy: It is the policy of this facility to provide timely administration of insulin in order to meet the needs of each resident and to prevent adverse effects on a resident's condition (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Policy Explanation and Compliance Guidelines: 1. All insulin will be administered in accordance with physician's orders. 2. For current insulin orders, an adequate supply of insulin will be maintained for each resident. Insulin will be reordered as needed according to facility policy. 3. For new or emergency orders for insulin, the facility may use medications from the emergency kit. 4. Insulin administration will be coordinated with meal times and bedtime snacks unless otherwise specified in the physician order. Procedure: a. Review the insulin order: Resident name. ii. Medication name. iii. Medication dosage. iv. Time to be administered. v. Route of administration. b. Timely Administration of Insulin. b. Prepare insulin dose. Before administering insulin, perform two nurse verification of correct resident, dose calculations, and correct route of administration. c. Administer insulin at appropriate times. d. Document on the medication administration record the time and location of the insulin injection. Review of the Facility's Standing Orders revealed the following, in part: 10. Diabetes a. Accuchecks AC and HS if patient is on insulin and not specified. c. Sliding scale with regular insulin given subcutaneously: Less than 60 - Give juice and call provider. Check Less than 200 - no coverage (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	200 to 250 - 4 units 251 to 300 - 6 units 301 to 350 - 8 units 351 to 400 - 10 units 401 to 450 - 12 units Greater than 450 - 14 units Resident #1 Review of the clinical record revealed Resident #1 was admitted to the facility on [DATE] and readmitted on [DATE]. Resident #1 had diagnoses, which included Unspecified Atrial Fibrillation, Unspecified Atrial Flutter, Hypertension, and Congestive Heart Failure. Review of the quarterly MDS with an ARD of 03/15/2022 revealed Resident #1 had a BIMS of 15, which indicated the resident was cognitively intact. Review of the Physician Orders dated April 2022 for Resident #1 revealed the following, in part: (Start date: 04/05/2022) Entresto 24/26 milligrams by mouth twice daily Review of Resident #1's hospital lab results dated 04/04/2022 revealed: B-Natriuretic Peptide: 1014.9 pg/mL - High. (Normal range is 0.0-99.9 pg/mL. BNP levels go up when the heart cannot pump the way it should. The higher the number, the more likely heart failure is present and the more severe it is.) Review of the Pharmacy Refill Log for Resident #1 for April 2022 revealed the following, in part: Drug/Description: Entresto 24-26 milligram tablet, one tablet by mouth twice daily. Fill dates and quantities sent to the facility: 04/05/2022 - 18 tablets, 04/12/2022 - 28 tablets, and 04/27/2022 - 28 tablets Review of the current Care Plan for Resident #1 revealed the following, in part: Problem: Atrial Fibrillation and Atrial Flutter - risk for irregular pulse and chest pains secondary to history of Atrial Fibrillation/Atrial Flutter rhythm. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Intervention: Medications as ordered by the Medical Doctor. Problem: I have a diagnosis of Congestive Heart Failure. My nurse monitors me for any complications and reports to my Medical Doctor as appropriate. Goal: I will not experience chest pain and pulse will remain within normal limits through next review period. Interventions: Medications as ordered. Obtain labs as ordered and report abnormal findings to my Medical Doctor promptly. Alert my Medical Doctor to any signs/symptoms if resident with any verbal complaint of chest pain, numbness, dizziness, and treat as indicated. Assess me for any edema or fluid buildup in lungs and report to my Medical Doctor as needed. Review of the Medication Administration Record dated April 2022 for Resident #1 revealed the following, in part: Entresto 24/26 milligrams by mouth twice daily; signatures on 04/06/2022 through 04/27/2022 at 08:00 a.m. which indicated Resident #1 received the medication. No documentation Resident #1 received Entresto twice daily. Review of the Transfer Log dated April 2022 revealed the following entry for Resident #1: Date/time of transfer: 04/22/2022 at 04:30 p.m. Reason for transfer: chest pain Return date/time: 04/23/2022 at 05:00 a.m. Review of the hospital records for Resident #1 dated 04/22/2022 revealed the following, in part: History and Physical Summary: 04/22/2022 at 05:20 p.m., Resident #1 presented with chest pain. She described her pain as burning to the center of her lower chest with occasional sharp pains. She had some pain under her right breast and the burning occurred more when lying down. She had a new diagnosis of Atrial Fibrillation earlier in April 2022. Physical Exam: Chest: positive tenderness to palpitation, regular rate and rhythm, positive non-pitting edema to left lower extremity. Review of Resident #1's hospital lab results dated 04/04/2022 revealed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	B-Natriuretic Peptide: 1014.9 pg/mL - High. (Normal range is 0.0-99.9 pg/mL. BNP levels go up when the heart cannot pump the way it should. The higher the number, the more likely heart failure is present and the more severe it is.) Review of Resident #1's radiology report dated 04/22/2022 at 07:42 p.m. revealed: Chest x-ray portable Impression: possible mild Congestive Heart Failure with interstitial edema versus developing pneumonia noting consolidative changes in right lower lung. Recommend clinical correlation and continued follow up. Electrocardiogram: Result: abnormal, current rhythm- Atrial Fibrillation, non-specific ST abnormality Review of Resident #1's hospital Medication Administration Record dated 04/22/2022 revealed: Medication: Immediately, Furosemide 10 milligrams/milliliter, Parental solution Dose: 10 milligrams/4 milliliters Administered 04/22/2022 at 09:08 p.m. Review of Resident #1's hospital Discharge Summary dated 04/23/2022 at 04:09 a.m. revealed: Diagnoses of Chest Pain and Exacerbation of Congestive Heart Failure. Physical exam was notable for irregularly irregular heartbeat, mild tenderness to epigastrium, and left lower extremity edema. Resident #1's chest X-Ray demonstrated infiltrates consistent with Mild Exacerbation of Congestive Heart Failure. Resident #1 was given an additional dose of Lasix in the emergency room and instructed to follow-up with her primary care provider and cardiologist as soon as possible. A telephone interview was conducted with S6PHARM on 04/29/2022 at 10:27 a.m. She stated Resident #1's Entresto 24/26 milligrams was filled on 04/05/2022. She verified the following quantities were sent to the facility: 04/05/2022 - quantity: 18, 04/12/2022 - quantity: 28, and 04/27/2022 - quantity: 28 An observation was made with S7LPN of Resident #1's medication cards on 04/29/2022 at 11:20 a.m. The following was observed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Entresto 24/26 milligrams dated 04/14/2022 - 19 pills present and Entresto 24/26 milligrams dated 04/27/2022 - 27 pills present An interview was conducted with Resident #1 on 04/29/2022 at 11:53 a.m. She stated she received Entresto once daily in the mornings. She confirmed she had never received Entresto twice daily. An interview was conducted with S2DON on 04/29/2022 at 01:22 p.m. He verified Resident #1 had only received Entresto once daily since 04/06/2022 and she should have received it twice daily. He stated the nurse who transcribed the order should have put a morning and evening/night dose time slot on Resident #1's Medication Administration Record to prompt the night nurse to administer the medication again. He verified Resident #1 had only received Entresto once daily based on the amount available in the medication cards compared to the amount received by the pharmacy. He confirmed Resident #1's emergency room visit on 04/22/2022 could have been avoided if she had received Entresto twice daily. He also confirmed after Resident #1 returned to the facility from the emergency room the nursing staff failed to begin to administer Entresto twice daily as ordered. An interview was conducted with Resident #1's cardiologist on 05/04/2022 at 09:12 a.m. The physician confirmed Resident #1 should have been receiving Xarelto daily for Atrial Fibrillation. The physician stated Resident #1 was at increased risk for stroke related to her Atrial Fibrillation, and if she had not received all doses of her Xarleto, she was at a greater increased risk of stroke. The physician confirmed Resident #1 should have been receiving Entresto twice daily for a diagnosis of Congestive Heart Failure. The physician stated Resident #1's emergency room visit on 04/22/2022 could have been prevented if she had received the Entresto twice daily. The physician stated Entresto was to help decrease edema and Congestive Heart Failure Exacerbations. An interview was conducted with S7LPN on 05/04/2022 at 11:30 a.m. She stated when she received a new medication order, she placed the new order on the Medication Administration Record, and she would place 08:00 a.m. and 08:00 p.m. on the hour slot if it was a twice daily medication. She verified the Medication Administration Record for Resident #1 dated April 2022 only had an 08:00 a.m. time slot. She stated the nurse would not know to administer a second dose in the evening unless she read the drug description. She verified the Entresto medication order read twice daily but there were no signatures present to indicate Resident #1 received an evening dose since the start of the medication order on 04/05/2022. A telephone interview was conducted with S10LPN on 05/06/2022 at 01:40 p.m. She verified she was assigned to care for Resident #1 from 02:00 p.m. to 10:00 p.m. on 04/22/2022. She confirmed Resident #1 complained of burning chest pain on 04/22/2022. She stated she assessed Resident #1 and immediately notified S11NP who ordered Resident #1 be transferred to the emergency room . An interview was conducted with S13CNA on 05/06/2022 at 02:04 p.m. She stated on 04/22/2022 around 04:30 p.m., Resident #1 was in the dining room complaining of chest pain. She stated her and the nurse immediately brought Resident #1 to her room and the nurse assessed her. She stated Resident #1 was assisted to bed and an ambulance picked her up from the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	An interview was conducted with S11NP on 05/06/2022 at 02:20 p.m. She verified she was in the facility on 04/22/2022 when Resident #1 complained of chest pain. She stated she was asked by S10LPN to assess Resident #1. She stated Resident #1 complained of shortness of breath and burning chest pain. She stated she gave an order to send Resident #1 to the hospital. Resident #9 Review of the clinical record revealed Resident # 9 was admitted to the facility on [DATE] with an admitting diagnosis of Type 2 Diabetes Mellitus with ketoacidosis without coma. Review of the quarterly MDS with an ARD of 04/15/2022 revealed Resident # 9 had a BIMS of 14, which indicate he was cognitively intact. Review of Hospital Records revealed resident was discharged to the facility on [DATE] with diagnoses including profound Hyperglycemia, Diabetic Ketoacidosis associated with Type 1 Diabetes Mellitus, Dehydration, Hypovolemia and Acute Kidney Injury. Further review of Hospital Records revealed resident was sent out to the local emergency department on 05/04/2022 for a capillary blood glucose reading of 600. Resident #9 reported to hospital staff that he had missed 2 doses of Lantus in the last week because the medication was not available. He received treatment in the Emergency Department for a diagnosis of Hyperglycemia and was discharged back to the facility later the same day. Review of the hospital's Physician Discharge Orders, dated 04/08/2022, revealed in part, the following: New Medications: Humalog (Insulin Lispro) 100 unit/mL - Inject (Inj) 4 units into the skin three times daily before meals. Lantus Solustar U-100 Insulin 100 unit/mL - Inj 14 units into the skin nightly. Nystatin Powder - Topical twice daily. Medications to Continue: Blood Glucose Meter - Four times daily, before meals and nightly (ACHS). Novolog Flexpen (Insulin Aspart) U-100 Insulin 100 unit/mL - Inj 3 units into the skin 3 times daily with meals (08:00 a.m., 11:30 a.m., 05:30 p.m.) Review of the current Care Plan for Resident # 9 revealed the following, in part: Problem: I am at risk for elevated blood glucose levels related to my diagnosis of Diabetes 1. Intervention: Monitor blood sugar as ordered. Administer medications as ordered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of the Physician Admission Orders, dated 04/08/2022, revealed, in part, the following: No order written for Novolog Inj per sliding scale (SS) with accuchecks three times daily. (Sliding Scale: 0-200 = 0 units, 200-250 = 4 units, 251-300 = 6 units, 301-350 = 8 units, 351-400 = 10 units, 401-450 = 12 units, >450 = 14 units and notify MD/NP). No order written for Nystatin Powder topically twice daily. Review of the May 2022 Physician Orders revealed, in part, the following: No order written for Novolog per sliding scale (SS) with accuchecks three daily. (Sliding Scale: 0-200 = 0 units, 200-250 = 4 units, 251-300 = 6 units, 301-350 = 8 units, 351-400 = 10 units, 401-450 = 12 units, >450 = 14 units and notify MD/NP). Review of the Medication Administration Record (MAR), April 2022, revealed, the following, in part: Nystatin Powder - Topically twice daily. (Not present on MAR): 0 of 44 doses with a physician's order were administered on the following dates/times; 04/08/2022 through 04/30/2022 at 08:00 a.m.; and 04/08/2022 through 04/30/2022 at 05:00 p.m. Ferrous Gluconate - 1 tab by mouth daily: 22 doses without a physician's order were administered on the following dates/times: 04/08/2022 through 04/30/2022 at 08:00 a.m. Novolin R U-100 - SubQ per SS ACHS: 88 doses without a physician's order were administered on the following dates/times: 04/08/2022 through 04/30/2022 at 05:30 a.m.; 04/08/2022 through 04/30/2022 at 11:30 a.m.; 04/08/2022 through 04/30/2022 at 04:00 p.m.; and 04/08/2022 through 04/30/2022 at 08:00 p.m. Review of the printed Medication Administration Record (MAR), dated 05/01/2022 and in use through 05/05/2022 at noon, revealed, in part, the following Ferrous Gluconate - 1 tab by mouth daily: 4 doses without a physician's order were administered on the following dates/times: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	05/01/2022 through 05/04/2022 at 08:00 a.m. Novolin R U-100 - SubQ per SS ACHS: 18 doses without a physician's order were administered on the following dates/times: 05/01/2022 through 05/05/2022 at 05:30 a.m.; 05/01/2022 through 05/05/2022 at 11:30 a.m.; 05/01/2022 through 05/05/2022 at 04:00 p.m.; and 05/01/2022 through 05/05/2022 at 08:00 p.m. Review of the Medication Administration Record (MAR), dated April 2022 through May 05, 2022, revealed, in part, the following: Lantus 14 units SubQ nightly at 08:00 p.m.: the following possible doses were not documented on the following dates/times: 04/14/2022; 04/15/2022; 04/18/2022; 04/22/2022; 04/27/2022; 04/28/2022; 04/29/2022; and 05/04/2022. Novolog 3 units SubQ three times daily with meals at 08:00 a.m., 11:00 a.m. and 05:00 p.m.: the following possible doses were not documented on the following dates/times: 04/15/2022 at 05:00 p.m.; 04/19/2022 at 08:00 a.m.; 04/22/2022 at 05:00 p.m.; 04/23/2022 at 08:00 a.m.; 04/28/2022 at 08:00 a.m.; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	04/29/2022 at 08:00 a.m.; 04/29/2022 at 11:00 a.m.; 04/29/2022 at 05:00 p.m.; <B

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0697 Level of Harm - Actual harm Residents Affected - Some	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44590 44965 Based on observations, interviews, and record reviews, the facility failed to ensure pain management was provided to residents who required such services, consistent with the comprehensive person-centered care plan and professional standards of practice for 3 (#6, #12 and R7) of 5 (#6, #9, #12, R5, and R7) residents reviewed for pain. This deficient practice resulted in actual harm for R7 with diagnoses which included Methicillin Resistant Staphylococcus Infection Causing Diseases Classified Elsewhere and Cutaneous Abscess of Back beginning on 04/30/2022 at 08:00 a.m. when facility staff failed to administer R7's scheduled Morphine on 04/30/2022 and 05/01/2022. Interviews with R7 and staff revealed R7 experienced severe, unrelieved pain on 04/30/2022 and 05/01/2022. R7 required an increase in her Morphine dose on 05/04/2022. Findings: Review of the policy titled, Medication Orders revealed the following, in part: 1. Documentation of medication orders a. The order should be recorded on the physician order sheet and the Medication Administration Record. e. Transcribe newly prescribed medications on the MAR or treatment record. Review of the policy titled, Pain Management revealed the following, in part: Policy: The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. Policy Explanation and Compliance Guidelines: The facility will utilize a systematic approach for recognition, assessment, treatment and monitoring of pain. Recognition: 1. In order to help a resident attain or maintain his/her highest practicable level of physical, mental, and psychosocial well-being and to prevent or manage pain, the facility will: a. Recognize when the resident is experiencing pain and identify circumstances when the pain can be anticipated (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0697 Level of Harm - Actual harm Residents Affected - Some	c. Manage or prevent pain, consistent with the comprehensive assessment and plan of care, current professional standards of practice, and the resident's goals and preferences. 2. Facility staff will observe for nonverbal indicators which may indicate the presence of pain. These indicators include but are not limited to: b. Loss of function or inability to perform activities of daily living (ADLs) (e.g. rubbing a specific location of the body, or guarding a limb or other body parts) c. Fidgeting, increased or recurring restlessness d. Facial expressions (e.g. grimacing, frowning, fright, or clenching of the jaw) i. Negative vocalizations (e.g. groaning, crying, whimpering, or screaming) Pain Assessment: 2. Based on professional standards of practice, an assessment or evaluation of pain by the appropriate members of the interdisciplinary team (e.g., nurses, practitioner, pharmacists, and anyone else with direct contact with the resident) may necessitate gathering the following information as applicable to the resident: a. History of pain and its treatment (including non-pharmacological, pharmacological, and alternative medicine (CAM) treatment and whether or not each treatment has been effective); c. Reviewing the resident's current medical conditions (e.g. pressure injuries, diabetes with neuropathic pain, immobility, infections, amputation, oral health conditions, post CVA, venous and arterial ulcers, and multiple sclerosis). g. Impact of pain on quality of life (e.g. sleeping, functioning, appetite and mood). h. Current prescribed pain medications, dosage and frequency. Review of the policy titled, Medication Orders revealed the following, in part: Policy: This facility shall use uniform guidelines for the ordering of medication. Documentation of Medication Orders: a. Each medication order should be documented with the date, time, and signature of the person receiving the order. The order should be recorded on the physician order sheet, and the Medication Administration Record (MAR) b. Clarify the order. c. Enter the order on the medication order and receipt record d. Call or fax the medication order to the provider pharmacy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0697 Level of Harm - Actual harm Residents Affected - Some	e. Transcribe newly prescribed medications on the MAR or treatment record. f. When a new order changes the dosage of a previously prescribed medication, discontinue previous entry by writing DC'd and the date. g. Enter the new order on the MAR. h. Notify resident's sponsor/family of new medication order. Specific Procedures for Medication Orders: i. Handwritten order signed by the physician - The charge nurse on duty at the time the order is received should note the order and enter it on the physician order sheet, if not written by the physician. If necessary, the order should be clarified before the physician leaves the nursing station, whenever possible, k. Written transfer orders - (sent with a resident by a hospital or other health care facility) Implement a transfer order without further validation, if it is signed and dated by the resident's current attending physician, unless the order is unclear or incomplete, or the date signed is different from the date of admission. If the order is unsigned, or signed by another physician, or the date is other than the date of admission, the receiving nurse should verify the order with the current attending, before medications are administered. The nurse should document verification on the admission order record, by entering the time, date, and signature. Example: Order verified by the phone with Dr. [NAME]/M. [NAME], R.N. Review of the Pharmacy Service Agreement revealed the following, in part: Emergency Services Facility shall have available emergency pharmaceutical services twenty four hours per day, seven days per week in their facility stock. Resident # R7 Review of the clinical record for R7 revealed she was admitted to the facility on [DATE] and readmitted on [DATE]. She had diagnoses which included Methicillin Resistant Staphylococcus Infection Causing Diseases Classified Elsewhere and Cutaneous Abscess of Back. Review of the 5 day MDS with an ARD of 02/16/2022 for R7 revealed the following, in part: Pain: been on scheduled pain med regimen - 1. Yes Review of the current Care Plan for R7 revealed the following, in part: Problem: I am at risk for pain. I have two abscesses on my back. Interventions: Administer medication as ordered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0697 Level of Harm - Actual harm Residents Affected - Some	Review of the Telephone Order dated 04/25/2022 for R7 revealed the following: Morphine Extended Release 15 milligrams one tablet by mouth every 12 hours Percocet 5/325 milligrams one tablet by mouth every six hours as needed for pain Review of the April and May 2022 MAR for R7 revealed the following in part: Morphine Sulfate Extended Release 15 milligrams one tablet by mouth every 12 hours with no signature on 05/01/2022 at 08:00 a.m. and 08:00 p.m. Percocet 5/325 milligrams one tablet by mouth every six hours with no signatures on 04/30/2022, indicating R7 did not receive it. Review of the Individual Patient's Narcotics Record for R7 from 04/25/2022 to 05/04/2022 revealed the following, in part: Medication Name: Morphine Sulfate Extended Release Dosage: 15 milligrams Remarks: take one tablet by mouth every twelve hours No entries on 04/30/2022 or 05/01/2022, indicating the medication was not prepared and R7 did not receive it. Review of the hospice visit note for R7 dated 04/28/2022 revealed the following, in part: Pain score (0-10): 7 Location of pain: back Frequency of pain: constant Review of the Physician Order from hospice for R7 dated 05/04/2022 revealed the following, in part: Increase Morphine Sulfate to 30 milligram tablet, extended release two times daily by mouth. An observation was made of R7's available narcotics with S10LPN on 05/04/2022 at 11:20 a.m. R7 had Morphine Sulfate and Percocet available on the medication cart. An interview was conducted with S10LPN at that time. S10LPN verified R7 had an order for Morphine Sulfate every 12 hours and Percocet every 6 hours as needed for pain. S10LPN verified R7's scheduled Morphine Sulfate was not signed out as being removed from the narcotic drawer from 04/30/2022 through 05/01/2022 for all doses. S10LPN confirmed she was the nurse caring for R7. She stated R7 was cognitive and could answer questions appropriately. She stated R7 was on hospice services and experienced pain. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0697 Level of Harm - Actual harm Residents Affected - Some	An observation and interview was conducted with R7 on 05/04/2022 at 11:27 a.m. She was able to identify the current month, president, and the facility in which she resided. She confirmed she received hospice services and pain medication. She stated she was not receiving her pain medication as ordered and her pain was not controlled. During the interview, R7 was observed to have facial grimacing and continuously attempted to reposition herself in the bed and grab her back. R7 stated she had surgery to her back. She stated she had sutures in place and it was very painful. R7 continuously asked surveyor to assist her in getting pain medication during the interview. An interview was conducted with S2DON on 05/04/2022 at 11:35 a.m. He verified R7 did not receive her scheduled Morphine for pain on 04/30/2022 or 05/01/2022. He confirmed R7 should have received Morphine twice daily as ordered. An interview was conducted with S14CNA on 05/04/2022 at 12:58 p.m. She confirmed she was the CNA assigned to care for R7 from 06:00 a.m. to 02:00 p.m. She stated R7 had surgery to her back and she had sutures in place which caused R7 pain. She stated sometimes R7 hollered out in pain. An interview was conducted with R7's hospice nurse on 05/04/2022 at 01:33 p.m. She confirmed she was the hospice nurse for R7. She stated she assessed R7 on 04/28/2022 and her pain medication was not effective. She verified R7 should have received Morphine Sulfate 15 milligrams by mouth every 12 hours and Percocet 5/325 milligrams by mouth every 6 hours as needed for pain starting on 04/25/2022. She stated if R7 had not received her scheduled Morphine, she would expect her to be in severe pain. She confirmed R7's Morphine Sulfate was increased to 30 milligrams by mouth every 12 hours on 05/04/2022 because R7's pain was not controlled and she did not know the facility was not administering the Morphine as ordered. A telephone interview was conducted with S15CNA on 05/04/2022 at 02:00 p.m. She stated she worked from 06:00 p.m. to 06:00 a.m. on 04/30/2022 and 05/01/2022. She stated R7 was in pain on 04/30/2022 and 05/01/2022 all throughout her shifts. She stated R7 cried out and had tears from her eyes. She stated at times R7 would scream out saying her back was hurting. She stated on 05/01/2022, R7 asked for the nurse and she needed pain medication. She stated at the beginning of the night, R7 cried softly asking for pain medication and then throughout the night she started screaming in pain. She stated she reported the resident being in pain to S16LPN and S17LPN. An interview was conducted with S3ADON and S1DON on 05/04/2022 at 02:50 p.m. Both reviewed the MAR for R7 and confirmed R7 missed two doses of scheduled Morphine on 04/30/2022 and 05/01/2022, which totaled four doses. They confirmed R7 should have received her pain medication as ordered. An interview was conducted with S16LPN on 05/04/2022 at 05:45 p.m. She confirmed she was assigned to care for R7 on 04/30/2022 and 05/01/2022 from 06:00 a.m. to 10:00 p.m. She stated R7 was in pain during both of her shifts and she did not administer her scheduled Morphine. She verified the CNA reported R7 was in pain. She stated on 04/30/2022 and 05/01/2022, R7 complained of pain when she made medication rounds at least twice per shift. She stated at least one time on 04/30/2022 and 05/01/2022, R7 notified the CNA that she was in pain. She confirmed she did not give R7 any pain medication on 04/30/2022 and she only gave her one dose of Percocet on 05/01/2022. An interview was conducted with R7 on 05/05/2022 at 10:41 a.m. She confirmed her Morphine was increased to 30 milligrams every twelve hours on 05/04/2022. She stated she had a much better night last night. She stated her pain this morning was less than on 05/04/2022. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0697 Level of Harm - Actual harm Residents Affected - Some	Resident #6 Review of the Clinical Record revealed Resident #6 was admitted to the facility on [DATE] and had diagnoses which included Chronic Pain Syndrome. Review of the Physician Orders dated April 2022 revealed the following, in part: Hydrocodone/Acetaminophen 5/325 milligrams take 1 tablet by mouth 4 times daily as needed for pain. Review of the quarterly MDS with an ARD of 04/07/2022 revealed Resident #6 had a BIMS of 14, which indicated he was cognitively intact. Review of the current Care Plan for Resident #6 revealed the following, in part: Problem: I have chosen to receive hospice care. Intervention: Coordinate with the hospice team to assure I experience as little pain as possible. Problem: I am at risk for pain related to my diagnosis of chronic pain syndrome. Intervention: Administer medications as ordered. Review of the Medication Administration Record dated April 2022 for Resident #6 revealed the following, in part: (Start date: 04/27/20221) Percocet 5/325 milligrams one by mouth four times daily at 06:00 a.m., 12:00 p.m., 06:00 p.m., and 12:00 a.m. Signatures on the following dates and times indicating the medication was administered: 04/27/2022 at 06:00 p.m., 04/28/2022 at 12:00 p.m., (Start date: 04/28/2022) Morphine Sulfate 30 milligrams every 12 hours Signatures on the following dates and times indicting the medication was administered: 04/28/2022 at 08:00 p.m., 04/29/2022 at 08:00 a.m., 05/03/2022 at 08:00 a.m. Review of the Facility Resident Sign In & Out Log for April 2022 revealed the following entry for Resident #6: Date: 04/29/2022, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0697 Level of Harm - Actual harm Residents Affected - Some	Time out: 04:30 p.m., Resident or person signing them out: daughter, and Where is resident going: home Review of the Individual Patient's Narcotic Record for Resident #6 revealed the following, in part: Morphine Sulfate Extended Release 30 milligrams Amount received: 28 The following dates and times were documented as a tablet was removed: 04/28/2022 at 08:00 p.m., 04/29/2022 at 08:00 a.m., 05/03/2022 at 08:00 a.m. Percocet 5/325 milligrams Amount received: 42 The following dates and times were documented as a tablet was removed: 04/27/2022 at 12:00 p.m., 04/27/2022 at 08:00 p.m., 04/28/2022 at 12:00 p.m., and 04/29/2022 at 12:00 p.m. An interview was conducted with S7LPN on 05/03/2022 at 11:45 a.m. She stated Resident #6 had chronic pain and always experienced pain. She stated his pain was normally to his back or generalized. She stated he admitted to the facility on hospice with pain medication orders. She stated Resident #6 came to her complaining of pain at least once per shift. She stated on 04/27/2022, Resident #6's Norco was changed from as needed to scheduled four times a day. She verified she transcribed the pain medication order from the Hospice nurse on 04/27/2022. She verified Resident #6 had not been receiving his pain medication scheduled since 04/27/2022 and he should have. An interview was conducted with S3ADON on 05/03/2022 at 11:55 a.m. She verified S7LPN changed Resident #6's Oxycodone/Acetaminophen order on 04/27/2022 and the medication should have been being given scheduled since then and it had not. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0697 Level of Harm - Actual harm Residents Affected - Some	An interview was conducted with Resident #6 on 05/03/2022 at 11:57 a.m. He verified he was receiving hospice services. He stated he was in pain all the time from his waist down. He stated his pain had not been relieved with his current medication regimen. He confirmed he had not been receiving his Percocet four times a day. An interview was conducted with the hospice nurse for Resident #6 on 05/03/2022 at 12:20 p.m. She verified she was Resident #6's hospice nurse. She verified she changed Resident #6's Percocet 5 milligrams from as needed to four times daily scheduled on 04/27/2022. She stated when she made her visits at least weekly, Resident #6 was always in pain to his knees and feet. She stated on 04/27/2022, Resident #6's Morphine Sulfate was increased to 30 milligrams twice daily. She stated Resident #6's pain was chronic. An interview was conducted with Resident #6's medical doctor on 05/03/2022 at 03:18 p.m. He stated he wanted Resident #6 to receive his Percocet 5 milligram tablets scheduled four times daily to help control his pain. He stated per the hospice nurse's assessment, Resident #6's pain was not well-controlled so he changed the order. An interview was conducted with S3ADON and S2DON on 05/04/2022 at 02:50 p.m. Both confirmed Resident #6's Percocet should have been given scheduled four times a day starting 04/27/2022, and it had not been. Resident #12 Review of the clinical record revealed Resident # 12 was admitted to the facility on [DATE] with diagnoses, which included Cerebral Infarction, Muscle Weakness, Lack of Coordination, Cognitive Communication Deficit, Dysphagia, Dysarthria and Hemiplegia. Review of the quarterly MDS with an ARD of 02/16/2022 revealed Resident # 12 had a BIMS of 14, which indicated she was cognitively intact. Review of the current Care Plan for Resident # 12 revealed the following, in part: Problem: I am at risk for pain. Intervention: Administer medication as ordered. Document effectiveness of pain medication. Review of the Incident Report, dated March 04, 2022, revealed, in part, the following: Date/Time: 03/04/2022 at 10:30 a.m. Unwitnessed Fall in Resident's Bathroom Describe Incident: Resident stated she fell while getting off toilet. Narrative of Incident: Resident at door calling for nurse, stating she fell while in restroom. Stated she was getting off toilet, missed her step, fell and hit her back and buttocks. Injuries: Yes; Fractured sacrum. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0697 Level of Harm - Actual harm Residents Affected - Some	Required acute transfer/admission? Yes, local emergency department. discharged back to facility same day. Review of Hospital Records for Resident #12 revealed the following, in part: Resident # 12 was seen in the local emergency roiagnom on [DATE] at 12:35 p.m. following an unwitnessed fall with complaints of headache, hip pain and left arm pain. Resident received treatment for a closed fracture of sacrum, left arm pain and pleural effusion. Resident # 12 was discharged back to the facility with a written prescription for Norco 10-325mg by mouth every 6 hours as needed for pain for up to 3 days starting 03/04/2022. Review of the Discharge Orders for Resident #12 revealed the following, in part: 03/04/2022 Written prescription sent with resident for Norco 10-325mg. Take 1 tablet by mouth every 6 hours as needed for pain for up to 3 days starting 03/04/2022. Review of the Nurses Notes for Resident # 12 revealed the following, in part: 03/04/2022 at 11:20 p.m. - Resident returned to the facility from hospital moaning and groaning in excruciating pain, 10/10. Discharge paperwork stated morphine last given at 01:51 p.m. Nurse practitioner contacted and ordered for resident to be sent back to hospital due to the facility not having the resident's pain medication available and pharmacy not being able to send until morning. 03/05/2022 at 01:20 a.m. - Resident returned to the facility from local emergency department after receiving pain medication. 03/05/2022 at 07:00 a.m. - Resident voiced pain concerns, nurse informed that her pain medication was on its way and that nurse will give Tylenol. Will continue to monitor. 05/05/2022 at 11:30 a.m. - Resident voiced pain at 5/10 from lower legs and sacrum. Will continue to monitor. No additional action/intervention indicated. 05/05/2022 at 03:30 p.m. - Resident voiced pain at 8/10. Nurse administered evening medications with Tylenol. Will continue to monitor. No additional action/intervention indicated. 05/05/2022 at 05:50 p.m. - Resident voiced pain, instructed to continue to relax. Will continue to monitor. No additional action/intervention indicated. Further review of Hospital Records for Resident #12 revealed the following, in part: Resident # 12 was again seen in the local emergency roiagnom on [DATE] at 12:47 a.m. with complaints of severe pain to buttocks. Physician notes indicated Seen here earlier today after a fall with sacral fracture. Did not have adequate pain medication at nursing home and cannot fill prescription that she was sent home with. Have ordered Norco by mouth. Review of the Physician's Orders dated February 2022 through March 2022 for Resident #12 revealed the following, in part: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0697 Level of Harm - Actual harm Residents Affected - Some	02/09/2022 Pain monitoring every shift via Pain Intensity Rating Scale; and 02/09/2022 Tylenol 650mg by mouth every 6 hours as needed for pain; 03/04/2022 Norco 10-325mg take 1 tablet by mouth every 6 hours as needed for pain. Review of the Medication Administration Record dated February 2022 through March 2022 for Resident # 12 revealed the following, in part: Monitoring of pain level was not documented as ordered on the following dates and times: 03/04/2022 for the 02:00 p.m. - 10:00 p.m. shift; 03/04/2022 for the 10:00 p.m. - 06:00 a.m. shift; 03/05/2022 for the 06:00 a.m. - 02:00 p.m. shift; and 03/05/2022 for the 02:00 p.m. - 10:00 p.m. shift. Tylenol 650mg by mouth every 6 hours as needed for pain was administered on the following dates and times: 03/05/2022 with no date/time documented; and 03/05/2022 with no date/time documented. Norco 10-325mg by mouth every 6 hours as needed for pain was administered on the following date and time: 03/05/2022 at 08:48 p.m. A review of the Pharmacy Refill Log dated February 2022 through March 2022 for Resident # 12 revealed the following, in part: Hydroco/APAP 10-325mg Tablet, one tablet by mouth every 6 hours as needed for pain. Filled: 12 tablets on 03/05/2022. A telephone interview was conducted with S25PHARM on 04/27/2022 at 02:30 p.m., S25PHARM confirmed Resident # 12's prescription was received via fax on 03/05/2022 at 12:43 a.m. He then confirmed the on-call pharmacist was not called on the after-hours line to notify a prescription had been sent. He stated on 03/05/2022 in the morning, the faxed prescription for Resident # 12 was found but was not marked as a stat request. He confirmed Resident # 12's Norco 10-325mg was filled and picked up for delivery by the courier service on 03/05/2022 at 04:46 p.m. He confirmed had the prescription been marked stat, the prescription would have been filled and sent out for delivery within four hours or less. He confirmed any prescriptions sent after-hours or on weekends should always be followed up with a phone call. He stated all contracted facilities are aware of this policy regarding after hours prescriptions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0697 Level of Harm - Actual harm Residents Affected - Some	An interview was conducted with S2DON and S3ADON on 04/27/2022 at 01:30 p.m. S2DON confirmed the facility does not keep any standby narcotics in their Emergency Medication Kit. S3ADON further confirmed they do not keep any narcotics in the facility that were not filled for a specific resident. An interview was conducted with S2DON on 05/04/2022 at 03:00 p.m., S2DON confirmed that he would have expected nurses to follow up with the pharmacy when they became aware the medication had not arrived to the facility. S2DON also confirmed Resident # 12 continued to report uncontrolled pain and was not able to receive her ordered pain medication until 03/05/2022 at 08:48 p.m., more than 20 hours after her last dose.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 44590 Based on record review and interview, the facility failed to have sufficient licensed nursing staff and certified nursing assistant staff to provide nursing and related services to maintain the highest practicable physical, mental, and psychosocial well-being of each resident based on the facility assessment. The deficiency had the potential to affect the facility's total census of 117 residents. Findings: Review of the Facility's Facility assessment tool, updated on 03/15/2022, revealed the following, in part: Part 1: Our Resident Profile Number of residents licensed to provide care for: 174 Average daily census: 105 - 115 Part 3.2: Staffing Plan Providing direct care: RN/LPN - 1:30 days and evening shift, 1:50 night shift and Direct Care Staff (licensed or certified) - 1:10 day, 1:12 evening, 1:15 night Review of the staffing pattern revealed the following, in part: 04/09/2022, Census 120 Staff assigned: Day shift- 4-LPN, 9- CNA, Night shift- 2-RN, 3-LPN, 3- CNA 04/10/2022, Census 120 Staff assigned: Day shift- 5-LPN, 7- CNA, Night shift- 2-RN, 4-LPN, 3- CNA 04/11/2022, Census 121 Staff assigned: Night shift- 1-RN, 4-LPN, 5- CNA 04/27/2022, Census 117 Staff Assigned: Day shift- 5-LPN, 7-CNA, Night Shift- 1-RN, 4-LPN, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 04/27/2022, upon receipt of the Facility Assessment from S1ADM, it was confirmed that the information provided in the assessment was the most up to date, correct information and should be in use by the facility at that time. On 04/27/2022 10:00 a.m., an interview was conducted with S4ADON who confirmed Staff Scheduling and Development was a part of his job duties and responsibilities. When asked if he used the facility's ratios for assigning staff, he confirmed he did not know what that was but stated he broke up staff assignments equally between the numbers of people available to work the shift. He confirmed if it couldn't be equal, he would try to do the best he could. On 04/28/2022 at 01:30 a.m., the census was confirmed to be 117 and a copy of the Daily CNA Staffing Report and the Daily Nursing Report was obtained from S8RN. This information and these documents were used to perform an observation to confirm each person on the assignment sheet was physically present in the building. The Hall A was confirmed to have 3 CNAs and 2 LPNs present. The Hall B was confirmed to have 3 CNAs, 1 LPN and 1 RN present. The Hall C was confirmed to have only 1 CNA and 1 LPN present. On 04/28/2022 at 02:05 a.m., an observation was made of the HallC. There was only one CNA and one LPN for the unit, which was confirmed to have a total of 23 residents present at the time. On 04/28/2022 at 02:10 a.m., an interview was conducted with S29CNA, who confirmed she was the only CNA working the HallC for the evening shift on this date. She stated there was someone else scheduled but they were pulled to work on another units because someone had no called-no show for one of those units. She confirmed this happened frequently and it was always the CNA from the Hall C that got pulled to work somewhere else leaving the Hall C CNA alone to provide care for all of the residents. She confirmed there were 23 residents present on the unit that night. She also stated it made her nervous when she was the only CNA. She confirmed it was the memory unit which meant the residents were up and down, in and out of bed all night, so she was afraid someone would fall and get hurt because she couldn't get to them quick enough when she was by herself. On 04/28/2022 at 02:13 a.m., an interview was conducted with S28LPN, who confirmed there was only one CNA working the Hall C for the evening shift on this date. On 04/28/2022 at 02:20 a.m., an interview was conducted with S8RN, who confirmed there was only one CNA working the Hall C for the evening shift on this date because the other CNA who had been scheduled for the unit had to be pulled to work somewhere else.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 44590 Based on interviews and record reviews, the facility failed to ensure licensed nursing staff and other nursing personnel had the knowledge, competencies, and skill sets to provide care and respond to each resident's individualized needs as identified in the assessment. The facility failed to ensure: 1. Agency staff received training on the facilities processes; and 2. Agency staff completed competency in nursing skills. The deficiency had the potential to affect all residents in the facility. The facility's total census was 117 residents according to the Resident Census and Conditions of Residents form provided by the facility on 04/26/2022. Findings: Review of the Policy Titled, Adult Abuse/Neglect, Alleged or Suspected revealed the following, in part: Policy: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. Definitions: Staff includes employees, the medical director, consultants, contractors, volunteers, caregivers who provide care and services to residents on behalf of the facility, students in the facility's nurse aide training program, and students from affiliated academic institutions, including therapy, social and activity programs. Policy Explanation and Compliance Guidelines: 1. The facility will develop and implement written policies and procedures that: c. Include training for new and existing staff on activities that constitute abuse, neglect, exploitation, and misappropriate of resident property, reporting procedures, and dementia management and resident abuse prevention; The components of the facility abuse prohibition plan are discussed herein: Screening 1. Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Background, reference, and credentials' checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. 3. The facility will maintain documentation of proof that the screening occurred. 4. Prospective residents will be screened to determine whether the facility has the capability and capacity to provide the necessary care and services for each resident admitted to the facility. An assessment of the individual's functional and mood/behavioral status, medical acuity, and special needs will be reviewed prior to admission. 5. The facility will make individual determinations in consideration of current staffing patterns, staff qualifications, competency and knowledge, clinical resources, physical environment, and equipment. Employee Training 1. New employees will be educated on abuse, neglect, exploitation and misappropriation of resident property during initial orientation. ii. Training topics will include: 1. Prohibiting and preventing all forms of abuse, neglect, misappropriation of resident property, and exploitation; a. Identifying what constitutes abuse, neglect, exploitation, and misappropriation of resident property; b. Recognizing signs of abuse, neglect, exploitation and misappropriation of resident property, such as physical or psychosocial indicators; c. Reporting process for abuse, neglect, exploitation, and misappropriation of resident property, including injuries of unknown sources; Review of the Client Service Agreement and contract for the agency staffing service revealed the following, in part: Agency is a software company that provides a technology platform for the healthcare facility and employed or independent contractor healthcare service provider (herein known as Professional Providers) to find one another with the purposes of engaging in a business-to-business arrangement whereby the tow may contract for services needed by the Client. 1.1 Agency is not a healthcare service company. The Client acknowledges that the agency is not a hiring entity or employer of Professional Providers. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1.2 Client acknowledges that Professional Providers are independent contractor operating as self-employers individuals who use the agency platforms and services to offer and provide healthcare services to Clients. Client acknowledges that the agency has no responsibility for, control over, or involvement in the scope, nature, quality, character, time or location of any work of services performed by Professional Providers between the Client and Professional Services 4.0 Agency Responsibilities 4.1 .3 Professional Providers are required to maintain and keep current the appropriate credentials, licenses, and or/certifications to provide the applicable healthcare services during a shift, or otherwise practice their respective disciplines, in accordance with any applicable Laws governing such healthcare services in the city and state in which the Professional Provider bids on, accepts, or fulfills any Shift. 5.0 Client Responsibilities Client understands and agrees that throughout the term the agency is not responsible for the performance or non-performance of any Professional Provider. The Client hereby further acknowledges and agrees that the Client is solely responsible for securing all permits, licenses, and or renewals required by any government authority for a Professional Provider to complete any and all requested, accepted, or approved shifts. 1. An interview was conducted with S3ADON on 05/03/2022 at 01:36 p.m. S3ADON stated agency staff would not be trained specifically on the process for having medications filled by the pharmacy. An interview was conducted with S1ADM on 05/04/2022 at 03:00 p.m. He stated they use agency staff to fill the staffing needs and do not provide them with any specific training or orientation. He stated agency staff members should receive a tour of the building at the beginning of their shift from anyone who was available but that was the extent of his expectation. He confirmed it was also his expectation of agency staff to complete all necessary task without requiring any orientation or training related to the operations of a specific facility. He confirmed he would expect agency staff to ask facility staff on obtaining new medication orders. He reviewed the staffing sheet and stated all staff were agency staff on the nightshift of 03/04/2022 and all shifts on 03/05/2022. He also confirmed that given the staffing on 03/04/2022 and 03/05/2022, there were no facility staff nurses on-site for agency staff to utilize for guidance on ordering a new pain prescription after hours. 2. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted with S1ADM on 05/04/2022 at 10:35 a.m., who confirmed no one at the facility was responsible for nor had anyone verified competency testing &/or skills check offs were successfully completed prior to being scheduled or allowed to work at the facility. He also confirmed the facility had not provided any of the education, testing and/or skills checks offs for agency staff while they were working within the facility. He stated if someone had a medical license or certification, he would expect him or her to meet any criteria and have the knowledge/skills necessary to work within the facility and thought the agency would ensure those things before allowing them to be scheduled. He confirmed he was the person responsible for scheduling agency staff and he only verified license/certification, background check and Covid-19 vaccination status. He further confirmed that during the time period of 04/22/2022 through 04/29/2022, there were a total of 92 agency CNA shifts, 32 agency LPN shifts and 2 agency RN shifts scheduled and none of those had been verified for any training or competencies

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43133 44590 44794 44965 Based on observations, interviews, and record reviews the facility failed to ensure the pharmaceutical services provided procedures that assured accurate acquiring, receiving, dispensing, and administering of medications as ordered by the physician by failing to ensure: 1. Pain medication was acquired in a timely manner to relieve pain for 1 (#12) of 3 (#6, #12, and R7) residents reviewed for pain; and 2. An effective system was in place to accurately account for and identify loss of controlled substances for 7(#3, #6, #8, R4, R5, R7, R8) of 8 (#3, #6, #8, #12, R4, R5, R7, R8). Findings: Review of the Pharmacy Service Agreement revealed the following, in part: Emergency Services Facility shall have available Emergency pharmaceutical services twenty-four hours per day, seven days per week in their Facility stock. Review of the Unavailable Medications policy revealed the following, in part: The facility maintains a contract with a pharmacy provider to supply the facility with routine, prn, and emergency medications. Staff shall take immediate action when it is known that the medication is unavailable. Review of the Medication Administration policy revealed the following, in part: Policy Medication are to be administered as ordered by the physician and in accordance with professional standards of practice. Policy Explanation and Compliance Guidelines 3. Identify resident by photo in the MAR (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	8. Obtain and record vitals sings when applicable or per physicians orders. 10. Review MAR to identify medication to be administered. 11. Compare medication source with MAR to verify resident name, medication name, form, dose, route, and time. 17. Sign MAR after administered. 18. If medication is a controlled substance, sign the narcotic book. 20. Correct any discrepancies and report to the nurse manager. Review of the Controlled Substance Administration Guidelines policy revealed the following, in part: Policy The facility will have safeguards in place to prevent loss, diversion, or accidental exposure. Policy Explanation and Guidance 1. General Protocols e. All controlled substances are accounted for in one of the following ways: i. All controlled substances obtained from an non-automated medication cart or cabinet are recorded on the designated usage form. Written documentation must be clearly legible with all applicable information provided. ii. All non-stock Schedule II controlled substances dispensed form the pharmacy for a specific patient are recorded on the Controlled Drug Record supplied with the medication. f. In all cases, the dose noted on the usage form? must match the dose recorded on the MAR, controlled drug record, or other facility specified form and placed in the patient's medical record. h. The charge nurse or other designee conducts a daily visual audit of the required documentation of controlled substances. Spot checks are performed to verify: i. Controlled substances that are destroyed are appropriately documented ii. Medications removed from the medication cart/cabinet have a documented physician order. 5. Obtaining, Removing, Destroying Medications a. The entire amount of controlled substances obtained or dispensed is accounted for. 10. Inventory Verification (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a. For areas without automated dispensing systems, two licensed nurses account for all controlled substances and access keys at the end of each shift. 11. Discrepancy Resolution a. Any discrepancy in the count of controlled substances or disposition of the narcotic keys in resolved by the end of the shift during which it was recovered. b. Resolution can be achieved by review of dispensing and administration records and consulting with all staff with access. d. Any discrepancies which cannot be resolved must be reported immediately as follows: ii. Complete an incident report detailing the discrepancy, step taken to resolve it, and the names of all licensed staff working when the discrepancy was noted. iii. The DON, charge nurse, or designee must also report any loss of controlled substances where theft is suspected to the appropriate authorities such as local law enforcement, Drug Enforcement Agency, State Board of Nursing, State Board of Pharmacy and possibly the State Licensure Board for Nursing Home Administrators. e. Staff may not leave the area until discrepancies are resolved or reported as unresolved discrepancies. 1. Resident #12 Review of the clinical record revealed Resident # 12 was admitted to the facility on [DATE] with diagnoses which included Cerebral Infarction, Muscle Weakness, Lack of Coordination, Cognitive Communication Deficit, Dysphagia, Dysarthria and Hemiplegia. Review of the quarterly MDS with an ARD of 02/16/2022 revealed Resident # 12 had a BIMS of 14, which indicated she was cognitively intact. Review of the Incident Report, dated March 04, 2022, revealed, in part, the following: Date/Time: 03/04/2022 at 10:30 a.m. Unwitnessed Fall in Resident's Bathroom Describe Incident: Resident stated she fell while getting off toilet. Narrative of Incident: Resident at door calling for nurse, stating she fell while in restroom. Stated she was getting off toilet, missed her step, fell and hit her back and buttocks. Injuries: Yes; Fractured sacrum. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Required acute transfer/admission? Yes, local Emergency Department. discharged back to facility same day. Review of Hospital Records for Resident #12 revealed the following, in part: Resident # 12 was seen in the local emergency roiagnom on [DATE] at 12:35 p.m. following an unwitnessed fall with complaints of headache, hip pain and left arm pain. Resident received treatment for a closed fracture of sacrum, left arm pain and pleural effusion. Resident # 12 was discharged back to the facility with a written prescription for Norco 10-325mg by mouth every 6 hours as needed for pain for up to 3 days starting 03/04/2022. Review of the Discharge Orders for Resident #12 revealed the following, in part: 03/04/2022 Written prescription sent with resident for Norco 10-325mg. Take 1 tablet by mouth every 6 hours as needed for pain for up to 3 days starting 03/04/2022. Further review of Hospital Records for Resident #12 revealed the following, in part: Resident # 12 was again seen in the local emergency roiagnom on [DATE] at 12:47 a.m. with complaints of severe pain to buttocks. Physician notes indicated Seen here earlier today after a fall with sacral fracture. Did not have adequate pain medication at nursing home and cannot fill prescription that she was sent home with. Have ordered Norco by mouth. Review of the Physician's Orders dated February 2022 through March 2022 for Resident #12 revealed the following, in part: 02/09/2022 Pain monitoring every shift via Pain Intensity Rating Scale; and 02/09/2022 Tylenol 650mg by mouth every 6 hours as needed for pain; 03/04/2022 Norco 10-325mg take 1 tablet by mouth every 6 hours as needed for pain. Review of the Medication Administration Record dated February 2022 through March 2022 for Resident # 12 revealed the following, in part: Monitoring of pain level was not documented as ordered on the following dates and times: 03/04/2022 for the 02:00 p.m. - 10:00 p.m. shift; 03/04/2022 for the 10:00 p.m. - 06:00 a.m. shift; 03/05/2022 for the 06:00 a.m. - 02:00 p.m. shift; and 03/05/2022 for the 02:00 p.m. - 10:00 p.m. shift. Tylenol 650mg by mouth every 6 hours as needed for pain was administered on the following dates and times: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	03/05/2022 with no date/time documented; and 03/05/2022 with no date/time documented. Norco 10-325mg by mouth every 6 hours as needed for pain was administered on the following date and time: 03/05/2022 at 08:48 p.m. A review of the Pharmacy Refill Log dated February 2022 through March 2022 for Resident # 12 revealed the following, in part: Hydroco/APAP 10-325mg Tablet, one tablet by mouth every 6 hours as needed for pain. Filled: 12 tablets on 03/05/2022. Review of the Nurses Notes for Resident # 12 revealed the following, in part: 03/04/2022 at 11:20 p.m. - Resident returned to the facility from hospital moaning and groaning in excruciating pain, 10/10. Discharge paperwork stated morphine last given at 01:51 p.m. Nurse Practitioner contacted and ordered for resident to be sent back to hospital due to the facility not having the resident's pain medication available and pharmacy not being able to send until morning. 03/05/2022 at 01:20 a.m. - Resident returned to the facility from local emergency department after receiving pain medication. 03/05/2022 at 07:00 a.m. - Resident voiced pain concerns, nurse informed that her pain medication was on its way and that nurse will give Tylenol. Will continue to monitor. 05/05/2022 at 11:30 a.m. - Resident voiced pain at 5/10 from lower legs and sacrum. Will continue to monitor. No additional action/intervention indicated. 05/05/2022 at 03:30 p.m. - Resident voiced pain at 8/10. Nurse administered evening medications with Tylenol. Will continue to monitor. No additional action/intervention indicated. 05/05/2022 at 05:50 p.m. - Resident voiced pain, instructed to continue to relax. Will continue to monitor. No additional action/intervention indicated. Review of the current Care Plan for Resident # 12 revealed the following, in part: Problem: I am at risk for pain. Intervention: Administer medication as ordered. Document effectiveness of pain medication. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A telephone interview was conducted with S25PHARM on 04/27/2022 at 02:30 p.m., S25PHARM confirmed Resident # 12's prescription was received via fax on 03/05/2022 at 12:43 a.m. He then confirmed the on-call pharmacist was not called on the after-hours line to notify a prescription had been sent. He stated on 03/05/2022 in the morning, the faxed prescription for Resident # 12 was found but was not marked as a stat request. He confirmed Resident # 12's Norco 10-325mg was filled and picked up for delivery by the courier service on 03/05/2022 at 04:46 p.m. He confirmed had the prescription been marked stat, the prescription would have been filled and sent out for delivery within four hours or less. He confirmed any prescriptions sent after-hours or on weekends should always be followed up with a phone call. He stated all contracted facilities are aware of this policy regarding after hours prescriptions. An interview was conducted with S2DON and S3ADON on 04/27/2022 at 01:30 p.m. S2DON confirmed the facility does not keep any standby narcotics in their Emergency Medication Kit. S3ADON further confirmed they do not keep any narcotics in the facility that were not filled for a specific resident. An interview was conducted with S2DON on 05/04/2022 at 03:00 p.m., S2DON confirmed that he would have expected nurses to follow up with the pharmacy when they became aware the medication had not arrived to the facility. S2DON also confirmed Resident # 12 continued to report uncontrolled pain and was not able to receive her ordered pain medication until 03/05/2022 at 08:48 p.m., more than 20 hours after her last dose. 2. Resident #3 Review of the clinical record revealed Resident #3 was admitted the facility on 08/30/2020 and had diagnosis, which include Essential Hypertension, Encephalopathy, Muscle Weakness, Acute Kidney Failure, Schizoaffective Disorder, Acute Pyelonephritis, Type 2 Diabetes Mellitus without complications, Muscle Wasting and Atrophy, NEC, Multiple Sites. Review of Resident #3's physician orders dated 06/21/2021 revealed the following in part: Hydrocodone/Apap 5/325mg tablet, take one tablet by mouth every 6 hours as needed for pain. Review of Resident #3's Medication Administration Record for April 2022 revealed the following in part: Hydrocodone/Apap 5/325mg take 1 tablet by mouth every 6 hours as needed for pain on the following dates. Further review of April 2022 MAR revealed no signatures on the following dates: 04/01/2022, 04/20/2022, 04/03/2022, 04/04/2022, 04/05/2022, 04/06/2022, 04/07/2022, 04/11/2022, 04/12/2022, 04/13/2022, 04/14/2022, 04/15/2022, 04/16/2022, 04/17/2022, 04/18/2022, 04/19/2022, 04/20/2022, 04/21/2022, 04/22/2022, 04/23/2022, 04/25/2022, 04/26/2022, 04/27/2022, 04/28/2022, 04/29/2022 and 04/30/2022. A narcotic count was conducted with S18LPN on 05/04/2022 at 12:49 p.m., for Resident #3's Hydrocodone/Apap 5/325mg. Count was correct. An interview was conducted with Resident #3 on 05/04/2022 at 11:27 a.m. She stated she receives Hydrocodone/Apap 5/325mg one tablet each night for knee pain. She stated she receives one every evening before she gets in bed. She stated she has to ask for the medication, but most of the time staff knows to bring it to her. She stated she received pain medication last evening. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted with S2DON on 05/04/2022 at 2:17 p.m. He verified Resident #3 had 4 signed entries on her Medication Administration Record for Hydrocodone/Apap 5/325mg and twenty six entries on the Individual Patient's Narcotic Record. He verified Hydrocodone/Apap 5/325mg narcotic count was correct on 05/04/2022. He verified Hydrocodone/Apap 5/325mg was removed from blister packs and administered to R3 but signed as administrated on the Medication Administration Record by nurse on the on following dates 04/01/2022, 04/02/2022, 04/03/2022, 04/04/2022, 04/05/2022, 04/06/2022, 04/07/2022, 04/11/2022, 04/12/2022, 04/13/2022, 04/14/2022, 04/15/2022, 04/16/2022, 04/17/2022, 04/18/2022, 04/19/2022, 04/20/2022, 04/21/2022, 04/22/2022, 04/23/2022, 04/25/2022, 04/26/2022, 04/27/2022, 04/28/2022, 04/29/2022 and 04/30/2022. Resident #6 Review of the clinical record revealed Resident #6 was admitted to the facility on [DATE] and had diagnoses which included Chronic Pain Syndrome. Review of the Physician Orders dated April 2022 revealed the following, in part: Hydrocodone/Acetaminophen 5/325 milligrams take 1 tablet by mouth 4 times daily as needed for pain. Review of the quarterly MDS with an ARD of 04/07/2022 revealed Resident #6 had a BIMS of 14, which indicated he was cognitively intact. Review of the Facility Resident Sign In & Out Log for April 2022 revealed the following entry for Resident #6: Date: 04/29/2022, Time out: 04:30 p.m., Resident or person signing them out: daughter Where is resident going: home Review of the Medication Administration Record dated April 2022 for Resident #6 revealed the following, in part: 04/28/2022 Morphine 30 milligrams every 12 hours Signatures on the following dates and times indicting the medication was administered: 04/29/2022 at 08:00 a.m. and 08:00 p.m. Review of the Individual Patient's Narcotics Record April 2022 for Resident #6 revealed the following, in part: Morphine Sulfate ER 30 milligrams 2 times on 04/29/2022 at 08:00 a.m. and 08:00 p.m. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted with Resident #6 on 05/03/2022 at 11:57 a.m. He confirmed he went on therapeutic leave from the facility on 04/29/2022 at 04:30 p.m. and returned on 05/03/2022 at 04:00 a.m. He confirmed he would not have been in the facility to receive Morphine Sulfate ER 30 mg on 04/29/2022 at 8:00 p.m. An interview was conducted with S2DON on 05/06/2022 at 03:00 p.m. He verified Resident #6's Morphine was signed out on the narcotic record on 04/29/2022 at 08:00 p.m. He verified Resident #6 was not in the facility at that time and could not have received the medication. Resident #8 Review of the clinical record revealed Resident #8 was admitted to the facility on [DATE] with diagnoses which included Traumatic Rhabdomyolysis, Left Leg Atherectomy, Femoral Popliteal Bypass, Bilateral knee replacement, Cervical Lumbar Fusion, Left Great Toe Amputation. Review of Resident #8's Physician's Orders dated April 2022 - May 2022 revealed: Norco 10 - 325mg tab: take 1 tablet by mouth every 6 hours as needed for pain Review of Resident 8's Individual Patient's Narcotics Record for April 2022 - May 3, 2022 for R5 revealed the following entries for Norco 10 - 325 milligram tablets: 2 times on 04/12/2022 3 times on 04/14/2022 3 times on 04/16/2022 3 times on 04/17/2022 2 times on 04/18/2022 3 times on 04/23/2022 2 times on 04/24/2022 3 times on 04/25/2022 2 times on 04/26/2022 4 times on 04/27/2022 3 times on 04/28/2022 4 times on 04/29/2022 3 times on 04/30/2022 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3 times on 05/01/2022 3 times on 05/02/2022 4 times on 05/03/2022 Review of Resident #8's Medication Administration Record for April 2022 - May 3, 2022 revealed the following, in part: Norco 10 - 325 milligrams by mouth every 6 hours as needed for Pain with signatures on the following dates which indicated it was administered to Resident #8: 1 time on 04/12/2022 2 times on 04/14/2022 1 time on 04/16/2022 2 times on 04/17/2022 1 time on 04/18/2022 1 time on 04/23/2022 1 time on 04/24/2022 1 time on 04/25/2022 1 time on 04/26/2022 2 times on 04/27/2022 2 times on 04/28/2022 3 times on 04/29/2022 1 time on 04/30/2022 1 time on 05/01/2022 2 times on 05/02/2022 2 times on 05/03/2022 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted with S2DON on 05/05/2022 at 02:50 p.m. He verified Resident #8 had 24 entries on his Medication Administration Record for Norco and 47 entries on the Individual Patient's Narcotic Record. He reviewed the MAR and Individual Patient's Narcotic record and confirmed the documentation on Resident #8's MAR did not reflect the amount of times the medication was signed out on the Individual Patient's Narcotic Record. He stated the discrepancy meant either the doses were missing or had been administered to the resident and not documented. Resident # R4 Review of the clinical record revealed Resident # R4 was admitted to the facility on [DATE] and had diagnoses which included Unspecified Open Wound of Unspecified Buttock and Cognitive Communication Deficit. Review of Resident # R4's Physician Telephone Order dated 04/22/2022 revealed the following, in part: Ativan 0.25 milligrams by mouth twice daily as needed for Anxiety Review of the Individual Patient's Narcotics Record for April 2022 for Resident # R4 revealed the following entries for Lorazepam 0.5 milligram tablets: 2 times on 04/27/2022 1 time on 04/28/2022 Review of the Medication Administration Record for April 2022 revealed the following, in part: Ativan 0.25 milligrams by mouth twice daily as needed for Anxiety with signatures on the following dates which indicated it was administered to Resident # R4: 1 time on 04/27/2022 0 times on 04/28/2022 An interview was conducted with S2DON on 05/05/2022 at 09:48 a.m. He verified Resident # R4 had five entries on his Medication Administration Record for Lorazepam and seven entries on the Individual Patient's Narcotic Record. He confirmed lorazepam was removed from the narcotic record 2 times on 04/27/2022 and 1 time on 04/28/2022. He reviewed the MAR and confirmed lorazepam was shown as administered 1 time on 04/27/2022 and none on 04/28/2022. He stated that meant two doses were missing or had been administered to the resident and not documented. Resident # R5 Review of the clinical record revealed Resident # R5 was admitted to the facility on [DATE] with diagnoses which included Type 2 Diabetes Mellitus, Peripheral Vascular Disease, Chronic Ulcer with Unspecified Location of the Left Lower Leg. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident R5's Physician Orders, dated March 2022 through May 2022, revealed the following, in part: 12/13/2021 Hydrocodone/Acetaminophen 5/325 milligrams take 1 tablet by mouth every 6 hours as needed for pain. Review of Resident R5's Individual Patient's Narcotics Record for March 2022 through May 04, 2022 revealed the following entries for Hydrocodone/APAP 5-325 mg: 1 time on 03/08/2022 2 times on 03/10/2022 2 times on 03/11/2022 2 times on 03/12/2022 1 time on 03/13/2022 1 time on 03/14/2022 1 time on 03/15/2022 1 time on 03/16/2022 1 time on 03/17/2022 1 time on 03/18/2022 1 time on 03/19/2022 2 times on 03/20/2022 2 times on 03/21/2022 1 time on 03/22/2022 1 time on 03/23/2022 3 times on 03/24/2022 1 time on 03/25/2022 2 times on 03/26/2022 1 time on 03/27/2022 2 times on 03/28/2022 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1 time on 03/29/2022 2 times on 03/30/2022 1 time on 03/31/2022 2 times on 04/01/2022 1 time on 04/03/2022 1 time on 04/04/2022 2 times on 04/05/2022 3 times on 04/06/2022 1 time on 04/08/2022 1 time on 04/09/2022 1 time on 04/10/2022 1 time on 04/11/2022 1 time on 04/12/2022 3 times on 04/13/2022 1 time on 04/14/2022 1 time on 04/15/2022 2 times on 04/16/2022 2 times on 04/17/2022 1 time on 04/18/2022 2 times on 04/19/2022 1 time on 04/20/2022 3 times on 04/21/2022 1 time on 04/22/2022 1 time on 04/23/2022 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1 time on 04/24/2022 2 times on 04/26/2022 2 times on 04/27/2022 2 times on 04/28/2022 1 time on 04/29/2022 1 time on 04/30/2022 1 time on 05/01/2022 1 time on 05/02/2022 1 time on 05/03/2022 1 time on 05/04/2022 Review of Resident R5's Medication Administration Record for March 2022 through May 04, 2022 revealed the following, in part: Hydrocodone/Acetaminophen 5/325 milligrams one tablet by mouth every six hours as needed for pain with signatures on the following dates which indicated it was administered to Resident R5: 2 times on 04/02/2022 1 time on 04/07/2022 1 time on 04/08/2022 2 times on 04/10/2022 1 time on 04/11/2022 1 time on 04/12/2022 1 time on 04/13/2022 1 time on 04/14/2022 1 time on 04/16/2022 1 time on 04/19/2022 2 times on 04/21/2022 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2 times on 04/24/2022 1 time on 04/28/2022 1 time on 04/30/2022 1 time on 05/02/2022 1 time on 05/03/2022 A telephone interview was conducted with S25PHARM on 04/27/2022 at 02:30 p.m. He verified the following quantities were sent to the facility on the following dates: 12/13/2021 - 28 tablets; 01/18/2022 - 28 tablets; 01/28/22 - 28 tablets; and 03/23/2022 - 120 tablets. An interview was conducted with S20RN on 05/05/2022 at 11:05 a.m. She confirmed she has noticed narcotics signed out on various Narcotic Count Sheets but not signed on the corresponding section of the MAR. She confirmed she reported that information to the previous DON. An interview was conducted with S1ADM with S2DON present on 05/05/2022 at 2:30 p.m. He confirmed narcotics should be secured and locked in the medication cart for storage. He confirmed R5's Hydrocodone/Acetaminophen 5/325 milligrams was signed out and removed on the individual narcotic record 54 times for March 2022 through May 04, 2022. He reviewed the March through May 2022 MAR's and confirmed the Hydrocodone/Acetaminophen 5/325 milligrams was shown as administered 20 times. He confirmed if a narcotic was signed out on the narcotic record, it should have been documented on R5's MAR. Resident # R7 Review of the clinical record for Resident # R7 revealed she was admitted to the facility on [DATE] and readmitted on [DATE]. She had diagnoses which included Methicillin Resistant Staphylococcus Infection Causing Diseases Classified Elsewhere and Cutaneous Abscess of Back. Review of the Telephone Order dated 04/25/2022 for Resident # R7 revealed the following: Oxycodone 5/325 milligrams one tablet by mouth every six hours as needed for pain Review of the Individual Patient's Narcotics Record starting April 25, 2022 for Resident # R7 revealed the following, in part: Oxycodone 5/235 mg 3 times on 04/27/2022 3 times on 04/30/2022 2 times on 05/02/2022 Review of the April 2022 and May 2022 MAR for Resident # R7 revealed the following, in part: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Oxycodone 3/325 mg 1 tablet by mouth every 6 hours as needed for pain with signatures on the following dates which indicated it was administered to Resident # R7: 1 times on 04/27/2022 0 times on 04/30/2022 1 time on 05/02/2022 An interview was conducted with S2DON on 05/06/2022 at 03:00 p.m. He confirmed Resident # R7's oxycodone 5/325 mg was signed out and removed on the individual narcotic record 3 times on 04/27/2022, 3 times on 04/30/2022, and 2 times on 05/02/2022. He reviewed the April and May 2022 MARs and confirmed the oxycodone 5/325 mg was shown as being administered 1 time on 04/27/2022, none on 04/30/3022, and 1 time on 05/02/2022. He confirmed if a narcotic was signed out on the narcotic record, it should have been documented on Resident # R7's MAR. Resident # R8 Review of the clinical record for Resident # R8 revealed he was readmitted to the facility on [DATE] with diagnoses which included Pain in right shoulder and Chronic Pain. Review of Resident # R8's current Physician Orders revealed the following, in part: 03/18/2022 Oxycodone/APAP, Take 1 tablet by mouth every 6 hours as needed Review of the Daily Nursing Staff Reports revealed S12LPN worked in the facility on the following days and shifts in the month of April 2022. April 6, 2022 from 2:00 p.m. to 10:00 p.m. April 7, 2022 from 6:00 a.m. to 10 p.m. April 11, 2022 from 2:00 p.m. to 10 p.m. Review of the Individual Patient's Narcotics Record dated April 2022 for Resident # R8 revealed the following, in part: Oxycodone/APAP 10-326 mg Amount Ordered 28 Amount Received 28 04/01/2022 11:00 p.m. removed 1, remaining amount 27 04/07/2022 6:00 a.m., removed 1, remaining amount 26 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Further review revealed a handwritten note indicating on 04/12/2022 at 6:30 p.m., a 7 day supply was sent (28 tablets) from the pharmacy to the facility at the facility's expense. Review of the written statement by S8RN dated 04/11/2022 revealed the following, in part: When I took the cart over last night a nurse had walked off the job. I did not know until 1:00 a.m. that the nurse had left. I was counting and looking at all the pages and found Resident # R8 entire card with 26 tablets Oxycodone/APAP 10/325 mg was missing. I called and notified S4ADON about this, he said they would follow up in the a.m. by calling the nurses who worked the cart. Review of the written statement by S7LPN dated 04/12/2022 revealed the following, in part: On 04/12/2022 when coming onto work 6:00 a.m.-2:00 p.m. I was informed by S8RN that Resident # R8's entire card with 26 tablets of oxycodone/apap 10/325 mg was missing. An interview was conducted with S1ADM on 05/03/2022 at 2:00 p.m. He confirmed Resident # R8's oxycodone/apap 10/325 mg card containing 26 pills was identified as missing from the medication cart on 04/11/2022. He stated S27LPN was an agency nurse who was assigned to work on 04/11/2022 from 2:00 p. m. to 6:00 a.m. He stated she left the facility around midnight and never came back. He stated she was responsible for the medication cart that was missing the 26 oxycodone/apap. He stated he contacted the pharmacy consultant and was instructed not to contact the officials because he could not prove who took the medication and they would not do anything. He stated the medication was replaced the next day. A telephone interview was conducted S9PC on 05/06/2022 at 11:23 a.m. She confirmed the facility made her aware Resident # R8's oxycodone/APAP 10/325 mg with a 26 count card was missing on 04/12/2022. She stated she did not come to the facility, train the staff, or investigate the missing narcotic card. She stated the facility handled the situation internally. She stated there was no pattern of missing medications that she was aware of and this was an isolated case. She explained if a pattern was identified she would go to the facility and assist with the investigation. She explained it is ultimately up to the facility to contact the authorities, but unless is a large quantity of missing medications she does not recommend it. A telephone interview was conducted with S6PHAR on 05/06/2022 at 11:31 a.m. She confirmed the pharmacy refilled the resident's oxycodone/APAP on 04/12/2022, but was not made aware the first card went missing. She explained the prescription was ready to be refilled and it was not questioned. She stated the facility did not contact the pharmacy and communicate that 26 oxycodone/APAP 10/325 mg tablets were unaccounted for. She confirmed she would have expected to be notified of this in order to make a note for any other discrepancies that may come up. An interview was conducted with S2DON on 04/05/2022 at 3:00 p.m. He stated he was not made aware Resident # R8's narcotic card containing 26 oxycodone/apap 10/325 mg was unaccounted for in the month of April 2022. He confirmed the facility did not have an effective system in place to account for narcotic medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44590 Based on observations, interviews, and record reviews, the facility failed to ensure the medication error rate was less than 5% for 1 (#9) of 18 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, R1, R4, R5, R6, R7, R8) resident's observed during medication pass. Findings: Review of the Medication Administration policy revealed the following, in part: Policy Medication are to be administered as ordered by the physician and in accordance with professional standards of practice. Policy Explanation and Compliance Guidelines 3. Identify resident by photo in the MAR 8. Obtain and record vitals sings when applicable or per physicians orders. 10. Review MAR to identify medication to be administered. 11. Compare medication source with MAR to verify resident name, medication name, form, dose, route, and time. 17. Sign MAR after administered. 18. If medication is a controlled substance, sign the narcotic book. 20. Correct any discrepancies and report to the nurse manager. Review of the Facility's Standing Orders revealed the following, in part: 10. Diabetes a. Accuchecks AC and HS if patient is on insulin and not specified. c. Sliding scale with regular insulin given subcutaneously: Less than 60 - Give juice and call provider. Less than 200 - no coverage 200 to 250 - 4 units (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	251 to 300 - 6 units 301 to 350 - 8 units 351 to 400 - 10 units 401 to 450 - 12 units Greater than 450 - 14 units Review of the clinical record revealed Resident # 9 was admitted to the facility on [DATE] with an admitting diagnosis of Type 2 Diabetes Mellitus with ketoacidosis without coma. Review of the Hospital Physician Discharge Orders for Resident #9, dated 04/08/2022, revealed in part, the following: New Medications: Nystatin Powder - Topical two times daily. Medications to Continue: Blood Glucose Meter - Four times daily, before meals and nightly. Novolog Flexpen (Insulin Aspart) U-100 Insulin 100 unit/mL - Inject 3 units into the skin 3 times daily with meals. Review of the Physician Admission Orders for Resident #9, dated 04/08/2022, revealed, in part, the following: No order written for Novolog Inj per sliding scale (SS) with accuchecks three times daily. (Sliding Scale: 0-200 = 0 units, 200-250 = 4 units, 251-300 = 6 units, 301-350 = 8 units, 351-400 = 10 units, 401-450 = 12 units, >450 = 14 units and notify MD/NP). No order written for Nystatin Powder topically twice daily. Review of the May 2022 Physician Orders for Resident #9 revealed, in part, the following: No order written for Novolog per sliding scale (SS) with accuchecks three daily. (Sliding Scale: 0-200 = 0 units, 200-250 = 4 units, 251-300 = 6 units, 301-350 = 8 units, 351-400 = 10 units, 401-450 = 12 units, >450 = 14 units and notify MD/NP). Review of the Medication Administration Record (MAR) for Resident #9 dated April 2022, revealed, the following, in part: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Nystatin Powder - Topically twice daily. (Not present on MAR): 0 of 44 doses with a physician's order were administered on the following dates/times; 04/08/2022 through 04/30/2022 at 08:00 a.m.; and 04/08/2022 through 04/30/2022 at 05:00 p.m. Ferrous Gluconate - 1 tab by mouth daily: 22 doses without a physician's order were administered on the following dates/times: 04/08/2022 through 04/30/2022 at 08:00 a.m. Novolin R U-100 - SubQ per SS ACHS: 88 doses without a physician's order were administered on the following dates/times: 04/08/2022 through 04/30/2022 at 05:30 a.m.; 04/08/2022 through 04/30/2022 at 11:30 a.m.; 04/08/2022 through 04/30/2022 at 04:00 p.m.; and 04/08/2022 through 04/30/2022 at 08:00 p.m. Review of the printed Medication Administration Record (MAR) for Resident #9, dated 05/01/2022 and in use through 05/05/2022 at noon, revealed, in part, the following Ferrous Gluconate - 1 tab by mouth daily: 4 unordered doses were administered on the following dates/times: 05/01/2022 through 05/04/2022 at 08:00 a.m. Novolin R U-100 - SubQ per SS ACHS: 18 doses without a physician's order were administered on the following dates/times: 05/01/2022 through 05/05/2022 at 05:30 a.m.; 05/01/2022 through 05/05/2022 at 11:30 a.m.; 05/01/2022 through 05/05/2022 at 04:00 p.m.; and 05/01/2022 through 05/05/2022 at 08:00 p.m. On 04/27/2022 at 07:30 a.m., an observation of Resident # 9's 08:00 a.m. medication administration was performed with S7LPN. A total of 9 opportunities were observed with a total of 5 tablets given, no accucheck performed, no insulin doses administered and no topical powders applied for a total of 5 errors. In addition, upon leaving resident's room and returning to medication cart, S7LPN was observed to leave a blank space and not document the above missed opportunities as being held or refused on the resident's MAR. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted on 04/27/2022 at 07:35 a.m. with Resident # 9, who confirmed he had not refused nor had he received his morning accucheck, his insulin doses or nystatin prior to the observed medication pass. An interview was conducted on 04/27/2022 at 07:40 a.m. with S7LPN, who confirmed she had not performed the following orders for Resident # 9 during his Medication Pass: accucheck, insulin administration and topical powder application. She also confirmed the dose of Ferrous Gluconate did not have an accompanying Physician's Order and that she had left the documentation blank for each of the missed opportunities. On 5/05/2022 at 11:40 a.m., an observation of Resident # 9's 11:30 a.m. medication administration was performed with S7LPN. A total of 3 opportunities were observed with the incorrect type of insulin administered per sliding scale and scheduled dose of 3 units for a total of 2 errors. An interview was conducted on 5/05/2022 at 11:40 a.m. with Resident # 9, who confirmed he was supposed to receive Novolog instead of Novolin R for the two doses of 11:30 a.m. insulin. An interview was conducted on 5/05/2022 at 11:45 a.m. with S7LPN, who confirmed she administered Novolin R during Resident # 9's 11:30 a.m. medication administration. An interview was conducted with S8NP on 05/03/2022 at 01:55 p.m. S8NP stated upon admission the resident should have been receiving Novolog 3u TID with meals and Novolog sliding scale insulin AC and HS. S8NP confirmed Ferrous Gluconate should have never been ordered and was not sure where that order came from. S8NP confirmed Nystatin should have been ordered and listed on the MAR twice daily since admission. S8NP also confirmed Resident #9 should have received Novolog instead of Novolin R. An interview was conducted with S2DON on 05/05/2022 at 12:45 p.m. S2DON reviewed Resident # 9's hospital discharge orders, admission orders, and MAR. He confirmed 7 medication administration errors were made out of the 29 opportunities observed for a 24.14% error rate. He also confirmed multiple medication errors took place from 04/08/2022 through 05/05/2022 due to the inaccurate transcription of orders upon admission for Resident # 9. He confirmed Nystatin powder had not been transcribed on the April 2022 MAR and resulted in multiple missed doses. He confirmed multiple doses of Ferrous Gluconate were administered from 04/08/2022 through 05/04/2022 without the presence of a physician's order. He also confirmed a multiple doses of the incorrect insulin, Novolin R, was administered from 04/08/2022 through 05/05/2022 at noon.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44590 44965 Based on observations, interviews and record reviews the facility failed to ensure residents were free of significant medication errors for 2 (#1, #9) of 13 (1#, #2, #3, #6, #8, #9, #12, R1, R4, R5, R6, R7, R8) residents observed during medication pass. The facility failed to ensure: 1. Resident #1 received cardiac medications as ordered by the physician; and 2. Resident #9 received blood glucose monitoring and insulins as ordered by the physician. This deficient practice resulted in an Immediate Jeopardy situation for Resident #1 beginning on 04/06/2022 at 08:00 p.m. when nursing staff failed to administer her second scheduled daily dose of Entresto 24/26 mg, which was prescribed to treat a diagnosis of Congestive Heart Failure. Resident #1 did not receive the second daily dose of Entresto from 04/06/2022 through 04/22/2022 resulting in being transferred to the emergency room and diagnosed with a Congestive Heart Failure Exacerbation. Upon return to the facility on [DATE], nursing staff continued to omit the second daily dose of Entresto. This deficient practice resulted in an Immediate Jeopardy situation for Resident #9 beginning on 04/08/2022 upon admission to the facility when nursing staff failed to accurately transcribe medication orders onto his MAR. The transcription errors led to the administration of the wrong type and frequency of insulin. This resulted in multiple medication errors for Resident #9 from 04/08/2022 through 05/05/2022. In addition, Resident #9 did not consistently receive monitoring of blood glucose levels or administration of correct doses or type of insulin for multiple missed and/or inaccurate opportunities. These errors resulted in Resident #9 being transferred to the emergency roiagnom on [DATE] with a diagnosis of Hyperglycemia. Upon return to the facility on [DATE], the medication errors, inconsistent monitoring of blood glucose levels and inconsistent administration of hyperglycemic medications continued. S1ADM and S2DON were notified of the Immediate Jeopardy on 05/04/2022 at 07:00 p.m. The Immediate Jeopardy was removed on 05/06/2022 at 03:25 p.m. when the provider presented an acceptable plan of removal. Through observations, interviews and record reviews surveyors confirmed the following components of the plan of removal had been initiated and/or implemented prior to exit. Plan of Removal: Identification of Residents affected or likely to be affected: The facility took the following actions to address the citation and prevent any additional residents from suffering an adverse outcome. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	The DON and designee(s) completed a chart audit of all residents receiving medication for pain management, diabetes mellitus, and cardiac related diagnoses. The Medication Administration Records (MAR) were reviewed against the physicians' orders to ensure transcription accuracy, medications timely acquired, documented appropriately, and administered as ordered. (Initiated 05/04/2022 at 08:00 p.m. Anticipated Completion Date 05/09/2022) - Any negative findings will be corrected immediately and DON/Designee notified. The DON and Nursing Administrative staff completed a chart audit of residents with Diabetes Mellitus requiring blood glucose monitoring and insulin were reviewed to ensure accurate administration of insulin as ordered. (Initiated on 05/04/2022 at 08:00 p.m. with an anticipated completion date 05/09/2022 - Any negative findings will be corrected immediately and DON/Designee notified. The DON and Nursing Administrative staff completed a review of narcotic medication counts against the MAR and medication card to ensure accurate documentation and procedures as outlined in the facility's Controlled Substance and Accountability Policy. (Initiated 05/04/2022 at 08:00 p.m. anticipated completion date 05/09/2022) - Any negative findings will be corrected immediately and DON/Designee notified. The Facility Medical Director or Nurse Practitioner will review all residents' current and active orders to determine accuracy. (Initiated 05/06/2022 anticipated completion date 05/13/2022) Actions to prevent occurrence/recurrence: The facility took the following actions to prevent an adverse outcome from reoccurring. The DON or designee reviewed all applicable facility policies and procedures. (Completed 05/05/2022) Facility DON and ADON will receive education on monitoring and implementation of routine chart audits including Physicians Orders, Medication Administration Record, and Narcotic Logs from the Corporate QA Nurse. Competency will be verified by exam and a pass rate of 90% or higher must be achieved. (Initiated 05/05/2022 - anticipated completion date 05/06/2022) The DON or designee re-educated licensed nurses prior to working their next shift on the following facility's policies: (Initiated 05/04/2022 at 08:00 p.m., All Licensed Nurses must receive education prior to shift) Medication Administration Policy Medication Error Policy Medication Monitoring Policy (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Unavailable Medications Policy Medication Reordering Policy Timely Administration of Insulin Policy Blood Glucose Monitoring Policy Controlled Substance Administration and Accountability Policy Facility Pharmacy Consultant, Corporate QA Nurse, and Representatives from Pharmacy will conduct a mandatory in person in-service with licensed nurses on Wednesday, May 11 at 2:00 p.m. A competency exam will be administered at the conclusion of this training and licensed nurses must prove knowledge by obtaining a pass rate of 90% or above on the exam. Any licensed nurse that does not attend mandatory in service must review education materials provided during the training and complete exam with a pass rate of 90% or above before working any future shift. The DON or designee will monitor appropriate implementation by reviewing MAR's, Narcotic Logs, and new orders during clinical startup meeting. (Initiated 05/05/2022 - Any negative findings will be corrected immediately) The DON will complete corrective action and one-to-one education on above listed topics with licensed nurse(s) identified as being deficient in their practice resulting in this citation. (Initiated 05/05/2022) The DON or designee will educate and supervise all current and new hire licensed nurses and agency nurses on the above policies, ensure adequate training, and are competent to provide appropriate care to residents according to their plan of care and facility's policies. (Initiated 05/05/2022) The DON or designee will conduct weekly chart audits for physician orders to ensure transcription accuracy, medications timely acquired, documented appropriately, and administered as ordered. The audits will continue until compliance can be maintained for three consecutive months. (Initiated 05/05/2022) The DON and Nursing Administrative staff completed a chart audit of residents with diabetes mellitus requiring blood glucose monitoring and insulin were reviewed to ensure accurate administration of insulin as ordered. (Initiated 05/04/2022) The DON or designee will conduct a medication cross match weekly to identify the amount on hand is checked against the amount used daily from the documentation records of Controlled Substance Count and MAR. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	(Initiated 05/05/2022) The DON and designees will complete match back of all medication carts and ensure accurate medications are on hand for all current orders. (Will initiate immediately upon completion of physicians order review being conducted by facility Medical Director/Nurse Practitioners) The deficient practice continued at a potential for more than minimal harm for all of the 117 residents residing in the facility who received medications administered by the nursing staff. Findings: Review of the Medication Administration policy revealed the following, in part: Policy Medication are to be administered as ordered by the physician and in accordance with professional standards of practice. Policy Explanation and Compliance Guidelines 3. Identify resident by photo in the MAR 8. Obtain and record vitals sings when applicable or per physicians orders. 10. Review MAR to identify medication to be administered. 11. Compare medication source with MAR to verify resident name, medication name, form, dose, route, and time. 17. Sign MAR after administered. 18. If medication is a controlled substance, sign the narcotic book. 20. Correct any discrepancies and report to the nurse manager. Review of the Facility's Standing Orders revealed the following, in part: 10. Diabetes a. Accuchecks AC and HS if patient is on insulin and not specified. c. Sliding scale with regular insulin given subcutaneously: Less than 60 - Give juice and call provider. Check Less than 200 - no coverage 200 to 250 - 4 units (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	251 to 300 - 6 units 301 to 350 - 8 units 351 to 400 - 10 units 401 to 450 - 12 units Greater than 450 - 14 units Resident #1 Review of the clinical record revealed Resident #1 was admitted to the facility on [DATE] and readmitted on [DATE]. Resident #1 had diagnoses which included Unspecified Atrial Fibrillation, Unspecified Atrial Flutter, Hypertension, and Congestive Heart Failure. Review of the quarterly MDS with an ARD of 03/15/2022 revealed Resident #1 had a BIMS of 15, which indicated the resident was cognitively intact. Review of the current Care Plan for Resident #1 revealed the following, in part: Problem: Atrial Fibrillation and Atrial Flutter - risk for irregular pulse and chest pains secondary to history of Atrial Fibrillation/Atrial Flutter rhythm. Intervention: Medications as ordered by the Medical Doctor. Problem: I have a diagnosis of Congestive Heart Failure. My nurse monitors me for any complications and reports to my Medical Doctor as appropriate. Goal: I will not experience chest pain and pulse will remain within normal limits through next review period. Interventions: Medications as ordered. Obtain labs as ordered and report abnormal findings to my Medical Doctor promptly. Alert my Medical Doctor to any signs/symptoms if resident with any verbal complaint of chest pain, numbness, dizziness, and treat as indicated. Assess me for any edema or fluid buildup in lungs and report to my Medical Doctor as needed. Review of the Physician Orders dated April 2022 for Resident #1 revealed the following, in part: (Start date: 04/05/2022) Entresto 24/26 milligrams by mouth twice daily (Start date: 04/05/2022) Xarelto 20 milligrams by mouth daily (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of the Pharmacy Refill Log for Resident #1 for April 2022 revealed the following, in part: Drug/Description: Entresto 24-26 milligram tablet, one tablet by mouth twice daily. Fill dates and quantities sent to the facility: 04/05/2022 - 18 tablets, 04/12/2022 - 28 tablets, and 04/27/2022 - 28 tablets Drug/Description: Xarelto 20 milligram tablet by mouth daily Fill dates and quantities filled: 04/05/2022 - 9 tablets, 04/12/2022 - 14 tablets, and 04/27/2022 - 14 tablets Review of the Medication Administration Record dated April 2022 for Resident #1 revealed the following, in part: Entresto 24/26 milligrams by mouth twice daily; missing signatures on 04/06/2022 through 04/27/2022 for the evening dose indicated Resident #1 did not receive Entresto twice daily as ordered Xarelto 20 milligrams by mouth daily at 08:00 a.m.; missing signatures on 04/14/2022 and 04/22/2022, which indicated Resident #1 did not receive it. A telephone interview was conducted with S6PHARM on 04/29/2022 at 10:27 a.m. She stated Resident #1's Entresto 24/26 milligrams was filled on 04/05/2022. She verified the following quantities were sent to the facility: 04/05/2022 - quantity: 18, 04/12/2022 - quantity: 28, and 04/27/2022 - quantity: 28 Xarelto 20 milligrams and delivered to the facility: 04/05/2022 - quantity: 9, 04/12/2022 - quantity: 14, and 04/27/2022 - quantity: 14 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	An observation was made of Resident #1's Xarleto 20 milligram tablets medication card on 04/28/2022 at 02:30 p.m. with S5LPN. S5LPN confirmed Resident #1 had one card of Xarelto 20 milligram tablets that was dated 04/14/2022 and had 4 tablets left and a medication card of Xarelto 20 milligram tablets dated 04/27/2022 that contained 14 pills. An observation was made with SS7LPN of Resident #1's medication cards on 04/29/2022 at 11:20 a.m. The following was observed: Entresto 24/26 milligrams dated 04/14/2022 - 19 pills present and Entresto 24/26 milligrams dated 04/27/2022 - 27 pills present An interview was conducted with Resident #1 on 04/29/2022 at 11:53 a.m. She stated she received Entresto once daily in the mornings. She confirmed she had never received Entresto twice daily. An interview was conducted with S2DON on 04/29/2022 at 01:22 p.m. S2DON confirmed that Resident #1 should have been out of her Xarelto that was filled on 04/12/2022. He confirmed there were three missed dosed of Xarelto. He verified Resident #1 had only received Entresto once daily since 04/06/2022 and she should have received it twice daily. He stated the nurse who transcribed the order should have put a morning and evening/night dose time slot on Resident #1's Medication Administration Record to prompt the night nurse to administer the medication again. He verified Resident #1 had only received Entresto once daily based on the amount available in the medication cards compared to the amount received by the pharmacy. He confirmed Resident #1's emergency room visit on 04/22/2022 could have been avoided if she had received Entresto twice daily. He also confirmed after Resident #1 returned to the facility from the emergency room the nursing staff failed to begin to administer Entresto twice daily as ordered. An interview was conducted with S7LPN on 05/04/2022 at 11:30 a.m. She stated when she received a new medication order, she placed the new order on the Medication Administration Record, and she would place 08:00 a.m. and 08:00 p.m. on the hour slot if it was a twice daily medication. She verified the Medication Administration Record for Resident #1 dated April 2022 only had an 08:00 a.m. time slot. She stated the nurse would not know to administer a second dose in the evening unless she read the drug description. She verified the Entresto medication order read twice daily but there were no signatures present to indicate Resident #1 received an evening dose since the start of the medication order on 04/05/2022. A telephone interview was conducted with S10LPN on 05/06/2022 at 01:40 p.m. She verified she was assigned to care for Resident #1 from 02:00 p.m. to 10:00 p.m. on 04/22/2022. She confirmed Resident #1 complained of burning chest pain on 04/22/2022. She stated she assessed Resident #1 and immediately notified S11NP who ordered Resident #1 be transferred to the emergency room . An interview was conducted with S13CNA on 05/06/2022 at 02:04 p.m. She stated on 04/22/2022 around 04:30 p.m., Resident #1 was in the dining room complaining of chest pain. She stated her and the nurse immediately brought Resident #1 to her room and the nurse assessed her. She stated Resident #1 was assisted to bed and an ambulance picked her up from the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	An interview was conducted with S11NP on 05/06/2022 at 02:20 p.m. She verified she was in the facility on 04/22/2022 when Resident #1 complained of chest pain. She stated she was asked by S10LPN to assess Resident #1. She stated Resident #1 complained of shortness of breath and burning chest pain. She stated she gave an order to send Resident #1 to the hospital. Review of the Transfer Log dated April 2022 revealed Resident #1was transferred to the hospital on 04/22/2022 at 04:30 p.m. with Review of hospital records revealed Resident #1 arrived at the hospital on 04/22/2022 at 05:20 p.m. with chest pain. She described her pain as burning to the center of her lower chest with occasional sharp pains. She had some pain under her right breast and the burning occurred more when lying down. She had a new diagnosis of Atrial Fibrillation earlier in April 2022. Her diagnoses included Chest Pain and Exacerbation of Congestive Heart Failure. Physical exam was notable for irregularly irregular heartbeat, mild tenderness to epigastrium, and left lower extremity edema. Resident #1's chest xray demonstrated infiltrates consistent with Mild Exacerbation of Congestive Heart Failure. Resident #1's Electrocardiogram revealed the resident was in atrial fibrillation. Resident #1 was given an additional dose of Lasix in the emergency room and instructed to follow-up with her primary care provider and cardiologist as soon as possible. Review of Resident #1's hospital lab results dated 04/22/2022 revealed: B-Natriuretic Peptide: 790.5 pg/mL - High. (Normal range is 0.0-99.9 pg/mL. BNP levels go up when the heart cannot pump the way it should. The higher the number, the more likely heart failure is present and the more severe it is.) An interview was conducted with Resident #1's cardiologist on 05/04/2022 at 09:12 a.m. The physician confirmed Resident #1 should have been receiving Xarelto daily for Atrial Fibrillation. The physician stated Resident #1 was at increased risk for stroke related to her Atrial Fibrillation, and if she had not received all doses of her Xarleto, she was at a greater increased risk of stroke. The physician confirmed Resident #1 should have been receiving Entresto twice daily for a diagnosis of Congestive Heart Failure. The physician stated Resident #1's emergency room visit on 04/22/2022 could have been prevented if she had received the Entresto twice daily. The physician stated Entresto was to help decrease edema and Congestive Heart Failure Exacerbations. Resident #9 Review of the clinical record revealed Resident # 9 was admitted to the facility on [DATE] with an admitting diagnosis of Type 2 Diabetes Mellitus with ketoacidosis without coma. Review of the quarterly MDS with an ARD of 04/15/2022 revealed Resident # 9 had a BIMS of 14, which indicate he was cognitively intact. Review of Hospital Records revealed resident was discharged to the facility on [DATE] with diagnoses including profound Hyperglycemia, Diabetic Ketoacidosis associated with Type 1 Diabetes Mellitus, Dehydration, Hypovolemia and Acute Kidney Injury. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Further review of Hospital Records revealed resident was sent out to the local emergency department on 05/04/2022 for a capillary blood glucose reading of 600. Resident #9 reported to hospital staff that he had missed 2 doses of Lantus in the last week because the medication was not available. He received treatment in the Emergency Department for a diagnosis of Hyperglycemia and was discharged back to the facility later the same day. Review of the Hospital Physician Discharge Orders, dated 04/08/2022, revealed in part, the following: New Medications: Humalog (Insulin Lispro) 100 unit/mL - Inject (Inj) 4 units into the skin three times daily before meals. Lantus Solustar U-100 Insulin 100 unit/mL - Inj 14 units into the skin nightly. Medications to Continue: Blood Glucose Meter - Four times daily, before meals and nightly (ACHS). Novolog Flexpen (Insulin Aspart) U-100 Insulin 100 unit/mL - Inj 3 units into the skin 3 times daily with meals (08:00 a.m., 11:30 a.m., 05:30 p.m.) Review of the current Care Plan for Resident # 9 revealed the following, in part: Problem: I am at risk for elevated blood glucose levels related to my diagnosis of Diabetes 1. Intervention: Monitor blood sugar as ordered. Administer medications as ordered. Review of the Physician Admission Orders, dated 04/08/2022, revealed, in part, the following: No order written for Novolog Inj per sliding scale (SS) with accuchecks three times daily. (Sliding Scale: 0-200 = 0 units, 200-250 = 4 units, 251-300 = 6 units, 301-350 = 8 units, 351-400 = 10 units, 401-450 = 12 units, >450 = 14 units and notify MD/NP). Review of the May 2022 Physician Orders revealed, in part, the following: No order written for Novolog per sliding scale (SS) with accuchecks three daily. (Sliding Scale: 0-200 = 0 units, 200-250 = 4 units, 251-300 = 6 units, 301-350 = 8 units, 351-400 = 10 units, 401-450 = 12 units, >450 = 14 units and notify MD/NP). Review of the Medication Administration Record (MAR), April 2022, revealed, the following, in part: Novolin R U-100 - SubQ per SS ACHS: 88 doses without a physician's order were administered on the following dates/times: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	04/08/2022 through 04/30/2022 at 05:30 a.m.; 04/08/2022 through 04/30/2022 at 11:30 a.m.; 04/08/2022 through 04/30/2022 at 04:00 p.m.; and 04/08/2022 through 04/30/2022 at 08:00 p.m. Review of the printed Medication Administration Record (MAR), dated 05/01/2022 and in use through 05/05/2022 at noon, revealed, in part, the following Novolin R U-100 - SubQ per SS ACHS: 18 doses without a physician's order were administered on the following dates/times: 05/01/2022 through 05/05/2022 at 05:30 a.m.; 05/01/2022 through 05/05/2022 at 11:30 a.m.; 05/01/2022 through 05/05/2022 at 04:00 p.m.; and 05/01/2022 through 05/05/2022 at 08:00 p.m. Review of the Medication Administration Record (MAR), dated April 2022 through May 05, 2022, revealed, in part, the following: Lantus 14 units SubQ nightly at 08:00 p.m.: the following possible doses were not documented on the following dates/times: 04/14/2022; 04/15/2022; 04/18/2022; 04/22/2022; 04/27/2022; 04/28/2022; 04/29/2022; and 05/04/2022. Novolog 3 units SubQ three times daily with meals at 08:00 a.m., 11:00 a.m. and 05:00 p.m.: the following possible doses were not documented on the following dates/times: 04/15/2022 at 05:00 p.m.; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	04/19/2022 at 08:00 a.m.; 04/22/2022 at 05:00 p.m.; 04/23/2022 at 08:00 a.m.; 04/28/2022 at 08:00 a.m.; 04/29/2022 at 08:00 a.m.; 04/29/2022 at 11:00 a.m.; 04/29/2022 at 05:00 p.m.; 04/30/2022 at 08:00 a.m.; 04/30/2022 at 11:00 a.m.; and 04/30/2022 at 05:00 p.m. Insulin - SubQ per SS ACHS: the following possible doses were not documented on the following dates/times: 04/24/2022 at 08:00 p.m.; 04/26/2022 at 04:00 p.m.; 04/26/2022 at 08:00 p.m.; 04/27/2022 at 04:00 p.m.; 04/28/2022 at 08:00 p.m.; 04/29/2022 at 11:00 a.m.; 04/29/2022 at 04:00 p.m.; 04/29/2022 at 08:00 p.m.; 04/30/2022 at 11:00 a.m.; 04/30/2022 at 04:00 p.m.; and 04/30/2022 at 08:00 p.m Accucheck monitoring ACHS: the following results were not documented or not performed on the following dates/times: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	04/22/2022 at 05:30 a.m.; 04/22/2022 at 04:00 p.m.; 04/26/2022 at 04:00 p.m.; 04/26/2022 at 08:00 p.m.; 04/27/2022 at 04:00 p.m.; 04/29/2022 at 11:00 a.m.; 04/29/2022 at 04:00 p.m.; 04/29/2022 at 08:00 p.m.; 04/30/2022 at 11:00 a.m.; and 04/30/2022 at 04:00 p.m. Review of the Medication Administration Record (MAR), dated April 2022 through May 05, 2022, revealed, in part, the following: Lantus 14 units SubQ nightly at 08:00 p.m.: the following possible doses were documented illegibly on the following dates/times: 04/26/2022; 05/01/2022; and 05/02/2022. Novolog 3 units SubQ three times daily with meals at 08:00 a.m., 11:00 a.m. and 05:00 p.m.: the following possible doses of were documented illegibly on the following dates/times: 04/27/2022 at 08:00 a.m.; 04/28/2022 at 05:00 p.m.; and 05/01/2022 at 12:00 p.m. Insulin - SubQ per SS ACHS: the following possible doses were documented illegibly on the following dates/times: 04/12/2022 at 12:00 a.m.; 04/13/2022 at 05:30 a.m.; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	04/18/2022 at 04:00 p.m.; 04/19/2022 at 05:30 a.m.; 04/20/2022 at 05:30 a.m.; 04/21/2022 at 11:30 a.m.; 04/21/2022 at 04:00 p.m.; 04/22/2022 at 05:30 a.m.; 04/22/2022 at 04:00 p.m.; 04/23/2022 at 05:30 a.m.; 04/25/2022 at 05:30 a.m.; 04/25/2022 at 11:00 a.m.; 04/26/2022 at 11:00 a.m.; 04/28/2022 at 11:30 a.m.; 05/03/2022 at 08:00 p.m.; and 05/02/2022 at 08:00 p.m. Accucheck monitoring ACHS: the following results were documented illegibly on the following dates/times: 04/13/2022 at 05:30 a.m.; 04/18/2022 at 04:00 p.m.; 04/19/2022 at 05:30 a.m.; 04/20/2022 at 05:30 a.m.; 04/21/2022 at 04:00 p.m.; 04/23/2022 at 05:30 a.m.; 04/25/2022 at 05:30 a.m.; 04/25/2022 at 11:00 a.m.; 04/26/2022 at 11:00 a.m.; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	04/30/2022 at 08:00 p.m.; 05/03/2022 at 08:00 p.m.; and 05/02/2022 at 08:00 p.m. On 04/27/2022 at 07:30 a.m., an observation of Resident # 9's 08:00 a.m. medication administration was performed with S7LPN. A total of 9 opportunities were observed with a total of 5 tablets given, no accucheck performed, no insulin doses administered and no topical powders applied for a total of 5 errors. In addition, upon leaving resident's room and returning to medication cart, S7LPN was observed to leave a blank space and not document the above missed opportunities as being held or refused on the resident's MAR. An interview was conducted on 04/27/2022 at 07:35 a.m. with Resident # 9, who confirmed he had not refused nor had he received his morning accucheck, his insulin doses or nystatin prior to the observed medication pass. An interview was conducted on 04/27/2022 at 07:40 a.m. with S7LPN, who confirmed she had not performed the following orders for Resident # 9 during his Medication Pass: accucheck, insulin administration and topical powder application. She also confirmed the dose of Ferrous Gluconate did not have an accompanying Physician's Order and that she had left the documentation blank for each of the missed opportunities. On 5/05/2022 at 11:40 a.m., an observation of Resident # 9's 11:30 a.m. medication administration was performed with S7LPN. A total of 3 opportunities were observed with the incorrect type of insulin administered per sliding scale and scheduled dose of 3 units for a total of 2 errors. An interview was conducted on 5/05/2022 at 11:40 a.m. with Resident # 9, who confirmed he was supposed to receive Novolog instead of Novolin R for the two doses of 11:30 a.m. insulin. An interview was conducted on 5/05/2022 at 11:45 a.m with S7LPN, who confirmed she administered Novolin R during Resident # 9's 11:30 a.m. medication administration. An interview was conducted with S22NP and S23NP on 05/03/2022 at 01:55 p.m. S23NP stated upon admission the resident should have been receiving Novolog 3u TID with meals and Novolog sliding scale insulin ACHS and Nystatin. S22NP confirmed if a resident had an order for Lantus but were not receiving it that would cause a problem with maintaining blood sugar levels and would also cause issues for providers to properly prescribe dosing of medications. S22NP and S23NP both confirmed Novolog and Novolin R are not interchangeable because they work in different ways and confirmed Resident #9 should not have received Novolin R. S22NP stated the incorrect insulin could be why they have not been able to control the resident's blood sugar levels. S22NP reviewed the April 2022 MAR with the surveyor and confirmed multiple insulins were not documented as being administered consistently and in his opinion would indicate why the resident's accucheck readings have been uncontrolled. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 05/05/2022 at 11:20 a.m., an interview was conducted with Resident # 9 who stated he was admitted to the facility following a hospitalization for high blood sugar levels and has had issues with controlling his glucose since he arrived to the facility. He stated he has been sent out to the hospital with elevated glucose levels. He confirmed the staff are not performing accuchecks and not providing insulin consistently or timely. He stated S7NP asked him to begin tracking and logging his own accucheck levels in order to get an accurate log to appropriately provide treatment. An interview was conducted with S2DON, S3ADON, and S19N present on 05/05/2022 at 12:45 p.m. S2DON reviewed Resident # 9's hospital discharge orders, admission orders for April 2022, MAR for April 2022, MAR for May 2022 and the physician orders for May 2022. He confirmed multiple medication errors related to the inaccurate transcription of orders upon admission and the inaccurate transcription of orders onto the MAR for Resident # 9. He also confirmed Novolog and Novolin are not interchangeable insulins. S3ADON stated that Novolin R was the brand insulin the facility used for sliding scale standing orders. S3ADON stated she was responsible for transcribing new orders, including admission orders. She confirmed there was no in-house process for checking the accuracy of newly transcribed orders and confirmed the pharmacy did not review admission orders until the end of the month the resident was admitted . S3ADON stated she sometimes communicated via email with the facility's NP to question or clarify admit orders and would make changes to the admit order sheet and/or MAR based on that communication but would not write the new orders and/or order clarifications as a new verbal and/or telephone order to be reviewed and signed by the provider. S2DON confirmed any new orders, changes, and order clarifications should always be written as a verbal and/or telephone order then reviewed and signed off on by the ordering provider. S2DON also confirmed multiple occurrences of missing and/or illegible documentation of accuchecks and multple issues regarding missing and/or illegible documentation, inappropriately held and/or incorrect sliding scale dosing of insulins. S2DON confirmed he would expect Resident # 9's blood sugar to have been closely monitored with his insulin administered as ordered, especially following his hospital visit on 05/04/2022. S2DON confirmed a nurse could not make the decision to change a physician's order on their own and if a nurse had a question as to giving insulin or holding it, he would expect the NP to have been contacted followed by a nurses note and verbal or telephone order written to indicate the order(s) they received. S2DON reviewed Resident # 9's MARs dated 04/08/2022 through 05/05/2022 and confirmed the missing documentation of multiple doses of Lantus. He confirmed if the resident did not receive his insulin as ordered, which could account for the continued fluctuations in blood glucose levels since the resident's admission. S2DON also confirmed multiple occurrences of missing and/or illegible documentation of accuchecks and multiple issues regarding doses not given, missing and/or illegible documentation and/or incorrect sliding scale dosing of insulins.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 - Some	Administer the facility in a manner that enables it to use its resources effectively and efficiently. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44590 44965 Based on observations, interviews, and record review, the facility failed to be administered in a manner that enables it to use it resources effectively and efficiently to attain or maintain the highest practicable physical, mental and psychosocial well-being for 8 (#1, #6, #8, #9, #12, R4, R5, R7) of 20 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, R1, R2, R3, R4, R5, R6, R7, and R8) sampled residents reviewed. The facility failed to have effective systems in place to: 1. Ensure the facility accurately and safely provided or obtained pharmaceutical services to ensure medications were acquired, available, and administered in a timely manner to meet the needs of the residents; 2. Ensure capillary blood glucose levels were obtained, Insulin was administered as prescribed, and medications were administered in accordance with professional standards and residents' person centered plans of care; and 3. Ensure agency staff nurses were oriented to facility polices regarding medication administration and following residents' person centered plans of care. This deficient practice resulted in an Immediate Jeopardy situation for Resident #1 beginning on 04/06/2022 at 08:00 p.m. when nursing staff failed to administer her second scheduled dose of Entresto 24/26 mg, which was prescribed to treat a diagnosis of Congestive Heart Failure. Resident #1 did not receive the second dose of Entresto from 04/06/2022 through 04/22/2022 when she was transferred to the emergency room and diagnosed with a Congestive Heart Failure Exacerbation. Upon return to the facility, nursing staff continued to omit the second daily dose of Entresto. This deficient practice resulted in an Immediate Jeopardy situation for Resident #9 beginning on 04/08/2022 upon admission to the facility when nursing staff failed to accurately transcribe admission orders and medication orders onto his MAR. These errors included a missing order for Nystatin, the addition of an unordered medication - Ferrous Gluconate, and inaccurate orders for the type and timing of insulins. This resulted in a total of 177 medication errors for Resident #9 from 04/08/2022 through 05/05/2022. In addition, Resident #9 did not consistently receive monitoring of blood glucose levels or doses of insulin for a total of 72 missed/inaccurate opportunities. These errors resulted in Resident #9 being transferred to the emergency roiagnom on [DATE] with a diagnosis of Hyperglycemia. Upon return to the facility, the medication errors, inconsistent monitoring of blood glucose levels and inconsistent administration of hyperglycemic medications continued. S1ADM and S2DON were notified of the immediate jeopardy on 05/04/2022 at 07:00 p.m. The Verbal Plan for the Removal of Immediacy was approved on 05/04/2022 at 07:45 p.m. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 - Some	The Immediate Jeopardy was removed on 05/06/2022 at 03:25 p.m. when the provider presented an acceptable plan of removal. Through interview and record review, the surveyors confirmed the following components of the plan of removal had been initiated and/or implemented prior to exit. Plan of Removal: Identification of Residents Affected or Likely to be Affected: The facility took the following actions to address the citation of administration in a manner that uses resources effectively and efficiently to meet the needs of the resident by adhering to the facility's policies and systems related to pharmaceutical services, ongoing blood glucose monitoring, and documentation and tracking of narcotic medication counts. The DON and designee(s) completed a chart audit of all residents receiving medication for Pain Management, Diabetes Mellitus, and Cardiac Related Diagnoses. The Medication Administration Records (MAR) were reviewed against the physicians' orders to ensure transcription accuracy, medications timely acquired, documented appropriately, and administered as ordered. (Initiated 05/04/2022 at 08:00 p.m. Anticipated Completion Date 05/09/2022) - Any Negative Findings Will Be Corrected Immediately and DON/Designee Notified. The DON and Nursing Administrative staff completed a chart audit of residents with Diabetes Mellitus requiring blood glucose monitoring and insulin were reviewed to ensure accurate administration of insulin as ordered. (Initiated 05/04/2022 at 08:00 p.m. Anticipated Completion Date 05/09/2022) - Any Negative Findings Will Be Corrected Immediately and DON/Designee Notified. The DON and Nursing Administrative staff completed a review of narcotic medication counts against the MAR and medication card to ensure accurate documentation and procedures as outlined in the facility's Controlled Substance and Accountability Policy. (Initiated 05/04/2022 at 08:00 p.m. Anticipated Completion Date 05/09/2022) - Any Negative Findings Will Be Corrected Immediately and DON/Designee Notified. The Facility Medical Director or Nurse Practitioner will review all residents' current and active orders to determine accuracy. (Initiated 05/06/2022. Anticipated Completion Date 05/13/2022). Actions to Prevent Occurrence/Recurrence: The facility took the following actions to prevent an adverse outcome from reoccurring. All applicable facility policies and procedures were reviewed by the administrative staff to ensure the systems established for pharmaceutical services, ongoing blood glucose monitoring, and documentation and tracking of narcotic medication counts are followed. (Completed 05/05/2022). Facility DON and ADON will receive education on monitoring and implementation of routine chart audits including Physicians Orders, Medication Administration Record, and Narcotic Logs by corporate Quality Assurance Nurse. Competency will be verified by exam and a pass rate of 90% or higher must be achieved. (Initiated 05/05/2022. Anticipated Completion Date 05/06/2022). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 - Some	The Administrative staff, DON or designee re-educated licensed nurses on facility policies regarding the following facility's policies and all nurses were educated prior to working their next shift: (Initiated 05/04/2022 at 08:00 p.m., All Licensed Nurses must receive education prior to shift). Medication Administration Policy Medication Error Policy Medication Monitoring Policy Unavailable Medications Policy Medication Reordering Policy Timely Administration of Insulin Policy Blood Glucose Monitoring Policy Controlled Substance Administration and Accountability Policy Facility Pharmacy Consultant, Corporate Quality Assurance Nurse, and Representatives from Pharmacy will be on hand to conduct a mandatory in person in-service with licensed nurses on Wednesday, May 11th at 02:00 p.m. A competency exam will be administered at the conclusion of this training and licensed nurses must prove knowledge by obtaining a pass rate of 90% or above on the exam. Any licensed nurse that does not attend mandatory in-service must review education materials provided during the training and complete exam with a pass rate of 90% or above before working any future shift. The DON or designee will monitor appropriate implementation by reviewing MARs, Narcotic Logs, and new orders during clinical startup meeting. (Initiated 05/05/2022 - Any Negative Findings Will Be Corrected Immediately) Will continue Louisiana Department of Health verifies monitoring until compliance. The DON will complete corrective action and one-to-one education on above listed topics with licensed nurse(s) identified as being deficient in their practice resulting in this citation. (Initiated 05/05/2022) The DON or designee will educate and supervise all current and new hire licensed nurses and agency nurses on the above policies, ensure adequate training, and are competent to provide appropriate care to residents according to their plan of care and facility's policies. Training will be included in orientation and annual competencies. Evidence of training will be maintained in the employee's personnel files. (Initiated 05/05/2022) The DON or designee will conduct weekly chart audits for physician orders to ensure transcription accuracy, medications timely acquired, documented appropriately, and administered as ordered. The audits will continue until compliance can be maintained for three consecutive months. (Initiated 05/05/2022) Will continue Louisiana Department of Health verifies monitoring until compliance. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 - Some	The DON and Nursing Administrative staff completed a chart audit of residents with Diabetes Mellitus requiring blood glucose monitoring and insulin were reviewed to ensure accurate administration of insulin as ordered. (Initiated 05/04/2022) Will continue Louisiana Department of Health verifies monitoring until compliance. The DON or designee will conduct a medication cross match weekly to identify the amount on hand is checked against the amount used daily from the documentation records of Controlled Substance Count and MAR. (Initiated 05/05/2022) Will continue Louisiana Department of Health verifies monitoring until compliance. The DON or designee will ensure standard nursing competencies are verified of all agency nurses by completing an orientation/training prior to shift and documenting on a checklist (Initiated 05/06/2022). Facility Administrator or Designee will monitor staffing levels in the facility by conducting labor huddles with Human Resources and Clinical Management to review time clock data as well as agency usage by reviewing agency shift reports to ensure adequate staffing levels are maintained (Initiated 05/06/2022). The DON and designees will complete match back of all medication carts and ensure accurate medications are on hand for all current orders. (Will Initiate Immediately Upon Completion of Physicians Order Review Being Conducted by Facility Medical Director/Nurse Practitioners). Findings: Review of the Pharmacy Service Agreement revealed the following, in part: Emergency Services Facility shall have available Emergency pharmaceutical services twent0fou hours per day, seven days per week in their Facility stock. Review of the Policy Titled, Medication Orders revealed the following, in part: Policy: This facility shall use uniform guidelines for the ordering of medication. 1. Medications should be administered only upon the signed order of a person lawfully authorized to prescribe. 2. Verbal orders should be received only by licensed nurses, or pharmacists, and confirmed in writing by the physician, on the next visit to the facility. (See Verbal Orders Policy) Documentation of Medication Orders: a. Each medication order should be documented with the date, time, and signature of the person receiving the order. The order should be recorded on the physician order sheet, and the Medication Administration Record (MAR) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 - Some	b. Clarify the order. c. Enter the order on the medication order and receipt record d. Call or fax the medication order to the provider pharmacy. e. Transcribe newly prescribed medications on the MAR or treatment record. f. When a new order changes the dosage of a previously prescribed medication, discontinue previous entry by writing DC'd and the date. g. Enter the new order on the MAR. h. Notify resident's sponsor/family of new medication order. Specific Procedures for Medication Orders: i. Handwritten Order Signed by the Physician - The charge nurse on duty at the time the order is received should note the order and enter it on the physician order sheet, if not written by the physician. If necessary, the order should be clarified before the physician leaves the nursing station, whenever possible, j. Verbal Orders - The nurse should document an order by telephone or in person on the physician's order sheet, transmit the appropriate copy to the pharmacy for dispensing, and place the signed copy on the designated page in the resident's medical records. Physician orders should be signed per state specific guidelines. k. Written Transfer Orders - (sent with a resident by a hospital or other health care facility) Implement a transfer order without further validation, if it is signed and dated by the resident's current attending physician, unless the order is unclear or incomplete, or the date signed is different from the date of admission. If the order is unsigned, or signed by another physician, or the date is other than the date of admission, the receiving nurse should verify the order with the current attending, before medications are administered. The nurse should document verification on the admission order record, by entering the time, date, and signature. Example: Order verified by the phone with Dr. [NAME]/M. [NAME], R.N. Review of the Policy Titled, Medication Administration revealed the following, in part: Policy: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. Policy Explanation and Compliance Guidelines: 8. Obtain and record vital signs, when applicable or per physician orders. When applicable, hold medication for those vital signs outside the physician's prescribed parameters. 10. Review MAR to identify medication to be administered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 - Some	11. Compare medication source (bubble pack, vial, etc.) with MAR to verify resident name, medication name, form, dose, route, and time. 17. Sign MAR after administered. For those medications requiring vital signs, record the vital signs onto the MAR. 18. If medication is a controlled substance, sign narcotic book. 20. Correct any discrepancies and report to nurse manager, Review of the Policy Titled, Controlled Substance Administration & Accountability revealed the following, in part: Policy: It is the policy of this facility to promote safe, high quality patient care, compliant with state and federal regulations regarding monitoring the use of controlled substances. The facility will have safeguards in place in order to prevent loss, diversion or accidental exposure. Policy Explanation and Compliance Guidelines: II. Discrepancy Resolution: a. Any discrepancy in the count of controlled substances or disposition of the narcotic keys is resolved by the end of the shift during which it is discovered b. Resolution can be achieved by review of dispensing and administration records and consulting with all staff with access. c. Additional reports may be available from the pharmacy. d. Any discrepancies which cannot be resolved must be reported immediately as follows: i. Notify the DON, charge nurse, or designee and the pharmacy; ii. Complete an incident report detailing the discrepancy, steps taken to resolve it, and the names of all licensed staff working when the discrepancy was noted; iii. The DON, charge nurse, or designee must also report any loss of controlled substances where theft is suspected to the appropriate authorities such as local law enforcement, Drug Enforcement Agency, State Board of Nursing, State Board of Pharmacy and possibly the State Licensure Board for Nursing Home Administrators. e. Staff may not leave the area until discrepancies are resolved or reported as unresolved discrepancies. Review of the Policy Titled, Pain Management revealed the following, in part: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 - Some	Policy: The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. Policy Explanation and Compliance Guidelines: The facility will utilize a systematic approach for recognition, assessment, treatment and monitoring of pain. Recognition: 1. In order to help a resident attain or maintain his/her highest practicable level of physical, mental, and psychosocial well-being and to prevent or manage pain, the facility will: a. Recognize when the resident is experiencing pain and identify circumstances when the pain can be anticipated c. Manage or prevent pain, consistent with the comprehensive assessment and plan of care, current professional standards of practice, and the resident's goals and preferences. 2. Facility staff will observe for nonverbal indicators which may indicate the presence of pain. These indicators include but are not limited to: b. Loss of function or inability to perform activities of daily living (ADLs) (e.g. rubbing a specific location of the body, or guarding a limb or other body parts) c. Fidgeting, increased or recurring restlessness d. Facial expressions (e.g. grimacing, frowning, fright, or clenching of the jaw) i. Negative vocalizations (e.g. groaning, crying, whimpering, or screaming) Pain Assessment: 2. Based on professional standards of practice, an assessment or evaluation of pain by the appropriate members of the interdisciplinary team (e.g., nurses, practitioner, pharmacists, and anyone else with direct contact with the resident) may necessitate gathering the following information as applicable to the resident: a. History of pain and its treatment (including non-pharmacological, pharmacological, and alternative medicine (CAM) treatment and whether or not each treatment has been effective); c. Reviewing the resident's current medical conditions (e.g. pressure injuries, diabetes with neuropathic pain, immobility, infections, amputation, oral health conditions, post CVA, venous and arterial ulcers, and multiple sclerosis). g. Impact of pain on quality of life (e.g. sleeping, functioning, appetite and mood). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 - Some	h. Current prescribed pain medications, dosage and frequency. Review of the Policy Titled, Timely Administration of Insulin revealed the following, in part: Policy: It is the policy of this facility to provide timely administration of insulin in order to meet the needs of each resident and to prevent adverse effects on a resident's condition Policy Explanation and Compliance Guidelines: 1. All insulin will be administered in accordance with physician's orders. 2. For current insulin orders, an adequate supply of insulin will be maintained for each resident. Insulin will be reordered as needed according to facility policy. 3. For new or emergency orders for insulin, the facility may use medications from the emergency kit. 4. Insulin administration will be coordinated with meal times and bedtime snacks unless otherwise specified in the physician order. Procedure: a. Review the insulin order: Resident name. ii. Medication name. iii. Medication dosage. iv. Time to be administered. v. Route of administration. b. Timely Administration of Insulin. b. Prepare insulin dose. Before administering insulin, perform two nurse verification of correct resident, dose calculations, and correct route of administration. c. Administer insulin at appropriate times. d. Document on the medication administration record the time and location of the insulin injection. Review of the Client Service Agreement and Contract for the agency staffing service revealed the following, in part: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 - Some	Agency is a software company that provides a technology platform for the healthcare facility and employed or independent contractor healthcare service provider (herein known as Professional Providers) to find one another with the purposes of engaging in a business-to-business arrangement whereby the tow may contract for services needed by the Client. 1.1 Agency is not a healthcare service company. The Client acknowledges that the agency is not a hiring entity or employer of Professional Providers. 1.2 Client acknowledges that Professional Providers are independent contractor operating as self-employers individuals who use the agency platforms and services to offer and provide healthcare services to Clients. Client acknowledges that the agency has no responsibility for, control over, or involvement in the scope, nature, quality, character, time or location of any work of services performed by Professional Providers between the Client and Professional Services 4.0 Agency Responsibilities 4.1 .3 Professional Providers are required to maintain and keep current the appropriate credentials, licenses, and or/certifications to provide the applicable healthcare services during a shift, or otherwise practice their respective disciplines, in accordance with any applicable Laws governing such healthcare services in the city and state in which the Professional Provider bids on, accepts, or fulfills any Shift. 5.0 Client Responsibilities Client understands and agrees that throughout the term the agency is not responsible for the performance or non-performance of any Professional Provider. The Client hereby further acknowledges and agrees that the Client is solely responsible for securing all permits, licenses, and or renewals required by any government authority for a Professional Provider to complete any and all requested, accepted, or approved shifts. 1. An interview was conducted with S2DON and S3ADON on 04/27/2022 at 01:30 p.m. S2DON confirmed the facility did not keep any standby narcotics in their Emergency Medication Kit. S3ADON further confirmed there were no narcotics in the facility that were not filled for a specific resident and those medications would have to be filled by the pharmacy. An interview was conducted with S3ADON on 05/03/2022 at 01:36 p.m., who stated she knew the facility had been having frequent issues for quite some time with getting medications filled in a timely manner by the pharmacy and she recalled having to place some medications on hold in the past for various residents because they did not have the medications on-hand. She further confirmed no one within the facility had ever identified or addressed potential ways to correct the problem. S3ADON then confirmed she was responsible for transcribing new orders, including admission orders and there was no in-house process for checking the accuracy of the newly transcribed orders or handwritten MARs. She stated she was aware nurses were writing in orders on the MAR and faxing the MAR to the pharmacy, but the pharmacy should not fill the medication without a physician's order. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 - Some	An interview was conducted with S1ADM on 05/04/2022 at 03:00 p.m., who confirmed the facility did not provide any specific training or orientation for agency staff prior to or during their shift. He further stated he would expect them to ask a facility staff member for guidance on how to process a new medication order. He reviewed the staffing sheet and stated all staff were agency staff on the nightshift of 03/04/2022 and all shifts on 03/05/2022. He also confirmed given the staffing on 03/04/2022 and 03/05/2022, there were no facility staff nurses on-site for agency staff to utilize for guidance on submitting a new prescription for narcotic pain medication after hours. An interview was conducted with S2DON on 05/04/2022 at 03:20 p.m., who confirmed Resident # 12 continued to report uncontrolled pain but did not receive pain medication for more than 20 hours after the last dose in the Emergency Department because the medication was not available in the facility. He confirmed the medication was not available in the facility because the agency nurse assigned to the resident had not followed the proper procedure to obtain an after-hours prescription and there was no documentation to indicate anyone else from the facility ever followed up when the medication did not arrive within the expected timeframe. S2DON then confirmed he would have expected nurses to follow the after-hours procedure for filling medications and if the medication did not arrive, someone should have followed up with the pharmacy when they became aware the medication had not arrived. During an interview on 05/05/2022 at 11:05 a.m., S20RN confirmed she had noticed narcotics signed out on various Individual Patient's Narcotics Record but not signed on the corresponding section of the MAR. She confirmed she reported that information to the previous DON but was not aware of anything done about it. She confirmed there was supposed to be a narcotic count check at the end and start of each shift to verify the correct count and ensure the narcotic record matched the MAR. She then stated she rarely saw nurses do it and usually got push back whenever she insisted it be done with anyone she relieved or was relieved by during shift change. She stated she had voiced her concerns to administration some time ago regarding the push back but was not aware of anything done to change it. She also stated the charge nurses were supposed to perform and document a random narcotic check on each of the medication carts during their shift but she did not think many did and was not aware of anyone being held accountable for actually doing it. During an interview on 05/05/2022 at 2:30 p.m., S1ADM confirmed narcotics should be secured and locked in the medication cart for storage. He confirmed a narcotic count check should be performed at the end and start of each shift to verify the count and MAR matched and were accurate but was not sure if that had been monitored for being completed prior to him taking the position. He also confirmed if a narcotic were pulled from a resident's medication card and signed out on the Narcotic Count Sheet that meant the nurse had accepted possession of and assumed responsibility for that dose of the controlled substance. He confirmed after the narcotic count sheet was filled out, the nurse should then document the administration of the medication on that resident's MAR to indicate they had released the medication from their possession to the resident for it to be taken. He confirmed if the MAR documentation were not present, he would interpret that as diversion of a narcotic, along with a discrepancy in the narcotic count. A telephone interview was conducted with S9PC on 05/06/2022 at 11:23 a.m. She stated the facility was responsible for conducting their own investigation for missing narcotics. She stated the facility contacted her regarding one narcotic medication card missing, but they had not notified her of a pattern of missing narcotics. She stated it was left up to the facility if they notified authorities. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 - Some	An interview was conducted with S2DON on 05/06/2022 at 03:00 p.m., who confirmed if multiple cards were delivered as part of one narcotic prescription refill, he would expect the medication cards and the narcotic count sheets to have been marked 1 of __ cards to indicate the total number of cards sent for that prescription. He also confirmed there were only two narcotic count sheets created for Resident # R5 following the 03/23/2022 delivery of 120 doses of Norco 5/325mg (4 cards with 30 doses each card) which left 60 doses (2 cards with 30 pills each) unaccounted for and none of the narcotic count sheets were labeled __ of 4 cards to indicate the total doses received. He confirmed not having the cards labeled this way would make it difficult for an oncoming nurse to know if any cards of medications were missing. He confirmed he was not aware of any system that had been in place to ensure these processes were followed. He then confirmed if a narcotic was pulled from the medication card, it should have been documented on the Individual Narcotic Record and on the residents' MAR. He stated if the narcotic was not signed out on the residents' MAR there was no way of knowing where the medication went. He stated for new medication orders the nurse receiving the order was responsible for faxing it to pharmacy and updating the MAR. He stated there was no one responsible for checking the MAR behind the nurse. He stated if the medication was not signed, it was not given. He stated it was not acceptable for the nurse to say they gave it but did not or forgot to sign/document it on the MAR. He confirmed if the MAR documentation was not present, he would interpret that as diversion of a narcotic, along with a discrepancy in narcotic count created and would have to review policies with S1ADM to determine next steps. He then confirmed the dates administered on Resident # R5's MAR did not match the dates on the Narcotic Count Sheet and confirmed a total of 42 unaccounted for doses of Resident R5's Norco 5/325mg from the narcotic count sheets received on 01/18/2022, 03/23/2022 and 03/24/2022. 2. An interview was conducted with S2DON and S3ADON on 05/05/2022 at 12:45 p.m. S3ADON stated she sometimes communicated via email with the facility's NP to question or clarify admit orders and would make changes to the admit order sheet and/or MAR based on that communication but would not write the new orders/order clarifications as a new verbal/telephone order to be reviewed and signed by the provider. S2DON confirmed any new orders, changes, and order clarifications should always be written as a verbal/telephone order then reviewed and signed off on by the ordering provider. S2DON confirmed he would expect Resident # 9's blood sugar to have been closely monitored with his insulin administered as ordered. S2DON confirmed a nurse could not make the decision to change a physician's order on their own and if a nurse had a question as to giving insulin or holding it, he would expect the NP to have been contacted followed by a nurse note and verbal/telephone order written to indicate the order(s) they received. S2DON also confirmed Resident #9's recent visit to the emergency department due to uncontrolled blood glucose levels and confirmed if the resident had not had his blood glucose levels monitored closely and did not receive his insulin as ordered, it could account for the continued fluctuations in blood glucose levels since the resident's admission. 3. An interview was conducted with S3ADON on 05/03/2022 at 01:36 p.m., who stated agency staff were not trained or oriented on the procedure for having medications filled by the pharmacy. She stated there should be a sign in the Medication Room and it would be their responsibility to know it was there to read it for instructions on filling medications. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 - Some	An interview was conducted with S1ADM on 05/04/2022 at 10:35 a.m., who confirmed S4ADON was responsible for performing all training for facility nurses and CNAs, but prior to April 29 2022, no one at the facility was responsible for the agency staff. He confirmed they used agency staff to fill in staffing needs when needed but did not provide any specific training or orientation. He further stated a new agency staff member should receive a tour of the building at the beginning of their shift from any staff member that was available at the time. He confirmed no one at the facility was responsible for nor had anyone verified that abuse/neglect and dementia training was up to date for any agency staff or verified competency testing &/or skills check offs were successfully completed prior to being scheduled or allowed to work at the facility. He also confirmed the facility had not provided any of the education, testing and/or skills checks offs for agency staff while they were working within the facility. He stated if someone had a medical license or certification, he would expect him or her to meet any criteria and have the knowledge/skills necessary to work within the facility and thought the agency would ensure those things before allowing them to be scheduled. He confirmed he was the person responsible for scheduling agency staff and he only verified the following things: current license/certification, current background check and Covid-19 vaccination status. He then confirmed during the time period of 04/22/2022 through 04/29/2022, there were a total of 92 agency CNA shifts, 32 agency LPN shifts and 2 agency RN shifts scheduled and none of those had been verified for any training or competencies. An interview was conducted with S1ADM on 05/04/2022 at 03:00 p.m., who confirmed it was his expectation of agency staff that they should be able to work their scheduled shift and complete all necessary tasks without the need for any orientation or training as to the specific operations, policies and procedures of the facility. Cross Refere [TRUNCATED]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation. 44590 Based on record review and interviews, the facility failed to ensure the effectiveness of Abuse, Neglect and Misappropriation of Resident Property training had been provided for agency staff: 92 agency CNA shifts, 32 agency LPN shifts, 2 agency RN shift, that were scheduled to work on dates, 04/22/2022 through 04/29/2022. The facility's total census was 117 residents according to the Resident Census and Conditions of Residents form provided by the facility on 04/26/2022. Findings: Review of the Client Service Agreement and contract for the agency staffing service revealed the following, in part: Agency is a software company that provides a technology platform for the healthcare facility and employed or independent contractor healthcare service provider (herein known as Professional Providers) to find one another with the purposes of engaging in a business-to-business arrangement whereby the tow may contract for services needed by the Client. 4.0 Agency Responsibilities 4.1 .3 Professional Providers are required to maintain and keep current the appropriate credentials, licenses, and or/certifications to provide the applicable healthcare services during a shift, or otherwise practice their respective disciplines, in accordance with any applicable Laws governing such healthcare services in the city and state in which the Professional Provider bids on, accepts, or fulfills any Shift. 5.0 Client Responsibilities Client understands and agrees that throughout the term the agency is not responsible for the performance or non-performance of any Professional Provider. The Client hereby further acknowledges and agrees that the Client is solely responsible for securing all permits, licenses, and or renewals required by any government authority for a Professional Provider to complete any and all requested, accepted, or approved shifts. Review of the Policy Titled, Adult Abuse/Neglect, Alleged or Suspected revealed the following, in part: Policy: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. Definitions: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Staff includes employees, the medical director, consultants, contractors, volunteers, caregivers who provide care and services to residents on behalf of the facility, students in the facility's nurse aide training program, and students from affiliated academic institutions, including therapy, social and activity programs. Policy Explanation and Compliance Guidelines: 1. The facility will develop and implement written policies and procedures that: c. Include training for new and existing staff on activities that constitute abuse, neglect, exploitation, and misappropriate of resident property, reporting procedures, and dementia management and resident abuse prevention; The components of the facility abuse prohibition plan are discussed herein: Screening 1. Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. 2. Background, reference, and credentials' checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. 3. The facility will maintain documentation of proof that the screening occurred. 4. Prospective residents will be screened to determine whether the facility has the capability and capacity to provide the necessary care and services for each resident admitted to the facility. An assessment of the individual's functional and mood/behavioral status, medical acuity, and special needs will be reviewed prior to admission. 5. The facility will make individual determinations in consideration of current staffing patterns, staff qualifications, competency and knowledge, clinical resources, physical environment, and equipment. Employee Training 1. New employees will be educated on abuse, neglect, exploitation and misappropriation of resident property during initial orientation. ii. Training topics will include: 1. Prohibiting and preventing all forms of abuse, neglect, misappropriation of resident property, and exploitation; a. Identifying what constitutes abuse, neglect, exploitation, and misappropriation of resident property; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195483	A. Building B. Wing	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Point Health Care and Rehab	8225 Summa Avenue Baton Rouge, LA 70809

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 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b. Recognizing signs of abuse, neglect, exploitation and misappropriation of resident property, such as physical or psychosocial indicators; c. Reporting process for abuse, neglect, exploitation, and misappropriation of resident property, including injuries of unknown sources; A review of staffing for 04/22/2022 through 04/29/2022 revealed the following, in part: 92 agency CNA shifts 32 agency LPN shifts 2 agency RN shifts A review of Shift Key Agency Staff profiles revealed the following: in part: 8 LPN's with no certificate of Abuse/Neglect training 6 CNA's with no certificate of Abuse/Neglect training An interview was conducted with S1ADM on 05/04/2022 at 10:35 a.m., who confirmed no one at the facility was responsible for completing abuse/neglect training with agency staff. nor had anyone verified competency testing &/or skills check offs were successfully completed prior to being scheduled or allowed to work at the facility. He stated he thought the agency completed abuse/neglect training prior to allowing them to be scheduled. He confirmed he was the person responsible for scheduling agency staff and he verified that he only confirmed license/certification, background check and Covid-19 vaccination status. He further confirmed that during the time period of 04/22/2022 through 04/29/2022, there were a total of 92 agency CNA shifts, 32 agency LPN shifts and 2 agency RN shifts scheduled.