

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195184	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2026
NAME OF PROVIDER OR SUPPLIER Chateau Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 716 Village Road Kenner, LA 70065	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure a resident's privacy was maintained during perineal care for 1 (Resident #1) of 2 sampled residents observed for privacy/dignity rights during perineal care. Findings: Review of the facility's policy titled Perineal Care Policy and Procedure, dated 11/17/2015 revealed, in part, the residents' door and privacy curtain should have been closed during perineal care. Observation on 02/09/2026 at 12:28PM revealed S2Certified Nursing Assistant (CNA) and S3CNA failed to ensure Resident #1's privacy was maintained during perineal care by closing the privacy curtain. Further observation revealed Resident #1's buttocks was exposed to Resident #1's roommate due to S2CNA and S3CNA failing to close Resident #1's privacy curtain. Further observation revealed a random resident walked into Resident #1's room during Resident #1's above-mentioned perineal care. Further observation revealed Resident #1's buttocks was exposed to this random resident due to S2CNA and S3CNA failing to close Resident #1's door and/or Resident #1's privacy curtain. In an interview on 02/09/2026 at 2:10PM, S2CNA confirmed she did not close Resident #1's room door and/or privacy curtain while performing perineal care and she should have. In an interview on 02/09/2026 at 2:12PM, S1Director of Nursing indicated S2CNA and S3CNA should have closed Resident #1's door and/or privacy curtain while performing Resident #1's perineal care.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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