STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195184	A. Building B. Wing	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chateau Living Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to clarify the orthopedic physician's recommendation, obtain the necessary physician order, and implement the use of a right arm sling for 1 (Resident #1) of 3 sampled residents reviewed for quality of care and treatment. Findings:Review of Resident #1's Significant Change assessment with an Assessment Reference Date of 02/18/2026 revealed, in part, Resident #1 had a diagnosis right humerus (upper arm) fracture. Review of Resident #1's progress notes revealed, in part, on 02/07/2026 Resident #1 was found on the floor complaining of right shoulder pain and was transferred to the hospital for evaluation. Further review revealed on 02/08/2026 S4Licensed Practical Nurse documented Resident #1 returned to the facility with a right humerus fracture and had a sling in use to the right arm. Review of Resident #1's orthopedic consultation report dated 02/10/2026 revealed, in part, the orthopedic physician recommended the facility maintain Resident #1's right arm sling and to remove the sling during exercise. Review of Resident #1's Physician Orders Summary report revealed, in part, no documentation the facility obtained a physician order indicating the use a sling for Resident #1, including the location and frequency of use. Review of Resident #1's clinical record revealed no documentation the facility implemented the orthopedic physician's recommendation to maintain Resident #1's right arm sling pending physician clarification. In an interview on 06/24/2026 at S3Assistant Director of Nursing (ADON) indicated any recommendations from Resident #1's orthopedist should have been sent to Resident #1's primary physician for review and to obtain a physician order for the use, location, and frequency of Resident #1's right arm sling. In an interview on 06/24/2026 at 12:30PM, S4Licensed Practical Nurse (LPN) indicated she was the nurse responsible when Resident #1 returned from the hospital on [DATE] with a right humerus fracture. S4LPN further indicated Resident #1 returned from the hospital wearing a sling to mobilize her right arm. S4LPN further indicated she did not clarify or obtain an order for the use, location, and frequency of Resident #1's right arm sling. In an interview on 06/24/2026 at 1:55PM, S2Director of Nursing (DON) indicated when Resident #1 returned from the hospital with a right arm sling in place, S4LPN should have called Resident #1's primary physician to clarify and obtain a physician's order for use of the sling. S2DON confirmed the facility had no documented evidence Resident #1's primary physician was notified of Resident #1's orthopedist 02/10/2026 recommendation to maintain use of the right arm sling, and no evidence physician order was obtained for continued use of the sling, as required.

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