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	07/24/2024

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 0640 Level of Harm - Potential for minimal harm Residents Affected - Some	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50452 Based on record reviews and interview, the facility failed to transmit the resident assessment within 14 days of completion for 1 (Resident #105) of 2 (Resident #105 and Resident #87) investigated for resident assessments. Findings: Review of Resident #105's record revealed Resident #105 was admitted on [DATE] and discharged on [DATE] with no anticipated return date. Review of Resident #105's Minimum Data Set (MDS) 3.0 Assessment Summary Report revealed, in part, Resident #105's discharge assessment was completed on 02/21/2024 ,and was not transmitted by 03/08/2024 as required by Centers for Medicare and Medicaid Services (CMS). The discharge assessment was signed and dated by S6Director of Nursing (DON) on 02/23/2024. Review of facility's MDS 3.0 Assessment Summary Report on 07/23/2024, revealed that Resident #105's discharge assessment completed on 02/21/2024, and was not transmitted within 14 days of the required completion date of 03/06/2024. Review of facility's Final Validation Report on 07/24/2024 at 06:56 a.m., revealed Resident #105's MDS was accepted with an error message that the record was submitted late. In an interview on 07/24/2024 at 11:54 a.m., S11MDS Nurse indicated Resident #105's MDS Section A0410: Unit Certification or Licensure Designation was entered in error. S11MDSN further indicated this error caused Resident #105's Discharge MDS to be late and not be transmitted by 03/06/2024 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

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F 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. 34608 Based on record reviews and interviews, the facility failed to ensure a resident's Minimum Data Set (MDS) assessment reflected the resident's accurate skin condition for 1 (Resident #62) of 2 (Resident #62 and Resident #29) sampled residents investigated for pressure ulcers. Findings: Review of Resident #62's wound assessment nursing notes dated 07/02/2024 revealed, in part, Resident #62 had a stage III pressure ulcer with slough to the sacral area. Review of Resident #62's MDS with Assessment Reference Date (ARD) 07/07/2024 revealed, in part, Resident #62 had no unhealed pressure ulcers. In an interview on 07/24/2024 at 10:30 a.m., S2Corporate Nurse confirmed Resident's #62's sacral wound was staged as a stage III on 07/02/2024. S2Corporate Nurse further confirmed Resident #62's MDS with ARD of 07/07/2024 was inaccurate and did not accurately reflect Resident #62's skin condition.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50452 Based on record reviews and interviews, the facility failed to ensure a Level I Pre-Admission Screening and Resident Review (PASARR) was accurately completed to reflect a resident's diagnosis of mental illness for 1 (Resident #121) of 1 (Resident #121) sampled residents reviewed for PASARR. Findings: Resident #121 was admitted to the facility on [DATE] with diagnoses of, in part, Major Depressive and Bipolar Disorder Review of Resident #121's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/23/2024 revealed, in part, Resident #121 had diagnoses of Depression and Bipolar and was taking antidepressants daily. Review of Resident #121's Psychology Consult dated 06/26/2024 revealed, in part, Resident #121 was referred for psychiatric evaluation due to having a history of bipolar and major depression with symptoms of anxiety and depression, and for having a history of mental health treatment in the past. Resident #121 does have a history of mental health treatment in the past. Further review revealed nursing staff reported Resident #121 was highly anxious, and irritable with staff and peers, and was experiencing increased anxiety, depression, and hopelessness due to physical limitations and loss of independence. Resident #121 was experiencing increased worry about returning home and living independently, missed his pets, was now wheelchair-bound and in chronic pain. Review of Resident #121's Level I determination dated 06/05/2024 revealed, in part, Resident #121 had no documentation of his mental illnesses. Further review of Resident #121's Level I Pre-Admission Screening and Resident Review (PASSAR) revealed it was not signed and dated by a Physician. Further review revealed a state designated authority referral for a level II PASSRR evaluation and determination was not initiated by the facility. In an interview on 07/23/2024 at 10:36 a.m., S13Social Services (SS) indicated she was not sure if a Level II PASSAR was completed for Resident #121. S13SS further indicated a request would be sent to the Office of Behavior Health (OBH) for a Level II PASSAR evaluation if the resident indicated they are depressed during the interview and completion of the Patient Health Questionnaire (PHQ-9). In an interview 07/24/2024 at 08:45 a.m., S13SS indicated that based on Resident #121's admission diagnosis of Major Depressive Disorder, Bipolar Disorder, completed PHQ9 interview, and psychiatric evaluation Resident #121 should have been referred to OBH for a Level II PASSAR screening. S13SS confirmed Resident #121's Level I determination was inaccurate, not verified, and a Level II referral was not made to the appropriate authority. In an interview on 07/24/2024 at 2:27 p.m., S1Administrator confirmed Resident #121's Level I PASSAR was inaccurate and a Level II PASSAR referral should have been completed and submitted based on Resident #121's diagnoses of Major Depressive Disorder and Bipolar Disorder.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 34608 Based on record reviews and interview, the facility failed to accurately revise a plan of care that addressed a resident's skin condition for 1 (Resident #62) of 2 (Resident #62 and Resident #29) sampled residents investigated for pressure ulcers. Findings: Review of Resident #62's Plan of Care revealed, in part, Resident #62 had a plan of care developed on 06/16/2024 for impaired skin integrity related to irritation/excoriation to Resident #62's sacral area. Further review revealed a revision to Resident #62 impaired skin integrity plan of care on 07/15/2024 indicating Resident #62 now had a stage III pressure ulcer to the sacral area. Review of Resident #62's wound assessment nursing notes dated 07/02/2024 revealed, in part, Resident #62 had a stage III pressure ulcer with slough to the sacral area. In an interview on 07/24/2024 at 10:30 a.m., S2Corporate Nurse confirmed Resident's #62's sacral wound was staged as a stage III on 07/02/2024 and not 07/15/2024 as indicated on Resident #62's care plan. S2Corportate Nurse further confirmed Resident #62's care plan revision was inaccurate and did not accurately reflect Resident #62's skin condition. 50452

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 47081 Based on record reviews, observation, and interviews, the facility failed to ensure discontinued and expired medication was stored properly and was not available for resident use for 1 (Medication {Med} cart a) of 4 (Med Cart a, Med Cart b, Med Cart c, and Med Cart d) medication carts observed for expired medications. Findings: Review of the facility's Disposal and Destruction of Medications policy and procedure dated 6/17/2024 revealed, in part, controlled medications that were discontinued would be removed from the medication cart with the individual controlled drug administration record form and retained in a securely locked area with restricted access until destroyed. Review of Resident #7's physician orders revealed Norco 5-325 mg tablets were discontinued on 08/28/2023. Observation of Med Cart a on 07/22/2024 at 1:49 p.m. revealed Resident #7's blister packet of Norco (a controlled medication used to treat pain) 5-325 milligrams (mg) with 5 tablets present. Further observation revealed Resident #7's Norco 5-325 mg blister packet had an expiration date of 06/06/2024. In an interview on 07/22/2024 at 1:20 p.m., S15Licensed Practical Nurse (LPN) confirmed Resident #7's 5 Norco 5-325 mg tablets expired on 06/06/2024 and were available for use in Med Cart a. S15LPN further indicated Resident #7's 5 expired Norco 5-325 mg tablets should not have been available for use in Med Cart a. In an interview on 07/22/2024 at 1:50 p.m., S5Assistant Director of Nursing (ADON) confirmed Resident #7's 5 Norco 5-325 mg tablets found in Med Cart a were expired and available for use. S5ADON further confirmed Resident #7's expired Norco 5-325 mg tablets should not have been available for use. In an interview on 07/24/2024 9:34 a.m., S6Director of Nursing (DON) confirmed Resident #7's discontinued and expired Norco 5-325 mg tablets were available for use in Med Cart a and should not have been. In an interview on 07/24/2024 at 11:21 a.m., S1Administrator confirmed Resident #7's discontinued and expired Norco 5-325 mg tablets in Med Cart a should have been removed on the date the discontinue order was given.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 22609 Based on record review, observation, and interviews the facility failed to maintain food on the steam table to at least 135 degrees Fahrenheit (F). Findings: Review of Centers for Medicare and Medicaid Services guidelines revealed, in part, maintain potentially hazardous food and temperature control safety foods at safe temperatures at or above 135 degrees F for hot foods. Observation on 07/23/2024 at 11:15 a.m., revealed there were different types of foods such as hamburger, rice, mashed potatoes, and pureed meat being held on the steam table for lunch. Observation further revealed S23Cook was checking the temperature of the pureed sweet potatoes with their thermometer which revealed and revealed a temperature of 130 degrees F. In an interview on 07/23/2024 at 11:16 a.m., S23Cook indicated the pureed sweet potatoes were 130 degrees F. In an interview on 07/23/2024 at 11:30 a.m., S9Dietary Supervisor indicated the steam table should hold the foods at temperature no lower than 135 degrees F. In an interview on 07/24/2024 at 11:35am, S1Administrator indicated the temperature of the food on the steam table should be at least 135 degrees F.