

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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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 06/29/2026
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)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observations and interviews, the facility failed to serve residents with proper utensils and dishware during meal service. Findings: Observation of Dining Room A on 06/27/2026 at 11:30AM revealed residents were given plastic utensils for use during the lunch meal service. Further observation revealed staff removed the plastic utensils from the tables and then provided silverware. In an interview on 06/27/2026 at 11:35AM, Resident #133 stated, we must be special today, we get silverware. Resident #133 indicated residents were typically given plastic utensils during meal service. Observations of Dining Room A and Dining Room B on 06/27/2026 at 12:10PM revealed all residents were served gumbo and dessert in Styrofoam containers. Observation on 06/27/2026 at 12:20PM revealed beverages for the hall trays were served in Styrofoam cups and some desserts were served in Styrofoam containers. In an interview on 06/27/2026 at 12:20PM, S4Certified Nursing Assistant (CNA) indicated there were many times residents were given plastic utensils and served using Styrofoam containers. S4CNA further indicated drinks for the hall trays were always served in Styrofoam cups. In an interview on 06/28/2026 at 11:50AM, Resident #35 indicated she received small plastic utensils often, but Resident #35 preferred silverware. Resident #35 further indicated the plastic utensils were cheap and bent when used. Observation of Dining Room B on 06/28/2026 at 12:00PM revealed unidentified residents were using their hands, forks, or spoons in attempt to cut the meat served for lunch. Further observation revealed 9 out of the 10 residents who were served regular meat were not provided a knife to cut their meat. In interviews on 06/28/2026 at 12:00PM, the unidentified residents indicated they were not provided a knife to cut their meat. In an interview on 06/28/2026 at 12:04PM, Resident #124 indicated he was served meals with plastic utensils and Styrofoam all the time. In an interview on 06/29/2026 8:00AM, S3Dietary Supervisor indicated residents were given Styrofoam cups daily on the halls because the regular cups were not returned to the kitchen. S3Dietary Supervisor further indicated residents had the right to be provided proper utensils and dishware during meal service, and the residents should not have been served in Styrofoam containers or given plastic utensils regularly for meal service.		

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and record review, the facility failed to: 1. Ensure opened food, available for resident consumption, was dated and labeled; and 2. Ensure food, available for resident consumption, was maintained in a sanitary manner. Findings: Review of the facility's policy revised on 10/2018 and titled, Food Receiving and Storage revealed, in part, all temperature controlled foods and ready to eat foods that were prepared in the facility shall be labeled with the food name, date and time of storage and use by date. Further review revealed the food was routinely monitored in storage to identify and discard foods that had passed the expiration date or use by date. Observation on 06/27/2026 at 8:57AM revealed the facility's kitchen refrigerator had the following opened, undated and unlabeled food items:1- Package of crinkled fries;1- Package of fish; and,1- Package of hotdog buns. Observation on 06/27/2026 at 8:59AM revealed the facility's kitchen refrigerator had the following unsanitary and/or expired food items:1- Box that contained cracked eggs; and, 1- Package of light brown discolored lettuce. In an interview on 06/27/2026 at 9:00AM, S3Dietary Supervisor confirmed the opened, crinkled fries, fish and hotdog buns should have been labeled and dated. S3Dietary Supervisor further indicated the box of cracked eggs and the package of light brown discolored lettuce should not have been stored in the facility's refrigerator and available for resident consumption. In an interview on 06/28/2026 at 2:30PM, S2Assistant Director of Nursing indicated the above mentioned food items should have been stored in a sanitary manner and not available for resident consumption. In an interview on 06/28/2026 at 2:31PM, S1Director of Nursing indicated the above mentioned food items should have been stored in a sanitary manner and not available for resident consumption.		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on interviews and record reviews, the facility failed to revise a care plan to reflect a resident's nutritional status for 1 (Resident #4) of 1 sampled residents investigated for tube feeding. Findings: Review of the facility's Care Plan policy and procedure, dated 05/22/2017, revealed the comprehensive plan of care was an interdisciplinary tool used to communicate and address care issues that were relevant to the resident's individual needs. Further review revealed the care plan would be revised on an ongoing basis to reflect changes in the resident status and care received. Review of Resident #4's Significant Change in Status Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/10/2026 revealed, in part, Resident #4 had a feeding tube. Review of Resident #4's June 2026 Physician Orders revealed, in part, Resident #4 was NPO (nothing by mouth) with a start date of 06/08/2026. Further review revealed an order for trials of food by mouth with speech therapy only with a start date of 06/08/2026. Review of Resident #4's Care Plan revealed Resident #4 required assistance with meal tray set up and eating from the Certified Nursing Assistant and Licensed Practical Nurse. Further review revealed Resident #4 was not care planned to be NPO or have food trials completed with speech therapy. In an interview on 06/29/2026 at 10:47AM, S1 Director of Nursing (DON) indicated he was not aware Resident #4's nutritional status had changed to NPO on 06/08/2026. S1 DON reviewed Resident #4's June 2026 Physician Orders and Care Plan and indicated Resident #4's Care Plan had not been revised to reflect Resident #4's current nutritional status and it should have been. In an interview on 01/23/2025 at 2:00PM, S6 Administrator indicated the facility failed to revise Resident #4's care plan to reflect Resident #4's nutritional status.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, interviews, and record reviews, the facility failed to ensure dietary staff performed proper hand hygiene technique for 1(S5Dietary Aide) of 3 dietary staff observed for hand hygiene. Findings: Review of the facility's policy dated 11/28/2016 and titled, Standard Precautions revealed, in part, the purpose of standard precautions was to prevent the spread of infection. Further review revealed standard precautions included but was not limited to hand hygiene. Observation on 06/27/2026 at 9:09AM revealed S5Dietary Aide demonstrated improper handwashing technique when she applied soap to her hands, then proceeded to rub only the palms of her hands together for approximately 5 seconds. Observation further revealed S5Dietary Aide then turned on the water at the handwashing sink and rinsed the soap off of her hands for approximately 5 seconds. Further observation then revealed S5Dietary Aide proceeded to turn the knob of the faucet, at the hand washing sink with her washed hands and then S5Dietary Aide dried her hands off with paper towels. In an interview on 06/27/2026 at 9:10AM, S3Dietary Supervisor confirmed S5Dietary Aide did not use the proper hand washing technique during her hand washing demonstration and she should have. In an interview on 06/28/2026 at 2:32PM, S2Assistant Director of Nursing indicated the S5Dietary Aide did not use the proper hand hygiene technique and she should have. In an interview on 06/28/2026 at 2:33PM, S1Director of Nursing indicated the S5Dietary Aide did not use the proper hand hygiene technique and she should have.		