

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195204	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/19/2025
NAME OF PROVIDER OR SUPPLIER  Jo Ellen Smith Convalescent Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4502 General Meyer Avenue New Orleans, LA 70131	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>46361</p> <p>Based on interviews and record reviews, the facility failed to ensure a care plan was developed for a resident who smokes to decrease the risk of smoking related accidents for 1 (Resident #31) of 2 (Resident #31, Resident #34) sampled residents investigated for smoking.</p> <p>Findings:</p> <p>Review of Resident #31's Annual Minimum Data Set with an Assessment Reference Date of 12/18/2024 revealed, in part, Resident #31 had a Brief Interview of Mental score of 12 which indicated Resident #31 had moderate cognitive impairment and used tobacco.</p> <p>In an interview on 03/17/2025 at 12:40PM, Resident #31 indicated he was an active smoker.</p> <p>Review of Resident #31's care plan revealed no documented evidence and the facility did not present any documented evidence Resident #31 had a care plan developed to address the risks and interventions of smoking.</p> <p>In an interview on 03/19/2025 at 9:45AM, S11Minimum Data Set (MDS) Nurse indicated all residents who were active smokers required a care plan to address the risk factors and interventions of smoking. S11MDS Nurse confirmed Resident #31 was an active smoker and Resident #31 did not have a care plan developed which addressed the risks and interventions of smoking and should have.</p> <p>In an interview on 03/19/2025 at 4:02PM, S2Director of Nursing confirmed Resident #31 was an active smoker and Resident #31 did not have a care plan developed which addressed the risks and interventions of smoking and should have.</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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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51373</p> <p>Based on observations, interviews, and record reviews the facility failed to administer a resident's Percutaneous Endoscopic Gastrostomy (PEG) tube (a soft, plastic feeding tube that goes into your stomach used to provide nutrition when oral intake is inadequate) feeding water flush as ordered by the physician for 1 (Resident #104) of 4 (Resident #35, Resident #70, Resident #75, Resident #104) sampled residents reviewed for PEG tube care and services in a total sample of 26.</p> <p>Findings:</p> <p>Review of Resident #104's records revealed, in part, Resident #104 was admitted to the facility on [DATE] with a diagnoses of cerebral infarction, dysphagia (difficulty swallowing), and malnutrition (imbalance of nutrients the body needs and receives.)</p> <p>Review of Resident #104's March 2025 physician orders revealed, in part, an order for Resident #104's PEG tube feeding to include Osmolite 1.5 (a PEG tube feeding formula) at 45 milliliters per hour (ml/hr) continuously via PEG tube pump. Further review revealed an order for Resident #104's PEG tube feeding to include a flush of water at a rate of 130 mL/hr every 4 hours to provide Resident 104 with a total of 780 ml; in addition to the fluid from medication administration flushes.</p> <p>Review of Resident #104's Care Plan, dated 02/17/2025, revealed, in part, Resident #104 had an intervention to be provided with tube feedings/flushes as ordered via feeding pump.</p> <p>Observation on 03/17/2025 at 12:37PM revealed, Resident #104's PEG tube pump was programmed to administer a water flush at a rate of 125 ml/hr every 4 hours, equivalent to 750 ml water flush for 24 hours.</p> <p>Observation on 03/18//2025 at 10:55AM revealed Resident #104's PEG tube pump was programmed to administer a water flush at a rate of 125 ml/hr every 4 hours, equivalent to 750 ml water flush for 24 hours.</p> <p>Observation on 03/18/2025 at 12:19PM revealed Resident #104's PEG tube pump was programmed to administer a water flush at a rate of 125 ml/hr every 4 hours, equivalent to 750 ml water flush for 24 hours.</p> <p>In an interview on 03/18/2025 at 2:24PM, S4Licensed Practical Nurse (LPN) confirmed Resident #104's PEG tube pump was programmed to administer a water flush at a rate of 125 ml/hr every 4 hours. S4LPN further indicated the PEG tube feeding flushes should have been programmed to administer a water flush at a rate of 130 ml/hr every 4 hours as ordered by the physician, and was not.</p> <p>In an interview on 03/19/2025 at 3:38PM, S2Director of Nursing confirmed that the PEG tube feeding flush should have been programmed to administer a water flush at a rate of 130 ml/hr every 4 hours as ordered by the physician, and was not.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>51376</p> <p>Based on observation, record reviews, and interviews the facility failed to ensure that controlled drugs were maintained and accurately reconciled for 1(Med Cart A) out of 3 (Med Cart A, Med Cart B, and Med Cart C) medication carts observed for the medication storage facility task.</p> <p>Findings:</p> <p>Observation on 03/19/2025 at 8:55AM revealed a discrepancy on the facility's narcotic count form, on Med Cart A. Further observation revealed S3Licensed Practical Nurse (S3LPN) documented Resident # 184's Testosterone Cypionate (a hormonal replacement) Injection Solution 200 milligrams per milliliters (MG/ML) was administered per the EMAR (Electronic Medication Administration Record), on 03/05/2025, but the narcotic count form on Med Cart A did not have any documentation that this was documented as being administered and the 2 vials were not available for use on Med Cart A.</p> <p>Record review of Resident #184's physician's orders, dated 11/15/2023, revealed, in part, an order for Testosterone Cypionate Injection Solution 200 (MG/ML) to inject 200 mg intramuscularly in the evening every 14 days.</p> <p>Review of facility's records revealed, in part, the narcotic count form in Med Cart A narcotic book indicated 2 vials of Testosterone Cypionate Injection Solution 200mg/ML was available for use.</p> <p>Review of the facility's records revealed, in part, the Controlled Drugs-Count Record form, that was completed by the on-going and off-going nurse of each shift, indicated for the dates of 03/01/2025 to 03/19/2025 the 2 vials of Testosterone Cypionate Injection Solution 200mg/ML was available for use. There was no discrepancies noted.</p> <p>In an interview on 03/19/2025 at 8:57AM, S3LPN indicated the medication was not signed out on the narcotic count form. S3LPN further indicated the 2 vials of Testosterone Cypionate Injection Solution 200mg/ML were administered by another nurse on 03/05/2025 and were not available for use in the Med Cart A.</p> <p>In an interview on 03/19/2025 at 1:06PM, S2DON indicated there was some inconsistencies in reconciling narcotic count form. S2DON further confirmed that she could not provide the narcotic count form for the missing 2 vials of Testosterone Cypionate Injection Solution 200mg/ML on Med Cart A.</p>		