STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195220	A. Building B. Wing	08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor of Slidell	106 Medical Center Drive Slidell, LA 70461

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46975 Based on interviews and record review, the facility failed to ensure residents' assessments accurately reflected the residents' status by failing to ensure a resident's Minimum Data Set was accurately coded for PASRR (Pre-admission Screening and Resident Review) for 2 (#21 and #54) of 6 (#21, #30, #47, #54, #76, and #91) residents reviewed for PASRR. Findings: Resident #21 Review of Resident #21's clinical record revealed she was admitted to the facility on [DATE] with diagnoses which included Paranoid Schizophrenia, Bipolar Disorder, Schizoaffective Disorder, and Major Depressive Disorder. Review of Resident #21's 142 Form Notification of Medical Certification revealed an approval for admission by the state Level II Authority from 06/01/2023 through 05/30/2024. Review of Resident #21's PASRR Level II Evaluation dated 05/17/2023 revealed the resident had a serious mental illness. Review of Resident #21's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/08/2024 revealed Section A1500: Resident evaluated by PASRR was coded 0. No. Section A1510: Serious Mental Illness was blank. Resident #54 Review of Resident #54's clinical record revealed he was admitted to the facility on [DATE] with a diagnosis of Schizophrenia. Review of Resident #54's 142 Form Notification of Medical Certification revealed an approval for admission by the state Level II Authority from 07/10/2023 through 07/08/2024. Review of Resident #54's PASRR Level II Evaluation dated 07/13/2023 revealed the resident had a serious mental illness. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195220	A. Building B. Wing	08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor of Slidell	106 Medical Center Drive Slidell, LA 70461

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #54's Annual MDS with an ARD of 06/05/2024 revealed Section A1500: Resident evaluated by PASRR was coded as 0. No. Section A1510: Serious Mental Illness was blank. On 08/07/2024 at 12:30 p.m., an interview was conducted with S6MDS. She verified Resident #21's Form 142 indicated Resident #21 was approved for nursing home admission by Level II authority effective 06/01/2023 through 05/30/2024. She reviewed Resident #21's Annual MDS assessment dated [DATE] and confirmed Section A1500 should have been coded as 1-Yes, and was not. She verified Resident #54's Form 142 indicated he was approved for nursing home admission by Level II authority effective 07/10/2023 through 07/08/2024. She reviewed Resident #54's Annual MDS assessment dated [DATE] and confirmed Section A1500 should have been coded as 1-Yes, and was not. On 08/07/2024 at 1:05 p.m., an interview was conducted with S4DON. She reviewed the aforementioned findings for Resident's #21 and #54. She confirmed the resident's Annual MDS assessments should have been coded correctly and were not.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195220	A. Building B. Wing	08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor of Slidell	106 Medical Center Drive Slidell, LA 70461

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49343 Based on observation, record review, and interview, the facility failed to provide appropriate and sufficient services, treatment and care according to standards of professional practice for 1 (#43) of 1 (#43) residents that were reviewed for urinary catheter. The facility failed to ensure Resident #43's urinary catheter bag was below the level of the resident's bladder. Findings: Review of Resident #43's record revealed, in part, Resident #43 was admitted to the facility on [DATE] with diagnosis of Neuromuscular Dysfunction of Bladder. Review of Resident #43's Care Plan revealed the following, in part: Problem: 02/21/2024 Resident has an indwelling catheter: for diagnosis of Neurogenic Bladder. Interventions: Position urine catheter bag below bladder. On 08/06/2024 at 2:15 p.m., an observation was made of S11CNA and S12CNA performing catheter care on Resident #43. Resident #43 was lying in bed with the catheter bag secured to the left side of her bed frame, above waist level horizontally. Immediately following Resident #43's catheter care an interview was conducted with S11CNA and S12CNA. Both S11CNA and S12CNA confirmed Resident #43's catheter bag should not be positioned above the level of her waist. On 08/06/2024 at 2:54 p.m., an interview was conducted with S4DON. She stated the expectation for urinary catheter position was for the catheter bag to be hanging below the level of the waist.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195220	A. Building B. Wing	08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor of Slidell	106 Medical Center Drive Slidell, LA 70461

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 46981 Based on interviews and record review, the facility failed to ensure nurse staffing data was posted on a daily basis. This deficient practice had the potential to affect any of the 94 residents residing in the facility. Findings: Review of the facility's policy dated 06/2024 and titled Posting of Nurse Staffing Information revealed in part, the following: The facility must post the following information on a daily basis. 1. Facility name. 2. Current date. 3. The total number and actual hours worked by Registered Nurses, Licensed Practical Nurses, and Certified Nursing Assistants that are directly responsible for resident care per shift. 4. Resident census. Posting Requirements: The facility shall post nurse staffing information on a daily basis at the beginning of each shift. Review of the facility's staffing data sheet binder on 08/05/2024 at 8:50 a.m. with S2AADM revealed the last completed staffing data sheet was dated 07/29/2024. Further review revealed no documentation of completed staffing data sheets dated 07/30/2024 - 08/04/2024. An interview was conducted on 08/05/2024 at 08:50 a.m. with S2AADM. She stated she was responsible for posting staffing data sheets. She stated the last daily staffing data sheet fully completed was 07/29/2024. She confirmed staffing data sheets should have been completed on a daily basis. An interview was conducted on 08/05/2024 at 09:00 a.m. with S1ADM. He stated he was aware the last staffing data sheet fully completed was 07/29/2024. He confirmed staffing data sheets should have been completed on a daily basis.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195220	A. Building B. Wing	08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor of Slidell	106 Medical Center Drive Slidell, LA 70461

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 49343 Based on record review, observation, and interview the facility failed to ensure drugs and biologicals used in the facility were labeled in accordance with currently accepted professional principles for 1 (Cart A) of 2 (Cart A and Cart B) medication carts observed. The facility failed to ensure Insulin pens were discarded 28 days after the date opened. Findings: Review of the revised 10/2023, NovoLog injection package insert provided by the facility revealed, in part: Until first use: Unused NovoLog FlexPen stored at room temperature should be thrown away after 28 days. In-use: The NovoLog FlexPen you are using should be thrown away after 28 days, even if it still has insulin left in it. On 08/05/2024 at 9:15 a.m., an observation was made of Cart A with S8LPN who confirmed Resident #13 and Resident #53's Novolog insulin FlexPens were observed to have an opened date of 06/24/2024. On 08/05/2024 at 9:17 a.m., an interview was conducted with S8LPN. She stated all insulin pens should be dated when first opened, and the pen should be discarded 28 days after the opened date written on the insulin pen. S8LPN confirmed both insulin pens observed had a written open date of 06/24/2024 labeled on the insulin pens. She confirmed the Novolog insulins pens for Resident #13 and Resident #53 were available on Cart A for resident use and shouldn't have been. On 08/05/2024 at 2:45 p.m., an interview was conducted with S4DON. She was made aware of the above observations. She stated insulin pens should be labeled with an open date and discarded 28 days after that date. She confirmed the Novolog insulin pens dated 06/24/2024 should have been discarded and not available for resident use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195220	A. Building B. Wing	08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor of Slidell	106 Medical Center Drive Slidell, LA 70461

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 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. 46981 Based on observation, interviews, and record review, the facility failed to store food in accordance with professional standards for food service safety. This had the potential to affect 93 residents who were served from the kitchen. Findings: Review of the facility's policy titled Food Storage Labeling dated 05/2018 revealed in part, the following: Policy: The facility will ensure the safety and quality of food by following good storage and labeling procedures. Procedure: 1. Labeling a. All temperature controlled foods will be labeled. Information included on the label: name of food and date of storage. Review of the facility's policy titled Storage of Refrigerated Food dated 09/2022 revealed in part, the following: Policy: The facility ensures the quality and safety of refrigerated foods through accepted storage practices. Procedure: 4. No food is left uncovered. An initial tour of the kitchen was conducted on 08/05/2024 at 8:15 a.m., with S5DS. An observation was made of 2-open to air, unlabeled bags of shredded cheddar cheese located in the facility's refrigerator. An interview was conducted on 08/05/2024 at 8:15 a.m., with S5DS. She confirmed the aforementioned items were unsealed, unlabeled, and should have been. An interview was conducted on 08/06/2024 at 2:30 p.m. with S1ADM. He was notified of the aforementioned findings. S1ADM confirmed opened food items should be sealed and labeled.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195220	A. Building B. Wing	08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor of Slidell	106 Medical Center Drive Slidell, LA 70461

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46975 Based on observations, interviews and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of infection for 4 (#2, #28, #43, #149) of 20 resident's reviewed in the final sample. The facility failed to ensure: 1. Staff wore proper Personal Protective Equipment (PPE) while in the room of Resident's #2 and #149, who were on Droplet Precautions; 2. Staff wore proper PPE while providing care to Resident #43, who was on Enhanced Barrier Precautions; 3. Resident #43's urinary catheter bag remained off the floor; and 4. Staff performed proper infection control practices while performing wound care for Resident #28. Findings: 1. Resident #2 Review of Resident #2's Clinical Record revealed she was admitted to the facility on [DATE], and was diagnosed with Covid-19 on 07/30/2024. On 08/05/2024 at 9:15 a.m., an interview was conducted with Resident #2. She stated she currently had Covid-19. On 08/05/2024 at 1:35 p.m., an observation was made of S9CNA providing incontinence care to Resident #2. After care was provided, S9CNA removed her gown, gloves, and mask while in the resident's bathroom. S9CNA disposed of the PPE, performed hand hygiene, and exited back across the resident's room, passing the resident without a mask in place. Resident #149 Review of Resident #149's Clinical Record revealed she was admitted to the facility on [DATE] with a diagnosis of Covid-19. On 08/05/2024 at 11:07 a.m., an observation and interview was conducted with Resident #149. There was PPE on the outside of the door with a sign indicating she was on Droplet Isolation. Resident #149 stated she currently had Covid-19. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195220	A. Building B. Wing	08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor of Slidell	106 Medical Center Drive Slidell, LA 70461

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 08/05/2024 at 1:45 p.m., an observation was made of S9CNA providing incontinence care to Resident #149. After care was provided, S9CNA removed her gown, gloves, and mask while in the resident's bathroom. S9CNA disposed of the PPE, performed hand hygiene, and exited back across the resident's room, passing the resident without a mask in place. On 08/06/2024 at 1:34 p.m., an interview was conducted with S16CNA. She stated she was assigned to Resident #149, who was Covid-19 positive. S16CNA stated before exiting Resident #149's room, she removed all PPE in the restroom, then walked passed the resident with no PPE, including a mask, to exit the room. She stated this was the facility's process. On 08/06/2024 at 2:50 p.m., an interview was conducted with S1ADM. He stated all staff removed PPE, including their mask, in the Covid-19 positive resident's bathroom, washed their hands, and then exited back across the resident's room without a mask in place. He stated this was the facility's process. 2. & 3. Review of the facility policy titled Enhanced Barrier Precautions with a revision date of 03/2024, revealed the following, in part: Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized and infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g. residents with wounds or indwelling medical devices). Enhanced Barrier Precautions are indicated for residents with any of the following: Indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies. Review of the Enhanced Barrier Precautions sign posted on resident doors revealed the following, in part: Enhanced Barrier Precautions: Everyone Must: Clean their hands, including before entering and when leaving the room. Providers and staff must also: Wear gloves and a gown for the following high-contact resident care activities. Dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use: urinary catheter. Resident #43 Review of Resident #43's Clinical Record revealed she was admitted to the facility on [DATE] with a diagnosis of Neuromuscular Dysfunction of Bladder. Review of Resident #43's Care Plan revealed the following, in part: Problem: 04/21/2024-Resident has a catheter and requires Enhanced Barrier Precautions. On 08/05/2024 at 11:30 a.m., an observation was made of Resident #43 sitting in a recliner chair in her room. Resident #43's urinary catheter bag was observed on the floor by her left foot. On 08/05/2024 at 11:44 a.m., an observation was made with S7LPN of Resident #43's urinary catheter bag on the floor. She confirmed the resident's catheter bag was on the floor and should not have been. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195220	A. Building B. Wing	08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor of Slidell	106 Medical Center Drive Slidell, LA 70461

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 08/06/2024 at 11:38 a.m., an observation was made of Resident #43 sitting in her recliner chair in her room. Resident's urinary catheter bag was observed on the floor by the left wheel of her chair. On 08/06/2024 at 11:40 a.m., an observation was made with S10CNA of Resident #43's urinary catheter bag on the floor. She confirmed the resident's catheter bag was on the floor and should not have been. On 08/06/2024 at 2:15 p.m., an observation was made of S11CNA and S12CNA performing catheter care on Resident #43. S11CNA and S12CNA did not don a gown prior to performing catheter care on Resident #43. Immediately following Resident #43's catheter care an interview was conducted with S11CNA and S12CNA. S11CNA stated Resident #43 was on Enhanced Barrier Precautions. S11CNA confirmed she should have been wearing a gown while performing catheter care to Resident #43 and confirmed she had not. S12CNA confirmed she did not wear a gown and stated she was not aware she had to wear a gown when providing catheter care to Resident #43. Upon exiting Resident #43's room, two signs were observed on Resident #43's door which read: Enhanced Barrier Precautions Providers and staff must also: Wear gloves and a gown for the following high-contact resident care activities. Dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use: urinary catheter. On 08/06/2024 at 2:54 p.m., an interview was conducted with S4DON. She stated the expectation for urinary catheter position was the catheter bag should be hanging on the chair or bed off of the floor, and below the level of the waist. She stated at no point in time should the catheter bag be on the floor. She stated if a resident was on Enhanced Barrier Precautions, staff were to dress out with gloves, masks, and a gown when providing resident care, including catheter care. 4. Review of the facility's Dressing Change policy, last reviewed on 08/2021, revealed the following, in part: Steps in the Procedure: 7. Place all items to be used during procedure on the clean field. Arrange the supplies so that they can be reached. 9. Put on disposable gloves. 10. Position resident. 11. Remove dressing. Pull gloves over dressing and discard into appropriate plastic waste bag. 12. Perform hand hygiene. Put on disposable gloves. 13. Cleanse the area as ordered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195220	A. Building B. Wing	08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor of Slidell	106 Medical Center Drive Slidell, LA 70461

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #28's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Peripheral Vascular Disease, Venous Insufficiency, Type 2 Diabetes Mellitus, and Cutaneous-Vesicostomy Status. On 08/07/2024 at 8:30 a.m., an observation was made of S14WC performing supra pubic catheter care for Resident #28. Prior to entering room, S14WC and S15CNA sanitized hands and donned a clean gown and gloves. S14WC removed blankets from Resident #28 and continued to touch the right side rail and remote to lower residents head. Using the same gloves, S14WC began cleansing Resident # 28's supra pubic catheter site with wound cleansing saturated gauze and the catheter itself. On 08/07/2024 at 8:45 a.m., an observation was made of S14WC performing wound care to Resident #28's left leg. An observation was made of S14WC placing xeroform, ABD dressing and gauze to Resident #28's left leg. Without changing gloves or using hand sanitizer, S14WC grabbed clean tape from bedside table with soiled gloves and secured the gauze, then placed the tape back on bedside table. During the dressing change process of the resident's left leg, an unopened ABD dressing pack fell on the floor.S15CNA picked up the unopened ABD dressing pack from the floor and placed it on the television stand. S14WC retrieved the unopened ABD dressing pack from the television stand with clean gloves and placed the dressing on the clean bedside table. After the wound to the right leg was cleansed, S14WC applied the ABD dressings on Resident #28's right leg wounds. S14WC never sanitized her hands after opening the ABD pad that had fallen on the floor. S14WC used the soiled tape from the bedside table and taped the gauze wrap. S14WC placed soiled roll of tape on top of her wound care cart and then back in the drawer. On 08/07/2024 at 8:15 a.m., an interview was conducted with S14WC. She confirmed she touched Resident # 28's blankets, side rails and remote prior to supra pubic catheter care and did not change her gloves or use hand sanitizer after touching the above mentioned items. She stated this was not a sterile procedure and it was ok to do the above. S14WC stated she was unaware she touched the tape with soil gloves. She stated if she touched the tape with soiled gloves, she should have disposed of the roll of tape. She stated it was routine to keep extra supplies on the television stand in the residents' room and she was unaware the ABD dressing package fell to the floor. She stated after she picked up the ABD dressing package from the television stand she went to the wound cart and retrieved a second ABD pad to use. She stated she then took both ABD pads and placed them on the clean bedside table. She confirmed she used the both ABD pads on Resident #28's right leg wounds. On 08/07/2024 at 11:00 a.m., an interview was conducted with S14CNA. She confirmed the ABD dressing package dropped to the floor and she picked it up and placed on the television stand. On 08/07/2024 at 9:35 a.m., an interview was conducted with S4DON. She was made aware of the above findings. She stated she expected the wound care nurse to change gloves and use hand sanitizer after touching Resident #28's blankets, side rails and remote prior to cleansing the supra pubic site and catheter. S4DON confirmed tape should not be touched with soiled gloves and placed back on the clean bedside table, on the wound care cart, and then back in the drawer. She stated extra wound care supplies should not be placed on the television stand. She confirmed the ABD dressing that was dropped on the floor should have been discarded, not placed on the bedside table and used on Resident #28's wound. 46981 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195220	A. Building B. Wing	08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor of Slidell	106 Medical Center Drive Slidell, LA 70461

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	47173 49343