

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER Ormond Nursing & Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 22 Plantation Road Destrehan, LA 70047	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>Based on Interviews and record reviews the facility failed to administer a medication as ordered for 1 (Resident#1) of 3 (Resident#1, Resident#2, Resident #3) sampled residents reviewed for unnecessary medications.</p> <p>Findings:</p> <p>Review of the facility's policy and procedure on Medication Administration with an effective date of 10/04/2024, revealed, in part, nursing personnel shall ensure the safe and effective administration of medications. Further review revealed, prior to administration, the nursing staff member administering the medication shall ensure medications match the physician's orders and label, and that the proper dose was administered.</p> <p>Review of Resident #1's medical record revealed, in part, an admission date of 11/18/2024. Further review revealed Resident #1 had the following diagnoses, in part, chronic obstructive pulmonary disease (COPD) gastric esophageal reflux disease (GERD) and unspecified psychosis.</p> <p>Review of Resident #1's physician orders revealed, in part, an order dated 01/31/2025 for Ondansetron 4 milligrams (mg) by mouth p.o. every 6 hours for 3 days.</p> <p>In an interview on 05/22/2025 at 10:00 a.m., S1 Director of Nursing (DON) and S2 Assistant Director of Nursing (ADON) both acknowledged Resident #1 did not receive Ondansetron as ordered by her physician, and she 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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