STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195221	A. Building B. Wing	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ormond Nursing & Care Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure a care plan was developed for a resident with exit seeking behaviors to decrease the risk of elopement (an individual who was incapable of adequately protecting themselves who left a health care facility undetected and unsupervised) for 1 (Resident #12) of 6 (Resident #4, Resident #12, Resident #58, Resident #72, Resident #80, and Resident #90) sampled residents reviewed for accidents hazards.Findings: Review of the facility's Care Plan Process policy and procedure, dated 06/2015 and revised on 12/2024, revealed, in part, the care plan was driven by a resident's unique needs. Further review revealed a well-developed and executed care plan would provide information regarding how the causes and risks associated with issues and/or conditions were addressed to provide for a resident's highest practicable level of well-being. Further review revealed the facility would re-evaluate the resident's status annually and then modify the individualized care plan as appropriate and necessary. Review of Resident #12's Annual Minimum Data Set (MDS) with an Assessment Reference Date of 05/06/2025 revealed, in part, Resident #12 had a Brief Interview of Mental Status score of 10 which indicated Resident #12 had moderate cognitive impairment. Further review revealed Resident #12 had a diagnosis of dementia and used a security bracelet/elopement alarm. Review of Resident #12's Nursing Data Collection and Screening dated 05/06/2025 revealed, in part, Resident #12 was at risk for elopement and a security bracelet/elopement alarm was in place. In an interview on 07/23/2025 at 2:12PM, S5Licensed Practical Nurse indicated Resident #12 was at risk for elopement and had a history of asking for his truck keys so he could leave the facility. In an interview on 07/23/2025 at 2:23PM, S6Certified Nursing Assistant indicated Resident #12 would ask for his keys to go home once or twice a week, and would ask which door he could get out of. Review of Resident #12's Care Plan revealed no evidence, and the facility did not present any evidence a care plan was developed to include measurable objectives and timeframes when Resident #12's security bracelet/elopement alarm was initiated on 10/08/2024 and/or when it was documented on his Annual MDS dated [DATE]. In an interview on 07/23/2025 at 2:33PM, S4Registered Nurse indicated Resident #12 was at risk for elopement and he did not have a care plan developed that addressed Resident #12's risk for elopement implemented into his care plan until today (07/23/2025). In an interview on 07/23/2025 at 2:53PM, S2Director of Nursing confirmed Resident #12 was at risk for elopement and a care plan was not developed to address this risk until today (07/23/2025), and should have been developed when the risk for elopement was initially identified.

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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interviews, and record reviews, the facility failed to ensure residents did not have cigarette lighters in their possession per facility policy for 1 (Resident #90) of 6 (Resident #4, Resident #12, Resident #58, Resident #72, Resident #80, Resident #90) sampled residents investigated for accident hazards.Findings:Review of the facility's Smoking Policy and regulations, dated 04/2006 and revised on 10/2024, revealed, in part, cigarette lighters and matches were not permitted in a resident's room and would be kept at the nursing station. Visitors were not permitted to smoke in the facility, nor were they permitted to give or leave matches or lighters with any resident.Review of Resident #90's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/09/2025 revealed, in part, Resident #90 was a current tobacco user. Review of Resident #90's Care Plan initiated on 05/28/2025, with a goal date of 09/05/2025, revealed, in part, residents smoking supplies were stored per the facility policy. Observation on 07/22/2025 at 10:12AM, of the smoker's patio, revealed Resident #90 removed a lighter from his front left pants pocket and lit a cigarette.In an interview on 07/22/2025 at 12:20PM, S3Licensed Practical Nurse (LPN) indicated she was not aware Resident #90 had a cigarette lighter. In an interview on 07/22/2025 at 1:00PM, S9Regional Administrator confirmed residents should not have cigarette lighters in their possession.