

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195278	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Metairie Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Riverside Drive Metairie, LA 70003	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>17453</p> <p>Based on record review and interview, the facility failed to ensure a staff member who had a charge which barred employment was not allowed to work in the facility without a final disposition of the charge for 1 (S3Certified Nursing Assistant [CNA]) of 5 (S3CNA, S4CNA, S5CNA, S6CNA, and S7CNA) personnel records reviewed for criminal background checks.</p> <p>Findings:</p> <p>Review of the facility's undated policy for Abuse, Neglect, and Misappropriation of Funds program revealed, in part, pre-employment screenings would be completed on all potential employees prior to the offer of a position. Further review revealed an offer of employment would not be made to an individual with any felony conviction listed in the state regulations as list of enumerated charges for health care workers.</p> <p>Review of Louisiana R.S. (revised statute) 40:1203.3 revealed, in part, no employer shall hire non-licensed person when the results of a criminal history check reveal that the non-licensed person has been convicted of any of the following offenses: R.S. 14 37.4 Aggravated assault with a firearm. Further review revealed, if the results of a criminal history check reveal that a non-licensed person had been convicted of any of the offenses listed, the employer shall immediately terminate the person's employment.</p> <p>Review of S3CNA's personnel record revealed, in part, a hire date of 02/05/2024. Further review of S3CNA's personnel record revealed a criminal background check with a completion date of 02/02/2024. Review of S3CNA's criminal background check revealed, in part, an arrest date of 03/08/2021 with a charge of R.S. 14 37.4 aggravated assault with a firearm.</p> <p>Review of S3CNA's personnel record revealed no documented evidence, and the facility presented no documented evidence, of a disposition for S3CNA's charge which barred employment.</p> <p>In an interview on 10/09/2024 at 10:31 a.m., S1DirectorOfNursing (DON) confirmed S3CNA had a charge which barred employment. S1DON further indicated the facility did not have a disposition for the charge of R. S. 14 37.4 aggravated assault with a firearm.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195278	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Metairie Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 Riverside Drive Metairie, LA 70003	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>17453</p> <p>Based on observation and interview, the facility failed to ensure a medication room was locked when unattended for 1 (Medication Room a) of 1 Medication rooms (Medication Room a) reviewed for storage of medications.</p> <p>Findings:</p> <p>Observation on 10/08/2024 at 11:35 a.m. revealed the door of Medication Room a was open and unattended with a door stop at the base of the door. Further observation revealed Medication Room a had individual cubby areas with medications.</p> <p>In an interview on 10/08/2024 at 11:37 a.m., S2DirectorOfNursing (DON) confirmed Medication Room a was open, unattended and had medications.</p> <p>Review of the facility's video surveillance on 10/08/2024 at 11:40 a.m. revealed, in part, on 10/08/2024 at 9:55 a.m. S3AssistantDirectorOfNursing (ADON) entered Medication Room a and placed the door stop at the base of the door. Further review of the video surveillance revealed S3ADON exited Medication Room a on 10/08/2024 at 10:02 a.m. and the door remained open with the door stop at the base of the door. The door of Medication Room a remained open and unattended until 11:35 a.m.</p> <p>In an interview on 10/08/2024 at 11:40 a.m., S1Administrator and S2DON confirmed the medication room door was open, unattended and had medications.</p>