

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  09/03/2025
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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation and interviews, the facility failed to post the required nurse staffing information at the beginning of each shift daily for 1 (09/02/2025) of 2 (09/02/2025, 09/03/2025) days observed for nurse staffing information. Findings: Observation on 09/02/2025 at 10:10AM revealed the facility's posted nurse staffing information dated 09/02/2025 did not include the facility's daily census. In an interview on 09/03/2025 at 12:45PM, S3CNA Supervisor indicated the posted daily nurse staffing information dated 09/02/2025 should have included the daily census. In an interview on 09/03/2025 at 12:52PM, S1Administrator indicated he was unaware the daily posted nurse staffing information should include the daily census.</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  09/03/2025
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 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure the facility assessment included active involvement from direct care staff, residents, and residents' representatives in its development. Findings:Review of the facility assessment dated [DATE] revealed, in part, a resident and resident representative and direct care staff, including a Registered Nurse (RN), Licensed Practical Nurse (LPN) and a Certified Nursing Assistant (CNA) were not included in the development of the facility's assessment. In an interview on 09/03/2025 at 12:52PM, S1Administrator confirmed he had no documentation the facility assessment dated [DATE] was developed with any of the above mentioned staff, residents, and/or residents' representatives.</p>

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  09/03/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure staff wore proper personal protective equipment (PPE) for a resident on Enhanced Barrier Precautions (EBP) and ensure staff performed hand hygiene during a percutaneous endoscopic gastrostomy (PEG) tube (a medical device that provides nutrition, fluids, and medications directly into the stomach) dressing change for 1 (Resident #2) of 2 (Resident #2, Resident #3) sampled residents observed for indwelling device care. Findings: Review of the facility's undated EBP policy and procedure revealed, in part, gloves were to be used during high-contact resident care activities for residents with indwelling medical devices such as feeding tubes (a general term for PEG tube). Review of facility's Handwashing/Hand Hygiene policy and procedure, revised on 12/2009 revealed, in part, employees must wash their hands before and after direct resident contact, before and after handling invasive devices, after handling soiled or used dressings, and after removing gloves. Review of Resident #2's August 2025 physician's orders revealed, in part, an order to cleanse Resident #2's PEG tube site with normal saline or wound cleanser, pat dry, apply a drain sponge, and secure with tape as needed. Review of Resident #2's care plan with a start date of 08/13/2024 and a next review date of 09/09/2025 revealed, in part, Resident #2 was on EBP with an intervention for staff to wear gloves. Observation on 09/02/2025 at 11:55AM revealed S17Licensed Practical Nurse (LPN) entered Resident #2's room without putting on gloves. S17LPN then removed Resident #2's PEG tube dressing with her ungloved hand, disposed of the dressing, and applied gloves without performing hand hygiene. S17LPN then cleaned Resident #2's PEG tube site, removed her gloves, did not perform hand hygiene, and redressed Resident #2's PEG tube site with ungloved hands. Observation on 09/02/2025 at 12:00PM revealed an EBP sign on Resident #2's door that indicated providers and staff must wear gloves for high-contact resident care activities such as feeding tube care. In an interview on 09/02/2025 at 12:05PM, S17LPN indicated she did not wear gloves when she removed and replaced Resident #2's PEG tube dressing and did not perform hand hygiene after removing her gloves and should have. In an interview on 09/03/2025 at 12:45PM, S2Director of Nursing (DON) confirmed S17LPN did not wear gloves and perform hand hygiene appropriately during PEG tube site care and should have.</p>		

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  09/03/2025
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 0941</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.</p> <p>Based on interviews and record reviews, the facility failed to ensure direct care staff were provided effective communication training for 5 (S10Certified Nursing Assistant [CNA], S12CNA, S14CNA, S15CNA, S16CNA) of 5 (S10CNA, S12CNA, S14CNA, S15CNA, S16CNA) sampled direct care staff investigated for training requirements. Findings:Review of S10CNA's personnel record revealed, in part, S10CNA had a date of hire of 10/18/2021. Further review revealed S10CNA did not receive effective communication training since hire. Review of S12CNA's personnel record revealed, in part, S12CNA had a date of hire of 06/25/2024. Further review revealed S12CNA did not receive effective communication training since hire. Review of S14CNA's personnel record revealed, in part, S14CNA had a date of hire of 04/15/2025. Further review revealed S14CNA did not receive effective communication training since hire. Review of S15CNA's personnel record revealed, in part, S15CNA had a date of hire of 12/12/2022. Further review revealed S15CNA did not receive effective communication training since hire. Review of S16CNA's personnel record revealed, in part, S16CNA had a date of hire of 09/22/2011. Further review revealed S16CNA did not receive effective communication training since hire. In an interview on 09/03/2025 at 10:37AM, S3CNA Supervisor indicated she was responsible for providing training for a CNA's new hire orientation. S3CNA Supervisor further indicated effective communication training was not included in orientation training or in-services. In an interview on 09/03/2025 at 1:45PM, S2Director of Nursing confirmed S10CNA, S12CNA, S14CNA, S15CNA, and S16CNA had not received effective communication training.</p>		

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  09/03/2025
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 0944</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p>Based on record reviews and interviews, the facility failed to ensure direct care staff were provided Quality Assurance and Performance Improvement (QAPI) training for 5 (S10Certified Nursing Assistant [CNA], S12CNA, S14CNA, S15CNA, S16CNA) of 5 (S10CNA, S12CNA, S14CNA, S15CNA, S16CNA) sampled direct care staff investigated for training requirements. Findings:Review of S10CNA's personnel record revealed, in part, S10CNA had a date of hire of 10/18/2021. Further review revealed S10CNA did not receive QAPI training since hire. Review of S12CNA's personnel record revealed, in part, S12CNA had a date of hire of 06/25/2024. Further review revealed S12CNA did not receive QAPI training since hire. Review of S14CNA's personnel record revealed, in part, S14CNA had a date of hire of 04/15/2025. Further review revealed S14CNA did not receive QAPI training since hire. Review of S15CNA's personnel record revealed, in part, S15CNA had a date of hire of 12/12/2022. Further review revealed S15CNA did not receive QAPI training since hire. Review of S16CNA's personnel record revealed, in part, S16CNA had a date of hire of 09/22/2011. Further review revealed S16CNA did not receive QAPI training since hire. In an interview on 09/03/2025 at 10:37AM, S3CNA Supervisor indicated she was responsible for providing training for a CNA's new hire orientation. S3CNA Supervisor further indicated QAPI training was not included in orientation training or in-services. In an interview on 09/03/2025 at 1:45PM, S2Director of Nursing confirmed S10CNA, S12CNA, S14CNA, S15CNA, and S16CNA had not received QAPI training.</p>		