

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2024
NAME OF PROVIDER OR SUPPLIER  Pontchartrain Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1401 Highway 190 Mandeville, LA 70448	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48872</b></p> <p>Based on interviews and record reviews, the facility failed to maintain accurate records in accordance with accepted professional standards and practices for 3 of 3 (#1, #2 and #3) sampled residents reviewed for activities of daily living. The facility failed to ensure staff documented completed baths or showers in the Residents' record.</p> <p>Findings:</p> <p>Resident #1</p> <p>Review of Resident #1's current Clinical Record revealed the resident was readmitted to the facility on [DATE].</p> <p>Review of Resident #1's July 2024 Tuesday, Thursday, and Saturday Shower Lists revealed no documentation of a completed bath or shower for the resident on 07/18/2024 and 07/20/2024.</p> <p>An interview was conducted on 07/31/2024 at 4:00 p.m. with S3CNA. S3CNA stated on 07/18/2024 and 07/20/2024 she was the shower aide for Resident #1. S3CNA stated on the aforementioned dates she completed a bath or shower for Resident #1 but did not document and should have.</p> <p>Resident #2</p> <p>Review of Resident #2's current Clinical Record revealed the resident was admitted to the facility on [DATE].</p> <p>Review of Resident #2's June and July 2024 Shower Lists revealed no documentation of a completed bath or shower for the resident from 06/25/2024 to 07/01/2024.</p> <p>An interview was conducted on 07/31/2024 at 3:49 p.m. with S4CNA. S4CNA stated from 06/25/2024 to 07/01/2024 she was the shower aide for Resident #2. S4CNA stated between the aforementioned dates she completed multiple showers for Resident #2 on scheduled and non-scheduled shower days but did not document and should have.</p> <p>Resident #3</p> <p>(continued on next page)</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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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #3's current Clinical Record revealed the resident was admitted to the facility on [DATE].</p> <p>Review of Resident #3's July 2024 Monday, Wednesday, and Friday Shower Lists revealed no documentation of a completed bath or shower for the resident on 07/17/2024, 07/19/2024 and 07/22/2024.</p> <p>An interview was conducted on 07/31/2024 at 4:10 p.m. with S5CNA. S5CNA stated on 07/17/2024, 07/19/2024, and 07/22/2024 she was the shower aide for Resident #3. S5CNA stated she completed baths for Resident #3 on the aforementioned dates but did not document and should have.</p> <p>An interview was conducted on 07/31/2024 at 3:30 p.m. with S2CNAS. S2CNAS stated shower aides were responsible for completing baths or showers for the residents and documenting completion of baths and showers on the shower list. S2CNAS reviewed Resident #1, Resident #2 and Resident #3's shower lists and confirmed no documentation of completed baths or showers for the aforementioned dates and should have.</p> <p>An interview was conducted on 07/31/2024 at 4:55 p.m. with S1ADON. She stated she expected all staff to document the completion of resident baths or showers on the appropriate shower list.</p>