

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 10/11/2024
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50093</p> <p>Based on interviews and record review, the facility failed to ensure a resident's assessment accurately reflected the resident's status for 1 (#3) of 3 (#1, #2, and #3) residents reviewed for resident assessment. The facility failed to code the resident's Minimum Data Set (MDS) correctly for antipsychotic and antidepressant use.</p> <p>Findings:</p> <p>Review of Resident #3's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Depression and Hallucinations.</p> <p>Review of Resident #3's Physician's Orders revealed:</p> <p>Start date: 07/01/2024, Quetiapine Fumarate Tablet 25 mg</p> <p>Give one tablet by mouth at bedtime.</p> <p>Start date: 08/03/2024, Venlafaxine Extended Release Tablet 150 mg</p> <p>Give one tablet by mouth one time a day.</p> <p>Review of Resident #3's Medication Administration Record (MAR) dated 08/01/2024 to 10/11/2024 revealed Resident #3 received Quetiapine Fumarate and Venlafaxine in accordance with Physician's Orders for the dates reviewed.</p> <p>Review of Resident #3's Quarterly MDS with an Assessment Reference Date (ARD) of 09/24/2024 revealed she was not coded for antipsychotic and antidepressant use.</p> <p>On 10/11/2024 at 3:45 p.m., an interview was conducted with S8MDS. S8MDS confirmed Resident #3 was taking an antipsychotic and antidepressant and they were not coded on Resident #3's Quarterly MDS with ARD of 09/24/2024. S8MDS stated the MDS was not coded correctly.</p> <p>On 10/11/2024 at 3:47 p.m., an interview was conducted with S2DON. S2DON confirmed Resident #3 should have been coded for antipsychotic and antidepressant use and was not.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47173</p> <p>Based on record review and interviews, the facility failed to ensure services were provided to meet quality professional standards by failing to ensure physician's orders were accurately transcribed for 1 (#2) of 3 (#1, #2 and #3) residents reviewed for physician's orders.</p> <p>Findings:</p> <p>Review of Resident #2's Clinical Record revealed she was readmitted to the facility on [DATE] with diagnoses, which included Gastrostomy Status and Colostomy Status.</p> <p>Review of Resident #2's Physician's Orders dated October 2024 revealed there were no orders for Gastrostomy Care. Further review revealed an order for Colostomy Care, dated 09/19/2024, had no start date.</p> <p>Review of Resident #2's MAR dated October 2024 revealed no Gastrostomy Care and no Colostomy Care.</p> <p>On 10/11/2024 at 3:05 p.m., an interview was conducted with S7QAN. S7QAN reviewed Resident #2's current October 2024 Physician's Orders and October 2024 MAR, and confirmed there were no orders for Gastrostomy care or Colostomy care written after Resident #2 was readmitted to the facility on [DATE]. S7QAN confirmed Resident #2's 10/09/2024 Physician's orders were transcribed incorrectly.</p> <p>On 10/11/2024 at 2:30 p.m., an interview was conducted with the S2DON. S2DON reviewed Resident #2s current October 2024 Physician's Orders and October 2024 MAR. S2DON confirmed there were no orders for Gastrostomy Care or Colostomy Care written after Resident #2 was readmitted to the facility on [DATE], and should have been. S2DON confirmed Resident #2's 10/09/2024 Physician's orders were transcribed incorrectly.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50093</p> <p>Based on observations, interviews, and record review, the facility failed to provide necessary care and services for the provision of respiratory care in accordance with professional standards. The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Oxygen tubing and humidifier bottle were properly labeled for 1 of 1 (#3) resident; and 2. Oxygen was administered at the ordered rate for 1 of 1 (#3) resident reviewed for oxygen therapy. <p>Findings:</p> <ol style="list-style-type: none"> 1. <p>Review of Resident #3's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Dyspnea.</p> <p>Review of Resident #3's Physician's Orders revealed the following, in part:</p> <p>Start date: 07/01/2024: Oxygen at 2 Liters per nasal cannula.</p> <p>On 10/11/2024 at 9:45 a.m., an observation was made of Resident #3's oxygen tubing and humidifier bottle which were not properly labeled with date of last changed.</p> <p>On 10/11/2024 at 10:03 a.m., an observation was made of Resident #3's oxygen tubing with S4LPN. S4LPN confirmed the oxygen tubing was not labeled with the date last changed.</p> <p>On 10/11/2024 at 2:20 p.m., an interview was conducted with S2DON. She was made aware of the observations regarding Resident #3's oxygen tubing and humidifier bottle. She stated the facility's policy was for the oxygen tubing and humidifier bottles to be changed weekly by night shift nursing staff. S2DON confirmed all oxygen tubing and/or humidifier bottles should be labeled with the date it was changed.</p> 2. <p>On 10/11/2024 at 9:45 a.m., an observation was made of Resident #3 receiving oxygen at 4 liters per minute via nasal cannula.</p> <p>On 10/11/2024 at 3:50 p.m., an observation was made of Resident #3 receiving oxygen at 4 liters per minute via nasal cannula with S2DON. S2DON confirmed Resident #3's oxygen was not being administered at the ordered rate of 2 liters per minute and should have been.</p>

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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>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47173</p> <p>Based on record reviews and interviews, the facility failed to maintain accurate records in accordance with accepted professional standards for 2 (#2 and #3) of 3 (#1, #2, and #3) sampled residents reviewed for baths.</p> <p>Findings:</p> <p>Resident #2</p> <p>Review of Resident #2's Clinical Record revealed the resident was admitted to the facility on [DATE].</p> <p>Review of Resident#2's Bath/Shower Logs revealed Resident #2 should receive a bath three days a week.</p> <p>Review of Resident #2's September 2024 and October 2024 Bath/Shower Logs revealed no documentation for a bath or shower given on 09/21/2024, 09/24/2024, and 10/10/2024.</p> <p>Resident #3</p> <p>Review of Resident #3's clinical record revealed the resident was admitted to the facility on [DATE].</p> <p>Review of Resident #3's Bath/Shower Logs revealed Resident #3 should receive a bath three days a week.</p> <p>Review of Resident #3's September 2024 Bath/Shower Logs revealed no documentation for a bath or shower given on 09/07/2024, 09/10/2024, 09/12/2024, 09/14/2024, 09/19/2024, 09/19/2024, 09/21/2024, and 09/28/2024.</p> <p>An interview was conducted on 10/11/2024 at 2:00 p.m. with S3ADON. S3ADON confirmed there was no documentation for the aforementioned dates for baths or showers for Resident #2 and Resident #3 and there should have been.</p> <p>An interview was conducted on 10/11/2024 at 2:13 p.m. with S2DON. S2DON confirmed there was no documentation for the aforementioned dates for baths or showers for Resident #2 and Resident #3 and there should have been.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47173</p> <p>Based on observations, interviews, and record reviews, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary environment to help prevent the development and transmission of infection for 2 (#2 and #3) of 2(#2 and #3) residents reviewed for infection control. The facility failed to ensure staff wore proper Personal Protective Equipment (PPE) while providing peri-care and catheter care to residents who were on Enhanced Barrier Precautions (EBP).</p> <p>Findings:</p> <p>Review of the facility's policy titled Enhanced Barrier Precautions, dated 04/01/2024, revealed the following, in part:</p> <p>Guideline:</p> <p>1. Gown and gloves will be used during high-contact resident care activities for residents who are at increased risk of multidrug-resistant organisms acquisition (e.g., residents with wounds or indwelling medical devices).</p> <p>Resident #2</p> <p>Review of Resident #2's Clinical Record revealed she was readmitted to the facility on [DATE].</p> <p>A review of Resident 2#'s Admission MDS (Minimum Data Set) with an ARD (Assessment Reference Date) 09/24/2024 revealed Resident 2# had an Indwelling Urinary Catheter, Colostomy, Percutaneous Endoscopic Gastrostomy Tube and a Stage 4 Sacral Pressure Ulcer.</p> <p>On 10/11/2024 at 11:15 a.m., an observation was made of an Enhanced Barrier Precautions sign posted on the outside of Resident #2's door including gowns available for use.</p> <p>On 10/11/2024 at 11:40 a.m., an observation was made of S5CNA performing peri-care and catheter care for Resident #2 without wearing a gown.</p> <p>On 10/11/2024 at 11:50 a.m., an interview was conducted with S5CNA. S5CNA confirmed Resident #2 was on EBPs and she did not wear a gown while performing peri-care and catheter care on Resident #2 and should have.</p> <p>Resident #3</p> <p>Review of Resident #3's Clinical record revealed she was admitted to the facility on [DATE].</p> <p>A review of Resident #3's Quarterly MDS with an ARD of 09/24/2024 revealed Resident #3 had an Indwelling Urinary Catheter and an Ostomy.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/11/2024 at 9:44 a.m., an observation was made of an Enhanced Barrier Precautions sign posted on the outside of Resident #3's door including gowns were available for use.</p> <p>On 10/11/2024 at 10:25 a.m., an observation was made of S6CNA performing catheter care for Resident #3. S6CNA did not wear a gown while providing catheter care for Resident #3.</p> <p>On 10/11/2024 at 2:28 p.m., an interview was conducted with S6CNA. S6CNA verified Resident #3 was on EBPs. She confirmed she did not wear a gown while providing catheter care for Resident #3 and should have.</p> <p>On 10/11/2024 at 2:31 p.m., an interview was conducted with S2DON. S2DON stated Resident #2 was on EPB due to her Colostomy, Gastrostomy Tube, Urinary Catheter and wounds. S2DON stated Resident #3 was on EBPs due to her Urinary Catheter and Ostomy. S2DON confirmed staff should wear a gown while providing care to Resident #2 and Resident #3.</p>