

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 04/03/2025
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>46642</p> <p>Based on observations and interviews, the facility failed to ensure the facility was a functional, sanitary, and comfortable environment for residents. The facility failed to ensure:</p> <p>1.) The floor tiles were cleaned and without debris, the wall adjacent to the bed was without chipped/missing paint, the shower was functional and sanitary, and the bed's mechanical parts were cleaned in Room a; and</p> <p>2.) The air conditioner units in Room b and Room c were cleaned.</p> <p>This deficient practice had the potential to effect the 113 residents residing in the facility.</p> <p>Findings:</p> <p>1.</p> <p>On 03/31/2025 at 12:10 p.m., an observation was made of Room a. There was a scattered brown/black substance on the floor tiles near the window and air conditioner unit. There was missing/chipped paint behind the bed. There was a dried brown substance on the bottom left foot control of the bed which was missing a cover. The shower was missing a shower head, and not functional. There was a dried orange substance along the bottom left shower tiles with chipped/missing shower tiles and no shower curtain.</p> <p>On 04/01/2025 at 8:35 a.m., an observation was made of Room a. The above findings were unchanged.</p> <p>On 04/02/2025 at 10:40 a.m., an observation was made of Room a. The above findings were unchanged.</p> <p>On 04/03/2025 at 12:55 p.m., an interview was conducted with S8HSK. She stated she was assigned to Room a. She stated all residents rooms should be cleaned daily.</p> <p>On 04/03/2025 at 1:05 p.m., an environment tour was conducted with S2MS who confirmed the following:</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
---	-------	-----------

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 04/03/2025
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In Room a there was a scattered brown/black substance on the floor tiles near the window, with tissue paper and other debris on the floor next to the air conditioner unit. The wall behind the bed had missing/chipped paint. The bed's mechanical parts had a dried brown substance on top of the left lower foot control without a cover at the end of the bed. A dried orange substance was on the bottom left edging of the shower tiles. The shower had no shower head and was not functional. There was chipped/cracked tiles in the shower with no shower curtain.</p> <p>2.</p> <p>On 03/31/2025 at 12:10 p.m., an observation was made of Room b and Room c. There was a fluffy gray substance scattered on top of the air conditioner units.</p> <p>On 04/01/2025 at 8:25 a.m., an observation was made of Room b and Room c. The above findings were unchanged.</p> <p>On 04/02/2025 at 10:30 a.m., an observation was made of Room b and Room c. The above findings were unchanged.</p> <p>On 04/03/2025 at 1:10 p.m., an environmental tour was conducted with S2MS who confirmed the following: In Room b and Room c, there was a fluffy gray substance scattered on top of the air conditioner units.</p> <p>Review of the facility's maintenance log, dated March 2025, revealed there was no documented maintenance requests submitted for Rooms a, b, or c.</p> <p>On 04/01/2025 at 2:00 p.m., an interview was conducted with S9HSK. She stated she was assigned to Room c. She stated all residents rooms should be cleaned daily. S9HSK stated maintenance was responsible for cleaning all air conditioner units, and any concerns should be reported.</p> <p>On 04/03/2025 at 1:12 p.m., an interview was conducted with S2MS. He confirmed the above observations in Rooms a, b and c. He stated the facility should have been maintained in a sanitary, functional, and comfortable environment, and was not.</p> <p>On 04/03/2025 at 1:15 p.m., an environmental tour was conducted with S1ADM. She confirmed the above observations. She confirmed Room a's shower was not sanitary and had not been functional for some time, and should have been. S1ADM confirmed Rooms a, b, and c should have been maintained in a sanitary, functional, and comfortable environment, and was not.</p>		