

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 02/19/2026
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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and interviews, the facility failed to ensure grievances were entered into the grievance log and followed through to resolution for 1 (#2) of 3 residents sampled for grievances, resulting in the potential for unresolved care concerns. Review of the facility's policy titled Grievance Policy and Procedure - Voicing and Resolution, revised date 11/2025, revealed the following, in part: Policy: Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents and other concerns regarding their stay. Procedure: 3. Grievance will be written on the home's grievance/complaint report form. 6. The home will keep a grievance/complaint log outlining each grievance/complain and the disposition of the complaint. 8. Home will upon resolution of grievance, follow-up in a timely manner to assure that resolution has been successful. Review of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE], with diagnoses including Unspecified Focal Traumatic Brain Injury, Dementia with other Behavioral Disturbance, and Persistent Mood Affective Disorder. Review of Resident #2's Progress Note, dated 01/20/2026, revealed the following, in part: Created By: S7SW Note Text: Resident care plan meeting was held today. The only concern he had was bath times and not getting in timely manner. Addressed with CNA supervisor. Review of the facility's Grievance Logs, dated November 2025 to February 2025, revealed no entries for Resident #2. On 02/18/2026 at 8:40 a.m., an observation was made of Resident #2, in his room, eating breakfast while seated in his wheelchair. Resident #2's room noted to have a strong smell of urine. On 02/18/2026 at 12:39 p.m., an interview was conducted with S7SW. S7SW stated she was the grievance officer at the facility. S7SW reviewed Resident #2's progress note dated 01/20/2026. S7SW stated she considered Resident #2's bath concerns a grievance. S7SW stated she notified the CNA supervisor of the complaint. S7SW stated she did not complete a grievance form or log an entry on the grievance log and should have. S7SW stated she did not follow-up with Resident #2 to ensure his concern was resolved. On 02/19/2026 at 12:33 p.m., an interview was conducted with S1ADM. S1ADM stated S7SW was the grievance officer at the facility. S1ADM stated she considered any issues with care, including bath concerns, a grievance. S1ADM confirmed S7SW should have filled out a grievance form and followed-up to ensure Resident #2's grievance was resolved.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 195297	If continuation sheet Page 1 of 4

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<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** Based on record review and interviews, the facility failed to ensure the Minimum Data Set (MDS) assessment accurately reflected the resident's status for 1 (#2) resident of 3 sampled residents. Review of Resident #2's Clinical Record revealed she was admitted to the facility on [DATE]. Review of Resident #2's Quarterly MDS with an Assessment Reference Date (ARD) of 01/12/2026 revealed Section C, question C0100 should be reviewed for mental status be conducted, coded as 0 - no (resident is rarely/never understood). On 02/18/2026 at 11:50 a.m., an interview was conducted with Resident #2. Resident interview revealed Resident #2 was able to hear and understand my questions with no issue. Resident interview further revealed Resident #2 was able to voice answers to my questions with no issue. On 02/19/2026 at 9:51 a.m., an interview was conducted with S7SW. S7SW reviewed Resident #2's Quarterly MDS with an ARD of 01/12/2026. S7SW stated she was responsible for answering all questions of Section C. S7SW stated Resident #2 was able to be understood. S7SW stated coding question C0100 as 0 - no (resident is rarely/never understood) was inaccurate. S7SW stated an MDS assessment should be coded to accurately reflect a resident's status. On 02/19/2026 at 11:33 a.m., an interview was conducted with S2DON. S2DON reviewed Resident #2's Quarterly MDS with an ARD of 01/12/2026. S2DON confirmed the MDS was not coded accurately for question C0100 and should have been.</p>

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the Quality Assurance and Performance Improvement (QAPI) committee failed to provide sufficient evidence ongoing monitoring and evaluations were implemented to ensure corrective actions were put in place after identifying residents were not receiving showers. This deficient practice had the potential to affect all residents who required assistance with showering/bathing. Findings: Review of the facility's Quality Improvement Corrective Action Plan dated 01/12/2026, revealed the following, in part: Identified area for improvement: facility identified resident's not receiving showers consistent with their schedule. Actions to implement: 1. if resident is refusing shower, shower aid is to notify floor nurse and floor nurse will sign if resident refuses after checking. Resident may be offered a shower at a later time of day. 2. Shower sheets are turned in to S6CNA for review and a copy is given to S2DON. Objection Measures to evaluate plan effectiveness: S6CNA will monitor daily. A copy of shower sheets will also be placed.(no other words)Person Responsible for oversight: S6CNA Date to be completed: by March 12, 2026Ongoing starts 01/12/2026. Review of Resident #3's Clinical Record revealed he was re-admitted to the facility on [DATE], with diagnoses including Hemiplegia and Hemi-paralysis of Left Non-Dominant Side and Cerebral Infarction. Review of Resident #3's Quarterly MDS with an ARD of 12/18/2025 revealed a BIMS of 15, indicating he was cognitively intact. Further review revealed he required substantial/maximum assistance for showering. Review of Resident #3's Bath/Shower Log revealed his scheduled shower days were Mondays, Wednesdays, and Fridays. Further review revealed the following, in part:Wednesday 01/21/2026-blankMonday 01/26/2026-blankFriday 01/30/2026-blankMonday 02/16/2026-blank Review of the facility's written Shower Logs dated January 2026 through 02/18/2026 revealed no documentation for the dates listed above. Review of Resident #3's Nurse's Notes dated January 2026 through 02/18/2026 revealed no documentation of the resident refusing showers. On 02/19/2026 at 10:53 a.m., an observation and interview was conducted with Resident #3. His hair was observed to be oily and white flakes were observed at the top of his forehead and hairline. He stated he was supposed to get showers three times a week but hardly ever received showers three times a week and sometimes only once a week. He confirmed he did not receive a shower on Monday 02/16/2026. On 02/19/2026 at 9:48 a.m., an interview was conducted with S4CNA. She verified she was assigned to Resident #3 on 01/21/2026, 01/26/2026, 01/20/2026, and 02/16/2026. She stated there was no shower aid assigned those days. S4CNA stated she did not give Resident #3 a shower on those days, so he did not get one. On 02/19/2026 at 10:37 a.m., an interview was conducted with S3CNA. She stated she started working as the shower aid on Resident #3's hall at the beginning of February 2026. She stated she was pulled to work the floor on 02/16/2026 so she was unable to give Resident #3 a shower. She stated the resident's assigned CNA was supposed to give the residents a shower if the shower aid was pulled, but most of the time, their showers would not be completed. On 02/19/2026 at 11:14 a.m., an interview was conducted with S6CNA. She stated the assigned CNA should shower residents when the shower aid was pulled to work the floor. She provided three shower logs dated 01/12/2026, 01/17/2026, and 01/24/2026 for Resident #3. She stated these were the only shower logs filled out by the shower aid for the requested timeframe of 01/2026 through 02/18/2026. She reviewed Resident #3's shower log and confirmed there was no documentation he was showered or refused a shower on 01/21/2026, 01/26/2026, 01/30/2026, and 02/16/2026. She confirmed shower logs should be filled out by the CNA completing the showers and were currently not being completed. On 02/19/2026 at 11:27 a.m., an interview was conducted with S2DON. She stated the assigned CNA was responsible for resident's showers when there was no shower aid. She reviewed Resident #3's shower log and confirmed there was no</p> <p>(continued on next page)</p>		

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