

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 05/08/2024
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 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>46981</p> <p>Based on observation, record review, and interview, the facility failed to ensure all complaint surveys since the last annual survey were available for resident review.</p> <p>Findings:</p> <p>An observation was made on 05/06/2024 at 8:35 a.m. of the facility's binder Survey results located near the entrance of the facility.</p> <p>Review of the survey results binder revealed the last survey posted in the binder was dated 04/27/2023. Further review revealed no documented evidence of the survey results from complaint surveys dated 08/24/2023, 08/30/2023, 11/15/2023, and 02/15/2024 having been available for review.</p> <p>Review of the documents included in this binder revealed the annual recertification survey results dated 04/27/2023. No other survey results were available for resident viewing.</p> <p>An interview was conducted on 05/06/2024 at 8:40 a.m. with S1ADM. She reviewed the facility's binder Survey results. She confirmed the only survey results located in the binder was the annual recertification survey dated 04/27/2023. She confirmed the complaint surveys since the annual recertification survey should have been in the binder.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46981</p> <p>Based on interviews and record review, the facility failed to ensure resident assessments accurately reflected the resident's status for 3 (#50, #54, and #78) of 22 sampled residents reviewed for MDS.</p> <p>Findings:</p> <p>Resident #50</p> <p>Review of Resident #50's Clinical Record revealed she was admitted to the facility on [DATE]. Further review revealed Resident #50 was diagnosed with Alzheimer's.</p> <p>Review of Resident #50's admission MDS with an ARD of 03/11/2024 revealed Alzheimer's was not coded as an active diagnosis in Section I.</p> <p>Resident #54</p> <p>Review of Resident #54's Clinical Record revealed he was admitted to the facility on [DATE]. Further review revealed Resident #54 was diagnosed with Depression.</p> <p>Review of Resident #54's quarterly MDS with an ARD of 04/29/2024 revealed Depression was not coded as an active diagnosis in Section I.</p> <p>Resident #78</p> <p>Review of Resident #78's Clinical Record revealed she was admitted to the facility on [DATE]. Further review revealed Resident #78 was diagnosed with Post Traumatic Stress Disorder.</p> <p>Review of Resident #78's annual MDS with an ARD of 03/05/2024 revealed Post Traumatic Stress Disorder was not coded as an active diagnosis in Section I.</p> <p>An interview was conducted on 05/08/2024 at 2:38 p.m. with S8MDS. She stated she was responsible for residents' MDS assessments. She reviewed the above residents' MDS assessments and confirmed the above findings. She confirmed if a resident had an active diagnosis, the MDS assessment should have been coded accurately with those diagnoses.</p> <p>An interview was conducted on 05/08/2024 at 4:00 p.m. with S2DON. She confirmed if a resident had an active diagnosis, the MDS assessment should have been coded accurately with those diagnoses.</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50093</p> <p>Based on record review and interviews, the facility failed to ensure a resident with an identified mental health diagnosis was referred for a PASARR Level II evaluation as required for 1 (#72) of 4 (#34, #49, #72, and #114) sampled residents records reviewed for PASARR Level II.</p> <p>Findings:</p> <p>Review of the Clinical Record revealed Resident #72 was admitted to the facility on [DATE]. Further review of the Clinical Record revealed Resident #72 was diagnosed with Schizoaffective Disorder, Bipolar Type on 10/23/2023.</p> <p>An interview was conducted on 05/08/2024 at 2:50 p.m. with S6BOM. She stated she was responsible for submitting Resident Reviews for all residents in the facility. She confirmed Resident #72 acquired a new diagnosis of Schizoaffective Disorder, Bipolar Type on 10/23/2023. She stated a Resident Review for PASARR Level II was not submitted after Resident #72 received the new diagnosis.</p> <p>An interview was conducted on 05/08/2024 at 3:00 p.m. with S2DON. She confirmed a Resident Review for PASARR Level II should have been submitted Resident #72 received the new diagnosis of Schizoaffective Disorder, Bipolar Type on 10/23/2023.</p> <p>An interview was conducted on 05/08/2024 at 3:02 p.m. with S1ADM. She confirmed a Resident Review for PASARR Level II should have been submitted Resident #72 received the new diagnosis of Schizoaffective Disorder, Bipolar Type on 10/23/2023.</p>

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<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>46981</p> <p>Based on observations and interview, the facility failed to ensure nurse staffing data, including resident census, and total number and actual hours worked for licensed and unlicensed nursing staff, was posted in a prominent location readily accessible to residents and visitors. This deficient practice had the potential to affect any of the 110 residents residing in the facility.</p> <p>Findings:</p> <p>An observation was made on 05/06/2024 at 8:30 a.m. of the staffing data sheet dated 05/06/2024. Further review revealed no documentation of the resident census, no total number and actual hours worked by registered nurses, licensed practical nurses or licensed vocational nurses, and certified nurse aides.</p> <p>An observation was made on 05/07/2024 at 8:30 a.m. of the staffing data sheet dated 05/07/2024. Further review revealed no documentation of the resident census, no total number and actual hours worked by registered nurses, licensed practical nurses or licensed vocational nurses, and certified nurse aides.</p> <p>An interview was conducted on 05/07/2024 at 11:00 a.m. with S1ADM. She reviewed the nurse staffing data sheet dated 05/07/2024. She confirmed the staffing data sheet should include the resident census and the total number and actual hours worked by registered nurses, licensed practical nurses or licensed vocational nurses, and certified nurse aides, and it did not.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48872</p> <p>Based on interviews and record reviews, the facility failed to ensure residents' drug regimens were free from unnecessary psychotropic medications for 2 (#19 and #51) of 6 (#9, #12, #19, #34, #51 and #58) residents reviewed for unnecessary psychotropic medications. The facility failed to ensure PRN orders for psychotropic drugs were limited to 14 days.</p> <p>Findings:</p> <p>Resident #19</p> <p>Review of the Clinical Record revealed Resident #19 was admitted to the facility on [DATE] with diagnoses which included Anxiety Disorders, Hallucinations and Senile Degeneration of the Brain.</p> <p>Review of Resident #19's active Physician Orders revealed the following, in part:</p> <p>Start Date: 04/29/2024 -Lorazepam 2mg/ml oral concentration, 0.25ml by mouth/sublingual every 4 hours PRN for anxiety/agitation until death for standard of hospice care.</p> <p>Further review revealed the order did not have a documented stop date.</p> <p>Resident #51</p> <p>Review of Resident #51's clinical record revealed she was admitted to the facility on [DATE] with diagnoses which included Bipolar Disorder and Schizoaffective disorder.</p> <p>Review of Resident #51's active Physician Orders revealed the following:</p> <p>Start Date: 06/04/2023-Lorazepam 2mg/ml oral concentration by mouth every 4 hours PRN for anxiety/agitation until death for standard of hospice care.</p> <p>Further review revealed the order did not have a documented stop date.</p> <p>On 05/08/2024 at 12:30 p.m., an interview was conducted with the hospice nurse. She confirmed the Lorazepam medication is a PRN standing order for every hospice resident and does not have a stop date.</p> <p>On 05/08/2024 at 12:48 p.m., an interview was conducted with the hospice company's administrator. She confirmed the hospice doctor had PRN standing orders that included Lorazepam, and the order frequency stated to give Lorazepam PRN until death and does not have a stop date.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/08/2024 at 3:58 p.m., an interview was conducted with S2DON. She confirmed the Lorazepam medication for Resident #19 and #51 did not have a stop date. She confirmed she was responsible for assessing all PRN psychotropic medications must have a stop date, and she overlooked Resident #19 and #51's Lorazepam orders.</p> <p>On 05/08/2024 at 4:00 p.m., an interview was conducted with S1ADM. She confirmed all PRN psychotropic medications must have a stop date and can only be ordered for 14 days at a time.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47173</p> <p>Based on observations and interview, the facility failed to store food under sanitary conditions by failing to do the following:</p> <ol style="list-style-type: none"> 1. Ensure food was properly labelled and stored in unit refrigerators; and 2. Ensure kitchen equipment was maintained in safe operating condition. <p>This deficient practice had the potential to affect 101 residents who were capable of storing and consuming food in the facility's unit refrigerators.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. <p>On 05/06/2024 at 3:25 p.m., a tour was conducted of Medication Storage Room A. An observation was made of a sign posted to the front of the refrigerator stating, STOP- all items must be labeled and dated. Further observations revealed the following:</p> <p>Unit Refrigerator -</p> <p>3- to-go boxes with no label and date;</p> <p>Unit Freezer -</p> <p>1- frozen coffee drink with no label and date; and</p> <p>1- frozen fast food ice cream with no label and date.</p> <p>On 05/07/2024 at 9:29 a.m., a tour was conducted of Medication Storage Room B. An observation was made of a sign posted to the front of the refrigerator stating, Before putting anything in this refrigerator make sure it's labeled and dated. Further observations revealed the following:</p> <p>Unit Refrigerator -</p> <p>1 pitcher of cranberry juice with no label and date;</p> <p>Unit Freezer -</p> <p>5-plastic containers of frozen food with no and date; and</p> <p>1- frozen, open plastic cup with pink liquid with no label and date.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 05/07/2024 at 9:29 a.m. an interview and observation was conducted with S4CN. She confirmed the above observations. She stated all food stored in the unit refrigerator/freezers should be labeled with a date.</p> <p>On 05/07/2024 at 9:45 a.m., an interview was conducted with S4DON. She stated the refrigerators in the medication storage rooms were used for residents and staff. S4DON agreed all food located in the unit refrigerators/freezers needed to be labeled and dated and were not.</p> <p>On 05/07/2024 at 9:43 a.m., an interview was conducted with S1ADM. She stated she would expect staff to label all food in the unit refrigerators/freezers. She confirmed above findings should have been labeled with dates.</p> <p>2.</p> <p>On 05/06/2024 at 8:40 a.m., an observation and interview was conducted with S5DM. An observation of the kitchen revealed black sludge on the ground leading into the entrance of the standalone freezer door, a buildup of ice surrounding the freezer door frame, and a buildup of ice covering the plastic flaps in the entryway of the freezer. She stated the sludge and buildup of ice had been present for a week and needed to be addressed and cleaned.</p> <p>05/06/2024 at 9:06 a.m., a tour of the kitchen was made with S1ADM. S1ADM observed the above aforementioned findings, and confirmed all finding were unsanitary and should be addressed and cleaned.</p>

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</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 have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This deficient practice had the potential to affect 101 residents who were capable of storing and consuming food in the facility.</p> <p>Findings:</p> <p>Review of the facility's policies revealed no policy on ensuring safe and sanitary storage, handling, and consumption of foods brought to residents by family and other visitors.</p> <p>On 05/07/2024 at 11:00 a.m., an interview was conducted with R. [NAME], S2ADON. She stated the facility did not have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.</p> <p>On 05/07/2024 at 11:40 a.m., an interview was conducted with S2DON. She confirmed the facility did not have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>47173</p> <p>Based on observation and interviews, the facility failed to dispose of garbage and ensure waste was properly contained in the outdoor dumpster</p> <p>Findings:</p> <p>On 05/06/2024 at 8:40 a.m., an observation and interview was conducted with S5DM. An observation was made of the outside area immediately to the left of the entrance/exit door of the kitchen which revealed a pool of grey stagnant water containing loose trash and one deteriorating mop head. Further observation revealed one metal cooking pan filled with black water and spoiled food. S5DM verified the entryway was used for food deliveries and was unsanitary.</p> <p>On 05/06/2024 at 8:45 a.m., an observation and interview was conducted with S5DM. An observation of the area surrounding the facility's two dumpsters revealed multiple bedframes and mattresses. S5DM stated the bedframes and mattresses were trash and were waiting to be disposed of. he stated the trash company came once this week and did not pick up the bedframes and mattresses.</p> <p>On 05/06/2024 at 9:45 a.m., an observation and interview was conducted with S1ADM. S1ADM confirmed all of the above observations were unsanitary and needed to be addressed and cleaned.</p>

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46981</p> <p>Based on interviews and record review, the facility failed to ensure residents were given the right to rescind the arbitration agreement within 30 calendar days for 3 (#50, #109, and #114) of 3 (#50, #109, and #114) residents reviewed for arbitration.</p> <p>Findings:</p> <p>Review of the facility's form titled Resident [NAME] of Rights on page 5 of 5 revealed an arbitration agreement was included in the admission packet. Further review revealed no documentation of the resident's right to rescind the agreement within 30 calendar days.</p> <p>Resident #50</p> <p>Review of Resident #50's Clinical Record revealed she was admitted to the facility on [DATE]. Further review of Resident #50's Clinical Record revealed a signed form titled, Resident [NAME] of Rights.</p> <p>Resident #109</p> <p>Review of Resident #109's Clinical Record revealed she was admitted to the facility on [DATE]. Further review of Resident #109's Clinical Record revealed a signed form titled, Resident [NAME] of Rights.</p> <p>Resident #114</p> <p>Review of Resident #114's Clinical Record revealed she was admitted to the facility on [DATE]. Further review of Resident #114's Clinical Record revealed a signed form titled, Resident [NAME] of Rights.</p> <p>An interview was conducted on 05/08/2024 at 9:43 a.m. with S1ADM. She reviewed the facility's admission packet. She confirmed the admission packet included an arbitration agreement on the form titled, Resident [NAME] of Rights, which did not include the right to rescind the arbitration agreement within 30 days.</p>

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48872</p> <p>Based on observations, interviews and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of infection. The facility failed to ensure staff used appropriate hand hygiene after incontinent care for 1 (#101) of 1 (#101) residents observed for incontinent care.</p> <p>Findings:</p> <p>Review of the facility's policy revised on 08/2015 titled, Handwashing/Hand Hygiene, revealed, in part:</p> <p>This facility considers hand hygiene the primary means to prevent the spread of infections.</p> <p>7. Use an alcohol-based hand rub . or alternatively, soap and water for the following situations:</p> <p>b. Before and after direct contact with residents.</p> <p>j. After contact with .bodily fluids.</p> <p>m. After removing gloves.</p> <p>8. Hand hygiene is the final step after removing and disposing of personal protective equipment.</p> <p>9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.</p> <p>Review of the Clinical Record revealed Resident #101 was admitted to the facility on [DATE].</p> <p>On 05/08/2024 at 10:03 a.m., an observation was made of incontinent care for Resident #101 with S10CNA. S10CNA donned gloves and removed Resident #101's urine soiled brief, cleaned Resident #101's soiled perineal area and removed her gloves. Then, S10CNA left resident's room and retrieved a sheet from the clean linen cart and returned to Resident #101's room. Observed no hand washing or hand sanitizer use after her gloves were removed in resident's room and in the hallway before she touched the sheet from the clean linen cart.</p> <p>On 05/08/2024 at 10:10 a.m., an interview was conducted with S10CNA. She confirmed she did not use hand sanitizer or wash her hands with soap and water after removing her gloves, before leaving the room or touching linen from the clean linen cart in the hallway and should have.</p> <p>On 05/08/2024 at 11:30 a.m., an interview was conducted with S2DON. She stated she would expect staff to wash hands or use hand sanitizer immediately after direct contact care of resident.</p>