

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Chateau St. James Rehab and Retirement		STREET ADDRESS, CITY, STATE, ZIP CODE  1980 Jefferson Hwy Lutcher, LA 70071	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>45877</p> <p>Based on observation, record review, and interviews, the facility failed to ensure a resident dependent on staff for activities of daily living (ADL) received nail care. This deficient practice was identified for 1 (Resident #3) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents.</p> <p>Findings:</p> <p>Review of Resident #3's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/26/2024 revealed, in part, Resident #3 had a Brief Interview for Mental Status (BIMS) score of 00, which indicated severe cognitive impairment. Further review revealed, Resident #3 was dependent upon staff with personal hygiene.</p> <p>Review of Resident #3's care plan revealed, in part, Resident #3 required assistance from staff with all ADLs (activities related to personal care).</p> <p>Observation on 04/22/2024 at 12:18 p.m. revealed, Resident #3's left thumb nail and left second finger nail were approximately one-fourth of an inch long. Further observation revealed, Resident #3's right first finger nail was also long.</p> <p>In an interview on 04/24/2024 at 8:36 a.m., S2CNA indicated she has never attempted to trim or clean Resident #3's fingernails due to Resident #3 sometimes having combative behaviors.</p> <p>Observation with S1Assistant Director of Nursing (ADON) on 04/24/2024 at 10:10 a.m., revealed, in part, Resident #3 had a black unknown substance under her left first finger nail. Further observation revealed, Resident #3's left thumb nail and left second finger nail were approximately one-fourth of an inch long, and Resident #3's right thumb nail was about one-half of an inch long. Further observation revealed, Resident #3's right first finger nail and right third finger nail had an unknown brown substance underneath the nails.</p> <p>In an interview on 04/24/2024 at 10:10 a.m., S1ADON indicated Resident #3's finger nails should not have appeared as they currently did.</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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