

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  11/08/2024
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 0574</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>The resident has the right to receive notices in a format and a language he or she understands.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49562</p> <p>Based on interviews and record review, the facility failed to publicly post the required contact information for the current State Long-Term Care Ombudsman.</p> <p>Findings:</p> <p>In an interview on [DATE] at 10:10 a.m., Resident #66, the Resident Council President, indicated the facility's Ombudsman had died many months ago. Resident #66 further indicated she did not know the name of, or how to contact, the facility's newly assigned Ombudsman.</p> <p>Review of publicly posted contact information for the facility's Ombudsman revealed the name and contact information of the facility's previously assigned Ombudsman.</p> <p>There was no evidence, and the facility could not provide any documented evidence, the name or contact information had been publically posted for the facility's currently assigned Ombudsman.</p> <p>In an interview on [DATE] at 11:10 a.m., S1Administrator confirmed that information for the facility's current Ombudsman was not posted, and it should have been.</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 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>49562</p> <p>Based on observation, record review, and interview, the facility failed to post the results of previous surveys in an area accessible to residents and/or resident's responsible parties.</p> <p>Findings:</p> <p>In an interview on 11/06/2024 at 10:10 a.m., Resident #66, the Resident Council President, indicated she did not know where the results of previous state surveys were posted or how to access them.</p> <p>Observation on 11/06/2024 at 11:15 a.m. revealed the facility's previous survey results were located in a binder behind the receptionist's desk, not accessible to residents and/or residents' representatives.</p> <p>There was no evidence, and the facility did not present evidence, the previous survey results had been posted in an area readily accessible to residents, family members and legal representatives.</p> <p>In an interview on 11/07/2024 at 2:06 p.m., S1 Administrator indicated the previous survey results with plans of corrections were kept in a binder on a counter behind the front desk inaccessible to the public, and confirmed they were available only upon request.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34060</p> <p>Based on observations, interviews, and record reviews, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure residents identified as unsafe smokers did not have access to smoking materials while not being supervised (Resident #36); and,</li> <li>2. Implement new individualized fall prevention interventions and/or increase supervision to prevent future falls for 1 (Resident #1) of 4 (Resident #1, Resident #34, Resident #35, and Resident #56) sampled residents reviewed for falls.</li> </ol> <p>Findings:</p> <p>Resident #36</p> <p>Review of the facility's Resident's Smoking Policy dated 03/08/2023 revealed, in part, residents were not be permitted to keep cigarettes, e-cigarettes, pipes, tobacco, and other smoking articles in their possession if they were determined to have smoking restrictions or identified as an unsafe smoker unless under supervision. Further review revealed the facility maintained the right to confiscate smoking articles found in violation of the smoking policies.</p> <p>Review of Resident #36's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/17/2024 revealed, in part, a Brief Interview for Mental Status (BIMS) score of 14, which indicated Resident #36 was cognitively intact.</p> <p>Review of Resident #36's Care Plan revealed, in part, Resident #36 was assessed and identified as being an unsafe smoker with an intervention for Resident #36 to follow the facility's protocol for safe smoking.</p> <p>Review of Resident #36's Safe Smoking assessment dated [DATE] revealed, in part, Resident #36 was assessed as being an unsafe smoker and required supervision by staff while smoking. Further review revealed Resident #36's cigarettes and lighters were to be secured at the nurse's station.</p> <p>Observation on 11/06/2024 at 10:37 a.m. revealed Resident #36's purple cigarette lighter was located on the top of his bedside dresser in his room.</p> <p>Observation on 11/06/2024 at 11:06 a.m. revealed Resident #36's purple cigarette lighter was located on the top of his bedside dresser in his room.</p> <p>Observation on 11/06/2024 at 3:06 p.m. revealed Resident #36's purple cigarette lighter was located on the top of his bedside dresser in his room.</p> <p>Observation on 11/07/2024 at 10:07 a.m. revealed Resident #36's purple cigarette lighter was located on the top of his bedside table in his room.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 11/08/2024 at 8:28 a.m. revealed Resident #36's purple cigarette lighter was located on the top of his bedside table in his room.</p> <p>Observation on 11/08/2024 at 8:34 a.m. with S2Director of Nursing (DON) present, revealed Resident #36's purple cigarette lighter was located on top of his bedside table in his room.</p> <p>In an interview on 11/08/2024 at 8:35 a.m., S2DON indicated Resident #36 was an unsafe smoker. S2DON further indicated Resident #36's cigarette lighter was unattended in an accessible area, and should not have been available for use.</p> <p>In an interview on 11/08/2024 at 10:14 a.m., when S4Clinical Quality Assurance (QA) Nurse was presented with the facility's smoking policy, S4Clinical QA Nurse indicated Resident #36's smoking materials were not to be kept with Resident #36 if he was assessed as being an unsafe smoker unless under supervision.</p> <p>In an interview on 11/08/2024 at 10:45 a.m., S1Administrator indicated Resident #36 having his cigarette lighter nearby in his room was not a safety concern since Resident #36 did not have access to his cigarettes. S1Administrator indicated Resident #36 did not have one on one supervision while he stayed inside his room with his cigarette lighter. S1Administrator did not offer an explanation as to why the above mentioned policy did not apply to Resident #36.</p> <p>Resident #1</p> <p>Review of Resident #1's medical record revealed, in part, Resident #1 was admitted to the facility on [DATE] with diagnoses of, in part, mixed incontinence and cognitive communication deficit.</p> <p>Review of Resident #1 Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/05/2024 revealed, in part, Resident #1 had a brief interview for mental status (BIMS) score of 00, which revealed Resident #1 had severe cognitive impairment. Further review revealed Resident #1 used a manual wheelchair for ambulation and was totally dependent on staff for all activities of daily living.</p> <p>Review of the facility's Incident Log dated 04/05/2024 revealed, in part, Resident #1 had an un-witnessed fall with injury on 04/05/2024 and unwitnessed falls on 05/12/2024, 05/27/2024, 07/14/2024, 08/16/2024, 09/11/2024, and 10/18/2024.</p> <p>Review of Resident #1's Care Plan revealed, in part, Resident #1 was at risk for falls related to impaired mobility, cognitive impairment, and required extensive to total assistance with transfers. Further review revealed Resident #1's care plans were not updated with new individualized interventions and/or had supervision increased to prevent future falls after the above mentioned falls occurred.</p> <p>In an interview on 11/07/2024 at 8:56 a.m., S2DON indicated Resident #1's care plan for falls which occurred was not updated with a new fall prevention intervention following Resident #1's falls on 04/05/2024, 5/12/2024, 05/27/2024, 08/16/2024, 09/11/2024, and 10/18/2024, but should have been.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 11/07/2024 at 1:30 a.m., S4Clinical QA Nurse indicated Resident #1's care plan should have been updated with new individualized interventions after the above mentioned falls to prevent future falls.</p> <p>48855</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>46361</p> <p>Based on observation and interview, the facility failed to ensure their daily posted nurse staffing information included the required information for 5 of 5 daily nurse staffing information postings revealed for nurse staffing information requirements.</p> <p>Findings:</p> <p>Observation on 11/04/2024 at 9:18 a.m. revealed the facility's nurse staffing information was posted on a document entitled Daily Staff Report. Further observation revealed it did not include the facility's name or the facility's daily census.</p> <p>Review of the facility's Daily Staff Reports for November 2024 revealed no documented evidence, and the facility did not produce any evidence, the above daily nurse staffing information posted included the name of the facility, the facility's daily census, and/or the total nursing hours provided on 11/02/2024, 11/03/2024, 11/04/2024, 11/05/2024 and 11/06/2024.</p> <p>In an interview on 11/07/2024 at 10:42 a.m., S8Certified Nursing Assistant indicated she was responsible for documenting and posting the daily nurse staffing information on week days. S8CNA indicated she did not document the total nursing hours provided by the facility on the Daily Staff Reports on 11/04/2024, 11/05/2024, and 11/06/2024 as required, and should have.</p> <p>In an interview on 11/07/2024 at 12:20 p.m., S1Administrator further indicated he was not aware the Daily Staff Report did not include the required information.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48855</p> <p>Based on interview, observation, and record review, the facility failed to perform proper hand hygiene while preparing coffee for residents.</p> <p>Findings:</p> <p>Review of the facility's Policy and Procedure for Preventing Foodborne Illness - Employee Hygiene and Sanitary Practice, last updated October 2008, revealed, in part, all employees who handled, prepared, or served food were trained in the practice of safe food handling and preventing foodborne illness by performing hand hygiene before coming into contact with any food surfaces and after being engaged in other activities that contaminate their hands.</p> <p>Observation on 11/06/2024 at 11:00 a.m., revealed S13Dietary Aide (DA) performed hand hygiene in the facility's kitchen sink, obtained paper towels, used the paper towels to dry her hands, and then lifted kitchen garbage bin lid with her bare hands to dispose of the above mentioned paper towels. Further observation revealed S13DA did not perform hand hygiene after touching the garbage can lid, picked up a container of coffee, brought the coffee to the facility dining room, and then proceeded to prepare coffee for resident consumption without performing hand hygiene.</p> <p>In an interview on 11/06/2024 at 11:01 a.m., S13DA indicated she should not have lifted the facility's kitchen garbage bin lid with her bare hands after she performed hand hygiene and should not have touched the container of coffee without performing hand hygiene.</p> <p>In an interview on 11/06/2024 at 11:05 a.m., S12Dietary Manager indicated S13DA should not have lifted the facility's kitchen garbage bin lid with her bare hands after she performed hand hygiene and should not have touched the container of coffee without performing hand hygiene.</p> <p>In an interview on 11/06/2024 at 11:25 a.m., S1Administrator indicated S13DA should have used proper hand hygiene before she touched the container of coffee.</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>46361</p> <p>Based on record reviews, and interviews the facility failed to identify and include the infection-causing organism for resident infections into their infection control surveillance for 4 (Resident #38, Resident #41, Resident #66, and Resident #75) of 5 (Resident #30, Resident #38, Resident #41, Resident #66, and Resident #75) sampled resident reviewed for infection surveillance.</p> <p>Findings:</p> <p>Review of the facility's Surveillance for Infections policy and procedure with a revision date of September 2017, revealed, in part, the purpose of the surveillance of infections was to identify individual cases and trends of epidemiologically significant organisms and Healthcare-Associated Infections. Further review of the policy revealed infections included in routine surveillance include evidence of transmissibility, processes, and procedures which prevent the spread of infection, and pathogens associated with serious outbreaks. Review revealed the surveillance should include a review of all information to identify possible indicators of infections: laboratory records, infection documentation records, and antibiotic review. Review further revealed the surveillance system was designed to capture epidemiologically. Review further revealed to collect the following data: identifying information, diagnosis, the date of onset of the infection, date of the positive diagnostic test, infection site, pathogens, and risk.</p> <p>Review of the facility's September 2024 infection tracking and trending documentation revealed, in part, four residents (Resident #38, Resident #41, Resident #66, and Resident #75) resided on hall A whom received care from the same assigned staff, and was diagnosed with a urinary tract infection (UTI). Further review revealed no documented evidence, and the facility presented no documented evidence, that the infection-causing organism was identified in the facility's infection surveillance documentation.</p> <p>Review of Resident #38's Urine Analysis (UA) Culture and Sensitivity (C/S) report dated 08/28/2024, revealed a diagnosis of urinary tract infection (UTI) with Staphylococcus (S. Aureus) (bacteria which causes urinary tract infections) identified as the primary pathogen.</p> <p>Review of Resident #41's UA C/S report dated 09/16/2024 revealed gram negative rods were identified as the pathogen.</p> <p>Review of Resident #66's UA C/S report dated 09/30/2024 revealed UTI with Klebsiella Pneumonia (bacteria associated with pneumonia) was identified as the pathogen.</p> <p>Review of Resident #75's UA C/S report dated 09/26/2024 revealed Resident #75 was admitted to a local hospital with a diagnosis of UTI and Klebsiella Pneumonia was identified as the pathogen.</p> <p>There was no documented evidence, and the facility did not produce any documented evidence, infection-causing organisms for resident infections were included as part of the facility's infection control surveillance for 4 (Resident #38, Resident #41, Resident #66, and Resident #75) of 5 (Resident #30, Resident #38, Resident #41, Resident #66, and Resident #75) residents reviewed for infection surveillance.</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 - Few</p>	<p>In an interview on 11/07/2024 at 8:30 a.m., S6Infection Preventionist (IP) indicated she had not received any culture results for the above mentioned residents, and was unaware the results were placed in the resident's medical records. S6IP further indicated she was unaware the facility had placed the results in the residents' medical records, and S6IP further indicated she failed to follow-up on culture results as part of the infection surveillance process.</p> <p>In an interview on 11/07/2024 at 8:45 a.m. S2Director of Nursing (DON) indicated she had instructed S6IP on multiple occasions to follow-up on culture results and incorporate the final results into the infection surveillance program. S2DON confirmed the pathogens should have been identified on the Facility Infection Report: Tracking and Trending and it was not.</p>		