

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Bayside Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3201 Wall Blvd Gretna, LA 70056	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45877</p> <p>Based on record review, observation, and interviews the facility failed to ensure privacy was provided for 1 (Resident #32) of 1 (Resident #32) residents observed during catheter (a medical device that drains urine from the bladder) care.</p> <p>Findings:</p> <p>Review of Resident #32's medical records revealed, in part, an admitted [DATE].</p> <p>Review of Resident #32's October 2024 physician's orders revealed, in part, an order to change the suprapubic catheter dressing daily and as needed.</p> <p>Observation on 10/15/2024 at 1:50 p.m. revealed S5Wound Care Nurse (WCN) entered Resident #32's room to perform catheter care. Further observation revealed Resident #32's door and bedside curtain remained opened, exposing Resident #32 to the hallway while Resident #32 received catheter care from S5WCN.</p> <p>In an interview on 10/15/2024 at 1:58 p.m., S5WCN indicated she did not pull the curtain or close the door prior to providing catheter care to Resident #32. S5WCN further indicated due to Resident #32's door and privacy curtain remaining open during catheter care Resident #32 was exposed to anyone that would have passed by in the hallway, and he should not have been.</p> <p>In an interview on 10/15/2024 at 4:14 p.m., S2Director of Nursing/Infection Preventionist indicated Resident #32's privacy should have been maintained when S5WCN provided Resident #32 catheter care.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46361</p> <p>Based on record reviews and interviews, the facility failed to ensure an alleged incident of resident to resident verbal and/or physical abuse was reported to the State Survey Agency for 2 (Resident #2 and Resident #440) of 3 (Resident #2, Resident #61, and Resident #440) sampled residents investigated for abuse.</p> <p>Findings:</p> <p>Review of the facility's policy titled Reporting of Resident Abuse or Neglect - Statewide Incident Management System Reporting dated 01/10/2024 revealed, in part, the facility's policy is to provide an environment free from abuse. Further review revealed the definition of verbal abuse was any use of oral language that included disparaging (an opinion of little worth) and derogatory terms to the resident. Further review revealed the definition of physical abuse included hitting, slapping, pinching, and kicking an individual. Further review revealed all incidents of alleged abuse must be reported immediately to the Administrator, the Director of Nursing and the respective Department Head. Further review revealed reports of abuse will be reported to Health Standard within 2 hours of receiving a report of abuse.</p> <p>Resident #2</p> <p>Review of Resident #2's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/17/2024 revealed, in part, Resident #2 had a Brief Interview of Mental Status (BIMS) score of 12 which indicated moderate cognitive impairment.</p> <p>Review of the facility's accident/incident report log dated 04/15/2024 through 10/14/2025 revealed, in part, Resident #2 had a documented incident of physical aggression received on 07/21/2024.</p> <p>Review of Resident #2's Risk for Harm care plan initiated on 07/21/2024 revealed, in part, Resident #2 was the recipient of physical aggression on 07/21/2024.</p> <p>Review of the Daily Quality Assurance Meeting Agenda dated 07/22/2024 revealed, in part, Resident #440 and Resident #2 had verbal interactions in the dining room and then Resident #440 threw coffee at Resident #2. Further review revealed no injuries were noted and no further follow-up was initiated at that time.</p> <p>In an interview on 10/15/2024 at 2:35 p.m., S2Director of Nursing/Infection Preventionist (DON/IP) indicated Resident #2's incident on 07/21/2024 was discussed during morning meeting and it was determined the incident, was only an interaction between Resident #2 and Resident #440.</p> <p>In an interview on 10/15/2024 at 3:22 p.m., S1Administrator indicated on 07/21/2024 Resident #2 and Resident #440 did not have a physical interaction with each other, that it was a verbal disagreement and Resident #440 threw coffee on Resident #2.</p> <p>Resident #440</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #440's medical records revealed, in part, Resident #440 had an admitted [DATE] with diagnoses, in part, Major Depressive Disorder, Anxiety, and Bipolar Disorder with Psychotic features.</p> <p>Review of Resident #440's MDS with an ARD of 07/10/2024 revealed, in part, Resident #440 had a BIMS score of 12 which indicated moderate cognitive impairment.</p> <p>Review of Resident #440's care plan revealed, in part, Resident #440 had the potential to be physically/verbally aggressive to others.</p> <p>Review of facility's incident/accident report log dated 04/15/2024 through 10/14/2025 revealed, in part, Resident #440 had a documented incident of behavior on 07/21/2024 and physical aggression received on 09/03/2024.</p> <p>Review of Resident #440's nurse's note dated 07/21/2024 revealed, in part, Resident #440 was observed throwing coffee on another resident and S2DON/IP was notified of the incident.</p> <p>Review of Resident #440's nurse's note dated 09/03/2024 revealed, in part, Resident #440 had a verbal and physical altercation with an unidentified resident. Further review revealed Resident #440 was observed yelling racial slurs and cursing at an unidentified resident. Resident #440 attempted to hit the unidentified resident and fell to the ground. Further review revealed the unidentified resident began to hit Resident #440 while Resident #440 was on the ground.</p> <p>Record review revealed no documented evidence, and the facility presented no documented evidence the above mentioned incidents were reported to the State Survey Agency as required.</p> <p>In an interview on 10/16/2024 at 3:58 p.m., S2DON/IP indicated Resident #440's incident on 07/21/2024 was not reported to the State Survey Agency because the incident was documented as a behavior on the accident/incident log, and no further action was needed. S2DON/IP further indicated Resident #440's incident on 09/03/2024 was not reported to the State Survey Agency because Resident #440 only had a fall and no further action was needed.</p> <p>In an interview on 10/16/2024 2:15 p.m., S1Administrator indicated the above mentioned incidents on 07/21/2024 and 09/03/2024 were altercations between residents; and because the incidents did not involve staff the incidents did not meet the definition of physical and/or verbal abuse. S1Administrator confirmed the above mentioned incidents were not reported to the State Survey Agency as required.</p> <p>50452</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>46361</p> <p>Based on record reviews and interviews, the facility failed to ensure an alleged incident of resident to resident verbal and/or physical abuse was thoroughly investigated for 2 (Resident #2 and Resident #440) of 3 (Resident #2, Resident #61, and Resident #440) sampled residents investigated for abuse.</p> <p>Findings:</p> <p>Review of the facility's Reporting of Resident Abuse or Neglect - Statewide Incident Management System Reporting policy dated 01/10/2024 revealed, in part, the facility's policy was to provide an environment free from abuse.</p> <p>Further review revealed the definition of verbal abuse was any use of oral language that included disparaging (an opinion of little worth) and derogatory terms to the resident. Further review revealed the definition of physical abuse included hitting, slapping, pinching, and kicking an individual. Further review also revealed all incidents of alleged abuse must be reported immediately to the Administrator, the Director of Nursing and the respective Department Head. Review revealed the facility's policy was to provide timely and thorough investigations of all reports and allegations of abuse.</p> <p>Resident #2</p> <p>Review of Resident #2's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/17/2024 revealed, in part, Resident #2 had a Brief Interview of Mental Status (BIMS) score of 12, which indicated Resident #2 had moderate cognitive impairment.</p> <p>Review of the facility's Accident and Incident report log dated 04/15/2024 through 10/14/2025 revealed, in part, Resident #2 had a documented incident of physical aggression received on 07/21/2024.</p> <p>Review of Resident #2's nurse notes revealed no documented evidence an incident of physical aggression occurred on 07/21/2024.</p> <p>Review of Resident #2's Risk for Harm care plan initiated on 07/21/2024 revealed, in part, Resident #2 was the recipient of physical aggression on 07/21/2024.</p> <p>In an interview on 10/15/2024 at 2:35 p.m., S2Director of Nursing/Infection Preventionist (DON/IP) stated Resident #2's incident on 07/21/2024 was discussed during morning meeting, and it was determined Resident #2's incident was only an interaction between Resident #2 and Resident #440.</p> <p>Resident #440</p> <p>Review of Resident #440's MDS with an ARD of 07/10/2024 revealed, in part, Resident #440 had a BIMS score of 12, which indicated Resident #440 had moderate cognitive impairment.</p> <p>Review of facility's Incident and Accident log dated 04/15/2024 through 10/14/2025 revealed, in part, Resident #440 had a documented behavior incident on 07/21/2024.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #440's Potential for Physical Aggression care plan initiated on 07/04/2024 and revised on 07/22/2024 revealed, in part, on 07/21/2024 Resident #440 threw coffee on another resident.</p> <p>Review of Resident #440's Nurse's Note dated 07/21/2024 revealed, in part, Resident #440 was observed throwing coffee on another resident. Further review revealed S2DON/IP was notified that Resident #440 threw coffee on another resident.</p> <p>Review of the Daily Quality Assurance Meeting Agenda dated 07/22/2024 revealed, in part, Resident #440 and Resident #2 had verbal interactions in the dining room, and Resident #440 threw coffee on Resident #2. Further review revealed no injuries were noted and no further follow-up was initiated at that time.</p> <p>In an interview on 10/16/2024 at 9:49 a.m., S6MDS Nurse indicated staff reported Resident #440 threw coffee on Resident #2 on 07/21/2024. S6MDS Nurse further indicated she documented the incident on Resident #440's care plan.</p> <p>In an interview on 10/16/2024 at 3:58 p.m., S2DON/IP indicated the incident on 07/21/2024 involving Resident #2 and Resident #440 was not investigated as an allegation of resident to resident abuse because it was only Resident #440's behavior. S2DON/IP indicated after reviewing Resident #440's nurse's note dated 07/21/2024 with documentation of Resident #440 throwing coffee on another resident, staff decided no further action was needed.</p> <p>There was no documented evidence, and the provider did not present any documented evidence that an investigation was completed for 07/21/2024 incident where Resident #440 threw coffee onto Resident #2.</p> <p>Review of facility's Incident and Accident log dated 04/15/2024 through 10/14/2025 revealed, in part, Resident #440 had was the recipient of physical aggression on 09/03/2024.</p> <p>Review of Resident #440's Nurse's Note dated 09/03/2024 revealed, in part, Resident #440 had a verbal and physical altercation with an unidentified resident. Further review revealed Resident #440 was observed yelling racial slurs and cursing at the unidentified resident. Resident #440 fell to the ground while attempting to hit the unidentified resident. Further review revealed the unidentified resident then began to hit Resident #440 while still Resident #440 was still on the ground from the fall. Review revealed documentation that supervisors were notified of the alleged resident to resident verbal and physical abuse on 09/03/2024.</p> <p>In an interview on 10/16/2024 at 9:50 a.m., S6MDS Nurse confirmed Resident #440 had a verbal and physical altercation with unidentified resident on 09/03/2024. S6MDS Nurse indicated she documented the incident as an altercation with another resident on Resident #440's care plan.</p> <p>In an interview on 10/16/2024 at 3:58 p.m., S2DON/IP indicated Resident #440's incident on 09/03/2024 was just a fall. After reviewing Resident #440's above mentioned Nurse's Note from 09/03/2024, S2DON/IP denied Resident #440's incident on 09/03/2024 involved verbal and/or physical abuse.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 10/16/2024 2:15 p.m., S1Administrator indicated the above mentioned incidents on 07/21/2024 and 09/03/2024 were altercations between residents. S1Administrator further indicated because the above mentioned incidents did not involve staff, the above mentioned incidents did not meet the definition of physical and/or verbal abuse. S1Administrator indicated the facility had no other documentation for the above mentioned incidents to present to the survey team. S1Administrator further indicated the facility did not have any documentation of an investigation having been completed such as written statements or interviews with staff for the above mentioned incidents as required.</p> <p>50452</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** 45877</p> <p>Based on record review and interviews, the facility failed to ensure a resident with a new identified mental health diagnoses was referred for a Pre-admission Screening and Resident Review (PASARR) Level II evaluation as required for 1 (Resident #60) of 2 (Resident #9 and Resident #60) sampled residents reviewed for PASARR.</p> <p>Findings:</p> <p>Review of Resident #60's electronic medical record (EMR) revealed, in part, Resident #60 was admitted to the facility on [DATE] with a Level I PASARR. Further review revealed Resident #60 was diagnosed with Major Depressive Disorder (MDD) on 11/15/2021 and Delusional Disorder on 02/10/2023.</p> <p>Review of Resident #60's EMR revealed there was no documented evidence, and the facility did not present any documented evidence, of a Level II PASARR being completed for Resident #60.</p> <p>In an interview on 10/15/2024 at 1:26 p.m., S4Social Worker indicated she had never completed an evaluation for a Level II PASARR. S4Social Worker further confirmed she had not completed an evaluation for Resident #60's Level II PASARR following his diagnoses of MDD and Delusional Disorder, as required.</p> <p>In an interview on 10/16/2024 at 10:51 a.m., S4Social Worker indicated she called the Office of Aging and Adult Services and they confirmed that an evaluation for a Level II PASARR was required for Resident #60, due to his diagnoses of MDD and Delusional Disorder.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50452</p> <p>Based on record reviews and interviews, the facility failed to ensure a Level II Pre-Admission Screening and Resident Review (PASARR) was completed to reflect a resident's diagnosis of mental illness for 1 (Resident #9) of 2 (Resident #9 and Resident #60) sampled residents reviewed for PASARR.</p> <p>Findings:</p> <p>Review of Resident #9's medical records revealed, in part, an admitted [DATE] with the diagnoses of Major Depressive Disorder (MDD) and Post Traumatic Stress (PTSD).</p> <p>Review of Resident # 9's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/04/2024 revealed, in part, Resident #9 had diagnoses of MDD and PTSD.</p> <p>Review of Resident #9's Level 1 PASARR assessment completed on 06/12/2023 revealed, in part, Resident #9 had no documentation of a mental illness diagnosis.</p> <p>Review of Resident #9's medical records revealed, in part, no referral was made to the appropriate state-designated authority for Level II PASARR evaluation and determination based on Resident #9's diagnoses of MDD and PTSD. Further review revealed there was no documented evidence, and the facility did not present any documented evidence, of a completed Level II PASARR.</p> <p>In an interview on 10/09/2024 at 10:39 a.m., S4Social Worker confirmed that based on Resident #9's diagnoses of MDD and PTSD, a referral to the appropriate authority for a Level II PASARR should have been completed, as required.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40405</p> <p>41876</p> <p>Based on record review, observations, and interviews, the facility failed to maintain an effective infection control program in order to prevent the transmission of communicable diseases and infections as evidence by failing to ensure:</p> <ol style="list-style-type: none"> 1. a resident's infection causing organism was included as part of the facility's infection control surveillance; 2. a Certified Nursing Assistant (CNA) did not use gloves stored in her pockets for catheter (a medical device that drains the bladder) care for 1 (Resident #32) of 1 (Resident #32) residents observed for catheter care; and, 3. staff provided wound care in a sanitary manner for 1 (Resident #12) of 1(Resident #12) residents observed for wound care. <p>Findings:</p> <ol style="list-style-type: none"> 1. <p>Review of the facility's June 2024 infection tracking and trending documentation revealed no documented evidence that the infection causing organism was included in the facility's infection surveillance.</p> <p>Review of the facility's July 2024 infection tracking and trending documentation revealed no documented evidence that the infection causing organism was included in the facility's infection surveillance.</p> <p>Review of the facility's August 2024 infection tracking and trending documentation revealed no documented evidence that the infection causing organism was included in the facility's infection surveillance.</p> <p>Review of the facility's September 2024 infection tracking and trending documentation revealed no documented evidence that the infection causing organism was included in the facility's infection surveillance.</p> <p>In an interview on 10/15/2024 at 2:48 p.m., S2Director of Nursing/Infection Preventionist (DON/IP) confirmed the facility's infection tracking and trending did not include the infection causing organism in each resident's infection when applicable.</p> <p>In an interview on 10/15/2024 at 3:18 p.m., S2DON/IP indicated a resident's infection causing organism would be located in the resident's chart, but it was not part of the facility's 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 - Some</p>	<p>2.</p> <p>Review of Resident #32's Electronic Medical Record (EMR) revealed, in part, he was admitted to the facility on [DATE] with a diagnoses of tubule-interstitial nephritis (inflammation of the kidney tubes).</p> <p>Review of Resident #32's MDS (Minimum Data Sheet) with an ARD (Assessment Reference Date) of 09/27/2024 revealed, in part, he required substantial/maximal assistance for personal hygiene.</p> <p>Review of Resident #32's October 2024 physician's orders revealed, in part, an order for catheter care every shift. Further review revealed Resident #32 had an order for Macrobid (a medication used to treat urinary tract infections) 100 mg capsule, give 1 capsule daily as a prophylactic for urinary tract infection (UTI).</p> <p>Review of Resident #32's care plan revealed, in part, Resident #32 had a UTI related to the use of an indwelling catheter that was initiated on 09/24/2024. Further review revealed Resident #32 had a goal to have the UTI resolved without complications, with an intervention for suprapubic catheter care every shift, by the target date of 12/31/2024.</p> <p>Observation on 10/15/2024 at 1:36 p.m., revealed S7CNA washed her hands with soap and water and then put on a gown. Observation further revealed S7CNA pulled one pair of gloves out of her uniform pocket and put the gloves on her hands. Observation further revealed S7CNA cleansed Resident #32's suprapubic catheter insertion site while wearing the gloves she removed from her uniform pocket.</p> <p>In an interview on 10/15/2024 at 1:42 p.m., S7CNA confirmed she used the gloves in her pocket to perform catheter care, and she should not have.</p> <p>In an interview on 10/15/2024 at 4:12 p.m., S2DON/IP indicated she did not see a problem with using gloves that were in your pockets.</p> <p>3.</p> <p>Review of Resident #12's Electronic Medical Record revealed Resident #12 was admitted to the facility on [DATE] with diagnoses, in part, of Pressure Ulcer of the Sacral Region, Stage 4.</p> <p>Review of October 2024's physician's orders revealed, in part, to cleanse Resident #12's sacral wound with wound cleanser, pat dry, apply zinc oxide, then apply calcium alginate, and apply a clean dry dressing every day and as needed.</p> <p>Observation on 10/15/2024 at 10:10 a.m. revealed S5LPN's put on a clean pair of gloves and her waist length hair touched her wrist and touched her gloves. Further observation revealed S5LPN performed wound care to Resident #12's wound while wearing the above mentioned gloves.</p> <p>In an interview on 10/15/2024 at 10:11 a.m., S5LPN acknowledged her long hair should have been contained or pulled back prior to performing wound care.</p> <p>45877</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>41876</p> <p>Based on record review and interview, the facility failed to maintain a system for the provision of feedback reports on antibiotic usage, antibiotic resistance patterns based on laboratory data, and antibiotic prescribing practices for practitioners.</p> <p>Findings:</p> <p>Review of the facility's Infection Control documentation revealed no documented evidence, and the facility did not present any documented evidence that the facility had a system for the provision of feedback reports on the facility's antibiotic usage and antibiotic resistance patterns based on laboratory data.</p> <p>In an interview on 10/15/2024 at 2:48 p.m., S2Director of Nursing/Infection Preventionist confirmed she had no documented evidence regarding the usage of antibiotics or antibiotic resistance patterns in the facility.</p>