| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195336 | A. Building<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Marrero Healthcare Center | 5301 August Avenue<br>Marrero, LA 70072 |

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 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.<br><br>51373<br><br>Based on observations, and interviews, the facility failed to ensure shower rooms were maintained in a safe and sanitary manner for 2 (shower room x, shower room y) of 2 (shower room y, shower room z) shower rooms observed for physical environment.<br><br>Findings:<br><br>Observation on 02/24/2025 at 11:07AM, revealed an unlabeled spray bottle located in the cabinet in shower room x that contained an unknown pink liquid.<br><br>In an interview on 02/24/2025 at 11:08AM, S10Certified Nursing Assistant (CNA) indicated she showered multiple residents in shower room x the morning of 02/24/2025, and used the unknown pink liquid to clean the shower stall after each use. S10CNA further indicated she could not identify what type of pink liquid was in the spray bottle.<br><br>In an interview on 02/24/2025 at 11:04AM, S6Housekeeping Supervisor (HS) indicated she was unaware of any pink liquids used to clean the shower stalls of the facility. S6HS further indicated S10CNA should not have used the unknown pink liquid to clean the shower stall in room x.<br><br>In an interview on 02/25/2025 at 12:19PM, S1Administrator confirmed S10CNA should not have used the unknown pink liquid to clean the shower stall in shower room x.<br><br>Observation on 02/24/2025 at 10:49AM of shower room y revealed a sharps container mounted to the wall, which was overflowing with 4 used shaving razors protruding out of the top of the sharps container, making the sharps container unable to close securely.<br><br>In an interview on 02/24/2025 at 2:40PM, S3Registered Nurse (RN) indicated she was responsible for replacing the sharps containers in the shower rooms when they were full. S3RN confirmed the sharps container in shower room y was overflowing with 4 used shaving razors protruding out of the top of the sharps container, making the sharps container unable to close securely, and should not have been.<br><br>In an interview on 02/25/2025 at 12:19PM, S1Administrator confirmed the sharps container in shower room y was overflowing with 4 used shaving razors protruding out of the top of the sharps container, making the sharps container unable to close securely, and should not have been. |

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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| Marrero Healthcare Center | 5301 August Avenue<br>Marrero, LA 70072 |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49753<br><br>Based on interview and record review, the facility failed to ensure medications and or/ physician's orders were accurately documented on the medication administration record (MAR) for 2 (Resident#3, Resident#75) of 2 (Resident #3, Resident #75) sampled residents.<br><br>Findings:<br><br>Review of the facility's Medication Administration Policy, reviewed on 07/08/2024, revealed, in part, medications are administered in a safe and timely manner, and as prescribed. Further review revealed, the individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones.<br><br>Resident #3<br><br>Review of Resident #3's medical record revealed, in part, Resident #3 was admitted to the facility on [DATE], with the following diagnoses of, acute and chronic diastolic congestive heart failure, major depressive disorder, insomnia, and gastroesophageal reflux disease (GERD).<br><br>Review of Resident#3's MAR revealed, in part, the following medications were not documented by the facility's staff, as required, for Resident #3:<br><br>-Melatonin Tablet 3 millgrams (mg) on 12/20/2024 at bedtime, 12/29/2024 at bedtime, and 02/04/2025 at bedtime;<br><br>-Rivaroxaban Oral Tablet 20mg on 12/20/2024 at bedtime, 12/29/2024 at bedtime, and 02/04/2025 at bedtime;<br><br>-Trazodone Oral Tablet 100mg on 12/20/2024 at bedtime, 12/29/2024 at bedtime, and 02/04/2025 at bedtime;<br><br>-Furosemide Oral Tablet 40mg on 12/29/2024 at 4:00PM and 02/04/2025 at 4:00PM;<br><br>-Protronix Tablet Delayed Release 40mg on 12/20/2024 at bedtime, 12/29/2024 at bedtime, and 02/04/2025 at bedtime;<br><br>-Tizanidine HCl Oral Tablet 4mg on 12/20/2024 on night shift, 12/29/2024 on night shift, and 02/04/2025 on night shift;<br><br>-Metoprolol Tartrate Oral Tablet 25mg on /20/2024 on the evening shift, 12/29/2024 on the evening shift, and 02/04/2025 on the evening shift, and<br><br>-Gabapentin Capsule 300mg on 12/20/2024 at bedtime, 12/29/2024 at bedtime, and 02/04/2025 at bedtime.<br><br>(continued on next page) |

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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review of Resident#3's MAR revealed, in part, the following physician orders were not documented by the facility's staff, as required, for Resident #3:<br><br>-the order to monitor the side-effects of anticoagulant medication on 12/29/2024 on the evening shift;<br><br>-the interventions for depression on 12/20/2024 on the evening shift and 12/29/2024 on the evening shift;<br><br>-the order for bilateral side rail/assist bar to promote bed mobility on 12/20/2024 on the evening shift and 12/29/2024 on the evening shift;<br><br>-the order to monitor diuretics on 12/20/2024 on the evening shift and 12/29/2024 on the evening shift;<br><br>-the order to monitor HI/LOW bed on 12/20/2024 on the evening shift and 12/29/2024 on the evening shift;<br><br>-the order to monitor behavior for depression on 12/20/2024 on the evening shift and 12/29/2024 on the evening shift;<br><br>-the order to document interventions for hypnotics on 12/20/2024 on the evening shift and 12/29/2024 on the evening shift;<br><br>-the order to monitor the resident's pain on 12/20/2024 on the evening shift and 12/29/2024 on the evening shift;<br><br>-the order to monitor the pressure redistribution cushion on 12/20/2024 on the evening shift and 12/29/2024 on the evening shift; and<br><br>-the order to monitor the side effects of anti-depressant medications on 12/20/2024 on the evening shift and 12/29/2024 on the evening shift.<br><br>Resident #75<br><br>Review of Resident #75's medical records revealed, in part, Resident #75 was admitted to the facility on [DATE], with a diagnosis of cerebellar stroke syndrome.<br><br>Review of Resident #75's quarterly minimum data set (MDS) revealed, in part, Resident #75 had a stage 4 pressure ulcer.<br><br>Review of Resident#75's MAR revealed, in part, the following medication were not documented physician orders was not documented by the facility as required for Resident #75:<br><br>-Apixban 5mg tablet on 02/04/2025 on the night shift and 02/20/2025 on the night shift;<br><br>-Juven supplement on 02/04/2025 at bedtime and 02/20/2025 at bedtime;<br><br>(continued on next page) |

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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -Prostat supplement on 02/04/2025 on the night shift;<br><br>-Timolol Maleate Opthalmic Solution 0.5% on 02/04/2025 at bedtime and 02/20/2025 at bedtime;<br><br>-Medpass supplement on 02/04/2025 at 5:30PM;<br><br>-Midodrine 5mg tablet on 02/04/2025 at bedtime; and<br><br>-Novolog Flex Pen sliding scale on 02/04/2025 at 4:30PM and 8:00PM; and 02/19/2025 at 4:30PM and 8:00PM.<br><br>Review of Resident#75's MAR revealed, in part, the following physician orders were not documented by the facility's staff, as required, for Resident #75:<br><br>-the order to monitor for side-effects of anticoagulation medication on 02/04/2025 on the evening shift;<br><br>-the order to monitor behaviors for depression on 02/04/2025 on the evening shift;<br><br>-the order to monitor the resident's pain on 02/04/2025 on the evening shift;<br><br>-the order to document the interventions for depression on 02/04/2025 on the evening shift and 02/20/2025 on the evening shift;<br><br>-the order to monitor the pressure redistribution mattress on 02/04/2025 on the evening shift; and<br><br>-the order to monitor the side effects of anti-depressant medications on 02/04/2025 on the evening shift.<br><br>In an interview on 02/25/2025 at 12:46PM, S4Licensed Practical Nurse (LPN) indicated she didn't know what the blank spaces on Resident #3 and Resident #75's MAR meant.<br><br>In an interview on 02/25/2025 at 2:55PM, S2Corporate Nurse indicated the blank spaces on Resident #3 and Resident #75's MAR indicated that the medications/physician's orders were not documented as completed per the facility's medication administration policy. S2Corporate Nurse further indicated if there were blank spaces on the residents' MAR, then that would indicated the physician's orders were not carried out as ordered. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>46361<br><br>Based on observation, interview, and record review, the facility failed to ensure a medication cart was locked when unattended for 1 (medication cart c) of 3 medication carts (medication cart a, medication cart b, medication cart c) reviewed for storage of medications.<br><br>Findings:<br><br>Review of the facility's Storage of Medications policy dated July 2024 revealed, in part, medication carts containing drugs and biologicals should be locked when not in use and unlocked medication carts should not be left unattended.<br><br>Observation on 02/25/2025 at 11:09AM, revealed medication cart c was left unlocked and unattended in the hallway from 11:09AM through 11:10AM.<br><br>In an interview on 02/25/2025 at 11:10AM, S4LPN indicated she left medication cart c unlocked and unattended while she entered a resident's room to administer medications, and should not have. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40405<br><br>Based on observation, interviews, and record review, the facility failed to ensure:<br><br>1. food items were labeled with an opened date and/or stored properly, and;<br><br>2. expired food was not available for resident consumption in the kitchen area.<br><br>Findings:<br><br>Review of the facility's Dry Food Storage Policy, dated ,d+[DATE] and reviewed on ,d+[DATE] revealed, in part, all items must be dated with the date that the food was delivered and if taken out of the original container, it must be labeled and dated. Further review of the policy revealed all expired foods must be removed from the dry food storage room.<br><br>Observation of the facility's dry food storage room on [DATE] at 8:30AM, revealed an opened bottle of red food coloring, without an opened date or an expiration date. Further observation revealed an opened bottle of soy sauce located in the kitchen on the bottom shelf of a stainless steel serving cart with an expiration date of ,d+[DATE] and an opened date of [DATE] and to refrigerate after opening.<br><br>In an interview on [DATE] at 8:40AM, S8Cook indicated the bottle of red food coloring was available for use and should have had an opened date written on the bottle. S8Cook further indicated the opened bottle of soy sauce, with an opened date of ,d+[DATE] and not refrigerated, should have been discarded and not available for use.<br><br>In an interview on [DATE] at 10:15AM, S7Dietary Manager indicated the opened bottle of red food coloring should have had an opened date written on the bottle. S7Dietary Manager further indicated the opened container of soy sauce was expired and should have been discarded and not available for use. |