STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195356	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Bernard Nursing & Rehab	4021 Cadillac Street New Orleans, LA 70122

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 49562 Based on interviews and record review, the facility failed to report and investigate an allegation of physical abuse to the State agency for 1 (Resident #3) of 5 (Resident #1, Resident #2, Resident #3, Resident #4, and Resident #5) sampled residents investigated for abuse. Findings: Review of Resident #3's electronic medical record (EMR) revealed, in part, a nurse's note dated 03/11/2024 at 7:15 p.m. which documented Resident #3's refusal of dialysis and medications due to an allegation of physical abuse. Further documented was notification of the allegation to the nurse supervisor, the S3Director of Nursing (DON), and the doctor. Review of the facility incident reports revealed, in part, no documented evidence and the facility did not present any evidence Resident #3's allegation of physical abuse was reported to the State Agency. In a telephone interview on 04/02/2024 at 2:50 p.m., S1Licensed Practical Nurse (LPN) stated she reported Resident #3's allegation of physical abuse to S2Treatment Nurse. S1LPN further stated S2Treatment Nurse called S3DON and reported the allegation of physical abuse. In an interview on 04/02/2024 at 3:15 p.m., S2Treatment Nurse denied that S1LPN informed her about an allegation of physical abuse made by Resident #3. In an interview on 04/02/2024 at 2:25 p.m., S3DON denied receiving an allegation of physical abuse from S2Treatment Nurse or S1LPN. S3DON further stated she was unaware Resident #3 made an allegation of physical abuse on 03/11/2024. In an interview on 04/02/2024 at 2:30 p.m., S4Administrator confirmed the facility did not report to the State Agency Resident #3's allegation of physical abuse in the month of March. S4Administrator further confirmed she had no knowledge of Resident #3's allegation of physical abuse.

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