

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/04/2025
NAME OF PROVIDER OR SUPPLIER  St Bernard Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  4021 Roneagle Way 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)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>Based on interviews and record reviews, the facility failed to ensure residents were free from financial misappropriation for 1 (Resident #2) of 3 sampled residents investigated for abuse. Findings: Review of the facility's undated Residents' Rights policy and procedure, revealed, in part, residents had the right to be free from misappropriation. Review of the facility's incident report, dated 10/02/2025, revealed, in part, S3Certified Nursing Assistant (CNA) was accused of taking a personal check from Resident #2's unsecured checkbook, wrote Resident #2's check out to herself, and deposited the funds into S3CNA's own personal account. Further review revealed the facility substantiated the above mentioned allegation of misappropriation. Review of the facility's documentation revealed, in part, Resident #2's check was written to S3CNA for the amount of \$400.00. Further review revealed S3CNA endorsed the check with her signature. In an interview on 12/03/2025 at 12:20PM, Resident #2 indicated she did not give S3CNA a personal check from her bank account. Resident #2 further indicated S3CNA was not authorized to write or cash a personal check from Resident #2's bank account. In an interview on 12/04/2025 at 11:45AM, S1Administrator confirmed the above mentioned allegation of misappropriation of Resident #2's financial property by S3CNA was substantiated.</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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