

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/31/2026
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)		
F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. Based on observations, interviews, and record reviews, the facility failed to ensure residents' meals were served according to their nutritional needs, special dietary needs, and preferences for 4 (Resident #R4, Resident #R5, Resident #R6, Resident #R7) of 6 residents investigated for dietary services. Findings: Review of Resident #R4's meal ticket for dinner on 07/30/2026 revealed, in part, Resident #R4 was to be served chocolate pudding with all meals. Observation of the dietary staff serving resident lunch trays on 07/31/2026 at 5:36PM revealed Resident #R4 was not served chocolate pudding on his dinner tray. In an interview on 07/30/2026 at 6:57PM, S1Dietary Manager indicated that Resident #R4 should have received a chocolate pudding with his dinner tray. Review of Resident #R5's meal ticket for lunch on 07/31/2026 revealed, in part, Resident #R5 was allergic to milk and disliked fresh vegetables. Observation of the dietary staff serving resident lunch trays on 07/31/2026 at 11:47AM revealed Resident #R5 was served fresh/raw lettuce and tomatoes with his fish po-boy (sandwich) on his lunch tray. Further observation revealed Resident #R5 was also served a mighty shake (liquid meal supplement that contained milk) on his lunch tray. Review of Resident #R6's meal ticket for lunch on 07/31/026 revealed, in part, Resident #R6 was to be served chocolate milk and one other beverage/water with her lunch tray. Observation of the dietary staff serving resident lunch trays on 07/31/2026 at 11:47AM revealed Resident #R6 was only served chocolate milk on her lunch tray. Review of Resident #R7's meal ticket for lunch on 07/31/026 revealed, in part, Resident #R7 was to be served a regular diet and had no likes or dislikes listed. Observation of the dietary staff serving resident lunch trays on 07/31/2026 at 11:47AM revealed Resident #R7 was not served lettuce or tomatoes with her fish po-boy on her lunch tray. In an interview on 07/31/2026 at 12:40PM, S1Dietary Manager acknowledged Resident #R5 should not have been served fresh vegetables or a mighty shake with his lunch tray, Resident #R6 should have received a glass of water with her lunch tray in addition to the chocolate milk, and Resident #R7 should have been served lettuce and tomatoes with her fish po-boy. In an interview on 07/31/2026 at 12:41PM, S2Regional Dietary Manager confirmed that residents should be served meals in accordance with their meal tickets.		

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observations, interviews, and record review, the facility failed to serve the dietician approved pureed menu for 1 of 2 meals observed for staff following the correct menu. This deficient practice was identified for 2 (Resident #R4, Resident #R8) of the 5 residents who had orders for a pureed diet. Findings:Review of the facility's Week 2 menu revealed, in part, the pureed diet to be served for dinner on 07/30/2026 included: pureed buttermilk pancakes with margarine and syrup, pureed breakfast sausage, and pureed hash browns with thickened gravy. Observation on 07/30/2026 at 5:36PM revealed Resident #R4 was served pureed eggs, pureed pork breakfast sausage patties, and grits. Further observation revealed Resident #R4 was not served pureed buttermilk pancakes or pureed hash browns. Observation on 07/30/2026 at 6:01PM revealed Resident #R8 was served pureed eggs, pureed pork breakfast sausage patties, and grits. Further observation revealed Resident #R8 was not served pureed buttermilk pancakes or pureed hash browns. In an interview on 07/30/2026 at 6:57PM, S1Dietary Manager indicated all of the residents that had pureed diet orders were not served the dietician approved pureed diet menu for dinner on 07/30/2026. S1Dietary Manager further indicated he had not gotten the menu changes of pureed eggs for pureed buttermilk pancakes with margarine and syrup, nor grits for pureed hash browns with thickened gravy approved by the dietician. S1Dietary Manager further indicated staff should have served food from the dietician approved menu.		