

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/26/2024
NAME OF PROVIDER OR SUPPLIER St Joseph of Harahan		STREET ADDRESS, CITY, STATE, ZIP CODE 405 Folsie Drive Harahan, LA 70123	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46683</p> <p>Based on record reviews, observations, and interviews, the facility failed to ensure a dependent resident was provided incontinence care as needed for 1(Resident #2) of 4(Resident #1, Resident #2, Resident #3, and Resident #4) residents reviewed for incontinence care.</p> <p>Findings:</p> <p>Review of Resident #2's MDS (Minimum Data Set) with ARD (Assessment Reference Date) dated 03/20/2024 revealed, in part: Resident #2 had a BIMS (Brief Interview for Mental Status) score of 06 (which indicated severe cognitive impairment), was always incontinent of bowel and bladder, and substantial/maximum assistance for toileting.</p> <p>Review of Resident #2's Potential for Bowel and Bladder Retraining assessment dated [DATE] revealed, in part, Resident #2 was incontinent of bladder and staff were to provide pericare after each one of Resident #2's incontinent episodes.</p> <p>Review of the facility's camera footage on 04/24/2024 at 4:51 a.m. through 04/24/2024 at 8:41 a.m. revealed, S8CNA exited Resident #2's room at approximately 4:55 a.m. with a blue brief in a clear garbage bag. Further review revealed S4CNA entered Resident #2's room to pass ice at 6:25 a.m. and then exited Resident #2's room without evidence Resident #2 was provided incontinence care. Further review revealed S4CNA re-entered Resident #2's room at approximately 7:13 a.m. and then exited Resident #2's room approximately 20 seconds later without evidence Resident #2 was provided incontinence care.</p> <p>Observation on 04/23/2024 at 8:12 a.m. revealed Resident #2 lying in his bed with a strong urine smell noted to his room.</p> <p>Observation on 04/24/2024 at 8:41 a.m. revealed Resident #2 lying in his bed with his eyes open. Further observation revealed Resident #2's blue brief was heavily saturated and his white sheet was visibly soiled. Further observation revealed a strong smell of urine in Resident #2's room.</p> <p>Observation on 04/24/2024 at 9:00 a.m. revealed S6CNASupervisor exited Resident #2's room with a heavily saturated blue brief in a clear trash bag.</p> <p>(continued on next page)</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/24/2024 at 10:00 a.m., S4CNA confirmed she was responsible for Resident #2's activities of daily living and she had not provided Resident #2 incontinence care since she arrived at 6:00 a. m.</p> <p>In an interview on 04/24/2024 at 10:30 a.m., S6CNA Supervisor stated the expectation of S4CNA was to ensure every resident was clean and dry when she arrived to the facility and began her shift. S6CNA Supervisor further stated Resident #2's brief would not have been saturated if he had been changed every 2 hours.</p> <p>In an interview on 04/24/2024 at 11:00 a.m., S1Administrator confirmed he reviewed the facility's camera footage for 04/24/2024 from 12:00 a.m. through 8:00 a.m. and there was no evidence Resident #2 had been provided incontinence care by S4CNA.</p>		