

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 10/29/2024
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>41461</p> <p>Based on observations and interviews, the facility failed to ensure maintenance staff secured electrical wall sockets in 3 (Room a, Room b, and Room c) of 4 (Room a, Room b, Room c, and Room d) rooms; and 2 (Hall X and Hall Y) of 4 (Hall W, Hall X, Hall Y, and Hall Z) halls observed for physical environment.</p> <p>Findings:</p> <p>Observation on 10/28/2024 at 9:15 a.m., revealed an electrical wall socket located in Room a was not secured to the wall.</p> <p>Observation on 10//28/2024 at 10:15 a.m. of the Hall W, Hall X, Hall Y, and Hall Z revealed the following:</p> <ul style="list-style-type: none"> - Hall X had one electrical wall socket not secured to the wall; and - Hall Y had three electrical wall sockets not secured to the wall. <p>Observation of Room b on 10/28/2024 at 10:15 a.m., revealed the electrical wall socket located at the head of the bed was not secured to the wall. Further observation revealed there were two electrical plugs which were plugged into the electrical socket.</p> <p>Observation on 10/28/2024 at 10:25 a.m. of Room c revealed the electrical wall socket located at the head of the bed was not secured to the wall. Further observation revealed there were two electrical plugs which were plugged into the electrical socket. Further observation revealed on the wall opposite the head of the bed revealed an electrical wall socket not secured to the wall.</p> <p>Observation of Room b on 10/28/2024 at 2:30 p.m. revealed the electrical wall socket located at the head of the bed was not secured to the wall. Further observation revealed there were two electrical plugs which were plugged into the electrical socket.</p> <p>Observation on 10/28/2024 at 2:40 p.m. of Room c revealed the electrical wall socket located at the head of the bed was not secured to the wall. Observation also revealed there were two electrical plugs which were plugged into the electrical socket. Further observation revealed on the wall opposite the head of the bed revealed an electrical wall socket not secured to the wall.</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 10/28/2024 at 3:30 p.m., S3Maintenance Supervisor indicated the electrical wall sockets in Hall X, Hall Y, Room a, Room b, and Room c were not secured to the wall, and should have been.</p> <p>In an interview on 10/29/2024 at 9:50 a.m., S4CNA indicated she had noted electrical wall sockets in the hallways were not secured to the wall when plugging and unplugging the microwave during meal service.</p> <p>In an interview on 10/29/2024 at 9:45 a.m., S7Licensed Practical Nurse (LPN) indicated he noted an electrical wall socket in Hall X was not secured to the wall.</p> <p>In an interview on 10/29/2024 at 10:30 a.m., S2Administrator indicated the above mentioned electrical wall sockets were not secured to the wall, and should have been.</p> <p>In an interview on 10/29/2024 at 10:31 a.m., S5Regional Maintenance Director indicated the above mentioned electrical wall sockets were not secured to the wall, and should have been.</p> <p>In an interview on 10/29/2024 at 10:33 a.m., S6Electrical Contractor indicated the above mentioned electrical wall sockets were not secured to the wall, and should have been.</p> <p>In an interview on 10/29/2024 at 10:35 a.m., S1Regional Administrator indicated the above mentioned electrical wall sockets were not secured to the wall, and should have been.</p>		