STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195374	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Joseph of Harahan	405 Folse 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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to ensure heparin (a medication used to prevent blood clots) was stored in a locked compartment and only accessible to authorized personnel for 1 (Resident #3) of 3 sampled residents observed for nursing services. Findings:Review of the facility's Medication Administration policy and procedure, dated 10/04/2024, revealed, in part, medications must be secured at all times. Further review revealed medications shall not be left unattended on counters or at workstations. Review of Resident #3's medical record revealed, in part, Resident #3 was admitted on [DATE] and readmitted on [DATE] with a diagnosis of osteomyelitis (an infection of the bone). Further review revealed Resident #3 had a peripherally inserted central catheter (PICC) line in order to receive intravenous antibiotics. Review of Resident #3's June 2026 physician's orders revealed, in part, an order dated 06/04/2026 to administer 5 milliliters (mL) of heparin sodium injection solution intravenously via Resident #3's PICC line every shift. Observation of Resident #3's room on 06/15/2026 at 11:45AM revealed an unused, unsecured, and unattended blue syringe labeled heparin 50 units/5mL flush lying on Resident # 3's bedside table. Observation of Resident #3's room on 06/15/2026 at 2:00PM revealed an unused, unsecured, and unattended blue syringe labeled heparin 50 units/5mL flush lying on Resident # 3's bedside table. In an interview on 06/15/2026 at 2:15PM, S6Licensed Practical Nurse (LPN) accompanied this surveyor to Resident #3's room and confirmed there was an unused, unsecured, and unattended syringe of 50 units/5mL heparin lying on Resident # 3's bedside table. S6LPN further indicated the syringe of heparin should not have been left on Resident #3's bedside table. In an interview on 06/17/2026 at 10:44AM, S3Assistant Director of Nursing (ADON) indicated on 06/15/2026, S3ADON left a syringe of heparin 50 units/5 mL lying unsecured and unattended on Resident #3's bedside table and should not have. In an interview on 06/17/2026 at 10:49AM, S2Director of Nursing confirmed a syringe of heparin should not have been left unsecured and unattended on Resident #3's bedside table. In an interview on 06/17/2026 at 12:55PM, S1Administrator acknowledged a syringe of heparin was left unattended on Resident #3's bedside table and should not have been.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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NAME OF PROVIDER OR SUPPLIER St Joseph of Harahan		STREET ADDRESS, CITY, STATE, ZIP CODE 405 Folse Drive Harahan, LA 70123	

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and record reviews the facility failed to:1. Ensure dishware and cookware were cleaned with the correct sanitizer levels to prevent foodborne illnesses; and,2. Ensure the kitchen food storage pantry was maintained in a clean and sanitary manner. Findings:1.Review of the facility's Cleaning and Sanitizing Equipment policy and procedure, dated 01/2007 and revised on 10/2018, revealed, in part, sanitization of food contact surfaces should be performed with a chemical sanitizer of chlorine at a minimum of 50-100 parts per million (ppm) or quaternary ammonium (QA) sanitizer solution at a minimum of 150-200 ppm. Review of the facility's Machine Warewashing policy and procedure, dated 01/2007 and revised on 10/2018, revealed, in part, dishes should be washed according to machine directions. Further review revealed staff should ensure the proper chlorine concentration of the rinse water for each meal. Observation on 06/16/2026 at 8:58AM revealed S10Culinary [NAME] was actively using the three compartment sanitizer sink to sanitize cookware and dishware. Observation of the facility's three compartment sanitizer sink on 06/16/2026 at 9:00AM revealed an empty container of QA sanitizer solution attached to the three compartment sanitizer sink sanitizer dispensing line. Observation on 06/16/2026 at 9:02AM revealed S4Culinary Supervisor (CS) performed a sanitizer solution test strip chemical test on the water in the sanitizer section of the three compartment sanitizer sink. Further observation revealed the chemical test strip read 0 ppm. In an interview on 06/16/2026 at 9:03AM, S4CS confirmed the chemical test strip used in the above mentioned test of the three compartment sink should have read between 150-200 ppm. S4CS further confirmed the QA sanitizer solution for the three compartment sanitizer sink had been empty since at least 06/15/2026. S4CS further confirmed the facility did not have any QA sanitizer solution on hand to replace it. Observation of the facility's kitchen dishwasher machine on 06/16/2026 at 9:04AM revealed a placard which indicated a sanitizer solution minimum 50-100 ppm was required. Observation on 06/16/2026 at 9:05AM revealed S4CS attempted three times to perform a sanitizer solution test strip chemical test on the dishwasher in the rinse water solution and once on the surface of the dishes. Further observation revealed the chemical test strips from the 4 attempts all read 10 ppm in the rinse water and on the dishes. In an interview on 06/16/2026 at 9:08AM, S4CS confirmed the chemical test strip used in the above mentioned tests of the dishwashing machine sanitizer solution read 10 ppm. S4CS further confirmed the dishwashing machine used a chlorine chemical sanitizer solution for dishware sanitization which should have read between 50-100 ppm on the chemical test strip during the rinse cycle and on the dishes afterwards, and it did not. 2.Review of the facility's Sanitary Conditions of the Food and Nutrition Services Department policy and procedure, dated 01/2007 and revised on 10/2018, revealed, in part, the facility should ensure the facilities and equipment used in the preparation and service of food provided to residents were safe and sanitary. Further review revealed the facility should ensure the food and nutrition director developed a master cleaning schedule that included what should be cleaned, who should clean it, when it should be cleaned, and how it should be cleaned. Further review revealed the food and nutrition director should supervise the daily cleaning and monitor the completion of all cleaning tasks. Observation of the facility's kitchen food storage pantry on 06/16/2026 at 8:40AM revealed an unknown wet black grainy substance along the left wall floor. Observation of the facility's kitchen on 06/17/2026 at 10:30AM revealed no kitchen cleaning schedule posted. Observation of the facility's kitchen food storage pantry with S4CS on 06/17/2026 at 10:55AM revealed an unknown wet black grainy substance along the left wall floor. In an interview on 06/17/2026 at 11:00AM, S4CS confirmed there was an unknown wet black grainy substance along the left wall floor of the food storage pantry. S4CS further indicated the food storage pantry should have been maintained in a clean and sanitary manner. S4CS further indicated there was no kitchen cleaning schedule to determine who was responsible for cleaning certain areas of the kitchen, when those areas should have been cleaned, and there should have been. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 06/17/2026 at 12:55PM, S1Administrator was presented with the above mentioned findings. S1Administrator indicated the kitchen should have been maintained in a clean and sanitary manner.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observations, interview, and record review, the facility failed to ensure the facility's dumpsters and kitchen garbage cans were maintained properly. Findings:Review of the facility's Sanitary Conditions of the Food and Nutrition Services Department policy and procedure, dated 01/2007 and revised on 10/2018, revealed, in part, the facility should ensure garbage containers have tight fitting lids. Further review revealed the facility should ensure outdoor trash receptacles are kept covered at all times. Observation on 06/16/2026 at 8:51AM revealed the facility's two outside trash dumpsters were both uncovered with visible garbage and refuse inside both dumpsters. Observation on 06/16/2026 at 11:38AM revealed the garbage can in the food preparation area of the kitchen was uncovered with visible garbage and refuse inside the garbage can. Observation on 06/17/2026 at 10:40AM revealed one of the facility's outside trash dumpsters was uncovered with visible garbage and refuse inside the dumpster. Observation on 06/17/2026 at 10:45AM revealed the garbage can in the food preparation area of the kitchen was uncovered and had garbage overflowing the brim of the garbage can. In an interview on 06/17/2026 at 11:00AM, S4Culinary Supervisor (CS) confirmed the kitchen garbage cans and the outside trash dumpsters should have been covered at all times. S4CS further indicated the kitchen did not have any lids available for the trashcans and should have.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, interviews, and record reviews, the facility failed to ensure staff completed hand hygiene while performing incontinence care for 2 (Resident #2, Resident #4) of 2 sampled residents observed for incontinence care. Findings:Review of the facility's Hand Hygiene policy and procedure, dated 07/01/2020, revealed, in part, hand hygiene shall be performed if the staff's hands would be moving from a contaminated body site to a clean body site during patient care. Review of the Centers for Disease Control and Prevention (CDC)'s October 2022 Guidelines for Hand Hygiene in Health-Care Settings revealed, in part, staff should decontaminate their hands if moving from a contaminated body site to a clean body site during patient care. Resident #2Observation on 06/16/2026 at 3:16PM revealed S8Certified Nursing Assistant (CNA) entered Resident #2's room to perform incontinence care. Further observation revealed S8CNA removed Resident #2's soiled diaper and wiped feces off of Resident #2's buttocks and perineal area. Further observation revealed S8CNA did not change her gloves and/or perform hand hygiene. S8CNA then applied powder to Resident #2's buttocks, placed a clean diaper on Resident #2, rolled Resident #2, and covered Resident #2 with clean linen with her contaminated gloved hands. In an interview on 06/16/2026 at 3:23PM, S8CNA indicated she did not change her gloves or perform hand hygiene after handling Resident #2's soiled diaper and before handling clean items. S8CNA further indicated she should have changed her gloves and performed hand hygiene since her gloves were contaminated after touching Resident #2's soiled brief and wiping the feces off of Resident #2. Resident #4Observation on 06/17/2026 at 9:14AM revealed S7CNA and S9CNA entered Resident #4's room to perform incontinence care. S7CNA removed Resident #4's soiled diaper, wiped feces off of Resident #4's buttocks and perineal area, and then handed Resident #4's soiled diaper to S9CNA to throw away. Further observation revealed S7CNA and S9CNA did not change their gloves and/or perform hand hygiene. S7CNA and S9CNA then placed a clean diaper on Resident #4, rolled Resident #4, placed a clean pad under Resident #4, repositioned Resident #4, and covered Resident #4 with clean linen. S7CNA then touched Resident #4's television remote control, bedside table, drink container, and newspaper with her contaminated gloved hands. In an interview on 06/17/2026 at 9:21AM, S7CNA indicated she did not change her gloves or perform hand hygiene after handling Resident #4's soiled diaper and before handling clean items. S7CNA further indicated she was unaware she needed to change her gloves and perform hand hygiene during incontinence care when she moved from a contaminated body area to a clean body area. In an interview on 06/17/2026 at 10:06AM, S5CNA Supervisor indicated the above mentioned CNAs should have changed their gloves and performed hand hygiene during incontinence care when they moved from a contaminated body area to a clean body area and/or clean resident items. In an interview on 06/17/2026 at 10:49AM, S2Director of Nursing confirmed the above mentioned CNAs should have changed their gloves and performed hand hygiene during incontinence care when they moved from a contaminated body area to a clean body area and/or clean resident items. In an interview on 06/17/2026 at 12:55PM, S1Administrator was presented with and acknowledged the above mentioned findings.