

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195437	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER St Margaret's Daughters Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3525 Bienville St New Orleans, LA 70119	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40405</p> <p>Based on interviews and record reviews, the facility failed to protect the resident's rights to be free from psychosocial abuse from S5Certified Nursing Assistant (CNA). This deficient practice was identified for 3 (Resident #1, Resident #2, Resident #3) of 3 sampled residents reviewed for abuse.</p> <p>Findings:</p> <p>Review of the facility's undated policy and procedure on Abuse Recognition, Reporting, and Investigation revealed, in part, residents of the facility are protected from any physical and mental mistreatment. Further review of the policy revealed verbal abuse was defined as any use of oral, written, or gestured language that includes disparaging and derogatory terms to residents or their families, or within their hearing distance to describe residents regardless of their age, ability to comprehend, or disability.</p> <p>Review of the facility's required posted staffing schedule and hours dated 02/26/2024 revealed, in part, S5CNA was assigned to work 7:00 p.m. - 7:00 a.m.</p> <p>Resident #1</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses, in part, of generalized muscle weakness, heart failure and depression.</p> <p>Review of Resident #1's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/07/2024 revealed, in part, a Brief Interview of Mental Status (BIMS) of 13 which indicated Resident #1 was cognitively intact. Further review revealed Resident #1 required assistance with bed mobility, transfers, and toileting.</p> <p>In an interview on 03/18/2024 at 12:09 p.m. S2CNA stated during morning rounds on 02/27/2024, she discovered Resident #1 visibly upset and crying. S2CNA indicated Resident #1 informed her that S5CNA told her she was in the nursing home because her family did not love her.</p> <p>In an interview on 03/19/2024 at 9:30 a.m. S3Licensed Practical Nurse (LPN) stated during morning report on 02/27/2024, S4LPN informed her that S5CNA was rude to several of the residents during the night. S3LPN further stated when she entered Resident #1's room to perform care, Resident #1 grabbed her hand and started crying.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 03/19/2024 at 3:40 p.m. S4LPN stated before ending her shift she entered Resident #1's room and observed her crying. S4LPN stated Resident #1 asked to speak to the Administrator and informed her she did not want S5CNA to come back into her room.</p> <p>Resident #2</p> <p>Resident #2 was admitted to the facility on [DATE] with diagnoses, in part, of Spinal Stenosis, Morbid Obesity and Pain.</p> <p>Review of Resident #1's quarterly MDS with an ARD of 01/24/2024 revealed, in part, Resident #2 had a BIMs of 11 which indicates moderate impairment, required assistance with bed mobility, transferring and toileting.</p> <p>In an interview on 03/18/2024 at 12:09 p.m., S2CNA indicated while passing breakfast trays, Resident #2 informed her that S5CNA disregarded her request to be careful with her knee during incontinence care.</p> <p>In an interview on 03/19/2024 at 9:30 a.m., S3LPN indicated Resident #2 reported that S5CNA was not careful when performing care and caused increased pain in her right knee. S3LPN stated this occurred on the night shift of 02/26/2024.</p> <p>In an interview on 03/19/2024 at 3:00 p.m., Resident #2 stated S5CNA came into her room during the night to perform incontinence care. Resident #2 indicated she explained to S5CNA that her right knee was hurting from arthritis and requested her to be careful with her knee while performing incontinence care. Resident #2 further indicated S5CNA disregarded her request told her there was nothing wrong with her leg and performed incontinence care as usual which aggravated her arthritis pain during incontinence care.</p> <p>Resident#2 indicated she told S5CNA God was watching her and S5CNA responded back that God was watching her too. Resident #2 stated she reported the incident to S2CNA and S3LPN.</p> <p>Resident #3</p> <p>Resident #3 was admitted to the facility on [DATE] with diagnoses in part of Morbid Obesity, Bilateral Osteoarthritis of the knee, Osteoporosis, and Hemiplegia.</p> <p>Review of Resident #3's quarterly MDS with an ARD of 01/23/2024, revealed in part, a BIMs of 12 which indicated mild cognitive impairment. Further review revealed Resident #3 required extensive assistance with mobility and transfers.</p> <p>In an interview on 03/18/2024 at 12:09 p.m., S2CNA stated Resident #3 reported to her that S5CNA was rough when turning him in bed during the night of 02/26/2024. Resident #3 also indicated S5CNA told him he could turn himself and he indicated he told her he could not.</p> <p>In an interview on 03/19/2024 at 9:30 a.m., S3LPN stated Resident #3 reported to her on the morning of 02/27/2024 that S5CNA handled him rough when turning him therefore, he chose to wait until the day shift CNA came on to get out of bed.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 03/20/2024 at 12:55 p.m., S1Administrator stated on the morning of 02/27/2024, she was immediately informed of Resident #1, Resident #2, and Resident #3's reports of abuse from S5CNA and began to interview residents on the unit and employees. S1Administrator also stated as a result of her findings, S5CNA was immediately terminated. S1Administrator acknowledged abuse to residents by S5CNA should not have occurred.</p>		