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| 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 12/18/2024 |
| 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.

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| <p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47081</p> <p>Based on interviews, record review, facility document review, and facility policy review it was determined that the facility failed to follow a physician's order to perform a weekly skin assessment for a resident at risk for pressure ulcers for 1 (Resident #2) of 3 sampled residents reviewed.</p> <p>Findings:</p> <p>Review of the facility's undated Wound Prevention policy and procedure revealed, in part, weekly skin checks will be conducted by the licensed nurse and documented in the resident's Electronic Medical Record (EMR).</p> <p>Review of the facility's undated Skin Care (Decubitus Prevention and Wound Care) policy and procedure revealed, in part, a resident with a score greater than 12 on the Braden Scale with reverse numbering is considered at risk and is checked weekly by the nurse assigned to their care.</p> <p>Review of Resident #2's December 2024 physician orders revealed, in part, complete weekly skin assessment in the morning every Wednesday.</p> <p>Review of Resident #2's care plan with a review date of 02/02/2025 revealed, in part, a care plan for risk for pressure ulcers with approaches which included skin evaluations.</p> <p>Review of Resident #2's assessment report revealed, in part, no documented evidence, and the facility could not provide any documented evidence, a weekly skin assessment was performed on 12/11/2024 as ordered.</p> <p>Review of Resident #2's Braden Scale assessment dated [DATE] revealed, in part, a total score of 8.0 which indicated Resident #2 was at a very high risk of skin breakdown and/or developing a pressure ulcer.</p> <p>In an interview on 12/17/2024 at 1:15PM, S15Licensed Practical Nurse (LPN) indicated Resident #2 was at a high risk for skin breakdown and/or pressure ulcer development. S15LPN further confirmed Resident #2's 12/11/2024 skin assessment was not completed as ordered and should have been.</p> <p>In an interview on 12/17/2024 at 2:45PM, S2Director of Nursing (DON) confirmed Resident #2's skin assessment was not completed on 12/11/2024 as ordered and should have been.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47081</p> <p>Based on observations, interviews, record review, and facility document review it was determined that the facility failed to ensure the medication error rate was not greater than 5% by having a medication error rate of 6.66 % for 2 (Resident #3 and Resident #R5) of 7 residents observed during medication administration.</p> <p>Findings Included:</p> <p>Resident #3</p> <p>Review of Resident #3's medical record revealed, in part, Resident #3 was admitted to the facility on [DATE] with a diagnosis of, in part, Iron Deficiency Anemia (low levels of iron in the blood).</p> <p>Review of Resident #3's Minimum Data Set with an Assessment Reference Date (ARD) of 09/18/2024 revealed, in part, Resident #3 had a brief Interview for Mental Status (BIMS) score of 15 which indicated Resident #3 was cognitively intact.</p> <p>Review of Resident #3's December 2024 physician's orders revealed, in part, Ferrous Gluconate (a medication used to treat low levels of iron in the blood) oral tablet give one tablet once a day by mouth.</p> <p>Observation on 12/17/2024 at 8:15AM revealed S7Licensed Practical Nurse (LPN) attempted to administer one Ferrous Sulfate 325 milligrams (mg) tablet by mouth to Resident #3.</p> <p>In an interview on 12/17/2024 at 8:21AM, Resident #3 indicated she refused to take the iron pill S7LPN attempted to administer to her because she knew it was the incorrect medication.</p> <p>In an interview on 12/17/2024 at 08:24AM S7LPN indicated Resident #3 was ordered 240 mg of Ferrous Gluconate. S7LPN further indicated she attempted to administer 325 mg of Ferrous Sulfate to Resident #3 and should not have.</p> <p>In an interview on 12/17/2024 at 9:40AM, S16Pharmacist indicated Ferrous Sulfate should not be used in place of Ferrous Gluconate unless approved by a physician.</p> <p>In an interview on 12/18/2024 at 3:30PM, S2Director of Nursing (DON) indicated Resident #3's physician's order was for one tablet of Ferrous Gluconate 240 mg once a day by mouth. S2DON further indicated S7LPN should not have attempted to administer Resident #3 one tablet of Ferrous Sulfate 325 mg.</p> <p>Resident #R5</p> <p>Review of Resident #R5's medical records revealed, in part, Resident #5 was admitted to the facility on [DATE] with diagnoses of, in part, Anemia, Cognitive Deficit, and Dementia.</p> <p>Review of Resident #R5's December 2024 physician's orders revealed, in part, Ferrous Gluconate 324 milligrams (mg) one tablet by mouth daily with breakfast.</p> <p>(continued on next page)</p> | | |

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| <p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Observation on 12/17/2024 at 8:43AM revealed S8Licensed Practical Nurse (LPN) attempted to administer one Ferrous Gluconate 240 mg tablet by mouth to Resident #R5.</p> <p>In an interview on 12/17/2024 at 8:57AM, S8LPN indicated Resident #R5 was ordered to receive 324 mg of Ferrous Gluconate. S8LPN further indicated she attempted to administer Resident #R5 240 mg of Ferrous Gluconate, and should not have.</p> <p>In an interview on 12/18/2024 at 3:30PM, S2Director of Nursing (DON) indicated S7LPN should not have attempted to administer Resident #R5 the incorrect dose of Ferrous Gluconate.</p> | | |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>47081</p> <p>Based on interviews, record review, facility document review, and facility policy review it was determined that the facility failed to ensure a Resident's medication administration record was accurately documented for 1 (Resident #R5) of 5 residents reviewed for medication administration documentation.</p> <p>Findings included:</p> <p>Review of the facility's undated Liberalized Medication policy and procedure revealed, in part, the date, time, dosage, and medication administered should be recorded in the resident's medical record by the individual administering the medication.</p> <p>Review of Resident #R5's December 2024 physician's orders revealed, in part, Ferrous Gluconate 324 milligrams (mg) one tablet by mouth daily with breakfast was to be administered to Resident #R5.</p> <p>Review of Resident #R5's Medication Administration History Report revealed, in part, S8Licensed Practical Nurse (LPN) documented she administered 324 mg of Ferrous Gluconate to Resident #R5 on the following dates:</p> <ul style="list-style-type: none"> - 12/11/2024 at 9:24AM; - 12/12/2024 at 8:59AM; - 12/13/2024 at 8:41AM; - 12/14/2024 at 1:07PM; - 12/15/2024 at 9:20AM; and, - 12/16/2024 at 9:04AM. <p>Further review revealed S14LPN documented she administered 324mg of Ferrous Gluconate to Resident #R5 on 12/10/2024 at 10:22AM.</p> <p>In an interview on 12/17/2024 at 8:57AM, S8LPN indicated the above mentioned medication administration history report for Resident #R5 was inaccurate because she did not administer 324mg of Ferrous Gluconate to Resident #R5 on the above dates.</p> <p>In an interview on 12/18/2024 at 3:30PM, S2Director of Nursing (DON) confirmed that the above mentioned medication administration history report for Resident #R5 was inaccurate.</p> | | |

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| <p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>49259</p> <p>Based on record review, the facility failed to electronically submit payroll information for direct care staffing as required.</p> <p>Findings included:</p> <p>Review of the facility's Payroll Based Journal (PBJ) Staffing Data Report [NAME] Report 1705D Fiscal Year (FY) Quarter 4 2024 (July 1 - September 2024) revealed, in part, the facility failed to submit staffing data for Quarter 4.</p> <p>There was no documented evidence and the facility did not present any documented evidence the facility's PBJ Staffing Data for FY Quarter 4 2024 (July 1 - September 30) was submitted as required.</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide and implement an infection prevention and control program.</p> <p>47081</p> <p>Based on observations, interviews, record review, facility document review, and facility policy review it was determined that the facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Certified Nursing Assistants (CNAs) completed hand hygiene during incontinence care for 2 (Resident #R6 and Resident #R7) of 2 residents observed during incontinence care; and, 2. Clean laundry was kept separate from dirty and/or contaminated laundry for 1 (Laundry Room f) of 7 laundry rooms observed. <p>Findings included:</p> <ol style="list-style-type: none"> 1. <p>Review of the facility's undated Handwashing policy and procedure revealed, in part, the purpose of handwashing is to prevent cross contamination and control infection.</p> <p>Review of the Centers for Disease Control and Prevention (CDC)'s October 2022 Guidelines for Hand Hygiene in Health-Care Settings revealed, in part, decontaminate hands if moving from a contaminated body site to a clean body site during patient care.</p> <p>Resident #R6</p> <p>Review of Resident #R6's Minimum Data Set with an Assessment Reference Date (ARD) of 11/06/2024 revealed, in part, Resident #R6 was always incontinent of bowel and bladder. Further review revealed Resident #R6 was dependent on staff for toileting hygiene.</p> <p>Observation on 12/18/2024 at 11:21AM revealed S12Certified Nursing Assistant (CNA) entered Resident #R6's room to perform incontinence care. S12CNA then removed Resident #R6's urine and feces soiled brief, cleaned Resident #R6's buttock's area of feces, and placed a clean brief on Resident #R6 without changing gloves or performing hand hygiene. S12CNA then disposed of Resident #R6's soiled brief into the trash, and then touched Resident #R6's pillow and bed linens with the same gloves used to perform incontinence care.</p> <p>In an interview on 12/18/2024 at 11:45AM, S12CNA confirmed she did not change gloves or perform hand hygiene prior to placing a clean adult brief on Resident #R12, and should have.</p> <p>In an interview on 12/18/2024 at 3:24PM, S2Director of Nursing (DON) confirmed S12CNA did not perform hand hygiene according to infection control standards, and should have.</p> <p>Resident #R7</p> <p>Review of Resident #R7's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/22/2024 revealed, in part, Resident #R7 was incontinent of bowel and bladder, requiring maximum assistance with toileting, and had a Urinary Tract Infection.</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Observation on 12/18/2024 at 11:54PM revealed S13Certified Nursing Assistant (CNA) did not perform hand hygiene before putting on gloves to provide peri-care to Resident #R7. Further observation revealed S13CNA did not remove gloves, did not perform hand hygiene, and did not put on new gloves before she placed the clean brief on Resident #R7. Further observation revealed that S13CNA did not perform hand hygiene before she left Resident #R7's room.</p> <p>In an interview on 12/18/2024 at 3:22PM, S13CNA indicated she should have performed hand hygiene before she performed peri-care on Resident #R7, and that she should have changed gloves and performed hand hygiene after she completed peri-care on Resident #R7.</p> <p>In an interview on 12/18/2024 at 3:30PM, S2Director of Nursing (DON) indicated S13CNA should have performed hand hygiene before and after she performed Resident #R7's peri-care. S2DON further indicated S13CNA should have changed gloves, performed hand hygiene, and placed clean gloves on before she placed a clean brief on Resident #R7.</p> <p>2.</p> <p>In an interview on 12/16/2024 at 11:15AM, S1Administrator confirmed the CNA staff collected, washed, and dried the resident's clothing in the facility's laundry area on each unit.</p> <p>Observation of laundry room f on 12/16/2024 at 12:24PM revealed five unlabeled plastic baskets of laundry on the floor next to each other.</p> <p>In an interview on 12/16/2024 at 12:30PM, S5Housekeeper indicated the above mentioned five baskets of laundry consisted of baskets of both clean and dirty laundry. S5Housekeeper further indicated the clean and dirty laundry should have been labeled, separated, and not left on the floor.</p> <p>In an interview on 12/16/2024 at 12:32PM, S10CNA indicated the baskets of laundry on the floor in the north third floor laundry room were unlabeled, and consisted of clean and dirty laundry.</p> <p>Observation of laundry room f on 12/16/2024 at 1:54PM, revealed visibly soiled linen balled up in the hand wash sink next to the washing machine. Further observation revealed, a pile of clean laundry sitting directly on the top surface of the dryer.</p> <p>In an interview on 12/16/2024 at 1:56PM, S11CNA indicated she placed the above mentioned dirty linen in the handwashing sink and should not have.</p> <p>In an interview on 12/16/2024 at 2:02PM, S4Licensed Practical Nurse (LPN) indicated dirty linen should not have been placed in the handwashing sink.</p> <p>Observation of laundry room f on 12/17/2024 at 9:04AM revealed an uncovered basket on the floor containing contaminated clothing. Further observation revealed cleaned laundry directly on top of the surface of the dryer.</p> | | |