STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195437	A. Building B. Wing	08/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Margaret's Daughters Home	3525 Bienville St New Orleans, LA 70119

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 46361 Based on observations and interviews, the facility failed to: 1. Ensure a resident's room and equipment was kept clean for 2 (Resident #36 and Resident #66) of 7 (Resident #6, Resident #16, Resident #27, Resident #36, Resident #56, Resident #66, and Resident #90) and, 2. Ensure a resident's equipment was in good repair for 3 (Resident #6, Resident #27, and Resident #56) of 7 (Resident #6, Resident #16, Resident #27, Resident #36, Resident #56, Resident #66, and Resident #90) sampled residents reviewed for environment. Findings: 1. Resident #36 Observation on 08/26/2024 at 10:01 a.m., revealed large areas of a dried tan substance on the floor near Resident #36's tube feeding pole and on the base of Resident #36's tube feeding pole. Observation on 08/28/2024 at 3:05 p.m., revealed large areas of a dried tan substance on the floor near Resident #36's tube feeding pole and on the base of Resident #36's tube feeding pole. In an interview on 08/28/2024 at 3:05 p.m., S9Licensed Practical Nurse confirmed there were areas of a dried tan substance on Resident #36's floor and the base of Resident 36's tube feeding pole, and both should have been clean. Resident #66 Observation on 08/26/2024 at 9:45 a.m., revealed small and large pieces of food and splatters of dried liquids on the floor next to Resident #66's bed. Further observation revealed pieces of food and splatters of dried liquid on the right side of Resident #66's side rail and bed frame. Observation further revealed small pieces of food and a brown liquid along the edge of Resident #66's rolling bedside table. (continued on next page)

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 08/27/2024 at 11:42 a.m. revealed small pieces of food and splatters of dried liquids on the floor next to Resident #66's bed. Further observation revealed pieces of food and splatters of dried liquid on the right side of Resident #66's side rail and bed frame. In an interview on 08/28/2024 at 2:35 p.m., S1Administrator confirmed Resident #66's room and equipment were dirty and staff should have kept Resident #66's room clean. 2. Resident #6 Observation on 08/27/2024 at 12:18 p.m. revealed the edges along the top surface of Resident #6's rolling bedside table were peeled and broken. Resident #27 Observation on 08/27/2024 at 12:20 p.m. revealed the edges and center of the top surface of Resident #27's rolling bedside table edges were peeled and broken. Resident #56 Observation on 08/27/2024 12:28 p.m. revealed the edges along the top surface of Resident #56's rolling bedside table were peeled and broken. In an interview on 08/27/2024 at 12:45 p.m., S1Administrator confirmed Resident #6's, Resident #27's, and Resident #56's rolling bedside tables were damaged and should have been replaced.

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F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. 46361 Based on record reviews and interview, the facility failed to ensure documentation was complete and accurate for resident's Physician Progress Notes for 2 (Resident #6 and Resident #11) of all sampled resident's records reviewed for accuracy. Findings: Resident #6 Review of Resident #6's Physician Progress Notes revealed, in part, S14Nurse Practitioner (NP) documented a physician progress note for Resident #6 on 01/16/2024, 03/16/2024, 04/16/2024, 05/16/2024, and 06/18/2024. Further review revealed Resident #6's chief complaint, physical exam, diagnosis, problem list, and plan were exactly the same in all of the above mentioned notes documented by S14NP. Further review revealed S14NP's Physician Progress Notes documented on 03/16/2024, 04/16/2024, 05/16/2024 and 06/18/2024 were photocopies of Resident #6's note documented on 01/16/2024 with the date changed and handwritten in. Resident #11 Review of Resident #11's Physician Progress Notes revealed, in part, S14NP documented a physician progress note for Resident #11 on 11/15/2023, 03/15/2024, 04/15/2024, 05/15/2024, and 06/10/2024. Further review revealed Resident #11's vital signs, chief complaint, physical exam, laboratory results, diagnosis, problem list, and plan were exactly the same in all of the above mentioned notes documented by S14NP. Further review revealed Resident #11's physician progress notes documented by S14NP dated 03/16/2024, 04/16/2024, 05/16/2024 and 06/10/2024 were photocopies of Resident #11's physician progress note dated 11/15/2023 with the date changed and handwritten in. In an interview on 08/29/2024 at 11:25 a.m., S14NP indicated she would often make copies of resident's previous physician progress notes and use those copies to document a resident's current assessment. S14NP acknowledged Resident #11's physician progress notes dated 03/15/2024, 04/15/2024, 05/15/2024, and 06/10/2024 were photocopied from Resident #11's physician progress note dated 01/16/2024. S14NP confirmed Resident #11's assessments which included vital signs and a physical exam would not have been exactly the same for her visits and the above mentioned physician progress notes were inaccurate. In an interview on 08/29/2024 at 12:23 p.m., S2Director of Nursing indicated S14NP should not have photocopied a resident's physician progress note, changed the date, and then used the photocopy for future assessments. In an interview on 08/29/2024 at 4:20 p.m., S1Administrator indicated it was not the facility's policy for physicians and/or nurse practitioners to photocopy a resident's previous progress note and change the date for use as subsequent progress notes. S1Administrator further indicated it was also not the facility's policy to have physicians and/or nurse practitioners document a previous assessment as current and accurate on a resident's progress note. (continued on next page)

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F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 08/29/2024 at 4:20 p.m., S3Chief Operating Officer indicated it was not the facility's policy for physicians and/or nurse practitioners to photocopy a resident's previous progress note and change the date for use as subsequent progress notes. S1Administrator further indicated it was also not the facility's policy to have physicians and/or nurse practitioners document a previous assessment as current and accurate on a resident's progress note.

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. 30587 Based on record review and interview, the facility failed to ensure a Certified Nursing Assistant (CNA) had a performance review within the last 12 months for 1 (S5CNA) of 3 (S5CNA, S6CNA, and S7CNA) sampled CNAs reviewed for sufficient staff review. Findings: Review of S5CNA's personnel file revealed a date of hire of 10/17/2018. Further review revealed no documented evidence and the facility presented no documented evidence of a performance review having been completed for S5CNA within the last 12 months. In an interview on 08/27/2024 at 2:33 p.m., S3Chief Operating Officer indicated the facility did not have any documented evidence of a performance review had been completed for S5CNA.

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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 - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40405 Based on observation, interview and record review the facility failed to: 1. ensure expired food was not available for resident consumption, 2. ensure the facility's kitchen was maintained in a sanitary manner; and, 3. ensure staff checked and documented the temperature of the facility's steam tables and refrigerator/freezers. Findings: 1. Review of the facility's undated Food Storage Policy revealed, in part, the facility will ensure safe and appropriate food storage. Further review revealed appropriate foods will be covered, labeled, and dated as stored in the refrigerator or freezer. Observation on [DATE] at 9:15 a.m. revealed the following: -1 opened bottle of garlic parmesan wing sauce available for use with expiration dates of [DATE] and [DATE] -1 opened container of solidified ground ginger available for use with an expiration date of [DATE] -1 opened bottle of vanilla syrup available for use with an expiration date of ,d+[DATE] -1 unopened bottle of cinnamon sauce available for use with an expiration date of [DATE] -1 unopened gallon of regular milk available for use with an expiration date of [DATE] In an interview on [DATE] at 9:20 a.m., S12Dietary Manager acknowledged expired food should not have been available for use in the food pantry and kitchen. In an interview on [DATE] at 9:30 a.m. S1Administrator acknowledged expired food in the food pantry and kitchen should not have been available for use. 2. Observation on [DATE] at 9:15 a.m. revealed the following: -1 box of oranges that contained three fuzzy light green shriveled oranges available for resident consumption, (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-A brown liquid substance on floor in front of the 3 compartment steamer, -deep fryer with a caked on brown substance, -a liquid brown substance on the floor directly in front of the 2 compartment deep fryer, -steam table had cloudy yellow water in all three compartments, -2 tier serving cart located next to the 2 compartment deep fryer had splatter a brown liquid substance, -a wet white blanket on the floor next to the dishwasher, -3 compartment sink had dirty pots and pans with brown dried food substances and dried rice, -speed racks with brown greasy substances in all crevices where the sheet pan would sit, -1 Sheet pan with dark brown greasy substance on a waxy paper, -3 Saute skillets with thick black hard substances to their bottoms, and -the sink used for hand washing had a leak in the pipe causing water to leak onto the floor when in use. In an interview on [DATE] at 9:10 a.m., S12Dietary Manager further indicated food should have been stored in the facility's kitchen in a sanitary manner. S12Dietary Manager further indicated the kitchen's equipment used to prepare food should have been kept clean. In an interview on [DATE] at 9:30 a.m., S1Administrator indicated food should have been stored in the facility's kitchen in a sanitary manner. S12Dietary Manager further indicated the kitchen's equipment used to prepare food should have been kept clean. 3. Review of the facility's temperature log book did not reveal documented evidence, and the provider did not present any documented evidence the food temperatures for steam table a and temperatures for refrigerator/freezer a were checked in [DATE]. Observation on [DATE] at 12:00 p.m. revealed no documented evidence temperature checks were performed and documented for steam table a. Further observation revealed no documentation that temperature checks were performed and documented for refrigerator/freezer a. In an interview on [DATE] at 12:10 p.m., S16Homemaker indicated she did not check food temperatures from steam table a prior to serving breakfast to residents. S16Homemaker also indicated she did not perform a temperature check on the refrigerator/freezer a. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on [DATE] at 12:16 a.m., S2DON acknowledged S16Homemaker should have obtained temperature checks of prepared food placed on steam table a prior to serving breakfast to residents. S2DON also indicated S15Homemaker should have obtained temperature checks refrigerator/freezer a and documented the results in the temperature log book. S2DON did not provided any documented evidence of temperature checks for steam table a and refrigerator/freezer a for [DATE]. Review of the facility's temperature log book revealed no documented evidence, and the provider did not present any documented evidence, the food temperatures for steam table b and the temperatures for refrigerator/freezer b were checked since [DATE]. Observation on [DATE] at 12:19 p.m. revealed, S15Homemaker putting food onto plates for residents' consumption. In an interview on [DATE] at 12:20 p.m., S15Homemaker indicated she did not check the food temperatures on steam table b prior to serving food to residents on [DATE] before serving breakfast and before serving lunch. S15Homemaker also indicated she did not check the temperatures on refrigerator/freezer b. In an interview on [DATE] at 12:30 p.m., S1Administrator indicated S15Homemaker should have obtained temperatures of food prepared and placed on steam table b prior to serving food to residents. S1Administrator indicated temperature checks of food on the steam table should be completed prior to serving breakfast, lunch, and dinner to residents. S1Administrator also indicated, temperature checks of refrigerator/freezer b should be documented and maintained in the log book. The facility did not provide any documented evidence of temperature checks for the month of July and August for steam table b and refrigerator/freezer b.

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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. 30587 Based on record review and interview the facility failed to: 1. have documented evidence of maintaining the water management program for legionella; and, 2. have an accurate tracking and trending of all facility infections. Findings: 1. Review of the facility's Water Management Program dated 02/2024 revealed the facility shall facilitate principles of effective water management of, in part: Maintaining water temperatures outside the ideal range for Legionella growth (77-113 F); Preventing water stagnation; Ensuring adequate disinfection; and, Maintaining premise plumbing, equipment, and fixtures to prevent sediment, scale, corrosion, and biofilm, all of which provide a habitat and nutrients for Legionella. In an interview on 08/27/204 at 11:51 a.m., S4Quality Director indicated the facility did not have documented evidence of monitoring and maintaining the water temperatures between 77-113 degrees Fahrenheit. S4Quality Director further stated the facility did not have any further documentation of monitoring of any of the components of the facility's Water Management Program. In an interview on 08/27/204 at 1:04 p.m., S2Director of Nursing (DON) indicated she had no further information to present on the above areas of deficient practice. In an interview on 08/27/2024 at 2:01 p.m., S1Administrator indicated the facility did not have any further information to present on the above mentioned deficient practice. 2. Review of the facility's Infection Log for May 2024 revealed the following, in part, Resident #80 had conjunctivitis on 05/07/2024; Resident #22 had an upper respiratory infection on 05/08/2024; and, Resident #31 had an infection listed as other on 05/06/2024. Review of the facility's Tracking and Trending facility Maps for May 2024 revealed no documented evidence and the facility presented no documented evidence the facility had plotted the above mentioned infections for identification of clusters/trends of infections. Review of the facility's Infection Log for June 2024 revealed the following, in part, Resident #29 had a urinary tract infection on 06/06/2024; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #19 had a lower respiratory infection on 06/04/2024, and a urinary tract infection on 06/12/2024; Resident #25 had a skin infection on 06/17/2024; Resident #22 had urinary tract infection on 06/13/2024; Resident #33 had an infection listed as other on 06/06/2024; Resident #81 had a urinary tract infection on 06/05/2024; and, Resident #8 had a urinary tract infection on 06/11/2024. Review of the facility's Tracking and Trending facility Maps for June 2024 revealed no documented evidence and the facility presented no documented evidence the facility had plotted the above mentioned infections for identification of clusters/trends of infections. Review of the facility's Infection Control Log for July 2024 revealed the following, in part, Resident #59 had a urinary tract infection on 07/30/2024; Resident #37 had a urinary tract infection on 07/22/2024; Resident #63 had a skin infection on 07/24/2024; Resident #20 had a skin infection on 07/02/2024, 07/04/2024, and 07/22/2024; Resident #33 had an infection listed as other on 07/15/2024; and, Resident #95 had a urinary tract infection on 07/17/2024. Review of the facility's Tracking and Trending facility Maps for July 2024 revealed no documented evidence and the facility presented no documented evidence the facility had plotted the above mentioned infections for identification of clusters/trends of infections. In an interview on 08/27/2024 at 12:28 p.m., S4Quality Director indicated the facility was not tracking and trending infections appropriately to identify trends in infection. In an interview on 08/27/2024 at 1:04 p.m., S2Director of Nursing indicated she had no further information to present on the above areas of deficient practice.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. 30587 Based on record review and interview, the facility failed to ensure the resident's medical record contained documentation of the education and refusal of vaccination for the influenza and pneumococcal for 4 (Resident #27, Resident #32, Resident #66, and Resident #83) of 5 (Resident #27, Resident #32, Resident #66, Resident #83, and Resident #90) sampled residents reviewed for immunizations. Findings: Review of the facility's spread sheet for vaccination revealed the following, in part: -Resident #27 had not received an influenza vaccination since 09/27/2020 with notation of refused; -Resident #32 had refused the pneumococcal vaccination; -Resident #66 had refused the influenza and pneumococcal vaccinations; and, -Resident #83 had refused the influenza and pneumococcal vaccination. Review of Resident #27, Resident #32, Resident #66, and Resident #83's records revealed no documented evidence of a refusal or consent had been signed for the above mentioned vaccinations. The facility presented the above mentioned Informed Consents for Resident #27, Resident #32, Resident #66, and Resident #83's above mentioned vaccinations which were signed on 08/27/2024, the date of the vaccination review. Further review revealed the education provided on the vaccinations was from the 2022 Centers for Disease Control pamphlets. In an interview on 08/27/2024 at 12:28 p.m., S4Quality Director indicated he had verbally asked the above mentioned residents in the past regarding vaccinations and documented on the facility's spread sheet if administered or refused, but did not have proof of the refusals or education prior to today, 08/27/2024. S4Quality Director further indicated the facility did not provide current literature for education on the vaccinations risks and benefits. In an interview on 08/27/2024 at 1:04 p.m., S2Director of Nursing (DON) indicated she had no further information to present on the above areas of deficient practice.

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 30587 Based on record review and interview, the facility failed to ensure Certified Nursing Assistants (CNA) received 12 hours of in-services annually for 3 (S5CNA, S6CNA, and S7CNA) of 3 (S5CNA, S6CNA, and S7CNA) sampled CNAs records reviewed. Findings: Review of S5CNA's personnel file revealed a date of hire of 10/17/2018. Further review revealed S5CNA's personnel file revealed no documented evidence and the facility was unable to present any documented evidence of 12 hours of in-services had been completed for S5CNA annually. Review of S6CNA's personnel file revealed a date of hire of 03/15/2019. Further review revealed S6CNA's personnel file revealed no documented evidence and the facility was unable to present any documented evidence of 12 hours of in-services had been completed for S6CNA annually. Review of S7CNA's personnel file revealed a date of hire of 11/10/2020. Further review revealed S7CNA's personnel file revealed no documented evidence and the facility was unable to present any documented evidence of 12 hours of in-services had been completed for S7CNA annually. In an interview on 08/27/2024 at 2:33 p.m., S3Chief Operating Officer indicated the facility did not have documentation of 12 hours of in-services annually for S5CNA, S6CNA, and S7CNA. S3Chief Operating Officer further indicated the facility had not monitored to ensure 12 hours were completed annually.