

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195491	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Chateau D'Ville Rehab and Retirement		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Vatican Drive Donaldsonville, LA 70346	

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 0582</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>22609</p> <p>Based on interviews and record reviews, the facility failed to ensure the Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage Form from Centers for Medicare and Medicaid Services CMS-10055 were given, explained, and/or signed by residents and/or a resident's responsible party prior to the discontinuation of Medicare Part A services (short term skilled nursing care and/or rehabilitation) for 3 (Resident #15, Resident #57, Resident #83) of 3 (Resident #15, Resident #57, Resident #83) sampled residents reviewed for termination of Medicare Part A services.</p> <p>Findings:</p> <p>Resident #15</p> <p>Review of Resident #15's medical record revealed, in part, Resident #15's last day to receive Medicare Part A services was 01/16/2025. Further review revealed Resident #15 had 40 days of available therapy services available and remained living in the facility.</p> <p>Review of Resident #15's record revealed, in part, no documented evidence, and the facility was unable to present any documented evidence, Resident #15 and/or Resident #15's responsible party received a copy, was explained, and/or signed the CMS-10055 Form prior to Medicare Part A services being terminated by the facility on 01/16/2025.</p> <p>Resident #57</p> <p>Review of Resident #57's medical record revealed, in part, Resident #57's last day to receive Medicare Part A services was 01/23/2025. Further review revealed Resident #57 had 50 days of available therapy services available and remained living in the facility.</p> <p>Review of Resident #57's record revealed, in part, no documented evidence, and the facility was unable to present any documented evidence, Resident #57 and/or Resident #57's responsible party received a copy, was explained, and/or signed the CMS-10055 Form prior to Medicare Part A services being terminated by the facility on 01/23/2025.</p> <p>Resident #83</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 0582</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #83's medical record revealed, in part, Resident #83's last day to receive Medicare Part A services was 01/17/2025. Further review revealed Resident #83 had 60 days of available therapy services available and remained living in the facility.</p> <p>Review of Resident #83's medical record revealed, in part, no documented evidence, and the facility was unable to present any documented evidence, Resident #83 and/or Resident #83's responsible party received a copy, was explained, and/or signed CMS-100055 Form prior to Medicare Part A services being terminated by the facility on 01/17/2025.</p> <p>In an interview on 02/12/2025 at 9:18AM, S3Regional Administrator indicated the facility should have had the CMS-10055 form signed by Resident #15, Resident #57, Resident #83 and/or their responsibly party prior to Medicare Part A services being terminated.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>40405</p> <p>Based on observation, interviews and record review, observation, and interviews, the facility failed to ensure an expired medication was not available for resident use for 1 (Treatment Cart A) of 2 (Treatment Cart A, Medication Cart B) medication carts observed for expired medications.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Storage of Medication dated 2001 and revised in April 2019, revealed, in part, expired drugs or biologicals should be returned to the dispensing pharmacy or destroyed.</p> <p>Observation of Treatment Cart A on 02/12/2025 at 11:50AM revealed one bottle of New Skin liquid bandage (a liquid that creates a thin transparent barrier on a wound) with an expiration date of 06/2024. Further observation revealed two tubes of Thera Honey gel (a gel used for wound treatment) both with an expiration date of 08/11/2024.</p> <p>In an interview on 02/12/2025 at 11:53AM, S7Treatment Nurse confirmed the bottle of New Skin liquid bandage and the tubes of Thera Honey gel found stored on Treatment Cart A was expired and available for resident use, and should not have been.</p> <p>In an interview on 02/12/2025 at 1:50PM, S2Director of Nursing confirmed the expired bottle of New Skin liquid bandage and two tubes of expired Thera Honey gel should not have been stored in Treatment Cart A and available for resident use.</p>

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<p>F 0814</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>49259</p> <p>51299</p> <p>Based on observation and interview, the facility failed to prevent discarded waste and personal protective equipment (PPE) from accumulating around the facility's dumpster for 1 (Dumpster C) of 1 (Dumpster C) dumpsters observed for garbage disposal.</p> <p>Findings:</p> <p>Observation on 02/10/2025 at 9:22AM revealed the area surrounding Dumpster C contained paper waste, plastic debris and multiple discarded PPE gloves scattered on the ground. Further observation revealed a pile of general trash, including paper waste, plastic debris and discarded PPE gloves, behind the Dumpster C.</p> <p>Observation on 02/11/2025 at 8:16AM revealed the area surrounding Dumpster C contained paper waste, plastic debris and multiple discarded PPE gloves scattered on the ground. Further observation revealed a pile of general trash, including paper waste, plastic debris and discarded PPE gloves behind Dumpster C.</p> <p>In an interview on 02/11/2025 at 8:15AM, S1Administrator confirmed the above findings and indicated the area around Dumpster C should be free of discarded PPE gloves and general trash and/or debris.</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>51373</p> <p>Based on observations and interviews, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure staff performed hand hygiene while passing ice for 1 (S6Certified Nursing Assistant[CNA]) of 1 (S6CNA) CNAs observed passing ice; and, 2. Ensure hallway linen carts were kept covered for 2 Linen Carts (g, linen cart h) of 3 (linen cart b, linen cart h, linen cart i) linen carts observed. <p>Findings:</p> <p>1</p> <p>Review of the facility's Handwashing-Hand Hygiene policy and procedures dated 01/22/2023 and reviewed on 1/28/2025 revealed, in part, personnel shall use alcohol-based hand rub or soap and water after contact with objects near the resident.</p> <p>Observation on 02/10/2025 at 10:20AM revealed S6CNA went into Room a, grabbed Resident #33's pitcher with ungloved hand, filled the pitcher with ice, returned the pitcher to Resident #33's room, and exited Room a without performing hand hygiene.</p> <p>Observation on 02/10/2025 at 10:21AM revealed S6CNA went into Room b, grabbed Resident #32's pitcher with ungloved hand, filled the pitcher with ice, returned the pitcher to Resident 32's room, and exited Room b without performing hand hygiene.</p> <p>Observation on 02/10/2025 at 10:22AM revealed S6CNA went into Room c, grabbed Resident #16 and Resident #60's pitchers with ungloved hand, filled the pitchers with ice, returned the pitchers to Resident #16 and Resident #60's room, and exited Room c without performing hand hygiene.</p> <p>Observation on 02/10/2025 at 10:23AM revealed S6CNA went into Room d, grabbed Resident #78's pitcher with ungloved hand, filled the pitcher with ice, returned Resident 78's pitcher, and exited Room d without performing hand hygiene.</p> <p>Observation on 02/10/2025 at 10:24AM revealed S6CNA went into Room e, grabbed Resident #27's pitcher with ungloved hand, filled the pitcher with ice, returned Resident #27's pitcher, and exited Room e without performing hand hygiene.</p> <p>Observation on 02/10/2025 at 10:25AM revealed S6CNA went into Room f, grabbed Resident #38's pitcher with an ungloved hand, filled the pitcher with ice, returned Resident #38's pitcher, and exited the Room f without performing hand hygiene.</p> <p>In an interview on 02/10/2025 at 10:26AM, S6CNA confirmed she did not perform hand hygiene between residents' rooms while passing ice and should have.</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>In an interview on 02/11/2025 at 12:21PM, S2Director of Nursing (DON) confirmed staff should perform hand hygiene between rooms when passing ice.</p> <p>2.</p> <p>Observation on 02/10/2025 at 1:05PM revealed Linen Cart g was left uncovered, and clean linens were exposed to the surrounding environment.</p> <p>Observation on 02/10/2025 at 1:08PM revealed Linen Cart h was left uncovered, and clean linens were exposed to the surrounding environment.</p> <p>In an interview on 02/11/2025 at 12:21PM, S2DON indicated the linen carts should have been covered.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>22609</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> Promptly repair the loose toilet fixture (Resident #62); and, Prevent discarded waste and personal protective equipment (PPE) from accumulating in the facility's parking lot. <p>This deficient practice was identified for 1(Resident #62) of 25 (Resident #1, Resident #3, Resident #10, Resident #12, Resident #13, Resident #16, Resident #17, Resident #20, Resident #21, Resident #22, Resident #26, Resident #27, Resident #28, Resident #33, Resident #34, Resident #45, Resident #47, Resident #54, Resident #60, Resident #62, Resident #62, Resident #63, Resident #78, Resident #236, Resident #386) sampled residents observed for environment.</p> <p>Findings:</p> <ol style="list-style-type: none"> <p>In an interview on 02/10/2025 at 10:10AM, Resident #62 indicated the bathroom toilet had been loose for some time and she had reported it to S4Maintenance Director.</p> <p>Observation on 02/10/2025 at 10:11AM revealed Resident #62's bathroom toilet was loose. Further observation revealed the base of the bathroom toilet was not adequately secured to the floor and could easily be moved when touched.</p> <p>Observation on 02/11/2025 at 8:40AM revealed Resident #62's bathroom toilet was loose. Further observation revealed the base of the bathroom toilet was not adequately secured to the floor and could easily be moved when touched.</p> <p>Observation on 02/12/2025 at 7:55AM revealed Resident #62's bathroom toilet was loose. Further observation revealed the base of the bathroom toilet was not adequately secured to the floor and could easily be moved when touched.</p> <p>In an interview on 02/12/2025 at 7:57AM, S4Maintenance Director indicated Resident #62's bathroom toilet base was loose and needed to be fixed.</p> <p>In an interview on 02/12/2025 at 8:00AM, S5Regional Administrator indicated Resident #62's bathroom toilet needed to be repaired.</p> <p>Observation on 02/10/2024 at 9:21AM revealed the facility's back parking lot was littered with multiple discarded PPE gloves.</p> <p>(continued on next page)</p> 		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 02/11/2025 at 8:15AM revealed the facility's back parking lot was littered with multiple discarded PPE gloves.</p> <p>In an interview on 02/11/2025 at 8:15AM, S1Administrator confirmed the above findings and indicated the facility's parking lot should be free of discard PPE gloves and general trash or debris.</p> <p>49259</p>		