STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195491	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chateau D'Ville Rehab and Retirement	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interviews, and record reviews the facility failed to report an allegation of abuse to the State Survey Agency for 1 (Resident #84) of 1 sampled resident investigated for incident and accident documentation and reporting. Findings:Review of the facility's policy and procedure titled, Abuse and Neglect-Clinical Protocol dated 10/15/2022 revealed, in part, the facility would report suspected or identified abuse to the appropriate agencies timely. Review of Resident #84's Quarterly Minimum Data Set Assessment with a reference date of 12/03/2025 revealed, in part, Resident #84 was cognitively intact with a Brief Interview for Mental Status score of 15. Review of Resident #91's electronic medical record revealed, in part, Resident #91 had diagnoses of Dementia, Cognitive Communication Deficit, and social or emotional deficit following a stroke. Review of Resident #91's Quarterly Minimum Data Set Assessment with a reference date of 11/20/2025 revealed, in part, Resident #91's cognition was severely impaired with a Brief Interview for Mental Status score of 6. Review of the facility's Incident Description dated 11/27/2025 at 3:04PM prepared by S4Licensed Practical Nurse revealed, in part, Resident #84 approached the nurse at nurse's station with blood dripping from the top of Resident #84's right hand. Further review revealed Resident #84 reported to her that Resident #91 came up to Resident #84 and hit Resident #84 with her cane. Further review revealed there was a bruise to Resident #84's right upper arm and a skin tear to the back of Resident #84's right hand. Review of Resident #84's Nurse's Note dated 11/27/2025 at 3:01PM written by S3Registered Nurse revealed, in part, Resident #84 came up to S3Registered Nurse with a skin tear to the right hand and a bruise to the right middle arm. Further review revealed Resident #84 stated another resident hit her with a cane. Review of Resident #91's Nurse's Note dated 11/27/2025 at 3:59PM written by S3Registered Nurse revealed, in part, Resident #91 got into an altercation with Resident #84. Further review revealed Resident #84 stated Resident #91 hit Resident #84 on the hand, the head, and the right arm with Resident #91's cane. In an interview on 02/25/2026 at 9:23AM S2Director of Nursing indicated if there was an allegation of abuse at the facility, she knew she would have to report the situation to the State Survey Agency. In an interview on 02/25/2026 at 9:40AM Resident #84 indicated that Resident #91 hit Resident #84 with Resident #91's cane on 11/27/2025. Resident #84 further indicated she reported the incident to the facility when it happened. In an interview on 02/25/2026 at 10:06AM S2Director of Nursing indicated the incident on 11/27/2025 between Resident #84 and Resident #91 was not reported by the facility to the State Survey Agency. In an interview on 02/25/2026 at 11:05AM S1Administrator indicated he was responsible for reporting any allegations of abuse at the facility to the State Survey Agency. S1Administrator further indicated he did not report the above to the State Survey Agency.

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