

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Chateau Napoleon Caring		STREET ADDRESS, CITY, STATE, ZIP CODE 252 Hwy. 402 Napoleonville, LA 70390	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>17453</p> <p>Based on record review and interview, the facility failed to ensure a resident received adequate assistance with a transfer for 1 (Resident #1) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents who were reviewed for the use of mechanical lifts.</p> <p>Findings:</p> <p>Review of Resident #1's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/16/2024 revealed, in part, Resident #1 required extensive assistance from two or more persons with transfers.</p> <p>Review of Resident #1's Care Plan with an initiation date of 01/05/2024 revealed, in part, Resident #1 required the mechanical lift which required the assistance of 2 staff persons for transfers.</p> <p>Review of Resident #1's Nurses Notes dated 08/25/2024 revealed, in part, Resident #1 indicated he had an abrasion to his leg which occurred on 08/23/2024 when S4Certified Nursing Assistant (CNA) transferred him without the assistance of a second staff person using the mechanical lift.</p> <p>In an interview on 09/09/2024 at 10:40 a.m., Resident #1 indicated he hurt his leg on 08/23/2024 when S4CNA transferred him with the mechanical lift. Resident #1 further indicated S4CNA used the mechanical lift alone.</p> <p>In an interview on 09/09/2024 at 3:15 p.m., S1Administrator indicated during an investigation of the above documented allegation it was determined S4CNA did not follow facility practice on 08/23/2024 when she independently transferred Resident #1 with the mechanical lift.</p> <p>In an interview on 09/10/2024 at 8:26 a.m., S5CNA indicated on Friday 08/23/2024 S4CNA asked her to help her transfer Resident #1 from the mechanical lift to his gerichair. S5CNA indicated when she entered Resident #1's room he was in the mechanical lift sling attached to the gerichair and was suspended over the gerichair. S5CNA indicated there was no other staff in the room when she entered the room with S4CNA.</p> <p>In an interview on 09/10/2024 at 12:03 p.m., S2DirectorOfNursing (DON) indicated Resident #1 should have been transferred by two staff persons with the mechanical lift on 08/23/2024. S2DON confirmed Resident #1's care plan indicated two staff persons were required for all transfers.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>17453</p> <p>Based on record reviews and interviews, the facility failed to ensure a medication was available for resident use as ordered by the physician for 1 (Resident #1) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents reviewed for quality of care.</p> <p>Findings:</p> <p>Review of Resident #1's Physicians Order dated 09/03/2024 revealed, in part, Tramadol 50 milligram (mg) (a medication used for pain) to be administered two times a day.</p> <p>Review of Resident #1's September 2024 electronic Medication Administration Record (eMAR) revealed the following was documented, in part,</p> <p>09/03/2024 at 5:00 p.m. Tramadol 50mg was documented as a 9 (9 indicated other and see progress notes);</p> <p>09/04/2024 at 8:00 a.m. Tramadol 50mg was documented as a 9;</p> <p>09/04/2024 at 5:00 p.m. Tramadol 50mg was documented as a 9;</p> <p>09/05/2024 at 8:00 a.m. Tramadol 50mg was documented as a 9;</p> <p>09/05/2024 at 5:00 p.m. Tramadol 50mg was documented as a 9;</p> <p>09/06/2024 at 8:00 a.m. Tramadol 50mg was documented as a 9;</p> <p>09/06/2024 at 5:00 p.m. Tramadol 50mg was documented as a 9; and,</p> <p>09/09/2024 at 8:00 a.m. Tramadol 50mg was documented as a 9.</p> <p>Review of Resident #1's eMAR progress notes dated 09/03/2024, 09/04/2024, 09/05/2024, 09/06/2024, and 09/09/2024 revealed, in part, Tramadol 50mg was not administered because the medication was not available in the facility.</p> <p>In an interview on 09/09/2024 at 1:51 p.m., S3LicensedPracticalNurse (LPN) indicated on 09/03/2024 she received a verbal order from Resident #1's physician for Tramadol 50mg to be administered twice a day. S3LPN further indicated Resident #1 had not received Tramadol as ordered because the Tramadol was not available in the facility for administration.</p> <p>In an interview on 09/09/2024 at 3:40 p.m., S2Director of Nursing (DON) reviewed Resident #1's September 2024 eMAR and confirmed the documentation revealed Tramadol 50mg was not available to be administered to Resident #1 on 09/03/2024, 09/04/2024, 09/05/2024, 09/06/2024, and 09/09/2024. S2DON further indicated the nurse who received the Tramadol 50mg order on 09/03/2024 did not call the pharmacy to acquire the medication and should have.</p>		