| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195498 | A. Building<br>B. Wing | 06/18/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Chateau Napoleon Caring, LLC | 252 Hwy. 402<br>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) |
|---|---|
| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>Based on interview and record review, the facility failed to ensure routine medication was available for administration for 1 (Resident #2) of 3 (Resident #1, Resident #2, Resident #3) sampled residents investigated for medication administration.<br><br>Findings:<br><br>Review of the facility's Medication Administration policy revised on 03/01/2023 revealed, in part, medications are administered by licensed nurses as ordered by the physician in accordance with professional standards or practice. Further review revealed to correct any discrepancies related to medication orders and report the discrepancies to the nurse manager.<br><br>Review of Resident #2's Physician's Orders for May 2025 revealed, in part, an order for Brivaracetam oral tablet 75 milligram (mg) every 12 hours with a start date of 05/03/2025.<br><br>Review of Resident #2's May 2025 Medication Administration Record (MAR) revealed the following was documented related to the administration of Resident #2's Brivaracetam 75mg oral tablet:<br><br>-9 was documented at 8:00AM and 8:00PM doses on 05/03/2025, 05/04/2025, 05/05/2025, and 05/06/2025;<br><br>-2 was documented at 8:00AM on 05/07/2025;<br><br>-9 was documented at 8:00PM on 05/07/2025;<br><br>-Nothing was documented at 8:00AM on 05/08/2025;<br><br>-H was documented at 8:00PM on 05/08/2025;<br><br>-H was documented at 8:00AM and 8:00PM on 05/09/2025; and,<br><br>-H was documented at 8:00AM on 05/10/2025.<br><br>In an interview on 06/17/2025 at 9:40AM, S1Director of Nursing (DON) indicated per Resident #2's medication Brivaracetam 75mg blister pack, the medication was issued to the facility by the pharmacist on 05/07/2025.<br><br>(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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195498 | A. Building<br>B. Wing | 06/18/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Chateau Napoleon Caring, LLC | 252 Hwy. 402<br>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) |
|---|---|
| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | In an interview on 06/17/2025 at 1:50PM, S1Director of Nursing (DON) indicated Brivaracetam 75mg was not administered to Resident #2 from 05/3/2025 to 05/07/2025. S2DON further indicated she could not explain why there were 9s and 2s documented on Resident #2's MAR and no documentation of administration on 05/08/2025. S1DON further indicated if the staff held Resident #2's medication for whatever reason, it should have been documented in the progress notes. S1DON confirmed there were no progress notes documented related to Resident #2's Brivaracetam administration.<br><br>In an interview on 06/17/2025 at 2:00PM, S2Licensed Practical Nurse (LPN) indicated the 9 documented on Resident #2's MAR indicated other, such as the medication was not available. S2LPN further indicated H documented on Resident #2's MAR indicated Resident #2's Brivaracetam 75mg oral tablet was on hold, since it was not available to be administered.<br><br>In an interview on 06/18/2025 at 4:52PM, S1DON indicated she was the nurse manger per the Medication Administration policy, and Resident #2's nurses did not report any discrepancies to her regarding Resident #2's Brivaracetam 75mg oral tablet not being available to administer, but should have. |