STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195498	A. Building B. Wing	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chateau Napoleon Caring, LLC	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)
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. Based on observations, interviews, and record review, the facility failed to provide a safe, clean, and comfortable environment for 5 (Room a, Room b, Room c, Room d, Room ?e) of 5 sampled rooms investigated for homelike environment. Findings:Review of the facility's Maintenance Request Binder revealed there were no documented entries for the time period of 10/01/2025 through 11/01/2025 regarding Room a, Room b, Room c, Room d, and/or Room e. Observation on 11/24/2025 at 10:40a.m., revealed Room a had black markings present on the right wall of Room a, behind the head of bed B. Further observation revealed the floor molding below the air conditioning unit was removed, which exposed the wood on the wall. Further observation revealed there was a hole in the right wall that had exposed insulation to the right side of bed A. Observation on 11/24/2025 at 12:59p.m., revealed Room b 's floor moldings on the right wall and the right back corner were peeling up from the wall. Further observation revealed the floor molding on the right wall of Room b 's bathroom near the sink was peeling up from the wall; a brown stain on the toilet and behind the seat of the toilet and dried paper towel products were stuck to the left wall, below the toilet paper dispenser. Observation on 11/24/2025 at 1:02p.m., revealed Room c had a hole in the bathroom door frame near the door knob; the floor molding was peeling up from the left wall and right back corner; peeling sheetrock partially covered by a piece of wood that had been secured to the right wall; the wallpaper was peeling above the air conditioner. Further observation revealed the wallpaper was peeling on the left wall of Room c 's bathroom, to the left side of the toilet; the wallpaper was peeling on the right wall, below the sink; an unknown brown residue present on the right wall, below the sink; an unknown black, white and brown discoloration on the floor to the left and front of the base of the toilet and a piece of flooring tile was missing in front of the back wall, to the right of the toilet. Observation on 11/24/2025 at 1:07p.m., revealed Room d had multiple black marks on the left wall, behind the head of bed A; the floor molding was peeling up on the left wall; the floor molding was peeling up to the bottom right of the air conditioner unit; there was a crack in the wall of the back left corner, behind the opened bathroom door, where the floor under the floor tile was exposed. Further observation revealed Rooms d 's bathroom had an unknown brown substance on the toilet seat and in the toilet of Room d 's bathroom. Observation on 11/25/2025 at 8:40p.m., revealed Room e 's bathroom had duct tape on the bathroom floor in the shape of an L. In an interview on 11/24/2025 at 3:12p.m., S1Administrator was shown the above findings and confirmed the presence of the above findings in Room a, Room b, Room c, and Room d. In an interview on 11/25/2025 at 8:53a.m., S1Administrator indicated the duct tape in Room e 's bathroom was on the floor to cover a tear in the linoleum flooring, and that it should have been repaired.

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