

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 10/02/2024
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>34608</p> <p>Based on record reviews, observations, interviews the facility failed to ensure privacy was provided for residents during activities of daily living (ADL) care and incontinence care provided in their rooms (Room A and Room B) for 4 (Resident #16, Resident #27, Resident #45, and Resident #46) of 4 (Resident #16, Resident #27, Resident #45, and Resident #46) sampled residents investigated for privacy.</p> <p>Findings:</p> <p>Review of the facility's Resident [NAME] of Rights revealed, in part, each resident has the right to have privacy in treatment and during care of personal needs. Further review revealed privacy of the resident's body shall be maintained during, but not limited to, toileting, bathing, and other activities of personal hygiene.</p> <p>Room A</p> <p>Review of the facility's daily census dated 09/30/2024 revealed, in part, Resident #16 and Resident #46 were roommates in Room A.</p> <p>An observation of Room A on 09/30/2024 at 9:10 a.m. revealed there was no curtain to provide privacy between Resident #16 bed and Resident #46 bed.</p> <p>Review of Resident #16's Quarterly Minimum Data Set (MDS) and State Optional Assessment (SOA) with an Assessment Reference Date (ARD) of 07/05/2024 revealed, in part, Resident #16 had a Brief Interview for Mental Status (BIMS) of 11 which indicated moderate cognitive impairment; required extensive assistance of two or more persons for bed mobility, transfers, toileting, and was always incontinent of bladder and bowel.</p> <p>Review of Resident #46's Quarterly MDS and SOA with an ARD of 07/09/2024 revealed, in part, Resident #46 had a BIMS of 14 which indicated Resident #46 was cognitively intact; required limited assistance of one person with bed mobility, transfers, and toileting, and was occasionally incontinent of bladder and bowel.</p> <p>In an interview on 09/30/2024 at 9:10 a.m., Resident #16 indicated he had a roommate, and staff care for performed incontinence care for him and Resident #46 without providing privacy. Resident #16 further indicated he would like to have personal care provided in private.</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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 10/01/2024 at 8:30 a.m., S5Certified Nursing Assistant (CNA) confirmed there was no curtain to provide privacy in Room A, and she did not use any other method to provide privacy while providing ADL and incontinence care to Resident #16 and Resident #46. S5CNA further indicated she should have provided privacy during care.</p> <p>In an interview on 10/01/2024 at 8:38 a.m., S7Housekeeping Supervisor indicated Room A did not have a curtain to provide privacy between Resident #16 and Resident #46. S7Housekeeping Supervisor further indicated Resident #46 moved into Room A about 3 weeks ago and a privacy curtain was not placed in the room and it should have been.</p> <p>Room B</p> <p>Review of the facility's daily census dated 09/30/2024 revealed, in part, Resident #27 and Resident #45 were roommates in Room B.</p> <p>An observation of Room B on 10/01/2024 at 8:25 a.m. revealed there was no curtain to provide privacy between Resident #27's bed and Resident #45's bed.</p> <p>Review of Resident #27's Quarterly MDS and SOA with ARD of 08/09/2024 revealed, in part, a BIMS of 01 which indicated severe cognitive impairment; required extensive assistance with bed mobility, transfers, and toileting of two or more persons, and was always incontinent of bladder and frequently incontinent of bowel.</p> <p>Review of Resident #45's Quarterly MDS and SOA with ARD of 08/07/2024 revealed, in part, a BIMS of 12 which indicated moderate cognitive impairment; and required extensive assistance of two or more persons with bed mobility, transfers, toileting of two or more persons, and was always incontinent of bladder and bowel.</p> <p>In an interview on 10/01/2024 at 8:38 a.m., S7Housekeeping Supervisor indicated Room B did not have a curtain to provide privacy between Resident #27's bed and Resident #45's bed and there should have been.</p> <p>In an interview on 10/01/2024 at 3:20 p.m. S6Certified Nursing Assistant (CNA) indicated she provided ADL care and incontinent care for Resident #27 and Resident #45 in Room B on the morning of 10/01/2024 without providing privacy between Resident #27 and Resident #45. S6CNA further indicated privacy should have been provided for each resident during care.</p> <p>In an interview on 10/01/2024 at 8:40 a.m., S2Director of Nursing (DON) confirmed Room A did not have a privacy curtain to provide privacy between Resident #16 and Resident #46, and Room B did not have a privacy curtain to provide privacy between Resident #27 and Resident #45, and there should have been. S2DON indicated privacy should have been provided to each resident during ADL and incontinence care.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>48855</p> <p>Based on record reviews and interviews, the facility failed to ensure an allegation of staff to resident verbal abuse was reported to the required State Survey Agency for 1 (Resident #64) of 1 (Resident #64) sampled residents investigated for abuse.</p> <p>Findings:</p> <p>Review of the facility's Abuse Policy and Procedure last revised March 2023, revealed, in part, when the facility identified abuse the facility should take appropriate steps to remediate the noncompliance and protect residents from additional abuse immediately, which included to report the allegation to appropriate authorities within required timeframes, conduct a thorough investigation of the allegation, document and report the result of the investigation of the allegation, and take appropriate corrective action. Further review of the facility's Abuse Policy and Procedure revealed, in part, staff were expected to be in control of their behavior, were to behave professionally, and understood how to work with the facility population.</p> <p>Review of the facility's Grievance Log dated 09/25/2024 revealed, in part, Resident #64 filed a grievance against a Certified Nursing Assistant (CNA). Further review revealed the grievance was reported to S3Director of Social Services and was to be investigated by S4Certified Nursing Assistant Coordinator.</p> <p>Review of Resident #64's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/06/2024 revealed, in part, Resident #64 required supervision with toilet transfer.</p> <p>Review of Resident #64's Plan of Care revealed, in part, Resident #64 required assistance of one staff member with toilet transfer.</p> <p>In an interview on 09/30/2024 at 9:21 a.m., Resident #64 indicated she had an adult brief on during the night. Resident #64 further indicated she had an episode of diarrhea and when called for assistance S8Certified Nursing Assistant (CNA) responded back by saying, Why you didn't bring you're a** to the bathroom.</p> <p>In an interview on 10/01/2024 at 9:10 a.m., S3Director of Social Services indicated the allegation of staff to resident verbal abuse was reported to S4Certified Nursing Assistant Coordinator for review.</p> <p>In an interview on 10/01/2024 at 9:12 a.m., S4Certified Nursing Assistant Coordinator indicated she did not report the allegation of verbal abuse to the Director of Nursing (DON) or the Administrator.</p> <p>In an interview on 10/01/2024 at 9:45 a.m., S2DON indicated an allegation of verbal abuse was not reported and should have been.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 10/01/2024 at 10:23 a.m., S1Administrator indicated an allegation of verbal abuse was not reported and should have been.</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>48855</p> <p>Based on interviews and record review, the facility failed to conduct a thorough investigation following an allegation of staff to resident verbal abuse for 1 (Resident #64) of 1 (Resident #64) sampled residents reviewed for abuse.</p> <p>Findings:</p> <p>Review of the facility's Abuse Policy and Procedure last revised March 2023 revealed, in part, when the facility identified abuse, the facility should take the appropriate steps to remediate the noncompliance and protect residents from additional abuse immediately. Further review of the facility's Abuse Policy and Procedure revealed the facility should conduct a thorough investigation of the allegation, document, and report the results of the investigation of the allegation.</p> <p>Review of Resident #64's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/06/2024 revealed, in part, Resident #64 required supervision with toilet transfer.</p> <p>Review of Resident #64's Plan of Care revealed, in part, Resident #64 required assistance of one staff member with toilet transfer.</p> <p>In an interview on 09/30/2024 at 9:21 a.m., Resident #64 indicated she had an adult brief on during the night. Resident #64 further indicated she had an episode of diarrhea and when called for assistance S8Certified Nursing Assistant (CNA) responded back by saying, Why you didn't bring you're a** to the bathroom.</p> <p>In an interview on 10/01/2024 at 9:10 a.m., S3Director of Social Services indicated the allegation of staff to resident verbal abuse was reported to S4Certified Nursing Assistant Coordinator for review.</p> <p>In an interview on 10/01/2024 at 9:12 a.m., S4Certified Nursing Assistant Coordinator indicated there was no documented evidence, and the facility could not produce any documented evidence of an investigation for the allegation of staff to resident verbal abuse was thoroughly investigated for Resident #64.</p> <p>In an interview on 10/01/2024 at 9:45 a.m., S2Director of Nursing indicated there was no documented evidence, and the facility could not produce any documented evidence, of an investigation for the allegation of staff to resident verbal abuse was thoroughly investigated for Resident #64.</p> <p>In an interview on 10/01/2024 at 10:23 a.m., S1Administrator indicated there was no documented evidence, and the facility could not produce any documented evidence, an allegation of staff to resident verbal abuse was thoroughly investigated for Resident #64.</p>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48855</p> <p>Based on interviews and record review the facility failed to ensure a resident with a diagnoses of Major Depressive Disorder and Bipolar Disorder was referred to the appropriate State Survey Agency for a Preadmission Screening and Resident Review (PASARR) Level II evaluation as required for 1 (Resident #64) of 5 (Resident #17, Resident #21, Resident #50, Resident #62, and Resident #64) sampled residents reviewed for PASARR.</p> <p>Findings:</p> <p>Review of Resident #64's Electronic Medical Record (EMR) revealed, in part, Resident #64 was admitted to the facility on [DATE] with a diagnosis that included Major Depressive Disorder. Further review revealed on 05/10/2023 a new diagnosis of Bipolar Disorder. Further review of Resident #64's EMR revealed, in part, no documented evidence that a Level II PASARR evaluation was completed.</p> <p>In an interview on 10/01/2024 at 12:05 p.m., S3Director of Social Services indicated a Level II PASARR evaluation was not completed on Resident #64. S3Director of Social Services further indicated Resident #64 should have been referred for a Level II PASARR evaluation.</p> <p>In an interview on 10/01/2024 at 2:20 p.m., S1Administrator indicated there was no documented evidence, and the facility could not present documented evidence, that a Level II PASARR evaluation for Resident #64 was completed. S1Administrator further indicated a Level II PASARR evaluation should have been completed for Resident #64.</p>		

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<p>F 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>50452</p> <p>Based on record reviews and an interview, the facility failed to ensure the Certified Nurse Aide (CNA) Registry was verified upon hire for 1 (S11CNA) of 6 (S4CNA Coordinator, S8CNA, S9CNA, S10CNA, S11CNA, and S12CNA) personnel records reviewed.</p> <p>Findings:</p> <p>Review of S11CNA's personnel record revealed, in part, a hire date of 01/09/2024. Further review of S11CNA's timesheet revealed S11CNA worked with residents on 01/09/2024, 01/10/2024, 01/11/2024, 01/12/2024, 01/14/2024, and 01/15/2024.</p> <p>Review of S11CNA'S personnel record revealed, in part, a CNA Registry verification dated 01/15/2024. Further review of S11CNA's personnel record revealed there was no documented evidence, and the provider did not present any documented evidence a CNA certification check on S11CNA was completed before hire.</p> <p>In an interview on 10/02/2024 at 2:15 p.m., S13Human Resources (HR) Business Partner confirmed the facility did not complete a CNA certification check on S11CNA before hire to ensure S11CNA was active and should have.</p>