

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195517	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2024
NAME OF PROVIDER OR SUPPLIER St Jude's Health & Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 450a S Claiborne Ave, FL 6 New Orleans, LA 70112	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>49259</p> <p>Based on observations, interviews, and policy review the facility failed to maintain a sanitary environment for 2 (Resident #1 and Resident #2) of 3 residents reviewed for a sanitary environment.</p> <p>Findings included:</p> <p>Review of facility's Bathroom Policy with revision date of April 2006, revealed, in part, bathrooms should be cleaned daily and daily cleaning included cleaning walls, wash basins, commodes and floors</p> <p>Resident #1</p> <p>Observation on 11/21/2023 at 12:36PM, revealed Resident #1's room had a brown smear noted on the wall above the trash can.</p> <p>Observation on 11/21/2024 at 4:20PM, revealed Resident #1's room had a brown smear noted on the wall above the trash can.</p> <p>In an interview on 11/21/2024 at 4:22PM, S1Administrator confirmed the brown substance on the wall above the trash can in Resident #1's room. S1Administrator further indicated the substance should not be on the wall above the trash can.</p> <p>Resident #2</p> <p>Observation on 11/25/2024 at 8:40AM, revealed an isolation cart at Resident #2's room door. Further observation revealed the isolation cart was visibly dirty with a brown substance in the pockets that hold the isolation supplies.</p> <p>Observation on 11/25/2024 at 8:41AM, revealed Resident #2's room had a brown substance on the wall on the side of Resident #2's bed and visible dirt on the bedside table and floor. Further observation revealed a chicken bone was noted on the floor under the bedside table. Further observation revealed nutrition shakes on the floor next to two unlabeled and uncovered urinals. Further observation revealed the bedside table had an unopened breakfast plate, a cup with thick white, creamy, ointment remnants, and a water pitcher containing a brownish-colored film-like substance on the surface of the water, scattered hard brown crumbs and a sticky substance on the surface of the bedside table.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195517	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2024
NAME OF PROVIDER OR SUPPLIER St Jude's Health & Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 450a S Claiborne Ave, FL 6 New Orleans, LA 70112	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 11/25/2024 at 8:44AM, revealed Resident #2's bathroom had a brown substance smeared on the toilet seat and the toilet base. Further observation revealed a brown substance in the sink with an opened toothpaste tube on the counter with toothpaste spilled out of the tube onto the counter.</p> <p>Observation on 11/25/2024 at 8:45AM, revealed housekeeping entered Resident #2's room with cleaning supplies in hand and a housekeeping cart in the doorway.</p> <p>In an interview on 11/25/2024 at 8:46AM, S4Housekeeper, indicated housekeeping was responsible for sanitizing and cleaning Resident #2's room.</p> <p>Observation on 11/25/2024 at 10:05AM, revealed one urinal on the bedside table, next to the food tray, touching a glass of apple juice. Further observation revealed Resident #2's nutrition shakes on the floor next to the bedside table. Further observation revealed the bedside table had an unopened breakfast plate, a cup with thick white, creamy, ointment remnants, and a water pitcher containing a brownish-colored film-like substance on the surface of the water, scattered hard brown crumbs and a sticky substance on the surface of the bedside table.</p> <p>Observation on 11/25/2024 at 10:07AM, Resident #2's bathroom was visibly dirty, with brown substance smeared on the toilet seat and the toilet base. Further observation revealed a brown substance in the sink and opened toothpaste tube remained on the counter with toothpaste spilled out of the tube.</p> <p>In an interview on 11/25/2024 at 10:35AM, S2Director of Nursing (DON) indicated Resident #2's urinal/urinals should not have been left on the floor or placed on the bedside table next to Resident #2's food tray.</p> <p>Observation on 11/25/2024 at 10:50AM, with S1ADM, S2DON, and S3Facilities Manager (FM) of Resident #2's room revealed one urinal on the bedside table, next to the food tray, touching a glass of apple juice. Further observation revealed Resident #2's nutrition shakes on the floor next to the bedside table. Further observation revealed the bedside table had an unopened breakfast plate, a cup with thick white, creamy, ointment remnants, and a water pitcher containing a brownish-colored film-like substance on the surface of the water, scattered hard brown crumbs and a sticky substance on the surface of the bedside table.</p> <p>Observation on 11/25/2024 at 10:52AM revealed Resident #2's bathroom was visibly dirty, with brown substance smeared on the toilet seat and the toilet base. Further observation revealed a brown substance in the sink and opened toothpaste tube remained on the counter with toothpaste spilled out of the tube.</p> <p>In an interview on 11/25/2024 at 10:51AM, S3FM indicated the condition of Resident #2's room and bathroom were dirty and unsanitary and should not have been.</p> <p>In an interview on 11/25/2024 at 10:52 AM, S1ADM confirmed Resident #2's room and bathroom were dirty and unsanitary and should not have been.</p> <p>In an interview on 11/25/2024 at 02:29 PM, Resident #2 indicated he did not like his room and bathroom dirty.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195517	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2024
NAME OF PROVIDER OR SUPPLIER St Jude's Health & Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 450a S Claiborne Ave, FL 6 New Orleans, LA 70112	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>51373</p>