

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 12/06/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47081</p> <p>Based on interviews, record review, facility document review, and facility policy review it was determined that the facility failed to ensure new individualized fall prevention interventions were implemented and/or reviewed for effectiveness to prevent future falls for 3 (Resident #1, Resident #2, and Resident #3) of 3 residents reviewed for falls.</p> <p>Findings included:</p> <p>Review of the facility's undated Fall Prevention Program policy and procedure revealed, in part, the facility will protect residents from injury from falls. Further review revealed, the Minimum Data Set (MDS) coordinator will update interventions on the resident's fall care plan with any new occurrence of falls.</p> <p>Review of the facility's undated Post-Falls Protocol policy and procedure revealed, in part, the unit nurse will assess the resident from head to toe and document that assessment along with circumstances of the fall in the resident's chart. Further review revealed, one new fall intervention shall be implemented for the resident, documented in the nurse's notes, and the MDS nurse will add new interventions to the resident's fall risk care plan.</p> <p>Resident #1</p> <p>Review of Resident #1's medical record revealed, in part, Resident #1 was admitted to the facility on [DATE] with diagnoses of, in part, muscle weakness, Vascular Dementia, and cognitive communication deficit.</p> <p>Review of Resident #1 Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/04/2024 revealed, in part, Resident #1 had a brief interview for mental status (BIMS) score of 03, which indicated Resident #1 had severe cognitive impairment. Further review revealed Resident #1 used a manual wheelchair for ambulation and was dependent on staff for activities of daily living.</p> <p>Review of the facility's Incident Log from 09/2024 through 12/2024 revealed, in part, Resident #1 had an un-witnessed fall with injury on 11/17/2024, an unwitnessed fall with no injury noted on 09/26/2024 and 10/26/2024, and a witnessed fall with no injury noted on 11/12/2024.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #1's Care Plan revealed, in part, Resident #1 was at risk for falls related to impaired mobility, cognitive impairment, and required extensive to total assistance with transfers.</p> <p>Review of the facility's in-service training documents revealed, in part, there was no documented evidence, and the facility could not provide any documented evidence Resident #1's individualized post fall interventions were implemented and/or reviewed for effectiveness after each fall.</p> <p>In an interview on 12/05/2024 at 3:00PM, S2Director of Nursing (DON) indicated individualized post fall interventions should be documented after each fall. S2DON further indicated the facility could not provide any documented evidence Resident #1's individualized post fall interventions were implemented.</p> <p>In an interview on 12/06/2024 at 10:10AM, S4Licensed Practical Nurse (LPN) indicated she was primarily assigned to Resident #1's floor. S4LPN further indicated she has not received individualized post fall intervention updates after each of Resident #1's falls.</p> <p>In an interview on 12/06/2024 at 11:00AM, S1Administrator indicated the facility could not provide any documented evidence individualized post fall interventions were implemented and/or reviewed for effectiveness after Resident #1's 09/26/2024, 10/26/2024, and 11/12/2024 falls and should have been.</p> <p>Resident #2</p> <p>Review of Resident #2's medical record revealed, in part, Resident #2 was admitted to the facility on [DATE] with diagnoses of, in part, muscle weakness, Dementia, cognitive communication deficit, and a history of falling.</p> <p>Review of Resident #2's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/05/2024 revealed, in part, Resident #2 had a brief interview for mental status (BIMS) score of 05, which indicated Resident #2 had severe cognitive impairment. Further review revealed Resident #2 used a manual wheelchair for ambulation.</p> <p>Review of the facility's Incident Log from 09/2024 through 12/2024 revealed, in part, Resident #2 had a fall on 09/02/2024, a fall with injury on 10/15/2024, and witnessed falls without injury noted on 10/14/2024 and 11/27/2024.</p> <p>Review of Resident #2's Care Plan revealed, in part, Resident #2 was at risk for falls related to psychoactive drug use, unaware of safety needs, and general weakness.</p> <p>Review of the facility's in-service training documents revealed, in part, there was no documented evidence, and the facility could not provide any documented evidence Resident #2's individualized post fall interventions were implemented and/or reviewed for effectiveness after each fall.</p> <p>In an interview on 12/06/2024 at 10:10AM, S4Licensed Practical Nurse (LPN) indicated she was primarily assigned to Resident #2's floor. S4LPN further indicated she has not received individualized post fall intervention updates after each of Resident #2's falls.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 12/06/2024 at 11:00AM, S1Administrator indicated the facility could not provide any documented evidence individualized post fall interventions were implemented and/or reviewed for effectiveness for Resident #2's above mentioned falls and should have been.</p> <p>Resident #3</p> <p>Review of Resident #3's medical record revealed, in part, Resident #3 was admitted to the facility on [DATE] with diagnoses of, in part, muscle weakness, Vascular Dementia, cognitive communication deficit.</p> <p>Review of Resident #3 Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/16/2024 revealed, in part, Resident #3 had a brief interview for mental status (BIMS) score of 15, which indicated Resident #3 was cognitively intact. Further review revealed Resident #3 used a manual wheelchair for ambulation.</p> <p>Review of the facility's Incident Log from 09/2024 through 12/2024 revealed, in part, Resident #3 had an unwitnessed fall with injury on 11/17/2024 and unwitnessed falls without injury noted on 11/06/2024 and 11/28/2024.</p> <p>Review of Resident #3's Care Plan revealed, in part, Resident #3 was at risk for falls related to being unaware of safety needs and vision/hearing impairments. Further review revealed Resident #3's care plan was not updated with new individualized interventions and/or had supervision increased to prevent future falls after the 11/17/2024 fall occurred.</p> <p>Review of the facility's in-service training documents revealed, in part, there was no documented evidence, and the facility could not provide any documented evidence Resident #3's individualized post fall interventions were implemented and/or reviewed for effectiveness after each fall.</p> <p>In an interview on 12/05/2024 at 1:10PM, S3Registered Nurse/Material Data Set (RN/MDS) indicated there was no documented evidence new post fall interventions were implemented for Resident #3 after the fall on 11/17/2024 and 11/06/2024 and should have been. S3RN/MDS further indicated Resident #3's care plan was not updated after the fall on 11/17/2024 and should have been.</p> <p>In an interview on 12/06/2024 at 10:30AM, S5Licensed Practical Nurse (LPN) indicated she has not received individualized post fall intervention updates after each of Resident #3's falls.</p> <p>In an interview on 12/06/2024 at 11:15AM, S6Certified Nursing Assistant (CNA) indicated she primarily worked on Resident #3's floor. S6CNA further indicated she has not received individualized post fall intervention updates after each of Resident #3's falls.</p> <p>In an interview on 12/06/2024 at 12:00PM, S7Certified Nursing Assistant (CNA) indicated she primarily worked on Resident #3's floor. S7CNA further indicated she has not received individualized post fall intervention updates after each of Resident #3's falls.</p> <p>In an interview on 12/06/2024 at 12:30PM, S1Administrator confirmed the facility could not provide any documented evidence new individualized post fall interventions were implemented and/or reviewed for effectiveness after Resident #3's 11/06/2024 and 11/17/2024 falls and should have been.</p>		