STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195517	A. Building B. Wing	03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Jude's Health & Wellness Center	450a S Claiborne Ave, FL 6 New Orleans, LA 70112

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(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 - Few	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. 45877 Based on observations and interviews, the facility failed to ensure 1.) maintenance services placed an outlet cover over a wall socket in a resident's room (Resident #1); and, 2.) housekeeping services cleaned an unknown brown substance off of a resident's floor (Resident #1). This deficient practice was identified for 1 (Resident #1) of 3 (Resident #1, Resident #2, Resident #3) sampled residents reviewed for environment. Findings: Observation of Resident #1's room on 03/10/2025 at 6:42AM revealed the outlet cover over a wall socket near the foot of Resident #1's bed did not have a wall covering. Observation further revealed an unknown brown substance about an inch long was seen on the side of Resident #1's bed on the floor. Observation on 03/12/2025 at 9:40AM of Resident #1's room revealed the outlet cover over a wall socket near the foot of Resident #1's bed did not have a wall covering. Observation further revealed an unknown brown substance about an inch long was seen on the side of Resident #1's bed on the floor. In an interview on 03/12/2025 at 11:50AM, S1Chief Operation Officer (COO) confirmed the wall socket in Resident #1's lacked a cover plate and state it should have one. S1COO also confirmed the presence of an unknown brown substance on Resident #1's floor and indicated it should not be there.

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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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 45877 Based on observation, interviews, and record reviews, the facility failed to provide incontinence care for 1 (Resident #1) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents investigated for activities of daily living (ADLs). Findings: Review of Resident #1's Minimum Data Set with an assessment reference date of 01/24/2025 revealed, in part, Resident #1 required substantial/maximal assistance for toileting and personal hygiene. Review of Resident #1's Care Plan revealed, in part, Resident #1 was incontinent of bowel and bladder. Further review revealed an intervention included to check Resident #1 every 2 hours as required for incontinence. Observation on 03/10/2025 at 6:32AM revealed S4Certified Nursing Assistant (CNA) and S5CNA pulled back the sheets to provide incontinence care to Resident #1. Resident #1 had a bowel movement leaking from the adult brief onto her abdomen, incontinent pad, and bed sheets. The bowel movement was wet in the center and dry around the edges. In an interview on 03/10/2025 at 6:40, S4CNA indicated the last time she checked on Resident #1 and changed Resident #1 was around 3AM. In an interview on 03/10/2025 at 10:25AM, S2Director of Nursing indicated Resident #1 should be checked for incontinence every 2 hours.

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F 0770 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Note: The nursing home is disputing this citation.	Provide timely, quality laboratory services/tests to meet the needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45877 Based on interviews and record reviews, the facility failed to obtain laboratory services in a timely manner per physician's orders for 1 (Resident #1) of 3 (Resident #1, Resident #2, Resident #3) sampled residents investigated for pharmaceutical services. This deficient practice resulted in an Immediate Jeopardy situation on 02/04/2025 when Resident #1's valproic acid level (a blood test to measure the amount of valproic acid in the blood) was not drawn after being ordered by Resident #1's nurse practitioner on 01/29/2025. On 02/17/2025, Resident #1 was observed by the facility to be lethargic and was transferred to the hospital. Resident #1 was hospitalized from 02/17/2025 through 02/19/2025 with a diagnosis of valproic acid toxicity (an excessive accumulation of valproic acid in the body which can lead to coma or death). S1Chief Operating Officer (COO) and S2Director of Nursing (DON) were notified of the Immediate Jeopardy on 03/12/2025 at 6:50PM. The Immediate Jeopardy was removed on 03/13/2025 at 4:30PM, after it was verified through observations, interviews, and record reviews, the provider implemented an acceptable Plan of Removal prior to the survey exit. This deficient practice had the likelihood to affect all residents with medications requiring lab orders. Findings: Review of Resident #1's hospital records revealed, in part, Resident #1 was hospitalized from 02/17/2025 through 02/19/2025 with a diagnosis, in part, of valproic acid toxicity. Further review of Resident #1's hospital records revealed on admit, Resident #1's valproic acid level drawn on 02/17/2025 at 12:04PM with a result of 110.7 microgram (ug)/milliliter (ml), which was outside the reference range of 50.0 to 100.0 ug/ml. Review of Resident #1's medical record revealed, in part, Resident #1 was admitted to the facility on [DATE] with diagnoses which included, in part, dementia and anxiety disorder. Review of Resident #1's physician's orders revealed the following: Depakote (medication used for seizures, anxiety, and dementia) Oral Tablet Delayed Release 250 milligrams (mg) tablet. Give 250 mg by mouth two times a day related to dementia with a start date of 12/17/2025 and an end date of 01/03/2025; Depakote Oral Tablet Delayed Release 500 mg tablet. Give 500 mg by mouth two times a day related to anxiety disorder from 01/03/2025 through 02/01/2025; Depakote Oral Tablet Delayed Release 250 mg tablet. Give 1 tablet by mouth two times a day related to anxiety disorder. Give 500 mg tablet with 250 MG tablet by mouth twice daily from 02/01/2025 to 02/20/2025; (continued on next page)

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F 0770 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Note: The nursing home is disputing this citation.	Depakote Oral Tablet Delayed Release 500 mg tablet. Give 1 tablet twice a day related to anxiety disorder. Give 500 mg tablet with 250 mg tablet twice daily from 02/01/2025 to 02/27/2025; Depakote Oral Tablet Delayed Release 500 mg tablet. Give 1 tablet by mouth at bedtime for dementia with behavioral disturbances beginning on 02/27/2025; and, Depakote Oral Tablet Delayed Release 250 mg tablet. Give 1 tablet by mouth in the morning for dementia with behavioral disturbances beginning on 02/28/2025. Review of Resident #1's medical records revealed Resident #1's nurse practitioner wrote an order dated 01/29/2025, to obtain a valproic acid level. In an interview on 03/11/2025 at 5:02PM, S2DON indicated routine labs were to be drawn on Tuesdays and Thursdays. S2DON further indicated once the orders were written for the labs, S2DON would hand a copy of the orders to the floor nurse to transcribe and submit a lab requisition. S2DON further indicated she would file the orders once she saw the orders were placed and carried out. There was no documented evidence, and the facility was unable to present any documented evidence that Resident #1's laboratory service was carried out as ordered prior to Resident #1's 02/17/2025's hospitalization . Review of Resident #1's Progress Notes revealed a note dated 02/17/2025 at 11:08AM by S3Licensed Practical Nurse (LPN) indicating Resident #1 was slow to respond and Resident #1 gave blank stares when asked questions. Further review revealed S3LPN called Resident #1's doctor and obtained an order to transfer Resident #1 to the emergency room for further evaluation. In an interview on 03/11/2025 at 3:48PM, the facility's consulting pharmacist, S9Consultant Pharmacist, indicated it was important to get valproic acid levels when residents are taking Depakote due to the risk of toxicity. The facility's consulting pharmacist further indicated signs and symptoms of valproic acid toxicity included gastrointestinal distress, neurological distress, drowsiness, and confusion. In an interview on 03/12/2025 at 12:27PM, S2DON confirmed Resident #1 did not have any valproic acid levels drawn prior to her acute care hospitalization . In an interview on 03/12/2025 at 2:09PM, S1Chief Operating Officer (COO) indicated she was currently in charge of quality since administration has been out on leave, and identified problems from grievances, surveys, tracking and trending, and surveys. S1COO indicated she puts Performance Improvement Plans (PIPs) into place after problems are identified. In an interview on 03/12/2025 at 2:20PM, S2DON indicated she was responsible for ensuring laboratory orders are carried out. S2DON indicated she could not offer any explanation as to why a valproic acid level was not drawn on Resident #1. In an interview on 03/12/2025 at 6:25pm, S6Chief Executive Officer (CEO) indicated he did not feel that the above deficient practice was an Immediate Jeopardy situation and would review the above mentioned findings. (continued on next page)

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F 0770 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Note: The nursing home is disputing this citation.	S6CEO did not provide any additional communication or documentation to dispute the above mentioned findings. A Plan of Removal was accepted on 03/13/2025 at 4:30PM, which included the following actions to correct the deficient practice: A daily audit began starting on March 12th, 2025 and will continue for 1 month. After 30 days, the facility will move to weekly reviews that will happen as part of the high-risk meeting. The audit will include ensuring all lab orders are recorded, drawn timely, and responded to timely. Education will include the physician and their extenders, clinical managers, and facility nurses. A daily review will be completed for a month starting on 03/12/2024 by S2DON or her designee to ensure nothing is missed or not followed-up o timely. Nurses will receive this in-service prior to their next scheduled shift. Education started immediately on 03/12/2025 at 8:00PM. Starting on 03/12/2025 daily monitoring will begin of any lab orders, old or new. Making sure the order has been accurately and successfully carried out and that the results have been communicated to the medical doctor or nurse practitioner office. The Director of Nursing or her designee will review lab orders in point click care (the facility's charting program), lab results in lab portal, and review notification to the medical doctor or nurse practitioner. Starting on 03/12/2025 daily review of labs began and will continue for one month after such time this will be reviewed weekly in the high-risk meeting. Daily audits will continue with daily frequency until expectations are met. Nurses will be re-educated or counseled when and if there is a deviation from the system. Lab orders will be added as one of the agenda items to be discussed during morning stand up meeting. The facility asserted the likelihood for serious harm to any of its residents no longer existed on 03/12/2025 at 8:05PM.

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Note: The nursing home is disputing this citation.	Administer the facility in a manner that enables it to use its resources effectively and efficiently. 45877 Based on interviews and record reviews, the facility's administrative staff failed to use its resources efficiently and effectively to attain or maintain the highest practicable physical, mental, and psychosocial well-being of residents by failing to oversee the effective implementation of physician laboratory orders for 1 (Resident #1) of 3 (Resident #1, Resident #2, Resident #3) sampled residents investigated for pharmaceutical services. This lack of administrative oversite resulted in an Immediate Jeopardy situation on 02/04/2025 when Resident #1's valproic acid level (a blood test to measure the amount of valproic acid in the blood) was not drawn after being ordered by Resident #1's nurse practitioner on 01/29/2025. On 02/17/2025, Resident #1 was observed by the facility to be lethargic and was transferred to the hospital. Resident #1 was hospitalized from 02/17/2025 through 02/19/2025 with a diagnosis of valproic acid toxicity (an excessive accumulation of valproic acid in the body which can lead to coma or death). S1Chief Operating Officer (COO) and S2Director of Nursing were notified of the Immediate Jeopardy on 03/12/20205 at 6:50PM. The Immediate Jeopardy was removed on 03/13/2025 at 4:30PM, after it was verified through observations, interviews, and record reviews, the provider implemented an acceptable Plan of Removal prior to the survey exit. This deficient practice had the likelihood to affect all residents with medications requiring lab orders. Findings: Cross reference F770. Review of Resident #1's medical records revealed Resident #1's nurse practitioner wrote an order dated 01/29/2025, to obtain a valproic acid level. There was no documented evidence, and the facility was unable to present any documented evidence Resident #1's laboratory services was carried out as ordered prior to Resident #1's 02/17/2025's hospitalization . In an interview on 03/11/2025 at 5:02PM, S2DON indicated after the physician or nurse practitioner places an order for a lab on the lab form, she gives the orders to the floor nurse to enter into the computer. S2DON further indicated once the orders were noted in a resident's record she would file the form, and routine labs were to be drawn on Tuesdays and Thursdays. In an interview on 03/12/2025 at 2:09PM, S1Chief Operating Officer (COO) indicated she was currently in charge of quality since administration has been out on leave, and identifies problems from grievances, surveys, tracking and trending, and surveys. S1COO indicated she puts Performance Improvement Plans (PIPs) into place after problems are identified. (continued on next page)

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Note: The nursing home is disputing this citation.	In an interview on 03/12/2025 at 2:20PM, S2DON indicated she was responsible for ensuring laboratory orders are carried out. S2DON indicated she could not offer any explanation as to why a valproic acid level was not drawn for Resident #1. In an interview on 03/12/2025 at 6:25pm, S6Chief Executive Officer (CEO) indicated he did not feel that the above deficient practice was an Immediate Jeopardy situation and would review the above mentioned findings. S6CEO did not provide any additional communication or documentation to dispute the above mentioned findings. A Plan of Removal was accepted on 03/13/2025 at 4:30PM, which included the following actions to correct the deficient practice: The facility planned to improved communication between nursing, pharmacy consult, and medical doctors and put more oversight by leadership of the laboratory process. A daily audit began starting on March 12th, 2025 and will continue for 1 month. After 30 days, the facility will move to weekly reviews that will happen as part of the high-risk meeting. The audit will include ensuring all lab orders are recorded, drawn timely, and responded to timely. S6Chief Executive Officer (CEO) or his designee will do a visual check to ensure the audits have occurred. He will do this once per week for one month. S6CEO or his designee will attend one high risk meeting a month to verify lab orders are being reviewed. Education will include the physician and extenders, clinical managers, and facility nurses. A daily review will be completed for a month starting on 3/12/2025 by S2DON or her designee to ensure nothing is missed or not followed up on timely. S6CEO or his designee will verify education has been completed as stated through a visual review of the sign in sheets once per week for one month. All staff nurses will be in serviced prior to their next shift on the lab order protocol. S6CEO/his designee began providing administrative staff with the same education that is being provided to the nurses on March 13th 2025 around 2PM. All administrative staff at the facility will be in-serviced by close of business on 3/14/2025. Starting on 3/12/2025 daily monitoring began of any lab orders, old or new. Verification that the order has been accurately and successfully been carried out and that the results have been communicated to the medical doctor or nurse practitioner office. These audits are to be done by S2DON or her designee. (continued on next page)

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Note: The nursing home is disputing this citation.	S2DON or her designee will review lab orders in point click care (the facility's charting program), lab results in lab portal, and review notification to the medical doctor or nurse practitioner. S6CEO or his designee will verify the audits weekly for 4 weeks and will participate in one high risk meeting per month to verify compliance. Starting on 03/12/2025 daily review of labs began and will continue for one month after such time this will be reviewed weekly in the high-risk meeting. Daily audits will continue with daily frequency until expectations are met. Nurses will be re-educated or counseled when and if there is a deviation from the system. Lab orders will be added as an agenda item in the daily, weekday, stand-up meeting. S6CEO or his designee will attend one stand up meeting per week for 60 days to ensure the agenda remains unchanged. The facility asserted the likelihood for serious harm to any of its residents no longer existed on 03/12/2025 at 8:05PM.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 45877 Based on observations, interviews, and record reviews, the facility failed to ensure staff utilized the correct personal protective equipment (PPE) when providing care to a resident on enhanced barrier precautions (EBP) for 1 (Resident #10) of 4 (Resident #1, Resident #2, Resident #3, Resident #10) residents observed during incontinence care. Findings: Review of the facility's undated Enhanced Barrier Precautions Policy and Procedure revealed, in part, gowns and gloves should be worn when emptying a urinary catheter. Observation on 03/10/2025 at 5:18AM revealed an EBP sign on the outside of Resident #10's door. Observation further revealed S5Certified Nursing Assistant (CNA) entered Resident #10's room without a gown and proceeded to empty Resident #10's urinary catheter into a graduated cylinder. In an interview on 03/10/2025 at 5:23AM, S5CNA indicated she did not use a gown when emptying urinary catheters and further indicated she did not know that she needed to. In an interview on 03/10/2025 at 10:25AM, S2Director of Nursing (DON) indicated gowns should be worn when emptying urinary catheters of residents who are on EBP. In an interview on 03/10/2025 at 10:48AM, S7Infection Preventionist confirmed gowns should be worn when emptying urinary catheters of residents who are on EBP.