

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 10/01/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on interviews and record reviews, the facility failed to protect a resident's right to be free from resident to resident physical abuse for 1 (Resident #4) of 4 (Resident #1, Resident #2, Resident #3, Resident #4) sampled residents investigated for resident abuse. Findings:Review of the facility's undated Abuse Recognition, Reporting, and Investigation policy revealed, in part, the facility was to protect residents from any physical and mental mistreatment and to not permit residents to be subjected to abuse by anyone, including other residents. Further review revealed physical abuse was defined as hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment. Review of the facility's Statewide Incident Management System Report investigation entered on 09/17/2025 that occurred on 09/10/2025 at 9:35AM revealed, in part, Resident #2 walked into the day room and hit Resident #4 in the face. Further review revealed the altercation was witnessed by 2 Certified Nursing Assistants (CNAs) (S2CNA and S3CNA), and resident to resident abuse was substantiated. In an interview on 10/01/2025 at 2:26 PM, S2CNA indicated that she witnessed Resident #2 hit Resident #4 in the face on 09/10/2025. In an interview on 10/01/2025 at 3:45PM, Resident #2 confirmed the physical altercation with Resident #4 and indicated that Resident #2 hit Resident #4 in the face. In a phone interview on 10/01/2025 at 4:28PM, S3CNA indicated that she witnessed Resident #2 hit Resident #4 in the face on 09/10/2025. In an interview on 10/01/2025 at 4:34PM, S1Administrator confirmed resident-to-resident abuse on 09/10/2025 from Resident #2 to Resident #4 was substantiated after being investigated by the facility.</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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