

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Belle Maison Nursing & Rehabilitation L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 15704 Medical Arts Plaza Hammond, LA 70403	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49343</p> <p>Based on interviews and record review, the facility failed to ensure a resident's assessment accurately reflected the resident's status for 1 (#1) of 3 (#1, #2, and #3) residents reviewed.</p> <p>Findings:</p> <p>Review of Resident #1's Clinical Record revealed she was admitted to the facility on [DATE]. Further review revealed Resident #1 had a diagnosis of Generalized Edema with an onset date of 05/25/2018.</p> <p>Review of Resident #1's current Physician Orders revealed the following:</p> <p>Start Date: 09/03/2024</p> <p>Furosemide 20 mg give one tablet orally one time a day related to Generalized Edema</p> <p>Review of Resident #1's MAR dated September 2024 revealed the following; in part, Resident #1 received Furosemide 20 mg by mouth daily as prescribed.</p> <p>Review of Resident #1's Quarterly MDS with an ARD of 09/07/2024 revealed Generalized Edema was not coded as an active diagnosis.</p> <p>On 10/03/2024 at 11:30 a.m., an interview was conducted with S2CCC. S2CCC confirmed Resident #1's MDS with an ARD of 09/07/2024 was not coded for the diagnosis of Generalized Edema.</p> <p>On 10/03/2024 at 11:40 a.m., an interview was conducted with S1DON. S1DON stated she was not sure if the MDS for Resident #1 should have been coded for Generalized Edema diagnosis.</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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