

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  07/10/2024
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 - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46308 47173</p> <p>Based on interviews and record reviews, the facility failed to ensure the MDS assessment accurately reflected the resident's status for 4 (#38, #45, #62 and #119) residents out of a total of 24 sampled residents. The facility failed to ensure:</p> <ol style="list-style-type: none"> <li>1. Resident #38 was coded correctly for PASRR (Pre-admission Screening and Resident Review);</li> <li>2. Resident #45 was coded correctly for anxiety;</li> <li>3. Resident #62 was coded correctly for hospice; and</li> <li>4. Resident #119 was correctly for discharge.</li> </ol> <p>Findings:</p> <ol style="list-style-type: none"> <li>1.</li> </ol> <p>Review of Resident #38's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included Anxiety, Depression, Schizophrenia and Schizoaffective Disorder.</p> <p>Review of Resident #38's Form 142 revealed resident was approved for admission by Level II Authority for a temporary period effective 02/19/2024 through 05/10/2024. Sign and dated on 02/26/2024 by Agency Representative.</p> <p>Review of Resident #38's OBH-Level II Evaluation Summary &amp; Determination Notice dated 02/26/2024 revealed: The individual has a serious mental illness.</p> <p>Review of Resident #38's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/06/2024 revealed Section A1500 PASRR was coded as 0. No. Further review revealed the following:</p> <p>Section A1510A: Serious Mental Illness was blank and</p> <p>Section A1510B: Intellectual Disability was blank.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/09/2024 at 1:50 p.m., an interview was conducted with S8MDS. She stated she was responsible for completing resident MDS assessments. She reviewed Resident #38's Level II PASARR dated 02/26/2024 indicating Resident #38 had a serious mental illness. She reviewed Resident #38's Annual MDS with an ARD of 03/05/2024 and confirmed Section A1500, A1510A and A1510B was not coded as yes and should have been.</p> <p>2.</p> <p>Review of Resident #45's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included Anxiety Disorder (09/28/2023).</p> <p>Review of Resident #45's Annual MDS with an ARD of 04/23/2024 revealed Anxiety was not coded as an active diagnosis in Section I.</p> <p>On 07/10/2024 at 8:45 a.m., an interview was conducted with S8MDS. She stated she was responsible for completing resident MDS assessments. She stated when a MDS assessment was performed, all diagnoses should have been coded accurately. She reviewed the Annual MDS for Residents #45 with an ARD of 04/23/2024 and confirmed the MDS was not coded accurately for Anxiety in Section I.</p> <p>3.</p> <p>Review of Resident #62's Clinical Record revealed he was admitted to the facility on [DATE].</p> <p>Review of Resident #62's Annual MDS with an ARD of 05/21/2024 revealed Hospice was not coded in Section O.</p> <p>Review of Resident #62's Physician Orders dated July 2024 revealed the following:</p> <p>Order date: 04/13/2023- Admit to Hospice for terminal diagnosis.</p> <p>On 07/10/2024 at 3:51 p.m., an interview was conducted with S8MDS. She stated she was responsible for completing resident MDS assessments. She reviewed Resident #62's Physician Orders and confirmed Resident #62 was admitted to Hospice on 4/13/2023. She reviewed the Annual MDS with an ARD of 04/23/24 and confirmed the MDS was not coded accurately for Hospice in Section O and should have been.</p> <p>4.</p> <p>Review of Resident #119's Clinical Record revealed she was admitted to the facility on [DATE] and discharged on [DATE].</p> <p>Review of Resident #119's Discharge MDS with an ARD of 05/29/2024 revealed Section A2105 Discharge Status: Short Term General Hospital.</p> <p>Review of Resident #119's Nurse's Note dated 05/17/2024 included the following, in part:</p> <p>Discharge home with nephew.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/10/2024 at 3:17 p.m., an interview was conducted with S8MDS. She reviewed Resident #119's Discharge MDS with an ARD of 05/29/2024. She confirmed Resident #119 was coded as being discharged to the hospital and should have been coded as being discharged home.</p> <p>On 07/10/2024 at 4:30 p.m., an interview was conducted with S2DON. She reviewed the aforementioned findings and confirmed Residents' #38, #45, #62, and #119 MDS assessments should have been coded correctly.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49343</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure interventions for falls were implemented as identified on the care plan for 1(#108) of 4 (#27, #65, #75, and #108) residents reviewed for falls.</p> <p>Findings:</p> <p>Review of the clinical record for Resident #108 revealed the resident was admitted to the facility on [DATE]. The resident had diagnoses that included Repeated Falls, Difficulty in Walking, Reduced Mobility, Cognitive Communication Deficit, and Alzheimer's Disease.</p> <p>Review of the most recent MDS with an ARD of 06/10/2024, revealed Resident #108 had a BIMS of 3, which indicated severe cognitive impairment.</p> <p>Review of the most current Care Plan revealed the following:</p> <p>Problem: At high risk for falls . 06/14/24 unwitnessed fall in room .</p> <p>Intervention: 06/15/2024- Replaced wheelchair cushion with a cushion to improve positioning. Remains high fall risk.</p> <p>On 07/10/2024 at 11:20 a.m., an observation was made of Resident #108 sitting in his wheelchair by the nurse's station when he fell out of his wheelchair and onto the floor. No cushion was observed in the resident's wheelchair.</p> <p>On 07/10/2024 at 11:55 a.m., an observation and interview was conducted with S6LPN. She stated Resident #108 was considered a high fall risk. S6LPN reviewed Resident #108's care plan and verified one of the interventions for falls was to replace his wheelchair cushion with a cushion to improve positioning. S6LPN verified there was no cushion on Resident #108's wheelchair and should have been according to his care plan.</p> <p>On 07/10/2024 at 1:20 p.m., an interview was conducted with S7IP. She stated she is responsible for completing and investigating incident reports and updating resident care plans after an incident occurs. She reviewed Resident #108's care plan interventions listed. S7IP confirmed the cushion should have been in Resident #108's wheelchair since it was listed as a care plan intervention for falls.</p> <p>On 07/10/2024 at 2:59 p.m., an interview was conducted with S2DON. She confirmed Resident #108's care plan had a fall intervention to replace his wheelchair cushion with a cushion to improve positioning, and it should have been implemented.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49343</p> <p>Based on record review and interviews the facility failed to ensure the resident's plan of care was revised by failing to update fall interventions after each fall for 1 (#108) out of 4 (#27, #65, #75, and #108) residents reviewed for falls.</p> <p>Findings:</p> <p>Review of Resident #108's clinical record revealed the resident was admitted to the facility on [DATE]. The resident had diagnoses that included Repeated Falls, Difficulty in Walking, Reduced Mobility, Cognitive Communication Deficit, and Alzheimer's Disease.</p> <p>Review of Resident #108's Nurse's Note dated 07/07/2024 revealed, in part, the following:</p> <p>Notified by CNA at 4:30 a.m., when making rounds that resident was laying on floor, upon entering room resident laying on right side at side of bed, bedside chair also at bedside, assessed range of motion, able to move arms and legs, denies pain, unable to state how he got there, assisted to bed via two staff, noted dime size skin tear to back of right hand, no skin flap present .</p> <p>Review of Resident #108's care plan revealed it was not revised to include fall interventions for falls after 06/17/2024. The care plan did not include interventions to address Resident #108's fall that occurred on 07/07/2024.</p> <p>On 07/10/2024 at 1:20 p.m., an interview was conducted with S7IP. She stated she was responsible for completing and investigating incident reports and updating resident care plans after an incident occurs. She stated care plans and interventions should be revised within 24 hours of the incident occurring. She verified she was aware Resident #108 had a fall on 07/07/2024, and confirmed she had not revised or implemented any further interventions for falls on his care plan and should have.</p> <p>On 07/10/2024 at 2:59 p.m., an interview was conducted with S2DON. She stated when a resident had a fall, the care plan and interventions were to be revised with updated interventions after each fall. S2DON confirmed Resident #108 had a fall on 07/07/2024 and after reviewing his care plan, confirmed no revisions had been made to his fall interventions after 06/17/2024 and should have been.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48184</b></p> <p>Based on interviews, and record reviews, the facility failed to ensure that residents who required dialysis received such services consistent with professional standards of practice and the resident's preferences for 1 of 1 (#56) residents sampled for dialysis services. The facility failed to ensure staff maintained ongoing communication with the dialysis center to ensure Resident #56 received meals during dialysis treatments.</p> <p>Findings:</p> <p>Review of Resident #56's medical record revealed an admitted [DATE] with diagnoses that included, in part, End Stage Renal Disease, Dependence on Renal Dialysis, and Type II Diabetes Mellitus without Complications.</p> <p>Review of Resident #56's care plan revealed in part, Potential for Altered Nutrition related to therapeutic diet, ESRD (End Stage Renal Disease), and Diabetes Mellitus Type II.</p> <p>On 07/08/2024 at 3:43 p.m., an interview was conducted with Resident #56. She stated she felt tired and weak following her dialysis treatments. She stated she was a diabetic, and she was sent to dialysis 3 days per week from 9:30 a.m. to almost 3:00 p.m. or later with no juice, snacks, or supplements. She stated she has told her nurses and Administrative staff she needed a snack during the time she was gone, but the facility has not provided any snacks.</p> <p>On 07/09/2024 at 9:30 a.m., an interview was conducted with S4LPN. She stated the facility did not send Resident #56, a diabetic resident, to her dialysis treatments on Mondays, Wednesdays, and Fridays with snacks, meals, juice or supplements. She stated since COVID-19, Resident #56's Dialysis Center does not allow the residents to come with food. She stated she did not communicate with Resident #56's Dialysis Center to determine if those restrictions were still in place, and she should have. She stated she was aware of the complaints from Resident #56 about being sent to dialysis with no juice, snacks or supplements during her treatments.</p> <p>On 07/10/2024 at 2:40 p.m., an interview was conducted with the Area Clinical Manager of the Dialysis Center Resident #56 attends for treatment. She stated residents can come with snacks, supplements, juice, or appropriate meals to the Dialysis Center. She stated the COVID-19 restrictions have been lifted, and the facility should be aware of that.</p> <p>On 07/10/2024 at 12:05 p.m., an interview was conducted with S9LPN. She stated she was responsible for communication with the Dialysis Centers. She stated since March of 2020 no snacks were allowed at the Dialysis Centers. She stated Resident #56, a diabetic resident, has not been sent with snacks, juice, or supplements to her Dialysis treatments. She stated she has not communicated with Resident #56's Dialysis Center regarding any restrictions for juice, snacks or supplements being sent for residents during treatments in the last 8 months, and she should have.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/10/2024 at 11:58 a.m., an interview was conducted with S2DON. She confirmed Resident #56, a diabetic resident, had not been sent to her dialysis treatments with snacks, supplements, or juice. She stated S9LPN was responsible for all communication with the Dialysis Centers. She stated residents were not allowed to bring snacks to the Dialysis Centers to her knowledge. She confirmed she had not communicated with Resident #56's Dialysis Center to confirm if the restrictions were lifted and she should have.</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>43133</p> <p>Based on observation and interview, the facility failed to ensure nurse staffing data, including resident census, total number and actual hours worked for licensed and unlicensed nursing staff, was posted in a prominent location readily accessible to residents and visitors. This deficient practice had the potential to affect any of the 116 residents residing in the facility.</p> <p>Findings:</p> <p>On 07/08/2024 at 11:00 a.m., an observation of the facility revealed no nursing staffing data posted in a prominent place readily assessable for residents and visitors.</p> <p>On 07/08/2024 at 11:10 a.m., an interview was conducted with S4LPN. She stated she was unaware of any nursing staff data being posted in the facility.</p> <p>On 07/08/2024 at 11:40 a.m., an interview was conducted with S3ADON. She stated there was no nursing data posted in the facility that accessible to residents and visitors.</p> <p>On 07/08/2024 at 12:15 p.m., an interview was conducted with S2DON. She confirmed there was no nursing staff data posted in the facility accessible to residents and visitors.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47173</b></p> <p>Based on interviews and record review, the facility failed to ensure PRN orders for psychotropic medications were limited to 14 days and indicated the duration for 2 (#9 and #27) of 6 (#9, #20, #27, #45, #69 and #71) residents reviewed for unnecessary psychotropic medications.</p> <p>Findings:</p> <p>Resident #9</p> <p>Review of Resident #9's Clinical Record revealed the resident was admitted to the facility on [DATE].</p> <p>Review of Resident #9's July 2024 Physician's Orders revealed the following:</p> <p>Start date: 09/22/2023-Vistaril 50 mg by mouth every 8 hours as needed for anxiety.</p> <p>Further review revealed the PRN medication had no stop date or duration.</p> <p>Review of Resident #9's July 2024 Medication Administration Record (MAR) revealed the following:</p> <p>Start date: 09/22/2023-Vistaril 50 mg by mouth every 8 hours as needed for anxiety. Further review revealed the PRN medication had no stop date or duration.</p> <p>On 07/10/2024 at 4:15 p.m., an interview was conducted with S2DON. She reviewed Resident #9's Physician orders and MAR dated July 2024. She confirmed Vistaril was ordered PRN longer than 14 days with no end date or duration documented.</p> <p>Resident #27</p> <p>Review of Resident #27's Clinical Record revealed the resident was admitted to the facility on [DATE].</p> <p>Review of Resident #27's July 2024 Physician's Orders revealed the following:</p> <p>Start date: 03/26/2024-Diazepam 5 mg tablet by mouth every 6 hours as needed; and</p> <p>Start date: 07/04/2024-Xanax 0.25 mg tablet by mouth every 6 hours as needed.</p> <p>Further review revealed the above PRN medications had no stop date or duration.</p> <p>Review of Resident #27's July 2024 Medication Administration Record (MAR) revealed the following:</p> <p>Start date: 03/26/2024-Diazepam 5 mg tablet by mouth every 6 hours as needed; and</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Start date: 07/04/2024-Xanax 0.25 mg tablet by mouth every 6 hours as needed.</p> <p>Further review revealed the above PRN medications had no stop date or duration.</p> <p>On 07/10/2024 at 4:15 p.m., an interview was conducted with S2DON. She reviewed Resident #27's Physician orders and MAR dated July 2024. She confirmed Valium was ordered PRN for longer than 14 days with no end date or duration documented. She confirmed Xanax was ordered PRN with no end date or duration.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43133</p> <p>Based on observations and interview, the facility failed to store, prepare, and distribute foods in accordance with professional standards for food service safety. There were 108 residents who received meals prepared by the kitchen.</p> <p>On 07/08/2024 at 8:15 a.m., an observation was conducted of the kitchen meal prep area. Lemon pepper seasonings, 28 ounces, was found to be open and unlabeled. The following items were found to be open, unsealed and unlabeled:</p> <p>25 lbs. bag of lima beans</p> <p>25 lbs. bag of flour</p> <p>25 lbs. bag of panko crumbs</p> <p>5 lbs. bag of white rice</p> <p>6 lbs. box tea bags</p> <p>On 07/08/2024 at 8:20 a.m., an observation was conducted of the walk in cooler with the following items opened and unlabeled:</p> <p>1 gallon container of slaw dressing</p> <p>1 gallon container of mayonnaise</p> <p>1 gallon container of salad dressing</p> <p>On 07/08/2024 at 8:30 a.m., an interview was conducted with S5DM. She confirmed all opened food items should be sealed and labeled with an open dated. She confirmed the above items were not labeled with an open dated and should have been. She further confirmed the rice, flour, lima beans, panko crumbs and tea bags should have been stored in a sealed container and were not.</p>