STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195523	A. Building B. Wing	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belle Maison Nursing & Rehabilitation Center, LLC	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to maintain accurate documentation for 2 (#66 and #122) of 22 (#1, #2, #3, #5, #7, #8, #10, #11, #32, #37, #44, #48, #50, #51, #58, #62, #68, #72, #75, #96, #97, and #113) sampled residents. The facility failed to ensure:1. Resident #66's oxygen use was accurately documented; and2. Resident #122's death note was accurately documented.1.Review of Resident #66’s clinical record revealed she was admitted to the facility on [DATE] with a diagnosis, which included Dementia. Review of Resident #66’s Physician Orders revealed in part, the following: [DATE] Check Oxygen (O2) saturation routinely, every shift Notify Medical Doctor (MD) if less than 90%. Review of Resident #66’s [DATE]-[DATE] Medication Administration Record (MAR) revealed in part, the following: No evidence of documentation of oxygen saturation every shift, on the following dates: [DATE] day shift, [DATE] day shift, [DATE] day shift, [DATE] day shift, [DATE] day shift, [DATE] day shift and evening shift, [DATE] day shift and evening shift, [DATE] day shift and evening shift, [DATE] day shift and evening shift, [DATE] day shift and evening shift, [DATE] day shift, [DATE] day shift, and [DATE] day shift. On [DATE] at 2:01 p.m., a telephone interview was conducted with S3LPN. S3LPN stated Resident #66 at times would refuse getting her O2 checked. Review of the nurses’ notes of the aforementioned dates revealed no nurses’ notes related to Resident #66's refusal of treatment or oxygen saturation. On [DATE] at 2:16 p.m., an interview was conducted with S1DON. S1DON confirmed there was no documentation for the aforementioned dates of Resident #66’s oxygen saturation and no nurses’ notes documenting Resident #66’s refusal of treatment and there should have been. 2. Review of the facility’s undated policy titled “Death of a Resident” revealed in part, the following:Upon the death of a resident, nursing documentation must include:1. Date and time of death of resident.2. Pertinent details related to death event.3. Physician notification.4. Family notification, name of person to whom body was released. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195523	A. Building B. Wing	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belle Maison Nursing & Rehabilitation Center, LLC	15704 Medical Arts Plaza Hammond, LA 70403

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #122’s clinical record revealed she was admitted to the facility on [DATE]. Further review revealed Resident #122 expired while on hospice care on [DATE]. Review of nurse's notes dated [DATE] revealed in part, the following:[DATE] at 1:58 p.m. - expired. On [DATE] at 2:30 p.m., an interview was conducted with S1DON. S1DON reviewed Resident #122’s physical and electronic medical record. She stated a death note should consist of at least the following: notification to the hospice nurse, assessment of resident, notification to the family, name of person who called time of death, time of death, notification to the coroner, body release number, and who the body was released to. She confirmed a death note which simply stated expired was not sufficient and a complete death note should have been present in Resident #122’s medical record.

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of communicable infection by failing to ensure staff performed appropriate infection control practices during and after incontinence care for 1 (#5) of 1 (#5) resident observed for catheter care. Findings: Review of the facility's undated policy titled, Hand Hygiene revealed the following, in part:Policy: Hand hygiene is the single most important procedure in preventing infection.Staff should change gloves before touching a patient, before a clean/aseptic technique, after body fluid exposure risk, after touching a patient, and after touching patient surroundings. Review of Resident #5's clinical record, revealed she was admitted to the facility on [DATE]. Review of Resident #5's current care plan, revealed clean catheter with soap and water every shift. On 07/22/2025 at 9:30 a.m., an observation was made of catheter care performed by S4CNA and S5CNA on Resident #5. S4CNA and S5CNA donned clean gloves. S4CNA cleaned the catheter tubing and, without changing her gloves and performing hand hygiene, she picked up two clean soapy washcloths, performed perineal care to Resident #5, disposed of wash clothes, touched Resident #5, and touched draw sheet. Then, S5CNA used a wet wipe to wipe resident's buttocks three times and removed the dirty brief. Then without changing their gloves, both S4CNA and S5CNA touched the clean brief, draw sheet, gown, pillow between Resident #5's legs, neck pillow, a pillow under her left arm, sheet, and call light. Both CNAs then removed dirty gloves and performed hand hygiene. On 07/22/2025 at 9:52 a.m., an interview was conducted with S4CNA. She stated she did not change her gloves and perform hand hygiene once she touched Resident #5's dirty catheter and she should have. She stated she should change gloves and perform hand hygiene any time she goes from a dirty to a clean area. On 07/22/2025 at 10:00 a.m., an interview was conducted with S5CNA. She stated she did not change her gloves and perform hand hygiene once she touched Resident #5's catheter and she should have. She stated she should change gloves and perform hand hygiene any time she goes from a dirty to a clean area. On 07/22/2025 at 1:25 p.m., an interview was conducted with S1DON. She stated she expected all staff to change gloves and perform hand hygiene when going from dirty to clean while performing catheter care.