

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>195523                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY<br>COMPLETED<br><br>06/10/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Belle Maison Nursing & Rehabilitation Center, LLC                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>15704 Medical Arts Plaza<br>Hammond, LA 70403 |                                                 |
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| F 0761<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations and interviews, the facility failed to ensure medications were properly stored in 2 (Medication Cart 1 and Medication Storage room [ROOM NUMBER]) of 4 medication carts/storage rooms observed for medication storage. Findings: Review of the facility's undated policy titled Medication Storage In The Facility revealed in part, the following: Policy: Medications and biologicals are stored safely, securely, and properly following manufacturer's recommendations or those of the suppliers. Procedure: 13. Outdated, contaminated or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication destruction, and reordered from the pharmacy, if a current order exists. On 06/08/2026 at 9:00 a.m., an observation was conducted with S2DON of Medication Storage room [ROOM NUMBER]. An observation of the medication storage room refrigerator revealed 6 unopened boxes of Flucelvax 2025-2026 with an expiration date of 05/20/2026. Resident #5 Review of Resident #5's clinical record revealed an admission date of 09/20/2024 with diagnosis of Functional Dyspepsia. Review of Resident #5's Physician Orders revealed the following: Start Date: 09/03/2024- Ondansetron 4mg one tablet orally every four hours as needed for nausea vomiting. Review of Resident #5's Medication Administration Record for May/June 2026 revealed administration of Ondansetron 4mg on 05/21/2026 and 06/04/2026. Resident #94 Review of Resident #94's clinical record revealed an admission date of 12/18/2024 with diagnosis of Chronic Pain Syndrome. Review of Resident #94's Physician Orders revealed the following: Start Date: 12/18/2024- Meloxicam 15mg one tablet by mouth every twenty-four hours as needed for pain. On 06/08/2026 at 9:20 a.m., an observation was conducted with S2DON of Medication Cart 1. An observation of the medication cart revealed the following medications were expired: Resident #5- Ondansetron 4mg, expired 04/20/2026 Resident #94- Meloxicam 15mg, expired 03/27/2026 On 06/08/2026 at 2:05 p.m., an interview was conducted with S3RN. She stated she conducted weekly audits of Medication Storage room [ROOM NUMBER] and random audits on Medication Cart 1. S3RN was made aware of the aforementioned findings of expired medications observed. S3RN stated she failed to identify medications as being expired. S3RN confirmed expired medications should be discarded immediately and should not be available for resident use. On 06/08/2026 at 9:30 a.m., an interview was conducted with S2DON. She observed and confirmed the above findings of stored pharmacologicals were expired and should have been discarded and not available for resident use.</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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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observations, interviews, and record review, the facility failed to store foods under sanitary conditions. The facility failed to ensure Food items were dated after opening. This deficient practice had the potential to affect 116 residents who were provided meals from the facility's kitchen. Findings: Review of the facility's undated policy titled Date Marking for Food Safety revealed in part, the following: 2. The food shall be clearly marked to indicate the date or day by which the food shall be consumed or discarded. 4. The marking system shall consist of a color-coded label, the day/date of opening, and the day/date the item must be consumed or prepared. During the initial tour of the facility's kitchen on 06/08/2026 at 8:15 a.m. with S4DM, the following observations were made: Freezer: 1 Chocolate pie, partially consumed, undated Pantry/Dry Storage: 3 16 oz boxes of corn starch, opened, undated 1 Beef Flavoring Base container, opened, undated 1 Medium cookie pieces, opened, undated 1 Box/container/bag of Pasta Enriched Noodles, opened, undated An interview was conducted on 06/08/2026 at 8:30 a.m. with S4DM. S4DM confirmed the aforementioned items in the Freezer and Pantry/Dry Storage being opened with no date or label. S4DM confirmed all opened food items should be dated and labeled with an open date and were not. An interview was conducted on 06/09/2026 at 4:30 p.m. with S1ADM. S1ADM confirmed all opened food items should be dated and labeled with an available fluorescent sticker to indicate when it was opened as well as with an expiration date to indicate when it needed to be discarded. |                                                                                            |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record reviews, observations, and interviews, 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 infection. The facility failed to ensure:1. Staff utilized proper Personal Protective Equipment (PPE) while providing care for 3 (#1, #56, and #70) of 4 sampled residents observed on Enhanced Barrier Precautions (EBP).2. Staff followed proper glove usage and perineal wipe supply management to prevent cross contamination for 1 (#2) of 3 residents observed during incontinence and perineal care.</p> <p>Review of the facility's policy titled Enhanced Barrier Precautions dated 08/2024 revealed the following, in part:Enhanced Barrier Precautions are an infection control intervention designed to reduce transmission of multidrug-resistant organisms in nursing homes. This involves gown and glove use during high-contact resident care activities for residents with wounds or indwelling medical devices.High-contact resident activities include: bathing, providing hygiene, wound care.</p> <p>Review of the facility's undated policy titled Catheter Management revealed the following, in part:</p> <p>Procedure:</p> <p>5. Perform cleansing and care of the catheter insertion site:</p> <p>a. put on clean gloves.</p> <p>b. Cleanse genitalia. Note: Do not contaminate area with feces. If resident has had an involuntary bowel movement, clean this area first. Then obtain clean equipment for catheter care and begin the procedure.</p> <p>1.Resident #1Review of Resident #1's Clinical Record revealed he was admitted to the facility on [DATE] with the diagnoses which included Gastrostomy Status.Review of Resident #1's current Physician's Orders revealed the following:</p> <p>Enhanced Barrier Precautions utilized when performing high-contact resident care activities related to feeding tube.On 06/08/2026 at 9:15 a.m., an observation made of Resident #1's door sign indicated he was currently on Enhanced Barrier Precautions. Observed S6CNA perform a bed bath for Resident #1. S6CNA did not don a gown during this direct care.On 06/08/2026 at 9:20 a.m., an interview was conducted with S6CNA. She stated Resident #1 had a feeding tube and was currently on Enhanced Barrier Precautions. She confirmed she did not wear a gown during his direct care and should have.Resident #56Review of Resident #56's Clinical Record revealed she was admitted to the facility on [DATE] with the diagnoses which included Other Soft Tissue Disorder Right Ankle and Foot.</p> <p>Review of Resident #56's current Physician's Orders revealed the following:</p> <p>Enhanced Barrier Precautions utilized when performing high-contact resident care activities.On (continued on next page)</p> |                                                                                            |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>06/08/2026 at 9:30 a.m., an observation made of Resident #56's door sign indicated she was currently on Enhanced Barrier Precautions. Observed S6CNA perform a bed bath for Resident #56. S6CNA did not don a gown during this direct care. On 06/08/2026 at 9:40 a.m., an interview was conducted with S6CNA. She stated Resident #56 had a wound and was currently on Enhanced Barrier Precautions. She confirmed she did not wear a gown during her direct care and should have. Resident #70 Review of Resident #70's Clinical Record revealed she was admitted to the facility on [DATE] with the diagnoses which included Non-Pressure Chronic Ulcer of Other Part of Left Lower Leg with Unspecified Severity and Encounter for Change or Removal of Nonsurgical Wound Dressing.</p> <p>Review of Resident #70's current Physician's Orders revealed the following:</p> <p>Enhanced Barrier Precautions utilized when performing high-contact resident care activities related to venous stasis ulcer bilateral lower extremities (chronic wounds).</p> <p>Wound care to be completed to as needed and Monday, Wednesday and Friday to bilateral lower extremity venous stasis ulcers.</p> <p>On 06/08/2026 at 9:13 a.m., an observation made of Resident #70's door sign indicated she was currently on Enhanced Barrier Precautions.</p> <p>On 06/08/2026 at 9:14 a.m., an observation was made of S8WC performing wound care to Resident #70. S8WC was observed applying clean dressings to Resident #70's lower extremities. S8WC did not have a gown donned.</p> <p>On 06/08/2026 at 9:21 a.m., an interview was conducted with S8WC. She stated Resident #70 had chronic venous stasis ulcers and was currently on Enhanced Barrier Precautions. She stated if a resident had chronic wounds she should don a gown, gloves, and mask when performing care. She stated she did not have a gown on during Resident #70's wound care, but should have.</p> <p>2. Resident #2</p> <p>Review of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included Obstructive and Reflux Uropathy and Unspecified Bladder-Neck Obstruction, Urinary Tract Infection, Infection and Inflammatory Reaction Due to Indwelling Urethral Catheter.</p> <p>Review of Resident #2's most recent Quarterly MDS, with an ARD of 04/21/2026 indicated he had bowel incontinence.</p> <p>On 06/09/2026 at 11:47 a.m., an observation was made in Resident #2's room. S5CNA entered Resident #2's room with perineal care supplies, which included a pack of wipes, and donned a gown and gloves. S5CNA placed the wipe pack on Resident #2's bed and used the wipes to clean his buttocks which was soiled with feces. Without removing the soiled gloves, she touched the top and side of the wipe pack and pulled out more wipes two times to completely clean feces from Resident #2's buttocks. Without removing the soiled gloves, S5CNA removed the feces soiled diaper, touched a clean diaper and Resident #2's hands. Without removing the soiled gloves, S5CNA touched the top and (continued on next page)</p> |                                                                                            |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>side of the wipe pack and pulled out wipes to clean Resident #2's penis and urinary catheter. Without removing the soiled gloves, S5CNA touched two wedge pillows, the right and left leg boots, repositioned Resident #2, and used the bed remote to elevate the bed. S5CNA removed the gown and soiled gloves and exited Resident #2's room. S5CNA reentered Resident #2's room and got the wipe pack from Resident #2's bed, exited the room, and placed the contaminated wipes on the cart in the hallway.</p> <p>On 06/09/2026 at 12:09 p.m., an interview was conducted with S5CNA. S5CNA confirmed during perineal care she cleaned feces from Resident #2's buttocks and did not change her soiled gloves before she cleaned his penis and urinary catheter and should have. She further confirmed she did not change her gloves after she cleaned the urinary catheter and before she touched Resident #2 and clean items in the room and should have. S5CNA confirmed she placed the wipe pack on Resident #2's bed and used the pack of wipes during perineal care, removed the pack of wipes from the bed, and placed it on the cart in the hall to use for the next resident and should not have.</p> <p>On 06/10/2026 at 12:55 p.m., an interview was conducted with S2DON. S2DON confirmed a resident with a feeding tube or a wound would be on Enhanced Barrier Precautions. She stated she expected all staff to don a gown and gloves during direct resident care when a resident was on Enhanced Barrier Precautions. S2DON confirmed during perineal care, she expected staff to remove soiled gloves before cleaning the urinary catheter and before touching any other clean items in the resident's room.</p> |                                                                                            |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Belle Maison Nursing & Rehabilitation Center, LLC                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>15704 Medical Arts Plaza<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |                                                 |
| <p>F 0686</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review the facility failed to ensure a resident with pressure ulcers received necessary treatment and services consistent with professional standards of practice to promote healing and prevention of infection. The facility failed to timely complete pressure ulcer dressing change as needed for wound dressing soilage for 1 (#2) of 2 residents who were observed for wound care. Findings: Review of the facility's undated policy titled Dressing Changes (Sterile/Clean) revealed the following, in part: Policy: Dressings are used to protect a wound from contamination, provide support and pressure as needed to absorb drainage, and prevent drying of an open wound. Review of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included Osteomyelitis of Sacral and Sacrococcygeal Region. Review of the Resident #2's current Physician Orders revealed the following, in part: Start Date: 06/02/2026. Pressure ulcer to left buttock- Clean with wound cleanser, pat dry, apply Santyl to wound bed and cover with bordered foam dressing as needed for dislodgement or strikethrough until resolved. Every 5 minutes as needed; and Start Date: 5/11/2026. Pressure ulcer to sacrum- Clean with wound cleanser, pat dry, apply xeroform to wound bed, cover with hydrafera blue foam, and secure with dry bordered dressing every day as needed for soilage and strikethrough until resolved. Every 5 minutes as needed. An observation was made on 06/09/2026 at 11:47 a.m. of S5CNA entering Resident #2's room to perform perineal care after a small bowel movement. S5CNA turned Resident #2 to his right side and his sacral wound and left buttock wound was visible with no dressing. S5CNA completed perineal care and exited Resident #2's room. An interview was conducted on 06/09/2026 at 12:09 p.m. with S5CNA. S5CNA confirmed Resident #2 did not currently have a dressing to the sacral and left buttock wound because she removed them. S5CNA stated this morning right before breakfast Resident #2 had a large bowel movement, and she completed perineal care. S5CNA stated Resident #2 did have a dressing on the sacral and left buttock wounds, which were both wet, soiled, and not intact. S5CNA stated she removed the sacral and left buttock wound dressings. S5CNA stated she notified, S8WC, between 8:00 a.m.-9:00 a.m., the dressings were removed and needed redressing. An observation was conducted on 06/09/2026 at 2:13 p.m. of S8WC performing Resident #2's wound care. S5CNA turned Resident #2 to his right side and his sacral wound and left buttock wound was visible with no dressing. S8WC completed wound care and applied dressings to the sacral wound and left buttock and exited the room. An interview was conducted on 06/09/2026 at 3:29 p.m. with S8WC. S8WC stated at 12:00 p.m. S5CNA reported to her the sacral and left buttock wound dressings were removed and was not aware he had a large bowel movement. S8WC stated the CNAs were expected to immediately notify her when Resident #2's wound dressings were soiled and/or removed and did not. An interview was conducted on 06/10/2026 at 12:58 p.m. with S2DON. S2DON stated she expected CNA's to immediately report to the nurse or wound care nurse of a resident who had a large bowel movement and wound dressings were soiled and/or removed. S2DON stated Resident #2 should have been provided wound care as needed per wound care orders and wound dressing change performed immediately after soiled dressings were identified for infection control.</p> |                                                                                            |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Belle Maison Nursing & Rehabilitation Center, LLC                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>15704 Medical Arts Plaza<br>Hammond, LA 70403 |                                                 |
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| F 0693<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, observations, and interviews, the facility failed to ensure residents who were fed by enteral means received the appropriate treatment and services to prevent complications of enteral feeding by failing to ensure free water flushes were administered per physician's orders for 2 (#1 and #75) of 2 residents reviewed for tube feedings. Review of the facility's undated policy titled Gastrostomy Tube revealed in part, the following: 1. Flush tube as ordered by doctor. Resident #1 Review of Resident #1's clinical record revealed he was admitted to the facility on [DATE] with diagnoses which included Gastrostomy Status. Review of Resident #1's current physician orders revealed in part, the following: Every shift, flush tube with 40 mL of free water an hour. An observation was made on 06/08/2026 at 9:15 a.m. of Resident #1's tube feeding pump. Observed water flush infusing at 30 mL/hr. An observation was made on 06/08/2026 at 1:25 p.m. of Resident #1's tube feeding pump. Observed water flush infusing at 30 mL/hr. Resident #75 Review of Resident #75's clinical record revealed he was admitted to the facility on [DATE] with diagnoses which included Encounter for Attention to Gastrostomy added on 07/31/2025. Review of Resident #75's current physician orders revealed in part, the following: Every shift, continuous free water flush 40mL/hr. An observation was made on 06/08/2026 at 9:31 a.m. of Resident #75's tube feeding pump. Observed water flush infusing at 30 mL/hr. An observation was made on 06/08/2026 at 1:30 p.m. of Resident #75's tube feeding pump. Observed water flush infusing at 30 mL/hr. An interview was conducted on 06/08/2026 at 1:30 p.m. with S6LPN. She reviewed Resident #1 orders and stated water flushes should be 30mL/hr and were currently infusing at 30mL/hr. She reviewed Resident #75's orders and stated water flushes should be 30mL/hr and were currently infusing at 30mL/hr. She would not confirm Resident #1 and Resident #75's current orders were for water flushes at 40mL/hr. An interview was conducted on 06/08/2026 at 1:40 p.m. with S2DON. She reviewed Resident #1 and Resident #75's orders and confirmed water flushes should be 40mL/hr. She stated she expected water flushes to be infused at the ordered rate.</p> |                                                                                            |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Belle Maison Nursing & Rehabilitation Center, LLC                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>15704 Medical Arts Plaza<br>Hammond, LA 70403 |                                                 |
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| F 0842<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interviews, the facility failed to ensure staff completely and accurately documented resident tube feeding administration and monitoring per physician orders for 1 (#2) of 26 sampled residents' MARs reviewed. Findings: Review of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included Urinary Tract Infection, Infection and Vascular Dementia with Mood Disturbance. Review of the Resident #2's current Physician Orders revealed an order for an antipsychotic medication. Further review revealed the following Physician Orders, in part: Start date: 10/30/2025. Monitor for side effects of psychotropic meds. Document any side effects in the nurse's notes and notify the MD. Start date: 10/30/2025. Monitor for behaviors (is on psychotropic med). Document any behaviors in the nurse's notes and notify the MD. Every shift; Start date: 10/30/2025. Monitor for signs/symptoms of COVID-19. Signs/symptoms could include sore throat, cough, fever, nausea, vomiting, or headache. If signs/symptoms present, implement contact/droplet precautions, notify MD and document in nurse's notes. Every shift; Start date: 12/19/2025. Enteral Feed every night shift. Change open feeding system administration set daily; label the formula bag and administration set with resident's identifying information; and Start date: 01/20/2026. Monitor color of urine every shift for retention. Additional directions: 1 = light yellow; 2 = dark yellow; 3 = amber; 4 = bloody; 5 = other. Call MD if changes occur. Review of Resident #2's Medication Administration Record dated May 2026 revealed the following medication administration and monitoring with blank boxes on 05/17/2026 at 2200 for the following physician orders, in part: Monitor for side effects of psychotropic meds; Monitor for behaviors (is on psychotropic med); Monitor for signs/symptoms of COVID-19; Enteral Feed every night shift; and Monitor color of urine every shift for retention. Review of Resident #2's Nursing Notes dated May 2026 revealed no documentation of the above mentioned physician orders were completed for 05/17/2026. Review of the facility's May 2026 staff schedule revealed S9LPN worked the night shift, 10:00 p.m. to 6:00 p.m., on 05/17/2026. An interview was conducted on 06/10/2026 at 3:26 p.m. with S9LPN. S9LPN stated she worked with Resident #2 in May 2026. Resident #2's missing MAR documentation was reviewed with S9LPN. S9LPN stated a blank box on the MAR indicated she did not completely and accurately document, and she should have. An interview was conducted on 06/10/2026 at 12:58 p.m. with S2DON. S2DON stated she expected nurses to document immediately after providing care/ and or administering tube feeding and completing monitoring per MD orders. She stated when there was a blank box on the MAR, it indicated there was no documentation accurately completed. She reviewed Resident #2's MAR dated May 2026 and confirmed the above missing documentation. She stated the nurse should have ensured Resident #2's MAR documentation was accurate and complete and did not.</p> |                                                                                            |                                                 |