

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195546	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2024
NAME OF PROVIDER OR SUPPLIER  Bayou Chateau Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 16232 Hwy. 1 Simmesport, LA 71369	
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 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** 44844</b></p> <p>Based on observation, interview and record review the facility failed to ensure that a resident's person-centered plan of care for the use of bright tape to her bathroom door frame was followed for 1 (#2) of 3 (#1, #2, and #3) sampled residents. The facility had a total census of 50.</p> <p>Findings:</p> <p>Review of Resident #2's clinical record revealed an admitted [DATE] with diagnoses which included in part . Unspecified Dementia, Aphasia, Dizziness and Giddiness, Drusen (degenerative) of Macula Left Eye and Other Specified Anxiety Disorders.</p> <p>Review of Resident #2's Admission MDS with an ARD of 04/24/2024 revealed a BIMS score of 7 (indicating severely impaired cognition), and required supervision or touching assistance with transfers and toilet use. Resident #2 had no impairment of ROM to her upper or lower extremities.</p> <p>Review of Resident #2's care plan with a review date of 08/02/2024 revealed she had a fall in her room while attempting to ambulate to the bathroom on 06/03/2024, with interventions that included-will add bright tape to door frame.</p> <p>Observation on 06/06/2024 at 1:35 p.m. revealed Resident #2 sitting in the day room on the memory care unit. Observation of Resident #2's room at this time revealed no bright tape to her bathroom door frame.</p> <p>Interview with S1 DON on 06/06/2024 at 1:55 p.m. revealed she was aware of Resident #2 not having bright tape to her bathroom door frame as indicated in her person- centered plan of care. S1 DON stated she had ordered the bright red tape, but it had not arrived. S1 DON confirmed no other fall prevention measures had been implemented for Resident #2.</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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