

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 08/07/2025
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 0686</p> <p>Level of Harm - Minimal harm 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>Based on observation, record review and interview, the facility failed to ensure 1 (Resident #2) of 4 (Resident #1, Resident #2, Resident #3, and Resident #4) sampled residents received the necessary treatment and services to prevent and promote the healing of pressure ulcers by failing to perform hand hygiene during treatment of a pressure ulcer. Findings: Review of the facility's undated policy titled Clean Dressing Change read in part. Policy: 3. Each wound will be treated individually. 7. Perform hand hygiene and put on clean gloves. 9. Loosen the tape and remove the existing dressing. 10. Remove gloves, pulling inside out over the dressing if able. Discard. 11. Perform hand hygiene and put on clean gloves. 12. Cleanse wound as ordered. 14. Perform hand hygiene and put on clean gloves. 16. Secure dressing. Review of Resident #4's medical record revealed an admit date of 05/15/2025 with diagnoses that included: Adult Failure to Thrive, Long Term use of Antibiotics, Anxiety Disorder, Functional Quadriplegic, Encephalopathy, Methicillin Resistant Staphylococcus Aureus Infection, Contracture of the right and left shoulder, Contracture of the right and left upper arm, Contracture of right and left hand, and Cognitive Communications Deficit. Review of Resident #2's admission Minimum Data Set (MDS) with an ARD of 05/26/2025 revealed a Brief Interview for Mental Status (BIMS) score of 00, indicating severely impaired cognition. Resident #2 was totally dependent on staff and required physical assistance for all activities of daily living. Review of Resident #2's 06/2025 Physicians Orders read in part. 06/25/2025 - Clean Right Hip wound with wound cleanser of choice, pat dry, apply vashe or Dakin's solution on dampened gauze, apply barrier of choice to periwound and apply dry dressing daily. Observation of Resident #2's wound care on 08/06/2025 at 11:00 a.m. with S2 Treatment Nurse revealed during wound care to the right hip wound, S2 Treatment Nurse did not remove gloves and perform hand hygiene after removing old dressing, before or after cleaning the wound, or before applying a new dressing. Interview on 08/06/2025 at 11:10 a.m. with S2 Treatment Nurse confirmed she did not remove gloves and perform hand hygiene after removing dressing, after cleaning wound or prior to applying a new dressing, but should have. Interview on 08/06/2025 at 1:34 p.m. with S1 DON confirmed S2 Treatment Nurse had a skills checkoff on hand hygiene in 03/2025 with no issues and should have changed gloves and provided hand hygiene during wound care.</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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