

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 01/07/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review, and interview the facility failed to follow infection control practices to prevent the development and transmission of infection. The facility failed to implement Enhanced Barrier Precautions for 1 (Resident #1) of 3 (#1, #2, #3) sampled residents. Findings: Review on 01/06/2026 of the facility's policy and procedure dated 04/15/2025, and titled Enhanced Barrier Precautions read in part. It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multi-resistant organisms. Policy Explanation and Compliance Guidelines: 1. Prompt recognition of need: a. All staff receive training on enhanced barrier precautions upon hire and at least annually and are expected to comply with all designated precautions. 2. Initiation of Enhanced Barrier Precautions: b. Enhanced barrier precautions will be implemented for residents with any of the following: i. indwelling medical devices (feeding tubes) even if the resident is not known to be infected or colonized with a MDRO. 4. High-contact resident care activities include: g. Device use: feeding tubes. Review of Resident #1's clinical record revealed an admit date of 09/04/2025, with diagnoses which included Anoxic Brain Damage, Dysphagia following Cerebral Infarction, Gastrostomy, Moderate Protein-Calorie Malnutrition, Personal History of Sudden Cardiac Arrest and Aphasia following other Cerebrovascular Disease. Review of Resident #1's Quarterly MDS with an ARD of 12/10/2025 revealed the BIMS was not assessed due to Resident #1 rarely/never being understood, which indicated the resident had severe cognitive impairment. Resident #1 had a feeding tube and was dependent for oral hygiene; total hygiene; showering/ bathing; upper and lower body dressing; putting on and taking off footwear; personal hygiene and rolling left to right. Review of Resident #1's Care Plan revealed in part. I have the potential for alteration in health maintenance related to my diagnosis: PEG tube feedings. Interventions included. administer medications as ordered and provide a clean/safe environment. Observation of Resident #1's room door on 01/06/2026 at 9:20 a.m. revealed an enhanced barrier precaution sign. Observation of medication administration on 01/06/2026 at 1:35 p.m. with S3 LPN revealed S3 LPN did not don a gown when administering Resident #1's medications and tube feeding through her PEG tube. Interview with S3 LPN on 01/06/2026 at 1:49 p.m. revealed Resident #1 was on Enhanced Barrier Precautions due to her having a PEG Tube. S3 LPN confirmed she did not wear a gown while administering Resident #1's medications and tube feeding. Interview with S1 DON and S2 ADON revealed a gown should be worn for direct contact with a resident on enhanced barrier precautions. S2 ADON confirmed a gown should have been worn during the administration of Resident #1's medications and feeding through her PEG tube but was not.</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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