

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 08/07/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20604</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident received services in the facility with reasonable accommodation of needs for 1 (#15) of 2 (#15 and #41) sampled residents reviewed for call bell placement. The facility failed to ensure Resident #15 had a call bell in reach in order to call for assistance.</p> <p>Findings:</p> <p>A review of Facility's undated policy dated 11/27/2023 titled Call Lights: Accessibility and Timely Response, read in part . 6. The call system will be accessible to residents while in their bed or other sleeping accommodations within the resident's room.</p> <p>Review of Resident #15's medical record revealed an admitted [DATE], with diagnoses that included Microcephaly, Cognitive Communication Deficit, and Muscle Wasting and Atrophy.</p> <p>Review of Resident #15's Minimum Data Set (MDS) with an ARD of 07/26/2024, revealed Resident #15 had moderately impaired decision. The MDS revealed Resident #15 required staff assistance for oral hygiene, toileting, bathing, dressing and transferring.</p> <p>Interview on 08/05/2024 at 7:52 a.m. with S4 LPN revealed Resident #15 was able to use the call light if she needs.</p> <p>Observation on 08/05/2024 at 7:52 a.m., 9:17 a.m., 12:09 p.m., and 1:31 p.m. revealed Resident #15 lying in bed with the call light on the floor next to the left hand side of the bed.</p> <p>Interview on 08/06/2024 at 8:45 a.m. with S5 LPN/MDS, revealed Resident #15 was able to use a call bell if she needs assistance.</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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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373</p> <p>Based on observation, record review and interview, the facility failed to ensure ADLs (activities of daily living) were performed for 1 (#40) of 2 (#34 & #40) residents reviewed for ADLs. The facility failed to ensure Resident #40 received nail care. Findings:</p> <p>Review of the medical record for Resident #40 revealed an admitted [DATE] with diagnoses that included in part .Type 2 Diabetes Mellitus, Chronic Kidney Disease, Heart Failure, and Major Depressive Disorder.</p> <p>Review of Resident #40's Quarterly MDS with an ARD of 05/29/2024 revealed a BIMS score of 12, which indicated moderate cognitive impairment. Review of the MDS revealed Resident #40 required supervision or touching assistance with personal hygiene.</p> <p>Review of Resident #40's current care plan revealed Resident #40 requires assistance for all ADLs related to general weakness and impaired cognition. Interventions included give verbal cues to help prompt, break up tasks into smaller steps. Resident requires supervision/cues for personal hygiene.</p> <p>An observation on 08/05/2024 at 7:15 a.m. revealed Resident #40 was noted to have multiple long fingernails to both hands. Interview with Resident #40 at that time revealed he would like his nails cut. Resident #40 stated he did not refuse to have them cut.</p> <p>An observation and interview on 08/06/2024 at 3:23 p.m. with S2 LPN revealed Resident #40 had long nails on both hands. S2 LPN stated Resident #40 had some nails that definitely need cutting. S2 LPN reported the treatment nurse cut the nails of the diabetic residents and nurses can, if needed. Resident #40 was asked if he wanted his nails cut and he said, Yes.</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>47004</p> <p>Based on observation and interview the facility failed to post nurse staffing information on a daily basis that included the resident census, and total number and actual hours worked by RNs, LPNs and CNA staff directly responsible for resident care per shift. The facility census was 47.</p> <p>Findings:</p> <p>Observation on 08/05/2024 at 6:03 a.m. revealed a form for daily nursing hours dated 08/01/2024-08/12/2024 was posted on a bulletin board near the nurse's station. Daily staffing hours were not posted for 08/02/2024, 08/03/2024, 08/04/2024, and 08/05/2024. Interview with S3 RN revealed she was unsure who was responsible for completing and posting the daily nursing hours over the weekend, but that they should be posted daily.</p> <p>Observation on 08/05/2024 at 7:45 a.m. revealed the form for daily nursing hours dated 08/01/2024-08/12/2024 was not updated and posted to include the required information.</p> <p>Interview on 08/05/2024 at 12:35 p.m. with S1 DON revealed she was responsible for updating and posting the facility's daily nursing hours. S1 DON confirmed no one had updated or posted the daily nursing hours for 08/02/2024- 08/05/2024.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>20604</p> <p>Based on observation, interview, and record review the facility failed to meet the nutritional needs of residents in accordance with established national guidelines. The facility failed to follow the menu to ensure nutritional adequacy for 3 (#15, #19, and #22) of 3 (#15, #19 and #22) residents on a pureed diet.</p> <p>Findings:</p> <p>Record review of the menu for the 08/05/2024 lunch meal for residents on a pureed diet revealed in part:</p> <p>Sliced Ham - #10 scoop</p> <p>Red Beans and Rice - #8 scoop</p> <p>Seasoned Greens - #10 scoop</p> <p>Cornbread - #10 scoop</p> <p>Fruit Crisp - #8 scoop</p> <p>Observations on 08/05/2024 at 10:30 a.m. of the food serving line in the kitchen, revealed S7 Dietary Assistant preparing trays on the serving line for residents #15, #19 and #22 that were on pureed diets. As the trays were prepared, they were then given to the CNAs to serve the residents. Observations revealed that seasoned greens, cornbread and fruit crisp were not being served and were not on the serving line.</p> <p>Interview on 08/05/2024 at 10:40 a.m. with S6 Dietary Manager, confirmed that the menu called for seasoned greens, cornbread and fruit crisp which were not served on the serving line.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>20604</p> <p>Based on observation, interview and record review, the facility failed to ensure that food was properly stored, prepared, distributed and served in accordance with professional standards for food service safety. The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Food was properly labeled and stored; and 2. Cooked food was maintained at or above 135 degrees Fahrenheit on the serving line. <p>Findings:</p> <ol style="list-style-type: none"> 1. <p>Observation of the kitchen on 08/05/2024 at 6:05 a.m. with S6 Dietary Manager revealed the following:</p> <p>A block of cheese was partially wrapped and open to air in the walk-in cooler. The cheese closest to the opening was darker in color.</p> <p>A tube of ground meat was defrosting on the bottom shelf of the walk-in cooler. The tube of ground meat was partially in a shallow pan on the wire rack of the cooler shelf. The tube of ground meat was dripping blood tinged liquid onto the wire shelf and floor.</p> <p>A bag of frozen fish with approximately 10-12 pieces was in a Ziploc bag that did not have an expiration or use by date.</p> <p>An interview with S6 Dietary Manager at the time, reported that the block of cheese should have been sealed and not left open to air, the ground meat should have been defrosting over the pan, and the frozen fish should have had a use by date.</p> <p>Observations of the dry storage area on 08/05/2024 at approximately 6:20 a.m. with S6 Dietary Manager revealed the following:</p> <p>A 46 ounce canned Steen's syrup and a 20 ounce canned Pineapple sauce on the shelf that had approximately a 1/2 inch dent along the top seal.</p> <p>A large bag of open Fettuccini noodles stored on a shelf.</p> <p>An interview with S6 Dietary Manager at the time, reported that the canned Steen's syrup and Pineapple sauce should have been pulled from the shelf and the Fettuccini noodles should have been placed in a sealed bag.</p> <ol style="list-style-type: none"> 2. <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 08/05/2024 at 6:40 a.m. revealed breakfast trays were being prepared and served. The pureed sausage was on the steam table in a non-heated area. S6 Dietary Manager took the temperature of the pureed sausage upon request, and revealed a temperature of 125 degrees.</p> <p>An interview with S6 Dietary Manager at that time reported that the sausage was not at the required holding temperature.</p>		