

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195570	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  St Anthony Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  6001 Airline Dr Metairie, LA 70003	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 17453</p> <p>Based on record reviews and interviews, the facility:</p> <p>Failed to report an episode of elopement for 1 (Resident #1) of 4 (Resident #1, Resident #2, Resident #3, and Resident #4) sampled residents investigated for accidents; and,</p> <p>Failed to report, within 24 hours of discovery, an allegation of missing narcotics for 1 (Resident #3) of 4 (Resident #1, Resident #2, Resident #3, and Resident #4) sampled residents investigated for pharmaceutical services.</p> <p>Findings:</p> <p>Resident #1</p> <p>Review of Resident #1's record revealed, in part, Resident #1 had a diagnosis of dementia.</p> <p>Review of the facility's policy titled, Wandering and Elopement Assessment, Management, and Security dated 10/28/2022 revealed, in part, elopement was defined as a situation in which a resident left the premises or a safe area without the facility's knowledge and supervision.</p> <p>Review of Resident #1's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/02/2024 revealed, in part, a Brief Interview for Mental Status score of 7. A score of 7 which indicated severe cognitive impairment.</p> <p>Review of Resident #1's nurse's notes dated 03/02/2024 at 3:00 p.m. revealed, in part, a family member reported Resident #1 was outside of the facility on the ramp which lead to a store located next to the facility. Further review revealed, in part, Resident #1 reported to staff she wanted to leave the facility.</p> <p>In an interview on 04/11/2024 at 11:30 a.m., S2Director of Nursing (DON) indicated when Resident #1 left the facility on [DATE], it was considered an elopement. S2DON indicated due to Resident #1's BIMS score of 7 and her diagnosis of dementia, it was not safe when Resident #1 left the facility unsupervised on 03/02/2024 and it was considered an elopement. S2DON stated the facility did not report Resident #2's elopement to the state survey agency as required.</p> <p>(continued on next page)</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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NAME OF PROVIDER OR SUPPLIER  St Anthony Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  6001 Airline Dr Metairie, LA 70003	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/11/2024 at 11:56 a.m., S1Administrator confirmed Resident #1 eloped from the facility on 03/02/2024. S1Administrator further indicated Resident #1's elopement was not reported to the state survey agency as required.</p> <p>Resident #3</p> <p>Review of Resident #3's April 2024 Physician Orders revealed, in part, Percocet (a controlled drug used for pain) 5-325milligram (mg) give 1 tablet by mouth every 12 hours as needed for pain.</p> <p>In an interview on 04/11/2024 at 11:07 a.m., S2DON indicated on 01/24/2024 a night shift nurse reported Resident #3 had 60 pills of Percocet 5-325mg delivered to the facility on [DATE], and the medication was not in the medication cart. S2DON indicated review of the pharmacy manifest dated 01/16/2024 revealed, in part, the facility had received Resident #3's 60 Percocet 5-325mg pills. S2DON indicated the pills were unable to be located in the facility.</p> <p>Review of the facility's documentation revealed the incident was reported to the state survey agency on 02/15/2024.</p> <p>In an interview on 04/12/2024 at 10:34 a.m., S2DON indicated the facility did not report Resident #3's missing Percocet to the state survey agency within 24 hours of discovery.</p>		