

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  10/30/2024
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47081</b></p> <p>Based on record reviews, observations, and interviews the facility failed to ensure a resident's pressure ulcer treatment plan was carried out in accordance with physician's orders for 1 (Resident #19) of 4 (Resident #19, Resident #29, Resident #47, and Resident #68) sampled residents reviewed for pressure ulcer care.</p> <p>Findings:</p> <p>Review of the facility's Wound Care policy and procedure dated 01/19/2022 revealed, in part, pressure relieving devices and repositioning schedules should be adhered to as part of the resident's wound plan of care.</p> <p>Review of Resident #19's medical record revealed, in part, Resident #19 was admitted to the facility on [DATE] with diagnoses, in part, of Alzheimer's Disease, Peripheral Vascular Disease, Vitamin Deficiency, and need for assistance with personal care.</p> <p>Review of Resident #19's October 2024 physician orders revealed, in part, an order dated 07/31/2024 for heel boots to bilateral extremities (BLE) while in bed.</p> <p>Review of Resident #19's Minimum Data Set with an Assessment Reference Date of 09/04/2024 revealed, in part, Resident #19 had a Brief Interview for Mental Status (BIMS) score of 5 indicating severe cognitive impairment. Further review revealed Resident #19 had an unhealed Stage 3 right heel pressure ulcer.</p> <p>Review of Resident #19's care plan with a goal date of 12/12/2024 revealed, in part, a plan of care for a Stage III pressure ulcer to the right Achilles heel with care approaches that included BLE heel boots while in bed. Further review revealed a plan of care for a self-care deficit with care approaches that included requiring extensive assistance by two staff to turn and reposition in bed.</p> <p>Review of Resident #19's wound care provider progress note written by S11Nurse Practitioner dated 10/24/2024 at 2:14 p.m. revealed, in part, Resident #19's right heel pressure injury treatment recommendations included wearing heel protectors and preventing contact of heels with bed or other surfaces.</p> <p>Observation on 10/28/2024 at 10:30 a.m. revealed Resident #19's heels were in direct contact with the surface of the bed and Resident #19 was not wearing BLE heel boots.</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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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 10/29/2024 at 8:56 a.m. revealed Resident #19's heels were in direct contact with the surface of the bed and was not wearing BLE heel boots.</p> <p>Observation on 10/30/2024 at 9:30 a.m. revealed Resident #19's heels were in direct contact with the surface of the bed and Resident #19 was not wearing BLE heel boots.</p> <p>In an interview on 10/30/2024 at 9:53 a.m., S7Licensed Practical Nurse (LPN) indicated Resident # 19 was not wearing her heel boots. S7LPN further indicated she was not aware they were still ordered.</p> <p>Observation on 10/30/2024 at 11:00 a.m. revealed S9Certified Nursing Assistant (CNA) and S10CNA did not apply Resident #19's heel boots after providing incontinence care, and left Resident #19's heels directly on the surface of the bed.</p> <p>In an interview on 10/30/2024 at 11:18 a.m., S2Director of Nursing confirmed Resident #19 was not wearing her BLE heel boots as ordered and should have been.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>46361</p> <p>Based on observations, interviews, and record review, the facility failed to ensure all medications were stored in a secured manner for 1 (Resident #27) of 1 (Resident #27) sampled residents reviewed for medication storage.</p> <p>Findings:</p> <p>Review of the facility's undated Storage of Medications policy and procedure revealed, in part, the facility was to store all drugs and biologicals in a safe and secure manner. Further review revealed drugs and biologicals used in the facility were stored in locked compartments.</p> <p>Review of Resident #27's October 2024 physician's orders revealed, in part, an order for Pro-Stat (a liquid protein supplement) give 1 time per day, and an order for Multivitamin-Minerals (a combination of vitamins and minerals used to treat vitamin deficiency) give 1 tablet two times per day for wound healing.</p> <p>Observation on 10/28/2024 at 9:43 a.m. revealed an unsecured and unattended bottle of Centrum Silver Men 50+ Multivitamin/Multimineral Supplement and Pro-Stat Concentrated Liquid Protein 15 grams (g) per fluid ounce on Resident #27's bedside table.</p> <p>In an interview on 10/28/2024 at 9:43 a.m., Resident #27 the bottle of multivitamins and the bottle of liquid protein supplements were left unsecured and unattended by nursing staff on his bedside table. Resident #27 further indicated his nurse administers both of the above mentioned multivitamins and liquid protein supplement to him every morning with his other medications.</p> <p>Observation on 10/29/2024 11:08 a.m. revealed an unsecured and unattended bottle of multivitamins and a bottle of liquid protein supplement on Resident #27's bedside table.</p> <p>Observation on 10/30/2024 at 10:02 a.m. revealed an unsecured and unattended bottle of multivitamins and a bottle of liquid protein supplement on Resident #27's bedside table.</p> <p>In interview on 10/30/2024 at 2:02 p.m. S10Licensed Practical Nurse (LPN) indicated Resident #27 had the bottle of multivitamins and the bottle of protein supplement unsecured and unattended at his bedside since the end of September 2024 when she began working at the facility. S10LPN further indicated she was aware the unsecured and unattended bottles of multivitamins and liquid protein supplement in Resident #27's room could have been a problem, but since she was new to the facility she did not report it to the administrative nursing staff.</p> <p>In an interview on 10/30/2024 at 2:05 p.m. S7LPN indicated Residents were not allowed to keep medications unsecured and unattended at their bedside. SLPN indicated all medications should be secured in a locked compartment.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47081</b></p> <p>Based on observations, interviews, and record reviews the facility failed to:</p> <ol style="list-style-type: none"> <li>ensure opened food products stored in the kitchen were sealed and/or labeled with the date the product was opened;</li> <li>ensure food was prepared in a sanitary manner; and,</li> <li>ensure facility's ice machine was maintained in a clean and sanitary condition.</li> </ol> <p>1.</p> <p>Review of the facility's Food Receiving and Storage policy and procedure with a revision date of 10/2017, revealed, in part, all foods stored in the refrigerator or freezer will be covered, labeled, and dated.</p> <p>Observation of the facility's reach in cooler on 10/28/2024 at 8:58 a.m. revealed an opened package of cooked sliced meat in an unsealed bag with no product label or opened date written on the bag.</p> <p>In an interview on 10/28/2024 at 8:59 a.m., S4Food Service Manager (FSM) indicated the unlabeled package of sliced meat was ham and confirmed it was not labeled or dated and should have been.</p> <p>Observation of a storage cart in the kitchen preparation area on 10/28/2024 at 9:00 a.m. revealed an opened 16 ounce container of garlic powder, an opened bottle of [NAME] Imitation Vanilla Flavor, and an opened 19 ounce container of Lowrey's Lemon and Pepper Seasoning with no opened date written on the containers.</p> <p>In an interview on 10/28/2024 at 9:03 a.m., S4FSM confirmed the containers of garlic powder, vanilla flavor, and lemon pepper seasoning were opened with no opened date written on them. S4FSM further indicated he was not aware that the opened containers of seasonings needed opened dates written on them.</p> <p>2.</p> <p>Review of the facility's Handwashing/Hand Hygiene policy and procedure with a revision date of 08/2015 revealed, in part, hand hygiene should be performed before handling food.</p> <p>Observation of the facility's kitchen on 10/28/2024 at 8:55 a.m. revealed a 32 gallon trashcan in the food preparation area next to the handwashing sink. Further observation revealed the trashcan had a manually opening lid with no hands free opening device.</p> <p>In an interview on 10/28/2024 at 8:56 a.m., S4Food Service Manager confirmed the only trashcan in the kitchen preparation area did not have a hands free opening lid.</p> <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 - Some</p>	<p>In an interview on 10/29/2024 at 1:30 p.m., S5MaintenanceSupervisor (MS) indicated there should not be any foreign substance in the ice machine at any time. S5MS further indicated the ice machine should be thoroughly cleaned and disinfected prior to distributing new ice to residents.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46361</p> <p>Based on record reviews, observations, and interviews, the facility failed to ensure:</p> <ol style="list-style-type: none"> <li>Staff performed proper hand hygiene while performing wound care for 1 (Resident #47) of 4 (Resident #19, Resident #29, Resident #47, and Resident #68) residents observed for wound care;</li> <li>Certified Nursing Assistants (CNA) completed hand hygiene during incontinence care for 1 (Resident #19) of 1 (Resident #19) sampled residents reviewed for incontinence care; and,</li> <li>Staff identified and decontaminated a blood spill in a timely manner per facility's policy.</li> </ol> <p>Findings:</p> <ol style="list-style-type: none"> <li> <p>Review of the facility's policy and procedure titled Handwashing/Hand Hygiene with a revision date of 8/2015 revealed, in part, hand hygiene is considered the primary means to prevent the spread of infection. Further review revealed, in part, hand hygiene is to be performed before handling clean or soiled dressing and/or gauze pads and after handling used dressings.</p> <p>Review of the facility's policy and procedure titled Wound Care with a revision date of 01/09/2022 revealed, in part, hand hygiene should be performed after removing soiled dressing, and before cleaning the wound when wound care is performed on a resident.</p> <p>Observation on 10/29/2024 at 3:23 p.m. revealed S3Assistant Director of Nursing(ADON) removed Resident #47's soiled dressing from Resident #47's right gluteal pressure ulcer, removed the wound cleanser soaked gauze from the clean field set-up, and then cleaned Resident #47's wound with the wound cleaner soaked gauze without changing her gloves or performing hand hygiene.</p> <p>In an interview on 10/29/2024 at 3:41 p.m., S3ADON indicated it is the facility's policy to perform hand hygiene in between removing the soiled dressing from a wound and cleaning the wound. S3ADON acknowledged that she did not perform hand hygiene per the policy and procedure and should have.</p> </li> <li> <p>Review of the facility's Handwashing/Hand Hygiene policy and procedure with a revision date of 08/2015 revealed, in part, hand hygiene should be performed after contact with residents, before moving from a contaminated body site to a clean body site during resident care.</p> <p>Review of the facility's Perineal Care policy and procedure with a revision date of 02/2018 revealed, in part, after disposing of gloves and supplies into designated container, hands should be washed and dried thoroughly.</p> <p>(continued on next page)</p> </li> </ol>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #19's medical records revealed, in part, Resident #19 was admitted to the facility on [DATE] with diagnoses, in part, of Alzheimer's Disease, Peripheral Vascular Disease, and need for assistance with personal care.</p> <p>Review of Resident #19's October 2024 physician's orders revealed, in part, an order dated 10/29/2024 for Enhanced Barrier Precautions (EBP).</p> <p>Review of Resident #19's Minimum Data Set with an Assessment Reference Date of 09/04/2024 revealed, in part, Resident #19 had a Brief Interview for Mental Status (BIMS) score of 5 indicating severe cognitive impairment. Further review revealed Resident #19 had an unhealed Stage 2 sacral pressure ulcer.</p> <p>Observation of Resident #19's room door on 10/30/2024 at 10:55 a.m. revealed an EBP sign. Further observation of the EBP sign revealed, in part, everyone must clean their hands when leaving the room.</p> <p>Observation on 10/30/2024 at 11:00 a.m. revealed S9CNA and S10CNA entered Resident #19's room to perform incontinence care. S9CNA and S10CNA then removed Resident #19's urine soiled brief and placed a clean brief on Resident #19 without changing gloves or performing hand hygiene. S9CNA then disposed of Resident #19's soiled brief into the trash, and then touched Resident #19's bed linens with the same gloves used to perform incontinence care. Further observation revealed S9CNA then removed and discarded her gloves into the trash, exited Resident #19's room, opened the hallway trash bin with her hands to dispose of the bag of trash, and then walked to the nurse's station touching the countertop and CNA schedule book without performing hand hygiene.</p> <p>In an interview on 10/30/2024 at 11:11 a.m., S9CNA confirmed she did not change gloves or perform hand hygiene prior to placing a clean adult brief on Resident #19 and should have. S9CNA further confirmed she did not perform hand hygiene after removing trash from Resident #19's room and manually opening the hallway trash bin and should have.</p> <p>In an interview on 10/30/2024 at 11:18 a.m., S2Director of Nursing confirmed S9CNA and S10CNA did not perform hand hygiene according to the facility's policy and they should have.</p> <p>3.</p> <p>Review of the facility's undated Cleaning Spills of Splashes of Blood or Body Fluids policy and procedure revealed, in part, spills or splashes of blood or other body fluids must be cleansed and the area decontaminated as soon as practical. Further review revealed whoever witnessed a blood spill anywhere in the facility shall notify environmental services that a spill or splash of blood has occurred and pertinent information, including the amount and area in which the incident occurred.</p> <p>Observation on 10/29/2024 at 11:38 a.m. revealed Resident #8 was sitting in her wheelchair in the hallway on Hall X and her left foot was bleeding onto the floor and a trail of blood spots were noted down the hallway on Hall X.</p> <p>(continued on next page)</p>		

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