

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195574	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2024
NAME OF PROVIDER OR SUPPLIER  Maison Teche Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7307 Old Spanish Trail Jeanerette, LA 70544	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41419</b></p> <p>Based on record review and interviews, the facility failed to initiate a grievance for 1 (Resident #1) of 3 (#1, #2, #3) sampled residents.</p> <p>Findings:</p> <p>Review of the facility policy and procedure titled, Resident and Family Grievances read in part .it is the policy of the facility to support each resident's family members right to voice grievances without discrimination or reprisal .Policy Explanation and Compliance Guidelines: 3. A resident or family member may voice grievances with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and other residents, and other concern regarding their facility stay.</p> <p>Review of Resident #1's Electronic Medical Record (EMR) record revealed an admitted [DATE] with diagnoses that included but not limited to Malignant neoplasm of colon, Hemiplegia affecting right dominant side, Type 2 diabetes mellitus with diabetic nephropathy, Paraplegia, Moderate protein calorie malnutrition, Pressure Ulcer Stage 2, and Physical debility.</p> <p>Review of Resident #1's Admission MDS (Minimum Data Set) dated 08/23/2024 revealed Resident #1 had a BIMS (Brief Interview of Mental Status) score of 06 indicating severely impaired cognition.</p> <p>Review of nurse's notes dated 08/24/2024 at 16:25 p.m., read in part family called ambulance to pick up resident and take to a local hospital. Family stated they felt resident was not being taken care of.</p> <p>Review of Care Plan dated 08/24/2024 read in part family visiting and upset, yelling at staff.</p> <p>Review of facility Grievance Log for 08/2024 did not reveal a filed grievance for Resident #1.</p> <p>Multiple attempts were made to interview the family, but calls went unanswered.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/06/2024 at 2:27 p.m., an interview was conducted with S1ADM (Administrator) who stated that she tried to communicate with the family about their concerns, but did not receive a call back from the family. She stated that she took no further steps to resolve the grievance or find out why the family of Resident #1 was upset. S1ADM was not able to provide any documented evidence that she took steps to resolve the issue. S1ADM stated there was no documented evidence of her attempts to call the resident's family.</p> <p>On 11/06/2024 at 2:45 p.m., during exit conference S1ADM and S2DON (Director of Nursing) stated they did not complete a grievance report, because they did not know what the grievance was about. S1ADM stated the family stated they were not satisfied with the care. S2DON added the facility did not know what the family meant by not being satisfied with the care. They didn't know what care the family was talking about nor did they make an attempt to find out why to resolve the matter.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41419</p> <p>Based on record review and interviews, the facility failed to ensure as needed narcotic pain medication was documented as administered on the Medication Administration Record (MAR) for 1 (#1) of 3 (#1, #2, #3) residents reviewed for pain management.</p> <p>Findings:</p> <p>Review of facility policy and procedure with no revision date for Controlled Substance Administration and Accountability read in part .Policy Explanation and Compliance Guidelines:</p> <p>1. General Protocols: g. In all cases, the dose noted on the usage form or entered into the automated dispensing system must match the dose recorded on the Medication Administration record (MAR).</p> <p>H. The controlled drug record (or other specified form) serves the dual purpose of recording both narcotic disposition and patient administration.</p> <p>I. The controlled drug record is a permanent medical record document and in conjunction with the MAR is the source for documenting any patient-specific narcotic dispensed from the pharmacy.</p> <p>Review of Resident #1's Electronic Medical Record (EMR) revealed he was admitted to the facility on [DATE] and had diagnoses, which included Malignant Neoplasm of colon, Hemiplegia affecting right dominant side, Type 2 diabetes mellitus with diabetic nephropathy, Paraplegia, and Physical debility.</p> <p>Review of Resident #1's Physician Orders dated 08/2024, read in part:</p> <p>Start: 08/13/2024, Alprazolam 0.25 mg (Milligrams) 1 tab via PEG Tube every 8 hours as needed for pain.</p> <p>Start: 08/13/2024 Oxycodone 5 mg 1 tab via PEG-Tube every 4 hours as needed for pain.</p> <p>Review of Resident #1's Individual Narcotic Record for Alprazolam 0.25 mg revealed the following, in part:</p> <p>08/15/2024 at 5:50 p.m. - 1 tab given.</p> <p>08/17/2024 at 00:09 a.m. - 1tab given and at 23:00 1 tab given.</p> <p>08/19/2024 at 23:54 p.m. - 1 tab given.</p> <p>08/20/2024 at non-legible time - 1tab given and 23:00 1 tab given.</p> <p>08/21/2024 at 17:30 p.m. - 1 tab given.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's MAR dated 08/2024 revealed documentation Resident #1 received Alprazolam 0.25 mg on the following dates and times:</p> <p>08/18/2024 at 23:54 p.m.</p> <p>08/20/2024 at 23:00 p.m. Only one dose that day was documented on the MAR.</p> <p>Review of Resident #1's Individual Narcotic Record for Oxycodone 5 mg revealed the following, in part:</p> <p>08/15/2024 at 5:50 p.m. - 1 tab given</p> <p>08/20/2024 time was not legible - 1 tab given and at 23:00 1 tab given</p> <p>08/21/2024 at 17:30 p.m. - 1 tab given</p> <p>08/22/2024 at 23:15 p.m. - 1 given</p> <p>08/24/2024 at 15:35 - 1 tab given</p> <p>Review of Resident #1's MAR dated 08/2024 revealed documentation Resident #1 received Oxycodone 5 mg on the following dates and times:</p> <p>08/20/2024 at 04:32 p.m. No dose was documented on MAR for the 23:00 dose.</p> <p>There was no evidence on the MAR that the resident recieved the doses of these medications as documented on the resident's narcotic record.</p> <p>On 11/06/2024 at 1:06 p.m., an interview was conducted with S3LPN (Licensed Practical Nursing) who stated that when a narcotic is administered to a resident, the nurse signs the medication out in the narcotic book, and then administers the medication to the resident . She added the last step is to scan the medication in the computer to document the administration on the MAR. She stated that the narcotic count book and the MAR should match one another, but stated they did not match in Resident #1's records.</p> <p>On 11/06/2024 at 2:37 p.m., a review of Resident #1's narcotic count sheet and 08/2024 MAR was conducted with S2DON (Director of Nursing). S2DON stated the MAR and resident's narcotic count sheet should match one another. She stated that some time entries on the narcotic count sheets were not legible. She confirmed nursing staff did not scan the medication after it was administered into the computer as per facility policy and procedure.</p>