

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195589	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Chateau DE Notre Dame Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2832 Burdette Street New Orleans, LA 70125	

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 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>40405</p> <p>Based on interviews and record reviews, the facility failed to provide necessary behavioral health care needs for a resident who displayed passive suicidal ideation for 1 (Resident #1) of 3 (Resident #1, Resident #2, Resident #3) sampled residents reviewed for behavioral health care needs.</p> <p>Findings:</p> <p>Review of the facility's Policy Statement: Resident suicide threats shall be taken seriously and addressed appropriately. Policy Interpretation and Implementation with a Revision date of 2002 revealed in part that staff were to report any resident threats of suicide immediately to the Nurse Supervisor/Charge Nurse.</p> <p>Review of Resident #1's Minimum Data Set (MDS) with an Assessment Reference Date of 07/16/2024, revealed, in part, Resident #1 had a Brief Interview for Mental Status of 5 which indicated Resident #1's cognition was severely impaired. Further review revealed diagnoses of Dementia, Depression, and Schizophrenia.</p> <p>In an interview on 07/30/2024 at 1:35 p.m., S3Certified Nursing Assistant (CNA) indicated on 07/22/2024 while transporting Resident #1 into the shower room, Resident #1 stated, If you are going to give me a shower, you might as well kill me. S3CNA further indicated she responded to Resident #1 by saying we don't talk like this around here. S3CNA further indicated she gave Resident #1 a shower and afterwards brought him to his room. S3CNA further indicated she did not notify the nurse on duty.</p> <p>In an interview on 07/30/2024 at 3:57 p.m., S1Administrator indicated S4CNA should have notified Resident #1's nurse of the above statement Resident #1 made.</p> <p>In an interview on 07/30/2024 at 4:10 p.m., S4CNA indicated on 07/22/2024, she was present when Resident #1 stated, If you're going to give me a shower, you might as well kill me. S4CNA further indicated she and S3CNA brought Resident #1 back to his room. S4CNA also indicated she did not ask Resident #1 any questions and she did not notify the nurse on duty. S4CNA further indicated about an hour later she removed the straps of a blue promotional bag from around Resident #1's neck and brought him to the nurse on duty.</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 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 07/31/2024 at 9:17 a.m. S7Licensed Practical Nurse (LPN) indicated after making the above statement, S3CNA should have remained with Resident #1, and reported the statement Resident #1 made immediately to the nurse.</p> <p>In an interview on 07/31/2024 at 10:00 a.m. S5Psychiatric Mental Health Nurse Practitioner (PMHNP) indicated the statement, if you are going to give me a shower, you might as well kill me is a passive form of suicidal ideation. S5PMHNP also indicated S3CNA should have been reported the above incident to the nurse immediately, and not bring him back to his room.</p>		