STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195589	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chateau DE Notre Dame Community Care Center	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)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47487 Based on interviews and record reviews, the facility failed to ensure: 1. A resident was given a 30 day written notice before a facility-initiated discharge as required; and, 2. A resident's written discharge notice included the name and contact information for Louisiana's Mental Health Advocacy Service. This deficient practice was identified (Resident #1) of 2 (Resident #1, Resident #2) sampled residents investigated for discharge requirements. Findings: 1. Review of Resident #1's Electronic Medical Record (EMR) revealed, in part, Resident #1 was readmitted to the facility on [DATE] from an inpatient psychiatric hospital. Further review revealed Resident #1 was discharged from the facility on 01/27/2025. Further review revealed Resident #1 received a written Discharge Notification on 01/27/2025. Review of Resident #1's Discharge Notification dated 01/27/2025 revealed, in part, Resident #1 was discharged because the facility was unable to meet Resident #1's needs and Resident #1 continued to smoke in the facility. Review of Resident #1's EMR revealed, in part, there was no documented evidence Resident #1 was observed smoking in the facility and/or with smoking paraphernalia after she returned from her inpatient psychiatric hospital stay on 01/23/2025, until her discharge on 01/27/2025. Review of Resident #1's one on one monitoring logs revealed Resident #1 received one on one monitoring from 4:00PM on 01/23/2025 until 5:30PM on 01/27/2025. In an interview on 03/18/2025 at 12:33PM, S1Administrator did not provide any further evidence that disputed the deficient practice. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Review of Resident #1's EMR revealed, in part, Resident #1 had diagnoses, which included, major depressive disorder (a mental health condition characterized by persistent feelings of sadness, hopelessness, and loss of interest or pleasure in activities that were once enjoyable) and bipolar disorder (a mental condition that causes extreme mood swings that include emotional highs (mania) and lows (depression). Review of Resident #1's Discharge Notification dated 01/27/2025 revealed, in part, there was no documented evidence, and the facility did not present any documented evidence, the name, mailing address, email address, and telephone number for Louisiana's Mental Health Advocacy Service was included in Resident #1's Discharge Notification dated 01/27/2025 as required. In an interview on 03/19/2025 at 5:04PM, S1Administrator confirmed the contact information for Louisiana's Mental Health Advocacy Service was not included in the 01/27/2025 Discharge Notice to Resident #1 as required.