

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  05/14/2025
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interviews, and record reviews, the facility failed to properly secure a resident's wheelchair using the front securement straps in the facility's transportation vehicle for 1 (Resident #1) of 3 (Resident #1, Resident #2, Resident #3) sampled residents reviewed for transportation safety.</p> <p>This deficient practice resulted in an Immediate Jeopardy situation on 05/06/2025 at 11:30AM for Resident #1, when S3Certified Nursing Assistant/Transport Driver (CNA/TD) failed to properly secure Resident #1's wheelchair in the facility's transportation van with the front securement straps. Resident #1's wheelchair tipped over backwards during transport, which caused Resident #1 to strike the back of his head. Resident #1 was then transported to a local emergency room where he was assessed as having a bump to back of the head and had to receive pain medication for head and shoulder pain.</p> <p>This deficient practice had the likelihood to cause more than minimal harm to the 104 residents who resided in the facility identified by the facility to utilize the facility's wheelchair transportation vehicle.</p> <p>The facility implemented corrective actions which were completed prior to the State Agency's investigation, thus it was determined to be a past noncompliance citation.</p> <p>Findings:</p> <p>Review of the facility's Vehicle and Driver policy and procedure dated 09/27/2018, with a revision date of 11/29/2019, revealed, in part, wheelchairs/scooters must be properly secured with the securement equipment.</p> <p>Review of Resident #1's medical record revealed, in part, Resident #1 was admitted to the facility on [DATE] with diagnoses, which included, end stage renal disease, peripheral vascular disease (PVD), cognitive communication deficient, and a right above knee amputation.</p> <p>Review of Resident #1's May 2025 physician's orders revealed, in part, orders dated 04/16/2025 for one apixaban (medication used to prevent blood clots and can cause an increased risk of bleeding ) 5 milligrams (mg) tablet by mouth twice a day related to PVD and an order for dialysis every Tuesday, Thursday, and Saturday. Further review revealed an order dated 04/17/2025 for one aspirin (a medication used to prevent blood clots and can cause an increased risk of bleeding) delayed release 81 mg tablet by mouth once a day related to PVD.</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
---	-------	-----------

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  05/14/2025
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of S3CNA/TD's undated written statement revealed, in part, Resident #1 was being transported in the facility van on 05/06/2025 to his dialysis appointment, when the van accelerated after stopping at a red light. S3CNA/TD further indicated she then witnessed Resident #1's wheelchair tip backwards with Resident #1 landing on the floor of the van. Further review revealed S3CNA/TD did not secure the front of Resident #1's wheelchair to the transport van with the securement straps as required.</p> <p>Review of Resident #1's medical records revealed, in part, Resident #1 was evaluated at a local emergency department on 05/06/2025 for a head injury sustained during transport in the facility's van. Further review revealed Resident #1 was unable to receive his required dialysis treatment as ordered on 05/06/2025.</p> <p>In an interview on 05/13/2025 at 3:00PM, S1Administrator confirmed Resident #1 was not secured in accordance with facility transportation guidelines.</p> <p>In an interview on 05/14/2025 at 12:04PM, S2Director of Nursing (DON) confirmed Resident #1 was prescribed and taking blood thinning medications. S2DON further indicated that taking blood thinning medications placed Resident #1 at a significantly higher risk for developing a serious injury, such as a brain bleed, following a head injury.</p> <p>In an interview on 05/14/2025 at 1:30PM, S6Maintenance Director (MD) indicated residents' wheelchairs should be secured to the transport vehicle in a forward facing position using four straps as per the facility's training videos and checklists related to transportation safety. S6MD further indicated if a wheelchair was strapped down properly it should not move or tip over.</p> <p>The facility implemented the following actions to correct the deficient practice beginning on 05/06/2025 with a completion date of 05/08/2025:</p> <ol style="list-style-type: none"> <li>1. S3CNA/TD was counseled for failing to secure Resident #1 properly and removed from the status as a transport driver (Completed on 05/06/2025).</li> <li>2. All staff who have the potential to transport residents in the facility's transportation van will complete the Facility Vehicle Safety Strap Training - Securement 101 (Completed on 05/08/2025).</li> <li>3. All employees that drive the transportation van will be re-educated on the facility's vehicle and transportation policy (Completed on 05/08/2025).</li> <li>4. All employees that drive the transportation van will be retrained and reevaluated on the competencies for securing a resident's wheelchair in the transport van with return demonstrations (Completed on 05/08/2025).</li> <li>5. The facility administrator or designee will randomly monitor resident wheelchair van transports to ensure they are secured properly prior to departure 3 times a week for 4 weeks, then as needed (Started on 05/07/2025 and currently in progress).</li> <li>6. Plan of Correction to be completed by 05/08/2025.</li> </ol>		

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  05/14/2025
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure a Certified Nursing Assistant (CNA) was competent in the facility's procedure for securing a resident's wheelchair in a transport vehicle for 1 (S5CNASupervisor) of 3 (S4Maintenance Staff/Transport Driver [MS/TD], S5CNASupervisor, S6Maintenance Director [MD]) staff members investigated for resident safety competency.</p> <p>Findings:</p> <p>Review of the facility's CNA Job Description dated 12/03/2019 revealed, in part, CNAs may have been assigned additional assignments and duties to meet the needs of the residents. Further review revealed any additional tasks, duties, and responsibilities assigned to a CNA were to be performed in accordance with established policies, procedures, and standards.</p> <p>Review of the facility's Vehicle and Driver policy and procedure dated 09/27/2018, with a revision date of 11/29/2019, revealed, in part, wheelchairs/scooters must be properly secured with the securement equipment.</p> <p>Review of the facility's undated Securing Residents in Vehicle Wheelchair and Patient Securing Systems Competency Checklist revealed, in part, staff would ensure the wheelchair brakes were engaged before securing the system.</p> <p>Review of S5CNA Supervisor's Securing Residents in Vehicle Wheelchair and Patient Securing Systems Competency Checklist revealed, in part, S5CNA Supervisor completed the training on 05/07/2025.</p> <p>Observation on 05/13/2025 at 9:01AM of Resident #2 being loaded into the facility van revealed S5CNA Supervisor attached the front Q'Straint securement straps to Resident #2's wheelchair without engaging the wheelchair brakes. Further observation revealed S5CNA Supervisor exited the vehicle and prepared to close the transport van's door without engaging either of Resident #2's wheelchair brakes.</p> <p>Review of the facility's Securing Residents in Vehicle Wheelchair Monitoring Tool revealed, in part, Resident #2 was monitored by S1Administrator on 05/13/2025. Further review revealed S1Administrator documented Resident #2's wheelchair was secured properly.</p> <p>Observation on 05/13/2025 at 9:04AM revealed S1Administrator monitored the securement of Resident #2 in the transport van without using the facility's Securing Residents in Vehicle Wheelchair and Patient Secure Systems Competency wheelchair securement checklist. Further observation revealed S1Administrator did not verify if Resident #2's wheelchair brakes were engaged.</p> <p>Review of the undated Q'Straint QRT Series user instructions revealed, in part, wheelchair wheel locks should be engaged before attaching securement straps.</p> <p>In an interview on 05/13/2025 at 9:05AM, S5CNA Supervisor indicated Resident #2's wheelchair brakes were not required to be engaged since the Q'Straint securement straps were attached to the wheelchair.</p> <p>(continued on next page)</p>		

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  05/14/2025
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/13/2025 at 9:45AM, S1Administrator confirmed the steps in the wheelchair securement procedure found on the facility's Competency for Securing Residents in Vehicle Wheelchair checklist included ensuring the wheelchair brakes were engaged before securing the resident using the Q'Straint securement system.</p> <p>In an interview on 05/13/2025 at 12:03PM, S6MD confirmed the first step in securing a resident's wheelchair in the transport van was to engage the wheelchair's brakes. S6MD further indicated the wheelchair may not be properly secured by the Q'Straint securement straps if the wheels were not locked first.</p> <p>In an interview on 05/13/2025 at 1:00PM, S4MS/TD indicated Resident #2's wheelchair should have been locked prior to attaching the securement straps. S4MS/TD further indicated locking the wheelchair wheels was part of the procedure to properly secure Resident #2 in the transport van.</p> <p>In an interview on 05/14/2025 at 1:12PM, the Q'Straint Representative indicated part of the securement process of a wheelchair included engaging the wheelchair's brakes before applying the Q'Straint securement system.</p> <p>In an interview on 05/14/2025 at 3:30PM, S1Administrator was presented with the above findings and indicated he did not visualize the status of Resident #2's wheelchair brakes during the above mentioned monitoring. S1Administrator had no further explanation as to why the facility's Vehicle Wheelchair and Patient Secure Systems Competency checklist was not followed when securing Resident #2 into the transport van.</p>