

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  06/13/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>17453</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure a resident's call light was within reach for 1 (Resident #64) of 4 (Resident #44, Resident #60, Resident #64, and Resident #112) residents reviewed for call devices.</p> <p>Findings:</p> <p>Review of Resident #64's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/02/2024 revealed a Brief Interview for Mental Status score of 13. A score of 13 indicated Resident #64 was cognitively intact.</p> <p>Review of Resident #64's Care Plan revealed, in part, a potential for alteration in breathing pattern related to respiratory distress, self-care deficit, and risk for falls. Further review of Resident #64's Care Plan revealed an intervention to have the call bell within reach for the above mentioned issues.</p> <p>Observation on 06/10/2024 at 11:18 a.m. revealed Resident #64's call bell was on the nightstand. The surveyor asked Resident #64 how he called for help and he replied, I holler.</p> <p>Observation on 06/11/2024 at 11:07 a.m. revealed Resident #64's call bell was on the nightstand.</p> <p>Observation on 06/12/2024 at 9:55 a.m. revealed Resident #64's call bell was in the top drawer of his nightstand.</p> <p>Observation on 06/12/2024 at 11:55 a.m. revealed Resident #64's call bell was in the top drawer of his nightstand.</p> <p>In an interview on 06/12/2024 at 9:55 a.m., Resident #64 stated he could not reach his call bell.</p> <p>In an interview on 06/12/2024 at 10:28 a.m., S7Licensed Practical Nurse (LPN) indicated Resident #64 was able to use his call bell.</p> <p>In an interview on 6/12/2024 at 10:36 a.m., S8Certified Nursing Assistant (CNA) indicated Resident #64 was capable of using the call bell. S8CNA further indicated the call bell was in the top drawer of the nightstand and Resident #64 was unable to reach the call bell.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>17453</p> <p>Based on record review and interview, the facility failed to ensure that a resident and/or a resident's responsible party was invited to the resident's care planning meeting for 1 (Resident #44) of 1 (Resident #44) resident investigated for participation in care planning.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Care Planning - Interdisciplinary Team (IDT), dated September 2013 revealed, in part, the resident, the resident's family and/or the resident's legal representative/guardian or surrogate are encouraged to participate in the development of and revisions to the residents care plan; every effort will be made to schedule care plan meetings at the best time of the day for the resident and family, and the mechanics of how the IDT meets its responsibilities in the development of the interdisciplinary care plan (e.g.; face-to-face, teleconference, written communication) is at the discretion of the care planning committee.</p> <p>In an interview on 06/10/2024 at 11:02 a.m., Resident #44's family member indicated when Resident #44 was first admitted to the facility they participated in quarterly care plan conferences; however, they were no longer invited to the care plan conferences. Resident #44's family member indicated he would like to participate in the care plan conferences.</p> <p>In an interview on 06/12/2024 at 11:43 a.m., S3Social Services Director (SSD) indicated she had not contacted families to schedule care plan conferences since June 2023. S3SSD further indicated a care plan conference was only completed if a family member attended the conference.</p> <p>In an interview on 06/13/2024 at 10:59 a.m., S1Administrator indicated staff should try to schedule a care plan conference for each quarterly assessment completed. S1Administrator further indicated he was aware the facility had not completed care plan conferences for long term residents since June 2023.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>17453</p> <p>Based on record reviews, observations, and interviews, the facility failed to ensure a resident with limited range of motion received appropriate treatment and services as identified in a therapy screening for 1(Resident #44) of 1 (Resident #44) residents reviewed for limited range of motion.</p> <p>Findings:</p> <p>Review of Resident #44's Electronic Medical Record (EMR) revealed, in part, a diagnosis of Cerebral Palsy.</p> <p>Review of Resident #44's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/28/2024 revealed, in part, Resident #44 had a functional limitation in range of motion of both upper extremities.</p> <p>Review of Resident #44's Care Plan revealed, in part, Resident #44 had limited physical mobility related to contractures of the bilateral upper extremities.</p> <p>Review of Resident #44's rehabilitation screen dated 09/01/2023 revealed, in part, Resident #44 had hand contractures and would be evaluated by Occupational Therapy for splint fitting to prevent further decline.</p> <p>Observation on 06/11/2024 at 11:06 a.m. revealed Resident #44 was in her room in her wheelchair. Further observation revealed Resident #44 had bilateral hand contractures and she did not have splints on her hands.</p> <p>In an interview on 06/12/2024 at 10:30 a.m.5am, S7 Licensed Practical Nurse (LPN) confirmed Resident #44 did not have hand splints.</p> <p>In an interview on 06/12/2024 at 12:10 p.m., S5Rehab Director confirmed Resident #44 was assessed for therapy services on 09/01/2023. S5Rehab Director further indicated the screening determined Resident #44 should have an Occupational Therapy evaluation for splints for her contractures. S5Rehab Director indicated Resident #44's Occupational Therapy evaluation had not been completed.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>47081</p> <p>Based on record review and interviews, the facility failed to ensure a resident was monitored for targeted behaviors for 1 (Resident # 138) of 5 sampled residents reviewed for unnecessary medications.</p> <p>Findings:</p> <p>Review of the facility's Policy for Behavioral Assessment, Intervention, and Monitoring dated 03/2019 revealed the interdisciplinary team (IDT) will monitor for side effects and complications related to psychoactive medications.</p> <p>Review of Resident #138's Electronic Medication Administration Record (eMAR) revealed no record of monitoring for targeted behaviors for administered antidepressant and antianxiety medications in the eMAR prior to 06/13/2024.</p> <p>In an interview on 06/13/2024 at 10:15 a.m., S4Clinical Coordinator indicated a resident who received psychoactive medications should be assessed and monitored for targeted behaviors every shift and those targeted behaviors should be documented on the eMAR.</p> <p>In an interview on 06/13/2024 at 11:05 a.m., S2Director of Nursing indicated that nursing staff do not perform routine charting for the assessment and monitoring of targeted behaviors when receiving psychoactive medications, and staff only document a progress note if targeted behaviors for psychoactive medications were observed.</p> <p>In an interview on 06/13/2024 at 12:45 p.m., S1Administrator indicated he was unaware that Resident # 138 was not being monitored for targeted behaviors when receiving psychotropic medications.</p> <p>In an interview on 06/13/2024 at 12:50 p.m., S2Director of Nursing indicated that facility staff was not monitoring targeted behaviors for psychoactive medications for Resident # 138 and they should have been.</p>		