STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195602	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chateau Terrebonne Health Care Center	1386 West Tunnel Blvd. Houma, LA 70360

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure a resident's medication administration was accurately documented for 3 (Resident #9, Resident #88, Resident #98) of 3 sampled residents investigated for accurate medication administration documentation. Findings:Review of the facility's Charting and Documentation policy and procedure, revised on 07/2017, revealed, in part, documentation in the medical record would be complete and accurate. Review of the facility's Administrating Medications policy and procedure, revised on 04/2019, revealed, in part, the individual that administered medication should sign on the resident's Electronic Medical Administration Record (eMAR) after giving each medication and before administering the next ones. On 05/06/2026 at 11:00AM, S2Director of Nursing (DON) was presented with a request for all February 2026 and March 2026 medication administration records for Resident #9, Resident #88, and Resident #98. Resident #9Review of Resident #9's medical record revealed, in part, Resident #9 was admitted to the facility on [DATE] with diagnoses which included hyperlipidemia (an excess of fat in the blood), allergic rhinitis (inflammation of the nasal mucosa related to allergies), gastro esophageal reflux disease (GERD) (excess stomach acid in the throat), psychosis, insomnia, type 2 diabetes, deep vein thrombosis (DVT) (blood clot), overactive bladder, and chronic obstructive pulmonary disease. Review of Resident #9's May 2026 physician's orders revealed, in part, an order for the following:- Atorvastatin (a medication used to treat excess fat in the blood) oral tablet 40 milligram (mg) one tablet by mouth at bedtime;- Cetirizine Hydrochloride (HCl) (a medication used to treat allergic rhinitis) oral tablet 10 mg one tablet by mouth at bedtime;- Famotidine (a medication used to treat GERD) oral tablet 20 mg one tablet by mouth at bedtime;- Olanzapine (a medication used to treat psychosis) oral tablet 5 mg one tablet by mouth at bedtime;- Trazodone HCl (a medication used to treat insomnia) oral tablet 150 mg one tablet by mouth at bedtime;- Rivaroxaban (a mediation used to treat DVT) oral tablet 20 mg one tablet by mouth in the evening;- Metformin HCl (a medication used to lower blood glucose levels) oral tablet 500 mg one tablet by mouth two times a day;- Oxybutynin Chloride (Cl) (a medication used to treat overactive bladder) oral tablet 5 mg one tablet by mouth two times a day;- Budesonide-formoterol fumarate dihydrate (a medication used to treat COPD) inhalation aerosol 80-4.5 micrograms (mcg)/actuation two inhalations orally two times a day; and,- Insulin aspart (a medication used to lower blood glucose levels) 100 units/milliliters (ml) inject on a sliding scale (amount of medication to be administered determined after resident's capillary blood glucose level was obtained). Review of Resident #9's February 2026 through March 2026 eMAR revealed, in part, no documented evidence Resident #9 was administered rivaroxaban one 20 mg oral tablet on 02/18/2026 and 02/24/2026 at 5:00PM as ordered.Further review revealed no documented evidence Resident #9 was administered the following medications on 02/18/2026, 02/24/2026, and 03/12/2026 at 8:00PM as ordered:- Atorvastatin Calcium one 40 mg oral tablet;- Cetirizine Hydrochloride one 10 mg oral tablet;- Famotidine one 20 mg oral tablet;- Olanzapine one 5 mg oral tablet;- Trazodone HCl one 150 mg oral tablet;- Metformin HCl one 500 mg oral tablet;- Oxybutynin Cl one 5 mg oral tablet; and,- Budesonide-formoterol fumarate dihydrate inhalation aerosol 80-4.5 (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
	195602	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chateau Terrebonne Health Care Center	1386 West Tunnel Blvd. Houma, LA 70360

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	mcg/act 2 inhalations orally.Further review revealed no documented evidence Resident #9's capillary blood glucose was checked on 02/18/2026 at 4:00PM and/or 8:00PM, and/or on 02/24/2026 and 03/12/2026 at 8:00PM as ordered. Resident #88Review of Resident #88's medical record revealed, in part, Resident #88 was admitted to the facility on [DATE] with diagnoses which included hyperlipidemia, type 2 diabetes mellitus, heart attack, and hypercholesterolemia (an excess of cholesterol in the blood). Review of Resident #88's May 2026 physician's orders revealed, in part, an order for the following:- Atorvastatin calcium oral tablet 80 mg one tablet by mouth at bedtime;- Insulin degludec (a medication used to lower blood glucose levels) 200 units/ml inject 10 units subcutaneously at bedtime; - Insulin aspart 100 units/ml inject on a sliding scale;- Apixaban (a medication used to treat blood clots) oral tablet 5 mg by mouth two times a day;- Omega-3 fatty acid (a medication used to treat excess cholesterol in the blood) oral capsule 1000 mg one capsule by mouth two times a day; - Carvedilol (a medication used to treat high blood pressure) oral tablet 25 mg one tablet by mouth two times a day; and,- Metformin HCl oral tablet 1000 mg one tablet by mouth two times a day. Review of Resident #88's February 2026 through March 2026 eMAR revealed, in part, no documented evidence Resident #88 was administered carvedilol oral tablet 25 mg by mouth on 02/14/2026 and 02/18/2026 at 4:00PM as ordered. Further review revealed no documented evidence Resident #88 was administered metformin HCl on 02/17/2026 and 02/18/2026 at 5:00PM as ordered. Further review revealed no documented evidence the following medications were administered to Resident #88 on 02/18/2026, 02/24/2026, and/or 03/12/2026 at 8:00PM as ordered:- Atorvastatin calcium oral tablet 80 mg one tablet by mouth;- Insulin deglu[DATE] units/ml inject 10 units subcutaneously; - Apixaban oral tablet 5 mg by mouth; and,- Omega-3 fatty acid oral capsule 1000 mg one capsule by mouth.Further review revealed no documented evidence Resident #88's capillary blood glucose level was obtained at 4:00PM on 02/17/2026 and 02/18/2026 as ordered. Resident #98Review of Resident #98's medical record revealed, in part, Resident #98 was admitted to the facility on [DATE] with a diagnosis which included major depressive disorder with psychotic symptoms. Review of Resident #98's May 2026 physician's orders revealed, in part, an order for the following:- Donepezil HCl (a medication used to treat dementia/cognitive impairment) oral tablet 5 mg one tablet by mouth at bedtime; and,- Olanzapine (a medication used to treat psychotic symptoms) oral tablet 15 mg one tablet by mouth at bedtime. Review of Resident #98's February 2026 through March 2026 eMAR revealed, in part, no documented evidence the following medications were administered to Resident #98 on 02/18/2026, 02/24/2026, and/or 03/12/2026 at 8:00PM as ordered:- Donepezil HCl oral tablet 5 mg one tablet by mouth; and,- Olanzapine oral tablet 15 mg one tablet by mouth. In an interview on 05/06/2026 at 11:30AM, S2DON confirmed the above mentioned resident's February 2026 and March 2026 eMARs were not accurate and complete, and should have been. In an interview on 05/06/2026 at 1:00PM, S1Administrator indicated the facility could not provide any documented evidence to dispute the above mentioned deficient practice.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195602	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chateau Terrebonne Health Care Center	1386 West Tunnel Blvd. Houma, LA 70360

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on interviews and record review, the facility failed to ensure unnecessary medications were reduced and failed to ensure physician-accepted gradual dose reduction (GDR) recommendations made by the consultant pharmacist were implemented for 1 (Resident #7) of 5 sampled residents reviewed for unnecessary medications. Findings:Review of the facility's Administering Medications policy and procedure, revised 04/2019, revealed medications are to be administered in accordance with physician orders. Review of the Pharmaceutical Consultant Report - Psychoactive GDR form dated 01/07/2026 revealed the consultant pharmacist recommended a dose reduction for duloxetine (medication used to treat major depressive disorder) 30 milligrams (mg) at bedtime. Review of Resident #7's physician orders revealed a physician's order dated 01/19/2026 to discontinue duloxetine 30mg at bedtime. Review of Resident #7's active physician orders dated 05/01/2026 revealed duloxetine 30mg at bedtime remained an active order. Review of Resident #7's Medication Administration Record (MAR) dated 05/01/2026 through 05/31/2026 revealed duloxetine 30mg continued to be administered on 05/01/2026, 05/02/2026, 05/03/2026, and 05/04/2026. Review of survey documentation and records provided by the facility failed to reveal evidence the consultant pharmacist identified, reported, or followed up regarding the continued administration of duloxetine after the physician accepted the GDR recommendation and ordered the medication discontinued on 01/19/2026. In an interview on 05/05/2026 at 12:37PM, S2Director of Nursing confirmed the physician accepted the consultant pharmacist's recommendation to discontinue duloxetine 30mg at bedtime; however, the medication continued to be administered and remained active in the resident's orders. S2Director of Nursing further confirmed no additional documentation was available showing the consultant pharmacist identified or followed-up on the continued administration of the medication after the discontinuation order was written.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195602	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chateau Terrebonne Health Care Center	1386 West Tunnel Blvd. Houma, LA 70360

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observations, interview, and record review, the facility failed to ensure the resident's environment was clean and sanitary for 1 (Resident #95) of 32 sampled residents reviewed for environmental concerns during initial pool observations. Findings:Review of the facility's Quality of Life Homelike Environment Policy, with a revision date of May 2017, revealed, in part, the facility would ensure a homelike environment which would include a clean, sanitary and orderly environment. Observation on 05/03/2026 at 10:51AM revealed, in part, the base of Resident #95's tube feeding pole was covered with an unidentified dry white and tan substance. Observation on 05/04/2026 at 10:30AM revealed, in part, ten to fifteen spots of an unidentified dried sticky tan substance to the base of Resident #95's tube feeding pole varying in size. Observation on 05/05/2026 at 2:32PM revealed, in part, ten to fifteen spots of an unidentified dried sticky tan substance to the base of Resident #95's tube feeding pole varying in size. In an interview on 05/05/2026 at 3:03PM, S2Director of Nursing (DON) confirmed Resident #95's tube feeding pole base had a dried sticky substance and was not maintained in a sanitary manner as required. S2DON further indicated resident equipment should be maintained in a clean and sanitary manner at all times.