

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195184	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2020
NAME OF PROVIDER OF SUPPLIER CHATEAU LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP 716 VILLAGE ROAD KENNER, LA 70065	
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 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** TAG #656 Based on record review and interview the facility failed to follow physician's orders on a resident with an indwelling catheter for 1 (Resident #5) out of 5 (Resident #1, #2, #3, #4, #5 sampled residents. This deficient practice had the potential to affect any of the 14 residents that had urinary catheters listed on the facility's Resident Census and Condition of Residents form. Findings: Review of the clinical record revealed Resident #5 was admitted to the facility on [DATE] with diagnoses, in part, of [MEDICAL CONDITION] Bladder and Urinary Incontinence. Review of Resident #5's MDS (minimum data set) with an ARD (assessment reference date) of 09/08/2020 revealed Resident #5 had an indwelling catheter and a diagnosis, in part, of [MEDICAL CONDITION] Bladder. Review of Resident #5's Care Plan with a goal date of 12/18/2020 revealed the care plan was developed for [MEDICAL CONDITION] bladder and foley catheter. Further review revealed to change the catheter as ordered by the physician. Review of Resident #5's Physician's order for September 2020, revealed an order to change foley catheter: 16fr (French)/30 and GU ([MEDICAL CONDITION]) bag twice monthly. Review of Resident #5's eMAR (electronic medication administration record) dated 07/01/2020 revealed an N (indicated not done) was documented with the initials JAH below the N. In an interview on 09/21/2020 at 12:20pm, S2DON verified initials belonging to S3LPN. In a telephone interview on 09/21/2020 at 12:50pm, S3LPN indicated she did not change Resident #5's foley catheter because the resident told her it was changed recently. S3LPN indicated she did not verify the nurse's notes or eMAR to verify when the foley catheter change was last documented. S3LPN indicated she did not report this information to anyone. S3LPN further indicated she did not document a reason for not changing foley catheter.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident [MEDICAL CONDITION] was assigned to a separate room while on isolation precautions. This deficient practice was identified for 1 (of 1) isolation resident, but had the potential to affect any resident in the facility that required isolation precautions. There were 168 residents residing in the facility as documented on the facility's Resident Census and Conditions of Resident's form (CMS -672). Findings: Review of the facilities Isolation Policy and Procedure revealed in part; Contact Isolation: b) According to RAI (Resident Assessment Instrument) Manual in order to code isolation on the MDS, resident must remain in a single room. Observation on 09/17/2020 at 2:25 PM, revealed room [ROOM NUMBER] had two residents in the room. There was a sign on the door indicating Isolation Precautions and there was an Isolation Cart on the outside of the door to the room. Review of transfer MD orders from local hospital dated September 4, 2020 revealed: on 09/04/2020: Nursing/Protocol Orders: To Be Addressed By Nursing-Isolation: Ordered 08/30/2020 5:40 PM Contact Precautions daily (standard) Comments: Order sent for documentation of Contact Isolation Indications or Additional Contact Isolation Indications on the history form per Contact Isolation Protocol. In an interview with S4LPN on 09/18/2020 at 10:30 AM, S4PN indicated that Resident #4 remains on contact precautions [MEDICAL CONDITION] in the blood. S4LPN indicated that the facility doesn't put infectious residents and non-infectious residents in the same room together. S4LPN indicated the roommate of Resident #4 is not on isolation precautions. Observation of room [ROOM NUMBER] on 09/18/2020 at 10:26 AM, revealed room [ROOM NUMBER] was occupied by Resident #4 in the A bed and another resident in the B bed. In an interview with S4LPN on 09/18/2020 at 10:30 AM, S4LPN, indicated that Resident #4 remains on contact precautions [MEDICAL CONDITION] in the blood. S4LPN indicated the facility does not put infectious residents and non-infectious residents in the same room together. S4LPN further indicated that if one resident becomes infectious and needs to be on isolation precautions they are separated and placed in separate rooms. S4LPN indicated the roommate of Resident #4 in bed B is not on isolation precautions. In an interview with S7CNA on 09/21/2020 at 9:35 AM, S7CNA indicated there is a yellow sign placed on a door to indicate that resident is on isolation precautions. S7CNA further indicated that the isolation cart is kept outside the door of the room. S7CNA also indicated that they should never place a resident on isolation precautions in the same room as a resident that is not on isolation precautions. In an interview on 09/21/2020 with S4LPN at 9:45 AM, S4LPN indicated that it is never appropriate to place someone on isolation precautions in the same room with someone that is not on isolation precautions. In an interview on 09/21/2020 with S5LPN at 9:50 AM, S5LPN indicated that the facilities isolation policy says that residents on isolation precautions are supposed to be in a private room. S5LPN further indicated that is never appropriate to place a resident on isolation precautions in the same room as a non-infectious resident.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.