| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195203 | A. Building<br>B. Wing | 03/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Waldon Health Care Center | 2401 Idaho Street<br>Kenner, LA 70062 |

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 0607<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement policies and procedures to prevent abuse, neglect, and theft.<br><br>Based on interviews and record reviews, the facility failed to implement facility policy to ensure all witness statements received verbally were titled, and signed by both the person making the statement and the witness.<br><br>Findings:<br><br>Review of the facility's Abuse, Neglect, and Misappropriation of Funds Policy and Procedure, with revised date of March 2025, if only oral information can be obtained about an allegation of abuse, the following is required, in part:<br><br>A statement must be documented signed and date; and,<br><br>The recorder and the witness to the statement must sign, date, and title statement.<br><br>Review of the facility's investigation related to an allegation of sexual abuse dated 12/04/2024, revealed S1Administrator had documented S13Housekeeper's statement regarding alleged sexual abuse; however, S13Housekeeper had not signed and dated the statement, and S1Administrator had not titled the statement.<br><br>Review of S5LPN's Sexual Abuse Allegation Statement dated 03/15/2025 revealed the statement was not signed by S5LPN, nor any witness.<br><br>Review of S12CNA's Sexual Abuse Allegation Statement dated 03/19/2025 revealed the statement was not signed S12CNA, nor any witness.<br><br>In an interview on 03/26/2025 at 5:10PM, S3Corporate Administrator indicated he took the verbal statements from S5LPN and S12CNA with S1Administrator and S2DON present, but did not get the witnesses to write a statement, nor sign the verbal documentation of the investigation. |

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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| F 0741<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that the facility has sufficient staff members who possess the competencies and skills to meet the behavioral health needs of residents.<br><br>Based on interview and record review, the facility failed to ensure staff were provided resident specific behavior training prior to providing supervision for a resident's behaviors for 4 (S6Social Services, S8Porter, S9Porter, S10Housekeeping Supervisor) of 4 (S6Social Services, S8Porter, S9Porter, S10Housekeeping Supervisor) sampled staff reviewed for behavior training.<br><br>Findings:<br><br>Review of the facility's Facility Assessment Tool updated on 10/16/2024 revealed, in part, the facility was able to accept residents with psychiatric/mood disorders and psychiatric symptoms and behaviors would be identified and interventions implemented to help support the residents.<br><br>Review of Resident #2's Minimum Data Set Assessment Reference Date 12/24/2024 revealed, in part, Resident #2 had a Brief Interview for Mental Status score of 8 (score of 08-12 indicated moderate cognitive impairment).<br><br>Review of Resident #2's care plan revealed, in part, Resident #2 had the potential to touch female peers inappropriately (touching a resident's arm without permission) initiated on 03/16/2025<br><br>Review of Resident #2's S13Housekeeper Verbal Witness Statement dated 12/04/2024 revealed, in part, Resident #2 exposed his penis to staff.<br><br>Review of Resident #2's Progress Note dated 12/04/2024 revealed, in part, Resident #2 was transferred to a psychiatric facility for inappropriate sexual behavior.<br><br>Review of Resident #2's Physician's Emergency Certificate (PEC) (a document used to admit a resident into a psychiatric facility) dated 12/04/2024 revealed, in part, Resident #2 had behaviors of exposing self to staff and peers and hypersexual behavior.<br><br>Review of Resident #2's PEC dated 02/05/2025 revealed, in part, Resident #2 was assessed as having hypersexual behaviors and touching others inappropriately.<br><br>Review of Resident #2's PEC dated 03/03/2025 revealed, in part, Resident #2 was hypersexual with staff and peers, with unwanted sexual advances to other residents.<br><br>In an interview on 03/20/2025 at 10:19AM, S8Porter indicated he was assigned to provide 1:1 supervision to Resident #2. S8Porter indicated no one had explained to him the reason Resident #2 was placed on 1:1 supervision, but he was instructed he was to be with Resident #2 at all times. S8Porter further indicated he had a binder with a list of questions to fill out regarding Resident #2's behaviors for every shift.<br><br>In an interview on 03/20/2025 at 3:12PM, S10Housekeeping Supervisor indicated she was assigned to 1:1 supervision of Resident #2. S10Housekeeping Supervisor further indicated she was not sure what behaviors Resident #2 displayed or how to intervene if the behavior occurred.<br><br>(continued on next page) |

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| F 0741<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | In an interview on 03/25/2025 at 2:40PM, S9Porter indicated last night (03/24/2025) was about the third time he was assigned to 1:1 supervision of Resident #2. S9Porter further indicated he did not receive any education on Resident #2's specific behaviors or how to intervene if the behaviors occurred.<br><br>Record review revealed no documented evidence and the facility was unable to present any evidence the above mentioned staff members received specific training Resident #2's behaviors or training on how to care for residents with psychosocial disorders.<br><br>In an interview on 03/25/2025 at 2:58PM, S2Director of Nursing (DON) indicated the facility had no documented evidence the above mentioned staff had been trained in Resident #2's behaviors prior to being assigned one on one supervision with Resident #2.<br><br>In an interview on 03/26/2025 at 2:49PM, S1Administrator confirmed the above mentioned staff provided one on one supervision for Resident #2. S1Administrator further indicated the above mentioned staff members did not receive trainings on caring for residents with mental or psychosocial disorders. |

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| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>Based on observation, interviews, and record reviews, the facility failed to ensure medications were available for administration for 1 (Resident #R1) of 7 (Resident #2, Resident #3, Resident #4, Resident #R1, Resident #R2, Resident #R3, Resident #R4) sampled residents observed during medication administration.<br><br>Findings:<br><br>Review of Resident #R1's record revealed, in part, Resident #R1 had diagnoses which included chronic diastolic congestive heart failure (condition in which the heart was unable to pump blood proficiently) and sinusitis.<br><br>Review of Resident #R1's March 2025 Physician Orders revealed, in part, Lasix (medication used to remove excess fluid from the body) 20 milligrams (mg) administer three tablets by mouth daily. Further review revealed an order for Flonase (medication used to treat allergies) 50 micrograms (mcg) per actuation one spray in both nostrils one time a day.<br><br>Observation on 03/21/2025 at 8:15AM revealed S4Licensed Practical Nurse (LPN) was unable to locate Resident #R1's Flonase and Lasix to administer.<br><br>In an interview on 03/21/2025 at 8:15AM, S4LPN indicated the facility recently had to order multiple medications from the pharmacy and was waiting for the medications to be delivered.<br><br>Review of Resident #R1's March 2025 electronic Medication Administration Record (eMAR) revealed, in part, Resident #R1's Flonase and Lasix were not administered as ordered on 03/21/2025.<br><br>In an interview on 03/21/2025 at 11:51AM, S2Director of Nursing (DON) indicated the facility did not obtain the Lasix and Flonase medications in a timely manner. |