

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>195204                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                        | (X3) DATE SURVEY<br>COMPLETED<br><br>01/15/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Jo Ellen Smith Convalescent Center                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>4502 General Meyer Avenue<br>New Orleans, LA 70131 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                 |
| F 0658<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record reviews, the facility failed to ensure medications were administered per physician's orders for 3 (Resident#1, Resident#2, Resident#3) of 3 residents reviewed for medication administration. Findings:Resident #1</p> <p>Review of Resident #1's Minimum Data Set with an Assessment Reference Date of 12/10/2025 revealed, in part, Resident #1 had a diagnosis of type 2 diabetes.</p> <p>Review of Resident #1's January 2026 Physician's Orders revealed, in part, an order for Lantus 100 units/milliliter (a medication used to lower blood sugar), inject 26 units subcutaneously (medicine delivered into fatty tissue under the skin) two times a day with a start date of 08/19/2025 to be administered at 8:00AM and 8:00PM.</p> <p>Review of Resident #1's December 2025 Electronic Medication Administration Record revealed, in part, on 12/11/2025, 12/12/2025, 12/16/2025, 12/17/2025, 12/18/2025, 12/19/2025, 12/22/2025, and 12/25/2025 there was no documented evidence Resident #1 received 26 units of Lantus at 8:00AM per physician's orders.</p> <p>Review of Resident #1's January 2026 Electronic Medication Administration Record revealed, in part, on 01/01/2026, 01/02/2026, 01/05/2026, 01/06/2026, 01/08/2026, and 01/12/2026 there was no documented evidence Resident #1 received 26 units of Lantus at 8:00AM per physician's orders.</p> <p>In an interview on 01/15/2026 at 12:25PM, S3Licensed Practical Nurse indicated she did not administer Resident #1's Lantus on the above mentioned physician orders.</p> <p>In an interview on 01/15/2026 at 2:56PM, S1Director of Nursing indicated S3Licensed Practical Nurse had not administered Resident #1's Lantus as mentioned above per his physician's orders and should have.</p> <p>Resident #2</p> <p>Review of Resident #2's clinical record revealed, in part, Resident #2 was admitted to the facility on [DATE] and had a diagnosis of diabetes mellitus without complications.</p> <p>Review of Resident #2's January 2026 Physician's Orders revealed, in part, an order to administer Ozempic (a medication used to lower blood sugar) 0.25 milligrams subcutaneously once a week on Friday in the morning with a start date of 12/12/2025.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE                                                              |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>195204 | Facility ID:<br><br>195204<br><br>If continuation sheet<br>Page 1 of 4 |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Review of Resident #2's January 2026 Electronic Medication Administration Record revealed, in part, Resident #2's Ozempic was not administered on 01/02/2026 in the morning.</p> <p>In an interview on 01/15/2026 at 9:00AM, S3Licensed Practical Nurse indicated she did not administer Resident #2's Ozempic on 01/02/2026 in the morning.</p> <p>In an interview on 01/15/2026 at 2:56PM, S1Director of Nursing indicated Resident #2 should have received her Ozempic as ordered on 01/02/2026.</p> <p>Resident #3</p> <p>Review of Resident #3's clinical record revealed, in part, Resident #3 was admitted to the facility on [DATE] and had a diagnosis of type 2 diabetes mellitus.</p> <p>Review of Resident #3's January 2026 Physician's Orders revealed, in part, an order to administer Humulin 70/30 (a medication used to help lower blood sugar) 24 units subcutaneously in the morning at 8:00AM before breakfast with a start date of 07/07/2024.</p> <p>Review of Resident #3's December 2025 Electronic Medication Administration Record revealed, in part, on 12/02/2025, 12/05/2025, 12/16/2025, 12/17/2025, 12/23/2025, 12/26/2026, 12/29/2025, and 12/31/2025 there was no documented evidence Resident #3 was administered Humulin 70/30 at 8:00AM per physician's order.</p> <p>Review of Resident #3's January 2026 Electronic Medication Administration Record revealed, in part, on 01/02/2026, 01/05/2026, 01/06/2026, 01/07/2026, and 01/14/2026 there was no documented evidence Resident #3 was administered Humulin 70/30 at 8:00AM as ordered.</p> <p>In an interview on 01/14/2026 at 2:00PM, S3Licensed Practical Nurse indicated she did not administer Resident #3's Humulin 70/30 at 8:00AM on the above mentioned dates, with the exception of 12/23/2025.</p> <p>In an interview on 01/14/2026 at 3:20PM, S6Licensed Practical Nurse indicated she did not administer Resident #3's Humulin 70/30 at 8:00AM on 12/23/2025.</p> <p>In an interview on 01/15/2026 at 2:56PM, S1Director of Nursing indicated Resident #3 should have received Humulin 70/30 as ordered.</p> |                                                                                                 |                                                 |

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| <p>F 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>                                   | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record reviews, the facility failed to ensure blood sugar levels were documented for 2 (Resident #1, Resident #2) of 3 residents reviewed for blood sugar monitoring. Findings:Resident #1</p> <p>Review of Resident #1's Minimum Data Set with an Assessment Reference Date of 12/10/2025 revealed, in part, Resident #1 had a Brief Interview of Mental Status score of 12, which indicated Resident #1 had moderate cognitive impairment. Further review revealed Resident #1 had a diagnosis of type 2 diabetes.</p> <p>Review of Resident #1's January 2026 Physician's Orders revealed, in part, an order to obtain blood sugar levels prior to meals with a start date of 12/17/2024.</p> <p>Review of Resident #1's December 2025 Electronic Medication Administration Record revealed, in part, on 12/16/2025 and 12/20/2025 at 5:00AM there was no documented evidence Resident #1's blood sugar level was obtained per physician orders.</p> <p>Review of Resident #1's January 2026 Electronic Medication Administration Record revealed, in part, on 01/01/2026 at 5:00AM there was no documented evidence Resident #1's blood sugar level was obtained per physician orders.</p> <p>In an interview on 01/14/2026 at 10:50AM, Resident #1 indicated he was not getting his blood sugar checked in the mornings as required.</p> <p>In an interview on 01/15/2026 at 2:27PM, S4Licensed Practical Nurse indicated she obtained Resident #1's blood sugar level on 12/16/2025 and 12/20/2025 at 5:00AM but did not document the result in Resident #1's Electronic Medication Administration Record.</p> <p>In an interview on 01/15/2026 at 2:56PM, S1Director of Nursing confirmed S4Licensed Practical Nurse did not document Resident #1's blood sugar levels in the Electronic Medication Administration Record on the above mentioned dates and should have.</p> <p>Resident #2</p> <p>Review of Resident #2's clinical record revealed, in part, Resident #2 was admitted to the facility on [DATE] and had a diagnosis of diabetes mellitus without complication.</p> <p>Review of Resident #2's January 2026 Physician's Orders revealed, in part, an order for NovoLOG injection 100units/milliliters (medication for diabetes) per a sliding scale with parameters for how much NovoLOG to administer after obtaining Resident #2's blood sugar before meals and at bedtime ordered 12/16/2024.</p> <p>Review of Resident #2's December 2025 Electronic Medication Administration Record revealed, in part, on 12/16/2025 and 12/26/2025 at 6:00AM there was no documented evidence Resident #2's blood sugar level was obtained.</p> <p>Review of Resident #2's January 2026 Electronic Medication Administration Record revealed, in part,</p> <p>(continued on next page)</p> |                                                                                                 |                                                 |

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| F 0842<br><br>Level of Harm - Potential for<br>minimal harm<br><br>Residents Affected - Some                                       | <p>on 01/06/2026 at 9:00PM there was no documented evidence Resident #2's blood sugar level was obtained.</p> <p>In an interview on 01/15/2026 at 2:19PM, S5Licensed Practice Nurse indicated she obtained Resident #2's blood sugar level on 01/06/2026 at 9:00PM but did not document the result in Resident #2's Electronic Medication Administration Record as required.</p> <p>In an interview on 01/15/2026 at 2:25PM, S4Licensed Practice Nurse indicated she obtained Resident #2's blood sugar level on 12/16/2025 and 12/26/2025 at 6:00AM but did not document the result in Resident #2's Electronic Medication Administration Record as required.</p> <p>In an interview on 01/15/2026 at 2:56PM, S2Director of Nursing indicated Client #2's blood sugar levels should have been documented in Resident #2's Electronic Medication Administration Record on the above mentioned dates.</p> |                                                                                                 |                                                 |