

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER Twin Oaks Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 506 West 5th Street Laplace, LA 70068	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on record reviews and interviews, the facility failed to protect a resident's right to be free from resident to resident physical abuse for 1 (Resident #4) of 4 (Resident #1, Resident #2, Resident #3, Resident #4) sampled residents reviewed for resident rights.</p> <p>Findings:</p> <p>Review of the facility's undated Abuse, Neglect and Misappropriation of Funds Program policy revealed, in part, abuse was defined as the willful infliction of injury which resulted in physical harm or pain. Further review revealed physical abuse way defined as hitting, slapping, pinching, kicking and any other means used to cause physical injury to a resident.</p> <p>Review of Resident #4's Electronic Medical Record (EMR) revealed, in part, a note by S4Registered Nurse (RN) dated 11/07/2024 at 10:42AM indicating Resident #4 was complaining of pain to his right upper lip after he was hit by another resident. Further review revealed when S4RN assessed Resident #4 and noted that Resident #4's right upper lip was swollen.</p> <p>Review of the facility's investigative documents for the above mentioned revealed a written statement signed by S5Certified Nursing Assistant which revealed S5CNA witnessed Resident #2 repeatedly hit Resident #4 in the face.</p> <p>In an interview on 04/30/2025 at 1:38PM, S6Quality Assurance (QA) Nurse indicated she was one of the employees investigating the incident between Resident #2 and Resident #4. S6QA Nurse further indicated she would not consider the incident which occurred between Resident #2 and Resident #4 as physical abuse because Resident #2 hit Resident #4 because he was digging in his bag.</p> <p>In an interview on 04/30/2025 at 2:25PM, S4RN indicated she assessed Resident #4 after he was hit in the face by Resident #2 and she noted that his lip was swollen.</p> <p>In an interview on 04/30/2025 at 2:50PM, S1Administrator confirmed Resident #4 hit Resident #2, but she did not not consider it to be abuse.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview record and reviews, the facility failed to report an incident of resident to resident abuse to the statewide incident management system (SIMS) as required for 2 (Resident #2, Resident #4) of 4 (Resident #1, Resident #2, Resident #3, Resident #4) sampled residents.</p> <p>Findings:</p> <p>Review of the facility's undated Abuse, Neglect and Misappropriation of Funds Program policy revealed, in part, abuse was defined as the willful infliction of injury with resulting physical harm or pain. Further review revealed physical abuse is defined as hitting, slapping, pinching, kicking and any other means used to cause physical injury to a resident. Further review revealed if the determination was that abuse occurred or was unable to determine with reasonable certainty, or the injury was unknown and cannot be determine, the incident will be reported by the administrator to the state surveying agency.</p> <p>Review of Resident #4's Electronic Medical Record (EMR) revealed, in part, a nurse's note by S4Registered Nurse (RN) dated 11/07/2024 at 10:42AM indicating Resident #4 was complaining of pain to his right upper lip after he was hit by another resident. Further review revealed when S4RN assessed Resident #4 she noted that his right upper lip was swollen.</p> <p>Review of the facility's investigative documents for the above mentioned incident revealed a written statement signed by S5Certified Nursing Assistant (CNA) which revealed S5CNA witnessed Resident #4 repeatedly hit Resident #2 in the face.</p> <p>In an interview on 04/30/2025 at 2:50PM, S1Administrator confirmed Resident #2 hit Resident #4 but, she did not consider it to be abuse. S1Administrator further confirmed the above mentioned findings were not reported to the SIMS.</p>

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on record reviews and interviews, the facility failed to notify the State's Long-Term Care Ombudsman of discharges in writing for 2 (Resident #3, Resident R1) of 3 (Resident #1, Resident #3, Resident R1) sampled residents reviewed for discharge requirements.</p> <p>Findings:</p> <p>Resident #3</p> <p>Review of Resident #3's electronic medical record (EMR), in part, revealed he was discharged from the facility on 03/05/2025.</p> <p>Resident R1</p> <p>Review of Resident R1's EMR, in part, revealed she was discharged from the facility on 01/11/2025.</p> <p>The facility did not present any documented evidence the State's Long-Term Care Ombudsman was notified of Resident #3 or Resident R1's discharge in writing as required.</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interview, the facility failed to ensure a resident with a new diagnosis of bipolar disorder (a mood disorder that can cause intense mood swings) was referred to the appropriate state agency for a Preadmission Screening and Resident Review (PASARR) Level II evaluation as required for 1 (Resident #3) of 2 (Resident #1, Resident #2, Resident #3) sampled residents reviewed for PASARR.</p> <p>Findings:</p> <p>Review of Resident #3's electronic medical record (EMR) revealed, in part, Resident #3 was admitted to the facility on [DATE] with a Level I PASARR which was approved for a temporary period from 01/22/2024 through 04/20/2024 for skilled therapies. Further review revealed Resident #3 received another Level I PASARR screening dated 04/21/2024 indicating Level II services were not required.</p> <p>Review of Resident #3's psychiatric assessment completed on 02/07/2025 revealed, in part, Resident #3 received a new diagnosis of bipolar disorder.</p> <p>Review of Resident #3's EMR revealed no documented evidence, and the facility did not present any documented evidence, that a Level II PASARR screening was completed for Resident #3 after his new diagnosis of bipolar disorder.</p> <p>In an interview on 04/29/2025 at 3:10PM, S3Social Worker indicated she had never completed a new referral to the Office of Behavioral Health for a PASARR Level II screening for Resident #3 after his new diagnosis of bipolar disorder, as required.</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>Based on record reviews and interview, the facility failed to ensure its facility-wide assessment addressed the behavioral health needs of its resident population as required .</p> <p>This deficient practice was identified for 3 (Resident #2, Resident #3, Resident #4) of 2 (Resident #2, Resident #3, Resident #4) sampled residents reviewed for behavioral health needs.</p> <p>Findings :</p> <p>Review of the facility's matrix revealed 42 residents were identified as having behavioral health needs</p> <p>Review of the facility's September 2024 facility-wide assessment last revised September 2024 revealed no documented evidence and the facility did not present any documented evidence its facility wide assessment addressed the behavioral health needs of its resident population, staff competencies related to the behavioral health needs of its resident population, or facility resources necessary to care for the behavioral health needs of its resident population.</p> <p>In an interview on 04/30/2025 at 4:15PM, S1Administrator confirmed the above mentioned findings.</p>