

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195394	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Colonial Manor Nursing & Rehabilitation Home		STREET ADDRESS, CITY, STATE, ZIP CODE 307 Foster Street Rayville, LA 71269	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>13974</p> <p>Based on interviews and record review, the facility failed to ensure the physician and family were notified after a resident's fall for 1 (#1) of 1 resident reviewed for falls.</p> <p>Findings:</p> <p>Review of the facility's fall prevention program dated 01/01/2025 revealed when any resident experienced a fall the facility will assess the resident, complete an incident report, notify the physician and family and document all assessments and actions.</p> <p>Review of resident #1's medical record revealed diagnoses which included depression, anxiety, dementia, repeated falls and a non-displaced fracture of the shaft of the right clavicle.</p> <p>On 03/11/2025 at 3:10 p.m., interview with S4Certified Nursing Assistant (CNA) revealed shortly before 10:00 p.m., on 02/16/2025 she heard a housekeeper yell out that resident #1 was on the floor. S4CNA and another CNA ran to the resident's room and found the resident sitting on the floor. S3Licensed Practical Nurse (LPN) entered the room immediately after them. The nurse assessed the resident found no injuries and then the 2 CNAs assisted resident #1 to bed. The resident did not complain of pain at that time.</p> <p>On 03/12/2025 at 11:05 a.m., interview with S5CNA revealed on 02/16/25 near 10:00 p.m., she heard a housekeeper say that resident #1 was on the floor. S5CNA and S4CNA ran to the resident's room and found the resident sitting on the floor with her legs extended. S5CNA reported S3LPN entered the room right behind them and assessed the resident. After the S3LPN assessed the resident, S4CNA and S5CNA assisted resident #1 with getting dressed for bed and then helped her to bed. S5CNA reported resident #1 never voiced any pain.</p> <p>On 03/12/2025 at 12:20 p.m., interview with S3LPN revealed on the evening of 02/16/2025 a housekeeper called down the hall that resident #1 was on the floor. Two CNAs ran to the resident #1's room and she entered behind them. The resident was on the floor. She assessed the resident and found no injuries. The resident voiced no pain or injury and displayed no non-verbal indication of pain or injury. S3LPN confirmed she did not contact the physician and family regarding the fall.</p> <p>Review of resident #1's record revealed there was no documented evidence of the family or the physician notifications on 02/16/2025 following resident #1's fall.</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.

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: 195394	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Colonial Manor Nursing & Rehabilitation Home		STREET ADDRESS, CITY, STATE, ZIP CODE 307 Foster Street Rayville, LA 71269	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/11/2025 at 1:30 p.m., interview with S1Administrator and S2Director of Nursing (DON) confirmed S3LPN should have contacted the physician and family regarding resident #1's fall.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195394	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Colonial Manor Nursing & Rehabilitation Home		STREET ADDRESS, CITY, STATE, ZIP CODE 307 Foster Street Rayville, LA 71269	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 13974</p> <p>Based on interviews and record review, the facility failed to ensure a resident received treatment and care in accordance with professional standards of practice when the nursing staff failed to document a post fall assessment and complete an incident report as stated in the facility's fall prevention program policy for 1 (#1) of 1 residents reviewed for accidents that experienced a fall.</p> <p>Findings:</p> <p>Review of the facility's fall prevention program dated 01/01/2025 revealed when any resident experienced a fall the facility will assess the resident, complete an incident report, notify the physician and family and document all assessments and actions.</p> <p>Review of resident #1's medical record revealed diagnoses which included depression, anxiety, dementia, repeated falls and a non-displaced fracture of the shaft of the right clavicle.</p> <p>Review of the 03/05/2025 quarterly Minimum Data Set assessment revealed the resident was independent with indoor mobility. Resident #1 scored a 3 on her Brief Interview for Mental Status assessment indicating severe cognitive impairment.</p> <p>Review of the Fall Risk assessment dated [DATE] revealed the resident scored a 13 indicating she was at risk for falls.</p> <p>Review of the progress notes of resident #1 revealed on 02/17/2025 at 9:38 a.m. resident #1 was found to have fresh bruising over the right collar bone. The resident voiced only soreness. The progress notes also stated there had been no reports of falls and that the nurse practitioner was in the facility. The nurse practitioner examined the resident and orders were given to send resident #1 to the emergency room for evaluation.</p> <p>Review of the hospital's computed tomography (CT) scan revealed the resident had a subtle non-displaced fracture of the left clavicular neck.</p> <p>Review of resident #1's record failed to reveal a progress note documenting a post fall assessment on 02/16/2025 or an incident report regarding a fall on 02/16/2025.</p> <p>Review of the facility's investigation dated 02/17/2025 regarding the fresh bruising over the right collar bone of resident #1 revealed on 02/16/2025 two Certified Nurse Aides (CNA) were called to the room of resident #1 when another staff saw resident #1 on the floor. Written statements from S4CNA and S5CNA indicated they entered the room and found resident #1 sitting upright on the floor.</p> <p>On 03/11/2025 at 3:10 p.m., interview with S4CNA revealed shortly before 10:00 p.m., on 02/16/2025 she heard a housekeeper yell out that resident #1 was on the floor. S4CNA and another CNA ran to the resident's room and found the resident sitting on the floor. S3Licensed Practical Nurse (LPN) entered the room immediately after them. The nurse assessed the resident found no injuries and then the 2 CNAs assisted resident #1 to bed. The resident did not complain of pain at that time.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195394	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Colonial Manor Nursing & Rehabilitation Home		STREET ADDRESS, CITY, STATE, ZIP CODE 307 Foster Street Rayville, LA 71269	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/12/2025 at 11:05 a.m., interview with S5CNA revealed on 02/16/2025 near 10:00 p.m. she heard a housekeeper say that resident #1 was on the floor. S5CNA and S4CNA ran to the resident's room and found the resident sitting on the floor with her legs extended. S5CNA reported S3LPN entered the room right behind them and assessed the resident. After the S3LPN assessed the resident, S4CNA and S5CNA assisted resident #1 with getting dressed for bed then helped her to bed. She reported resident #1 never voiced any pain.</p> <p>On 03/12/2025 at 12:20 p.m., interview with S3LPN revealed on the evening of 02/16/2025 a housekeeper called down the hall that resident #1 was on the floor. Two CNAs ran to resident #1's room and she entered behind them. The resident was on the floor. She assessed the resident and found no injuries. The resident voiced no pain or injury and displayed no non-verbal indication of pain or injury. S3LPN confirmed she did not complete an incident report or document a post fall assessment regarding the fall.</p> <p>On 03/11/2025 at 1:30 p.m., interview with S1Administrator and S2Director of Nursing (DON) revealed S3LPN failed to complete an incident report on the fall and failed to document a post fall assessment.</p>		