STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195394	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colonial Manor Nursing & Rehabilitation Home	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)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews, the facility failed to ensure CNAs have the specific competencies, and skill sets necessary to care for resident needs by not wearing appropriate PPE when providing care to a resident on EBP for 1 (#5) of 5 residents reviewed for competent nursing staff.Findings: Review of the facility's Enhanced Barrier Precautions policy dated 01/08/2026 revealed the following in part:Policy:It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms.Definitions: Enhanced barrier precautions refers to the use of gown and gloves for use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices).2. Initiation of Enhanced Barrier Precautions-b. An order for enhanced barrier precautions will be obtained for the residents with any of the following:i. Wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (e.g., central lines, hemodialysis catheters, urinary catheters, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with a MDRO.Review of the medical record for Resident #5 revealed an initial admission date of 08/15/2022 and a readmit date of 04/06/2026. Resident #5 had diagnoses that included gastrostomy tube, muscle wasting and atrophy, vascular dementia, hemiplegia and hemiparesis.Review of the current MDS assessment dated [DATE] revealed Resident #5 had severe cognitive impairment, a feeding tube, and pressure ulcers.Review of the current careplan revealed Resident #5 was on EBP related to PEG placement and wounds to the left heel and right lateral buttock. The direct care staff were to utilize gowns and gloves for all personal care.Review of the April 2026 physician orders revealed an order dated 01/06/2026 for EBP every shift.On 05/05/2026 at 10:35 a.m. observation of S3CNA revealed she was giving Resident #5 a bed bath. Further observation revealed S3CNA wore gloves but did not wear a gown when performing care. On 05/05/2026 at 3:30 p.m. interview with S3CNA confirmed Resident #5 was on EBP and she did not wear a gown when providing care. On 05/05/2026 at 3:50 p.m. interview with S4CNA Supervisor confirmed Resident #5 was on EBP and S3CNA should have worn a gown when providing care. On 05/05/2026 at 4:00 p.m. S1Administrator and S2DON were notified of S3CNA not wearing the appropriate PPE when providing care to Resident #5 on EBP.

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