

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  12/18/2024
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22575</b></p> <p>Based on observations, record review, and interviews, the facility failed to ensure residents were free from physical restraints imposed for the purpose of discipline or convenience for 1 (#20) of 1 (#20) resident reviewed for restraints.</p> <p>Findings:</p> <p>Review of the facility Restraint Free Environment policy revised 12/02/2024 revealed the following, in part:</p> <p>Policy:</p> <p>It is the policy of this facility that each resident shall attain and maintain his/her highest practicable well-being in an environment that prohibits the use of restraints for discipline or convenience and limits restraint use to circumstances in which the resident has medical symptoms that warrant the use of restraints.</p> <p>Definitions:</p> <p>Physical Restraint refers to any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. Physical restraints may include, but are not limited to applying leg or arm restraints that the resident cannot remove.</p> <p>Review of resident #20's medical record revealed she was admitted to the facility on [DATE] with diagnoses of cognitive communication deficit, Alzheimer's disease, generalized anxiety disorder, major depressive disorder, unspecified pruritus, and polyneuropathy.</p> <p>Review of resident #20's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed she had a Brief Interview for Mental Status score of 99, which indicated the interview was not successful. Resident #20 required extensive assistance for most activities of daily living. Further review revealed there was no documentation the resident had a restraint.</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
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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of resident #20's medical record revealed her current care plan revealed she was at a high risk for skin tears due to the resident scratching herself. Further review revealed an approach for resident #20 to wear socks or gloves on her hands to keep her from scratching herself.</p> <p>Further review of resident #20's medical record revealed no documented evidence of a pre-restraint assessment, restraint consent, nor monitoring for the limb restraint use (socks on her hands).</p> <p>On 12/16/2024 at 9:40 a.m., an observation revealed resident # 20 was in her wheelchair in her room and she had socks on her hands. The resident was nonverbal and could not inform surveyor why she had socks on her hands.</p> <p>On 12/16/2024 at 11:10 a.m., an interview with S9Certified Nursing Assistant (CNA) revealed they put socks on the resident's hands because she scratches herself. S9CNA reported resident #20 cannot take the socks off her hands by herself.</p> <p>On 12/18/2024 at 8:28 a.m., an observation revealed resident # 20 was in her wheelchair in her room and she had socks on her hands.</p> <p>On 12/18/2024 at 1:13 p.m., an interview with S7Licensed Practical Nurse (LPN) revealed they have been using socks on the resident's hands due to she scratches herself. S7LPN confirmed the resident cannot take the socks off her hands without help.</p> <p>On 12/18/2024 at 1:40 p.m., an interview with S3Assistant Director of Nursing and S8LPN/MDS Nurse confirmed the facility failed to obtain a pre-restraint assessment and restraint consent; and there was no monitoring for the socks being used on the resident's hands.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>13974</p> <p>Based on observation, interviews and record review, the facility failed to implement a comprehensive person-centered care plan for each resident for 1 (#41) of 1 residents reviewed for anticoagulants.</p> <p>Findings:</p> <p>On 12/16/2024 at 10:00 a.m., observation of the resident #41's hands revealed she had bruising to the back of both hands. Resident #41 reported she took a blood thinner.</p> <p>Review of the medical record revealed resident received the blood thinning medication Eliquis 2.5 milligrams (mg) twice daily. Review of the care plan revealed it addressed anti-coagulant use with an intervention to monitor for bruising.</p> <p>Review of the Medication Administration Record (MAR) revealed the nursing staff were to monitor for bruising each shift. Review of the December 2024 MAR revealed every entry indicated resident #41 had no bruising.</p> <p>On 12/17/2024 at 1:05 p.m., interview with S3Assistant Director of Nursing confirmed resident #41 had bruising to her hands and the nursing staff failed to document the bruising on the MAR.</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19121</p> <p>Based on observations, record review and interviews, the facility failed to ensure that residents received care, consistent with professional standards of practice, to prevent pressure ulcers for 1 (#4) of 3 (#1, #4, #43) residents reviewed for pressure ulcers. The facility failed to provide a pressure relieving device as ordered for the resident.</p> <p>Findings:</p> <p>Review of the medical record for resident #4 revealed an admitted [DATE] with diagnosis of atrial fibrillation, cerebrovascular accident, edema, muscle wasting, dysphagia, hypertension, vascular dementia, history of urinary tract infection, history of stage 3 pressure ulcer to the left heel, depressive disorder, and contracture to the left elbow.</p> <p>Review of the Annual Minimum Data Set assessment dated [DATE] revealed the resident had a Brief Interview for mental Status score of 6 which indicated severe cognitive impairment. Further review revealed the resident needed maximum assistance with all activities of daily living.</p> <p>Review of resident #4's December 2024 physician's orders revealed an order for heel protectors to be worn at all times with a start date of 06/06/2024.</p> <p>Review of resident #4's current care plan dated 05/15/2024 revealed he had an un-stageable pressure ulcer to the left heel. Further review revealed an intervention to provide heel protectors to bilateral feet.</p> <p>Review of the Braden Scale for predicting pressure ulcer risk evaluation dated 11/27/2024 revealed the resident was at moderate risk due to a history of a pressure ulcer to the left heel.</p> <p>Review of the skin and wound evaluation dated 9/24/2024 revealed the resident had a stage III (full-thickness skin loss) to the left heel acquired in the facility. The surrounding skin was fragile skin that was at risk for breakdown. Additional care was heel suspension/protection device. Progress: pressure ulcer resolved will continue with preventative measures.</p> <p>An observation on 12/16/2024 at 11:00 a.m., revealed sample resident #4 was sitting in his Geri chair in the lobby the resident did not have any heel protectors on.</p> <p>An observation on 12/17/2024 at 8:30 a.m., revealed the resident was sitting in the Geri chair in his room. The resident was dressed and had socks on his feet and the heel protectors were lying in the chair not on the resident.</p> <p>An observation on 12/17/2024 at 2:50 p.m., revealed resident #4 was sitting in his Geri chair in the lobby. The resident was dressed and had socks on but did not have heel protectors on as ordered.</p> <p>On 12/18/2024 at 8:00 a.m., the resident had been placed on isolation in his room due to a positive COVID test dated 12/18/2024. An observation revealed the resident was lying in bed eating breakfast and he did not have his heel protectors on.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 12/18/2024 at 10:15 a.m., with S4Licensed Practical Nurse confirmed sample resident #4 was at high risk for pressure ulcers and had a physician's order to wear heel protectors at all times. She was not sure if the resident had them on or not. She stated the Certified Nurse Assistants (CNAs) that get them up every morning are responsible for making sure the resident had them on.</p> <p>An interview on 12/18/2024 at 10:30 a.m., with S5CNA revealed she had been taking care of resident #4 the last few days and she had not placed the heel protectors on the resident.</p> <p>An interview on 12/18/2024 at 1:40 p.m., with S3Assistant Director of Nursing confirmed resident #4 should have had the heel protectors on as ordered due to him being at risk for pressure ulcers.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>13974</p> <p>Based on observations and interviews, the facility failed to ensure the resident environment remained as free of accident hazards as possible by failing to ensure resident rooms maintained a water temperature of less than 120 degrees for 4 (#19, 37, 41, 66) of 4 residents whose rooms were assessed for water temperatures.</p> <p>Findings:</p> <p>On 12/16/2024 at 9:00 a.m., a check of the water temperatures in the residents' rooms was done with the S2Maintenance Supervisor. The water temperature for resident #41's room was 127.0 degrees. The water temperature for resident #66's room was 127.2 degrees. The water temperature for resident #19's room was 127.8 degrees. The water temperature for resident #37's room was 127.2 degrees. S1Maintenance Supervisor confirmed the water temperatures were in excess of 120 degrees.</p> <p>On 12/16/2024 at 9:30 a.m., S1Assistant Administrator confirmed the water temperatures in the residents' rooms should not be in excess of 120 degrees.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>13974</p> <p>Based on observation, record review and interview, the facility failed to maintain an infection control program to help prevent the development and transmission of communicable diseases and infections by failing to implement its policy for enhanced barrier precautions for 1 (#37) of 1 residents reviewed for transmission based precautions.</p> <p>Findings:</p> <p>On 12/16/2024 at 8:45 a.m., observation of resident #37 revealed she had a Foley catheter. Observation of resident #37's door revealed there was no signage regarding Enhanced Barrier Precaution and there were no personal protective equipment supplies located nearby resident #37's room.</p> <p>Review of the facility's Enhanced Barrier Precautions policy dated 11/01/2024 revealed catheters were a qualifying condition for the implementation of enhanced barrier precautions. The policy also read Clear signage will be posted on the door or wall outside of the resident room indicating the type of precautions, required personal protective equipment (PPE), and the high-contact resident care activities that require the use of gown and gloves. The policy also indicated gowns and gloves should be available immediately outside the resident's room.</p> <p>On 12/17/2024 at 9:10 a.m., interview with S3Assistant Director of Nursing confirmed the facility did not implement their enhanced barrier precautions policy by failing to place signage and PPE near the door of resident #37's room.</p>