STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195426	A. Building B. Wing	09/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Encore Healthcare and Rehabilitation Center	19110 Crowley-Eunice Hwy Crowley, LA 70526

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44269 Based on record review, policy review, and interviews, the facility failed to implement its policy for incident investigation and reporting when staff failed to immediately report alleged staff-to-resident physicall abuse to administrative staff and failed to notify the resident's responsible party (RP) for 1 (#3) out of 7(#1, #2, #3, #R1, #R2, #R3 and #R4) sampled residents. Findings: On 09/16/2024 at 1:45 p.m., a review of the facility's undated policy, Abuse and Neglect Policy and Procedure revealed, in part, the following: To provide a safe environment for all residents free of abuse .Administrator or designee will complete a thorough investigation .If the resident is not interviewable, the resident's family may be questioned. 7. Reporting/Response- The facility employee or agent, who becomes aware of abuse .shall immediately report the matter to the facility administrator or Director of Nurses .The administrator or designee will notify the resident's representative of the matter. Follow up contact must be made with the resident and the resident representative regarding outcome, prevention, and resolution .All employees are required by law to report any suspected abuse . Review of Resident #3's electronic health record revealed the resident was admitted to the facility on [DATE] with the following pertinent diagnoses: Malignant Neoplasm of Endometrium, Unspecified Dementia, Aphasia, Other Schizoaffective Disorders, Other Specified Anxiety Disorders, Other Cerebrovascular Disease, Hemiplegia and Hemiparesis Following Cerebrovascular Disease Affecting Left Dominant Side and Parkinson's disease. Review of Resident #3's annual Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was unable to participate in the Brief Interview for Mental Status due to the resident being rarely/never understood. Resident #3 had severely impaired cognitive skills for daily decision making. Review of SIMS (Statewide Incident Management System) report provided by the facility revealed the event occurred on 08/26/2024 at 9:00 a.m., was discovered on 08/27/2024 at 11:00 a.m. and was entered on 09/06/2024 at 11:45 a.m. Resident #3 was the victim of alleged physical abuse from the accused staff (S5CNA-Certified Nursing Assistant) and witnessed by S4CNA. (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of S4CNA's witness statement revealed in part, Resident #3 was involved in the incident of abuse on 08/26/2024 at 12:30 p.m. S4CNA wrote she was helping S5CNA get the resident ready for a doctor's appointment and S5CNA was combing the residents hair ruff and slapping resident very hard because she said the resident was getting on her nerves. Then S4CNA reported the incident of abuse the next day to the S3LPN (Licensed Practical Nurse). Review of Resident #3's electronic health record failed to include documentation that the Resident's RP was notified of the abuse allegation that occurred on 08/26/2024. Review of S3LPN's statement made on 09/10/2024 at 3:05 p.m. revealed in part that she was doing treatments when S4CNA came to her and wanted to tell her something. S4CNA told S3LPN that the day prior, she was helping S5CNA with Resident #3 and the resident was reaching and S5CNA slapped the resident's hand down and was rough with combing the resident's hair. S3LPN stated she asked S4CNA if she thought this was intentional and she stated yes. S3LPN then stated she went to S2CNASupervisor and reported the incident of abuse to her. On 09/06/2024 during a meeting with S1ADM (Administrator), S2CNASupervisor, and Resident #3's family, S3LPN stated that she reported the alleged abuse immediately after becoming aware, but did not call the resident's family because she thought the family would be notified after the investigation. On 09/16/2024 at 2:05 p.m., Resident #3's RP was interviewed via phone call. The RP stated she found out about the allegation of physical abuse involving Resident #3 and S5CNA through a social media post. The RP further stated some of her other siblings also saw the social media post the week of 09/02/2024, and they went to the facility on [DATE] for a meeting with S1ADM (Administrator). On 09/17/2024 at 9:25 a.m., an interview was conducted with S3LPN. S3LPN confirmed S4CNA informed her on 08/27/2024 regarding an allegation of physical abuse by S5CNA to Resident #3. S3LPN reported S4CNA told her that S5CNA was observed picking the resident's hair roughly and slapping the resident's hands. S3LPN stated she did not notify the resident's family and should have. On 09/17/2024 at 10:42 a.m., a phone interview was conducted with S4CNA. S4CNA stated she observed the alleged physical abuse involving Resident #3 and S5CNA on 08/26/2024 around 12:30 p.m. S4CNA verified she had not reported the allegation until the next morning on 08/27/2024. S4CNA confirmed she had not notified the facility staff immediately and should have. On 09/17/2024 at 4:15 p.m., an interview was conducted with S1ADM. S1ADM verified S4CNA had not reported the allegation immediately and should have. S1ADM confirmed Resident #3's family had a group meeting on 09/06/2024 and voiced their concern that they had not been notified by the facility of the alleged abuse.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44269 Based on policy review, record review and interviews, the facility failed to ensure reportable incidents of an allegation of staff to resident physical abuse was reported to the State Survey Agency within 2 hours after the allegation was made for 1 (#3) of 7 (#1, #2, #3, #R1, #R2, #R3 and #R4) sampled residents. Findings: On 09/16/2024 at 1:45 p.m., a review of the facility's undated policy, Abuse and Neglect Policy and Procedure revealed, in part, the following: The facility administrator or designee shall complete a report to be made to the mandated state agency according to state guidelines upon notification of alleged abuse . Immediately means as soon as possible .but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse . Review of Resident #3's electronic health record revealed the resident was admitted to the facility on [DATE] with the following pertinent diagnoses: Malignant Neoplasm of Endometrium, Unspecified Dementia, Aphasia, Other Schizoaffective Disorders, Other Specified Anxiety Disorders, Other Cerebrovascular Disease, Hemiplegia and Hemiparesis Following Cerebrovascular Disease Affecting Left Dominant Side and Parkinson's disease. Review of Resident #3's annual Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was unable to participate in the Brief Interview for Mental Status due to the resident being rarely/never understood. Resident #3 had severely impaired cognitive skills for daily decision making. Review of SIMS (Statewide Incident Management System) report provided by the facility revealed an incident of alleged physical abuse occurred involving Resident #3. The event occurred on 08/26/2024 at 9:00 a.m. and was discovered on 08/27/2024 at 11:00 a.m. Further review revealed the event was entered into the SIMS on 09/06/2024 at 11:45 a.m., which was 10 days later before the facility reported the incident. On 09/17/2024 at 9:25 a.m., an interview was conducted with S3LPN (Licensed Practical Nurse). S3LPN confirmed S4CNA informed her on 08/27/2024 regarding an allegation of physical abuse by S5CNA to Resident #3. S3LPN reported S4CNA told her that S5CNA was observed picking the resident's hair roughly and slapping the resident's hands. S3LPN stated she immediately reported the allegation to S2CNASupervisor. On 09/17/2024 at 10:42 a.m., a phone interview was conducted with S4CNA. S4CNA stated she reported the alleged physical abuse involving Resident #3 and S5CNA to S3LPN on the morning of 08/27/2024, which was the day after the incident occurred. On 09/17/2024 at 3:45 p.m., an interview was conducted with S2CNASupervisor. S2CNASupervisor confirmed that S3LPN reported to her early in the morning on 08/27/2024 an allegation of physical abuse involving Resident #3. S2CNASupervisor stated she immediately informed S1ADM (Administrator). (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted with S1ADM on 09/17/2024 at 4:15 p.m. S1ADM confirmed S2CNASupervisor had informed him on 08/27/2024 that S4CNA reported an allegation of physical abuse involving Resident #3 and S5CNA. S1ADM then confirmed he reported the allegation to the state agency on 09/06/2024, which was outside of the 2 hour requirement.