

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER Colonial Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 426 North Washington Street Marksville, LA 71351	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47004</p> <p>Based on record review and interview the facility failed to ensure an allegation of physical abuse and allegation of neglect was reported immediately, but not later than 2 hours after the allegation was made to the State Survey Agency for 2 (#6 and #156) of 30 Sampled Residents. Findings:</p> <p>Review of the facility's undated policy on 05/28/2025 at 08:30 a.m. titled Abuse Prevention and Investigation read in part . The facility defines abuse as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. This includes deprivation of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being. Physical abuse includes hitting, slapping, pinching, and kicking. Neglect means the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress. Reporting: All alleged violations of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property will be reported immediately, but not later than 2 hours after the allegation is made if the alleged violation involves abuse or results in serious bodily injury OR within 24 hours if the alleged violation does not involve abuse and does not result in serious bodily injury to the administrator of the facility and to other officials including the state survey agency and adult protective services in accordance with state law through established procedures.</p> <p>Resident #6</p> <p>Review of the medical record for Resident # 6 revealed he was admitted to the facility on [DATE]. Resident #6 had diagnoses that included in part . Hemiplegia and Hemiparesis following Cerebral Infarction affecting left non-dominant side, Chronic Obstructive Pulmonary Disease, Anxiety Disorder, Major Depressive Disorder, Memory Deficit following CVA, and Dysphagia.</p> <p>Review of Resident #6's Quarterly MDS with an ARD of 03/25/2025 revealed a BIMS score of 13, which indicated cognition was intact.</p> <p>Review of a SIMS report completed by the facility revealed on 03/21/2025 at approximately 5:50 a.m. Resident #6 alleged S5 CNA had slapped him on his face. The facility was made aware of the allegation on 03/21/2025 at 8:30 a.m. The facility entered the allegation into SIMS reporting system on 03/21/2025 at 1:29 p.m.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 195445	Facility ID: 195445 If continuation sheet Page 1 of 14

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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>Interview on 05/29/2025 1:25 p.m. with S1 Administrator revealed she was responsible for SIMS reporting for the facility. S1 Administrator revealed the alleged staff to resident physical abuse occurred on 03/21/2025 at approximately 5:50 a.m., and she was made aware of the allegation on 03/21/2025 at 8:30 a.m. S1 Administrator revealed she entered the incident into SIMS on 03/21/2025 at 1:29 p.m. S1 Administrator confirmed that the incident of alleged staff to resident abuse was not entered into the SIMS within the required timeframe, but should have been.</p> <p>51082</p> <p>Resident #156</p> <p>Review of Resident #156's medical record revealed an admitted [DATE], with diagnoses that included, in part .Cerebral Infarction due to Thrombosis of Right Posterior Cerebral Artery, Cocaine Abuse with Cocaine-Induced Mood Disorder/Sleep Disorder, and Anxiety Disorder.</p> <p>Review of Resident #156's Admission MDS with an ARD of 05/02/2025, revealed a BIMS score of 04, which indicated severe cognitive impairment. The MDS revealed Resident #156 was independent for transfers and used a walker for mobility.</p> <p>Review of Resident #156's Care plan with a target completion date of 08/11/2025, read in part .Elopement risk related to reported history of Altered Mental Status, Cocaine use with wandering attempts to leave hospital noted. 05/15/2025-Elopement attempt noted: willfully attempted to leave facility without notifying staff, wanted to be discharged back home. Interventions included in part; Elopement precautions: Census checks every 1 hour, each shift related to history of Delirium and wandering (initiated on 05/02/2025). Supervision increased to 1:1 for safety. Vistaril injection IM (intramuscular)1 time as ordered per S14 NP for anxiety. (initiated on 05/15/2025).</p> <p>Review of Resident #156's facility progress notes dated 05/16/2025 at 1:00 p.m., written by S2 DON read in part: Resident #156 left facility (exited X-hall bathroom window) after eating breakfast this morning. He was located & transported back to the facility in stable condition. Upon questioning, resident was noted alert & oriented x 4 with appropriate verbal responses. Resident #156 stated that he left facility to try to find a ride back to his home in New [NAME].</p> <p>Review of a SIMS report completed by the facility revealed on 05/16/2025 at approximately 8:15 a.m. Resident #156 eloped from the facility. The facility was made aware of the elopement on 05/16/2025 at 8:30 a.m. The facility entered the allegation into SIMS reporting system on 05/16/2025 at 6:18 p.m.</p> <p>Interview with S1 Administrator on 05/29/2025 at 8:56 a.m., revealed on 05/16/2025 at approximately 8:15 a. m. Resident #156 eloped from the facility. S1 Administrator revealed she was made aware of the elopement on 05/16/2025 at approximately 8:30 a.m. S1 Administrator confirmed she did not report Resident #156's elopement out of the facility within the 2 hour required timeframe, but should have.</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47004</p> <p>Based on observation, interview, and record review, the facility failed to provide the necessary care and services to provide a necessary communication aid for 1 (#35) of 1 Resident reviewed for communication. The total sample size was 30. Findings:</p> <p>Review of Resident #35's Electronic Health Record revealed the Resident was admitted to the facility on [DATE] with diagnoses that included in part . Type 2 Diabetes Mellitus, Major Depressive Disorder, Unspecified Dementia, and Generalized Anxiety Disorder.</p> <p>Review of Resident #35's Quarterly MDS with an ARD date of 05/21/2025 revealed Resident #35 had BIMS of 8 (Moderate Cognitive Impairment). Resident #35's ability to understand others was documented as-sometimes.</p> <p>Review of Resident #35's Comprehensive Person Centered Care Plan revealed resident had difficulty communicating related to language barrier. Interventions included: Provide a communication board.</p> <p>Interview and observation on 05/27/2025 at 12:14 p.m. with Resident #35 revealed he had difficulty understanding English, and did not speak English. Resident #35 shook his head no, when asked if he could understand English. Observation of Resident #35's room at that time revealed there was no communication aid/board to assist in communication with resident.</p> <p>Interview on 05/28/2025 at 8:40 a.m. with S7 CNA revealed she was assigned care of Resident #35. S7 CNA stated Resident #35 did not speak English and understood very little English. S7 CNA stated she determined Resident #35's needs by pointing and guessing at things until resident would shake his head yes or no. S7 CNA stated she never used a communication aid or picture board with Resident #35 because he did not have one.</p> <p>Observation on 05/28/2025 at 8:50 a.m. of Resident #35's room revealed there was no communication aid to assist in communication with resident.</p> <p>Interview on 05/28/2025 at 8:54 a.m. with S4 LPN revealed Resident #35 had difficulty with communication as he could not speak English. S4 LPN stated she communicated with Resident #35 by using gestures. S4 LPN confirmed Resident #35 did not have a communication board, or any type of communication aid in his room to assist with communication. S4 LPN revealed Resident #35 would benefit from a communication board to assist in communication.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51503</p> <p>Resident #25</p> <p>Based on observation, interview, and record review, the facility failed to implement and monitor interventions to maintain proper hydration and nutrition for 2 (Resident #25 and Resident #8) of 2 residents reviewed for nutrition. The facility failed to:</p> <ol style="list-style-type: none"> 1. Implement and monitor hydration consistent with Resident #25's assessed needs; and 2. Notify the Registered Dietician of Resident #8's change in nutritional needs. <p>Findings:</p> <p>Review of an undated facility policy on 05/29/2025 at 7:12 p.m. titled, Intake and Output, Monitoring Fluids revealed the following in part .4. For residents with a physician's order for fluid encouragement, fluids will be encouraged as per the resident's care plan. 6. The following residents require measurement and documentation of intake and output. A. Residents with a physician's order for intake and output measurement.</p> <p>Review of an undated facility policy on 05/29/2025 at 7:12 p.m. titled, Hydration Program revealed the following in part .to provide all residents with sufficient fluid intake to maintain good hydration status.</p> <p>Resident #25</p> <p>Review of Resident #25 medical record revealed an admitted [DATE] with diagnoses that included . Anorexia, Type 2 Diabetes Mellitus with Hypoglycemia without Coma, Major Depressive Disorder, Recurrent, Severe with Psychotic Symptoms, and Acute Kidney Failure.</p> <p>Review of Resident #25's 05/2025 physician's orders revealed in part .</p> <p>(02/23/2023) order date: Monitor I&O Qshift (daily estimate fluid needs equals 1500cc/ml).</p> <p>Review of Resident #25's care plan revealed the following in part .</p> <p>Initial date (03/04/2022) Focus: Potential for dehydration. Interventions: Monitor I&O Qshift, daily estimate fluid needs as ordered.</p> <p>Initial date (04/07/2025) Focus: The resident has dehydration or potential for fluid deficit. Interventions: Monitor and document intake and output as per facility policy.</p> <p>Review of Resident #25's medical record tasks charting revealed the nurses and CNAs were required to document in the clinical record the resident's total amount of oral fluid intake after every shift measured in cc/ml. Further review of the previous 30 days of oral fluid intake documentation revealed the following in part .</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Nurse Documentation for 04/30/2025-05/29/2025: 8 days where the nurse did not document every shift and 10 days where the nurse and CNA documentation did not meet the minimum fluid intake requirement of 1500mls, as ordered.</p> <p>-CNA Documentation for 04/30/2025-05/29/2025: 17 days where the CNA did not document every shift, 9 days where the CNA and nurse documentation did not meet the minimum fluid intake requirement of 1500mls, as ordered, and 1 day where no documentation was found.</p> <p>In an interview and record review on 05/29/2025 at 4:10 p.m., S2 DON confirmed Resident #25 had active physician's orders to monitor intake and output every shift with a minimum daily fluid intake of 1500cc/ml. Further review of Resident #25's medical record for oral fluid intake in the last 30 days, S2 DON confirmed (the above findings) that the nursing staff and CNAs failed to document fluid intake every shift as ordered and that the daily fluid intake documented failed to meet the minimum requirement of 1500cc/ml as ordered, but should have.</p> <p>51082</p> <p>Resident #8</p> <p>Findings:</p> <p>Review of the facility's undated policy titled Enteral Nutrition revealed in part . Adequate nutritional support through enteral feeding will be provided to all residents as ordered. Role of Dietitian: 3. The Dietitian, with input from the Physician and Nurse will: Determine whether the resident's current intake is adequate to meet his or her nutritional needs. Dietitian monitoring: 5. The Dietitian will monitor residents who are receiving enteral feedings, and will make appropriate recommendations for interventions to enhance tolerance and nutritional adequacy of enteral feedings.</p> <p>Review of the facility's undated policy titled Registered Dietician-Consultant revealed in part .3. In general the Consultant Registered Dietician (RD) will visit the facility at least monthly to provide nutritional status assessments, review food service operation, and provide guidance and direction for the Dietary Manager (DM). 4. All residents will be assessed upon initial admission and at least annually thereafter. Residents meeting the following criteria will be assessed monthly unless otherwise agreed upon and documented by the RD and physician: d. Residents who have had enteral tube placement since the last RD assessment. 5. The RD will provide the Administrator and DM with written, dated, and signed reports of each consultation visit. The report will contain the RD's significant findings, recommendations, and plans for implementation of the recommendations as applicable. 6. The DM is responsible to prepare a list of residents to be seen by the RD at each scheduled visit as well as provide the RD with access to resident information that will facilitate the RD's assessment in addition to the medical record. 7. The DM is responsible for maintaining a record of RD consultant assessments in a manner that provides easy identification of which residents are due for reassessment such as annual RD visit logs. 8. The Director of Nursing (DON) or DM should consult with the RD via telephone or fax if services are required prior to the next scheduled visit. The discussion and recommendations will be documented in the resident's medical record. 9. The DON or designee is responsible for the implementation of the RD's recommendations to the nursing department and the Dietary Manager is responsible for implementation of the recommendations to the Dietary Department. 10. The DON or designee will promptly notify the physician of any recommendations for order changes.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's undated policy titled Weight Monitoring revealed in part .Weight loss: 4. A weight loss of 5% in 30 days or less, 7.5% in 90 days or less, or 10% in 6 months or less will be considered significant regardless of resident's ideal body weight. 11. The DM will request and RD consult at next scheduled visit or request a telephone consult if indicated. Documentation: 21. Documentation of weight change review, physician notification, and responsible party notification will be documented in the medical record. Standardized assessment entitled Weight Change Evaluation may be used.</p> <p>Review of Resident #8's medical record revealed an admitted [DATE] with diagnoses that included in part . Acute and Chronic Respiratory Failure with Hypoxia, Pneumonitis due to Inhalation of Food and Vomit, Encounter for attention to Gastrostomy, Severe Protein-Calorie Malnutrition, and Abnormal Weight loss.</p> <p>Review of Resident #8's Quarterly MDS with an ARD of 08/02/2025 revealed a BIMs score of 5, which indicated severe cognitive impairment. The MDS revealed Resident #8 required parenteral feeding via Peg tube.</p> <p>Review of Resident #8's 05/2025 Physicians orders revealed:</p> <p>04/22/25-enteral feed: every shift enteral: flush feeding tube with (50 cc) of water every 1 hour per volumetric feeding pump</p> <p>04/22/25-enteral feed: every shift- Diabetisource 1.2 AT 50cc/hour per. Continuous volumetric feeding pump.</p> <p>Review of Resident #8's care plan with a review date of 08/11/2025 revealed:</p> <p>Risk for malnutrition. 04/22/2025-Resident is NPO (nothing by mouth)/Peg tube status related to diagnosis of Dysphagia with aspiration noted. 04/30/2025-returned from hospital with significant weight loss noted over past month (19 pounds)</p> <p>. Intervention included in part .04/30/2025 Refer to RD for evaluation as indicated, significant weight loss noted.</p> <p>Review of Resident #8's weights revealed:</p> <p>05/20/2025 - 158.0 lbs. (pounds)</p> <p>04/30/2025 - 162.0 lbs.</p> <p>04/21/2025 - 175.0 lbs.</p> <p>04/08/2025 - 181.0 lbs.</p> <p>03/17/2025 - 179.0 lbs.</p> <p>03/11/2025 - 181.0 lbs.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #8's Dietary Admission Assessments revealed in part .</p> <p>04/21/2025-weight in pounds: 181, current diet: Diabetisource 1.50 at 50 cc/hr (mils per hour). Risk for malnutrition due to need for feeding tube, Recommended continue with same plan of care. Electronically signed by S8 Dietary Manager.</p> <p>04/30/2025-weight in pounds: 175, current diet: Diabetisource 1.50 at 50 cc/hr (mils per hour). Risk for malnutrition due to need for feeding tube, Recommended continue with same plan of care. Electronically signed by S8 Dietary Manager.</p> <p>05/19/2025-weight in pounds: 162, current diet: Diabetisource 1.50 at 50 cc/hr (mils per hour). Risk for malnutrition due to need for feeding tube, Recommended continue with same plan of care. Electronically signed by S8 Dietary Manager.</p> <p>Review of Resident #8's weight change evaluation form completed by S2 DON revealed in part .Resident #8 had a weight loss of 19 pounds in 1 month. Notes: total 19 pound weight loss in past month noted on return from hospital on 04/30/2025 status post recent history of aspiration pneumonia with NPO status and new peg tube placement noted. Plan: continue tube feeding, refer to RD for evaluation. Other: referral to RD for review, care plan updated.</p> <p>On 05/29/2025 after further review of Resident #8's medical record there was no evidence of documentation of the RD's evaluation or referral sent for Resident #8's significant weight loss.</p> <p>Telephone interview on 05/29/2025 at 12:46 p.m., with S10 Registered Dietician (RD) revealed she came to the facility on ce or twice a month to assess residents. S10 RD revealed that the facility would email her names of residents needing to be seen by her during her visit. S10 RD stated she reviewed residents' weights on a monthly basis. S10 RD stated Resident #8's significant weight loss was due to his multiple hospitalization s. S10 RD confirmed that she did not receive any evaluation request or referrals regarding Resident #8's significant weight loss from the facility upon his return from the hospital.</p> <p>Interview on 05/29/2025 at 2:03 p.m. with S2 DON revealed she was responsible for notifying S2 RD of changes in resident's weights via a referral or request for an evaluation. S2 DON stated she sent out a referral and requested an evaluation from S10 RD concerning Resident #8's significant weight loss. S2 DON could not provide documentation of an evaluation or referral sent to S10 RD concerning Resident #8's significant weight loss.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>52255</p> <p>Based on observation and interview, the facility failed to store food in accordance with professional standards for food service safety. The deficient practice had the potential to effect all of the residents who received meals from the kitchen. There were 55 residents who resided in the facility.</p> <p>The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Food items in pantry were stored in a sealed container; 2. Opened food items in refrigerator and freezer were labeled with an open date and stored in a sealed container; and 3. Snacks considered potentially hazardous food were stored appropriately. <p>Findings:</p> <p>A review of the facility's undated policy titled, Storage: Freezer revealed in part . Keep all frozen foods tightly wrapped or packaged to prevent freezer burn . Label and date all items.</p> <p>A review of the facility's undated policy titled, Storage: Refrigerator revealed in part . Keep refrigerated foods wrapped or covered and in sanitary containers.</p> <p>A review of the facility's undated policy titled, Storage: Dry Food revealed in part .Keep all containers tightly closed from insects, rodents, and dust. Dry foods can be contaminated, even if they don't need refrigeration.</p> <ol style="list-style-type: none"> 1. During the initial tour of kitchen performed on 05/27/2025 from 08:30 a.m. to 09:25 a.m., observation of the indoor pantry revealed (1) 20 pound box of spaghetti noodles opened. S8 Dietary manger confirmed spaghetti noodles should have been labeled with an open date and stored in a sealed container and was not. 2. During the initial tour of kitchen performed on 05/27/2025 from 08:30 a.m. to 09:25 a.m., observation of freezer # 3 revealed (1) two gallon zip lock bag of waffles not labeled with an open date, observation of cooler # 2 revealed (1) 15 pound box of bacon open to air, and observation of cooler #1 revealed (1) bag of liquid eggs opened and not labeled with an open date. <p>On 05/27/2025 at 10:25 a.m. interview with S8 Dietary manger was conducted. S8 Dietary manager confirmed the following:</p> <p>(1) two gallon zip lock bag of waffles located in freezer #3 was not labeled with an open date and should have been.</p> <p>(1) 15 pound box of bacon in cooler #2 was left open to air and should not have been.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(1) bag of liquid eggs located in cooler #1 was not labeled with an open date or stored in a sealed container and should have been.</p> <p>3. Interview with S8 Dietary Manager on 05/29/2025 at 09:07 a.m. revealed the facility did not have separate snack refrigerators. S8 Dietary Manager revealed snacks are stored and served from hydration carts at 09:30 a.m., 02:30 p.m., and 07:00 p.m. daily.</p> <p>S8 Dietary Manager revealed the hydration cart prepared at 07:00 p.m. daily included all snacks that were readily available to the residents till 5:00 a.m. the next day. S8 Dietary Manager revealed content of the 07:00 p.m. hydration cart consisted of juice, water, graham crackers, peanut butter crackers, and premade sandwiches that were stored in an ice cooler. S8 Dietary Manager revealed types of sandwiches stored in ice cooler on 07:00 p.m. hydration cart included peanut butter and jelly, turkey, bologna, and pimento cheese sandwiches. S8 Dietary Manager stated (2) two gallon zip lock bags were filled with ice and placed in ice cooler to keep sandwiches cool until sandwiches were discarded at 05:00 a.m. the next day.</p> <p>On 05/29/2025 at 09:18 a.m. observation of snack ice cooler revealed a 25 quart portable ice cooler that was not temperature regulated.</p> <p>On 05/29/2025 at 10:52 a.m. interview with S8 Dietary Manager revealed temperatures were not being monitored for ice cooler that stored sandwiches between 07:00 p.m. and 5:00 a.m. daily. S8 Dietary Manager confirmed turkey and pimiento cheese sandwiches were considered potentially hazardous food and should be stored in a monitored temperature regulated refrigerator and they were not.</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51503</p> <p>Based on observation, interview and record review, the facility failed to maintain an infection control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. This failed practice had the potential to effect the 55 residents who resided in the facility. The facility failed to:</p> <ol style="list-style-type: none">1. Ensure Enhanced Barrier Precautions (EBP) were utilized for 1 (Resident #19) of 1 residents reviewed for infection control;2. Ensure the facility laundry department was free of lint and dust; and3. Ensure S9 Treatment Nurse followed proper hand hygiene practices during wound care for 1 (Resident #11) of 1 residents review for pressure ulcers. <p>Findings:</p> <p>Review of a facility policy on 05/29/2025 at 7:12 p.m. titled, Enhanced Barrier Precautions with a revision date of 01/2025 revealed the following part .It is the policy of this facility to implement Enhanced Barrier Precautions (EBP) for the prevention of transmission of multidrug-resistant organisms (MDRO). 46. Enhanced Barrier Precautions- a. nursing staff will place residents with any applicable conditions or device on EBP. Applicable devices: i. Wounds and/or indwelling devices (feeding tubes) even if the resident is not known to be infected or colonized with MDRO. 48. High contact resident care activities included: transferring.</p> <p>1.</p> <p>Resident #19</p> <p>Review of Resident #19's medical record revealed and admitted [DATE], with diagnoses that included in part .Alzheimer's Disease with Late Onset, Gastrostomy Malfunction, Major Depressive Disorder, and Gastrostomy Status.</p> <p>Review of Resident #19's 05/2025 physician's orders revealed an order for Enhanced Barrier Precautions related to peg tube device with an order date of 08/04/2022.</p> <p>Review of Resident #19's care plan revealed in part .Start date (02/16/2024) Focus: Remains free from skin breakdown. Intervention: (08/02/2022) Enhanced Barrier precautions related to peg tube device.</p> <p>Observation on 05/27/2025 at 10:05 a.m., revealed Resident #19 transported via geri-chair to his room by S13 CNA. S12 CNA was observed exiting Resident #19's room, retrieving the facility's mechanical lift and reentering the resident's room accompanied by S13 CNA to transfer the resident from geri-chair to bed. Observation revealed no evidence of gown usage by S12 CNA at this time. Observation of the exterior of Resident #19's room door revealed EBP signage posted and PPE (gowns and gloves) available for use.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Colonial Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 426 North Washington Street Marksville, LA 71351	
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>In an interview on 05/27/2025 at 10:25 a.m., S12 CNA revealed that she and S13 transferred Resident #19 from geri-chair to bed via mechanical lift. S12 CNA confirmed she only wore gloves during the transfer and should have worn a gown also, but did not.</p> <p>In an interview on 05/29/2025 at 5:00 p.m., S2 DON revealed she expected all staff to wear gown and gloves for any resident on Enhanced Barrier Precautions during direct care, such as a transfer. S2 DON confirmed Resident #19 had a peg tube and required EBP during direct care. S2 DON confirmed S12 CNA should have worn both gown and gloves during Resident #19's transfer, but did not.</p> <p>2.</p> <p>Observation on 05/27/2025 at 5:10 p.m. of the facility laundry department accompanied by S1 Administrator. Observation revealed two laundry dryers with an excessive amount of lint within the lint traps. There was excessive lint on the inside of the dryer walls and excessive lint in the surrounding areas of the lint traps. Observation revealed there was excessive lint and dust on the laundry department walls entirely, and excessive lint and dust hanging from the ceilings. S1 Administrator confirmed the findings did not provide a safe, clean, and sanitary environment, and the laundry staff should have cleaned the laundry/dryer area, but did not.</p> <p>52255</p> <p>3.</p> <p>Resident #11</p> <p>A review of Resident # 11's medical record revealed an initial admitted [DATE] and re-admitted [DATE] with diagnoses that included Type 2 Diabetes Mellitus with Diabetic Chronic Kidney Disease, Atherosclerosis of native arteries of extremities with intermittent claudication of bilateral legs, Phantom Limb Syndrome with pain, Peripheral Vascular Disease, acquired absence of right leg above knee, unspecified open wound of left great toe with damage to nail, subsequent encounter, cellulitis of left lower limb.</p> <p>On 05/28/2025 at 10:00 a.m. review of Resident #11's annual Minimum Data Set (MDS), with Assessment Reference Date (ARD) of 02/24/2025, revealed Resident #11 had a BIMS score of 10, which indicated moderate cognitive impairment and had an open lesion on the foot.</p> <p>On 05/28/2025 at 11:04 a.m. review of Resident # 11's care plan with initiation date of 09/06/2024 revealed Resident #11 had actual skin impairment to the left great toe. Interventions included in part . Clean left foot great toe wound with NS/WC (normal saline/wound cleanser), apply iodine, let air dry, cover with dry dressing daily until healed.</p> <p>On 05/28/2025 at 09:46 a.m. observation revealed S9 Treatment Nurse preparing Resident #11's wound care supplies on the wound care cart outside of Resident #11's room. Observation revealed the following in part . S9 Treatment Nurse removed a 4x4 gauze from the clean packaging and placed the 4x4 gauze directly on the computer keyboard on the wound care cart (contaminating the 4x4 gauze). Further observation revealed S9 Treatment Nurse continue to take the contaminated 4x4 gauze, soak it with normal saline, and then place the soaked, contaminated 4x4 gauze on top of other clean wound care supplies, which would be used for Resident #11's treatment.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/28/2025 at 09:55 a.m. observation of Resident #11's wound care performed by S9 Treatment Nurse revealed Resident #11's left great toe wound was cleansed with the contaminated 4x4 normal saline soaked gauze.</p> <p>On 05/28/2025 at 10:07 a.m. interview with S9 Treatment Nurse confirmed she contaminated Resident #11's 4x4 gauze during wound care preparation when she placed it directly on the computer keyboard. S9 Treatment Nurse confirmed she then used the contaminated wound care supplies to complete Resident #11's wound care to his left great toe. S9 Treatment Nurse confirmed she should have placed the 4x4 gauze on a clean barrier during wound care preparation to prevent contamination, but did not. S9 Treatment Nurse confirmed she should have discarded the contaminated 4x4 gauze before providing wound care to Resident #11, but did not.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>51503</p> <p>Based on observation, interview and record review, the facility failed to maintain an effective pest control program so that the facility was free of pests. The facility failed to provide an environment free of flies throughout the facility. This deficient practice had the potential to effect all 55 residents who resided in the facility.</p> <p>Findings:</p> <p>Review of an undated facility policy on 05/29/2025 at 7:12 p.m. titled, Pest Control Program revealed the following part .Facility will maintain an effective pest control program that eradicates and contains common household pests. 4. Facility will utilize a variety of methods in controlling certain seasonal pests, example flies. These will involve indoor and outdoor methods that are deemed appropriate by the outside pest service and state and federal regulations.</p> <p>In an interview on 05/27/2025 at 10:47 a.m., Resident #21 revealed he had seen flies and gnats in his room and in the dining area often. Resident #21 stated he reported the flies and gnats to staff previously, but nothing was done.</p> <p>Dining observation on 05/27/2025 at 11:48 a.m., revealed two flies flying throughout in the dining room. Observation revealed Resident #17 swat his bowl of chicken noodle soup because there was a fly crawling on the ledge of his soup bowl.</p> <p>In an interview on 05/27/2025 at 12:05 p.m., Resident #39 revealed he bought a fly swatter because he had flies and gnats in his room, and he often had to kill them. Resident #39 stated he always killed flies and gnats throughout the facility, thus the reason he bought a fly swatter. Resident #39 was observed with a fly swatter he carried with him.</p> <p>Review of Resident #39's Quarterly MDS with an ARD of 04/30/2025 revealed a BIMS score of 15, which indicated intact cognition.</p> <p>Dining observation on 05/28/2025 at 8:00 a.m., revealed two flies flying throughout in the dining room while multiple residents were eating breakfast. Observation revealed one fly crawling on the dining room table while a resident ate her breakfast, near her plate of food.</p> <p>In an interview on 05/28/2025 at 12:30 p.m., S3 Maintenance Director revealed he was aware the facility had flying insects inside the building, such as flies and gnats. S3 Maintenance Director stated that during the summer months, the flies and gnats were worse and he tried to deter the flying insects by using a hanging sticky trap/tray. S3 Maintenance Director confirmed there was a flying insect issue throughout the facility, but there should not have been.</p> <p>52255</p> <p>On 05/27/2025 at 11:30 a.m. observation of the facility kitchen revealed one live fly flying throughout the food preparation area.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/29/2025 at 09:08 a.m. observation of the facility kitchen revealed one live fly flying throughout the kitchen area.</p> <p>On 05/29/2025 at 10:52 a.m. interview with S8 Dietary Manager revealed the facility recently began having issues with live flies. S8 Dietary Manager confirmed she has observed live flies in kitchen area and the kitchen should always be free of flies or any other insects/pest, but was not.</p>		