STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195445	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colonial Nursing and Rehabilitation Center	426 North Washington Street Marksville, LA 71351

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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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to manage his or her financial affairs. Based on interview and record review the facility failed to ensure resident's personal funds were available during non-business hours for 1 (Resident #23) of 34 sampled residents. Total facility census was 63.Findings:Review of a facility policy titled Availability of Resident Funds-After Business Office Hours, read in part.Policy: It is the practice of this facility to provide residents reasonable access to their personal funds after business office hours. Policy Explanation and Compliance Guidelines:2. During non-business office hours (e.g .nights, weekends, and holidays), the Business Office Manager, or designee, provides the Charge Nurse on duty at the time the business office closes a residents' fund petty cash box. 5. Staff members receive training on this policy in order to direct residents to the Charge Nurse when requests for personal funds are made during non-business office hours. Interview on 05/26/2026 at 1:20 p.m. with Resident #23 revealed when she asked for her money it usually took two days to receive it. Resident #23 revealed in the evenings and weekends, no staff was available to give her money when she requested it. Interview on 05/27/2026 at 10:21 a.m. with S10 Business Office Manager revealed if a resident requested money during non-business office, they would have to wait until the next day to receive it. S10 Business Office Manager confirmed that residents should be able to have access to their personal funds during non-business hours, and did not. Interview on 05/27/2026 at 10:39 a.m. with S1 Administrator revealed the facility's process for distributing residents' personal funds during non-business hours was S11 Activity Director's responsibility, because she lived near the facility. Interview on 05/27/2026 at 10:43 a.m. with S11 Activity Director confirmed she was not available at all times during non-business hours to disburse residents' personal funds.

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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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to notify the Ombudsman in writing of resident transfer/discharge for 1 (Resident #65) of 1 resident reviewed for transfer/discharge. The total sample size was 63.Findings:Review of Resident #65's medical record revealed an admission date of 02/16/2026 and a discharge date of 03/02/2026. Resident #65 had diagnosis of Emphysema, Heart Failure, Nutritional Anemia, Cocaine Use, Essential Hypertension, and Unspecified Viral Hepatitis CReview of the facility's March Emergency Transfer Log revealed a list of only hospitalization transfers and Resident #65's discharge was not listed.In an interview on 05/28/2026 at 3:40 p.m., S5 SSD revealed all discharges were reported to the Ombudsman monthly on the 15th for the previous month. She stated she sends the log via email to [NAME], Ombudsman. She confirmed Resident #65 was not on March Emergency Transfer Log, but should have been. In an interview on 05/28/2026 at 3:48 p.m., S1 Adm confirmed Resident #65 was transferred to the hospital in March and was not on March Emergency Transfer Log, but should have been.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to ensure the Minimum Data Set (MDS) assessments accurately reflected the Residents' status for 3 (#6, #17, and #57) of 34 sampled residents by failing:1. to ensure the Significant Change MDS assessments were correct for Resident #6 and Resident #17; and2. to ensure Resident #57's 03/23/2026 Quarterly MDS contained accurate diagnoses.Findings: Review of the facility's undated policy titled, MDS – Conducting and Accurate Resident Assessment revealed the following, in part: Policy: The purpose of this policy is to assure that all residents receive an accurate assessment of relevant care areas. Resident #6 Review of Resident #6's medical record revealed an admission date of 04/24/2024 and diagnoses that included, but are not limited to, Other Psychoactive Substance Abuse With Psychoactive Substance-Induced Psychotic Disorder with Delusions; Type 2 Diabetes Mellitus with Hyperglycemia; Abnormal Weight Loss; Anorexia; and Personal History of Traumatic Brain Injury. Review of Resident #6's orders revealed in part, an order dated 05/04/2026 to admit the resident to hospice services. Review of Resident #6's Significant Change MDS dated [DATE] revealed in part, Hospice was not selected under Section O – Special Treatments, Procedures, and Programs. Interview with S9 MDS on 05/28/2026 at 9:20 a.m. confirmed that the reason for Resident #6's Significant Change MDS was his admission to hospice services and Hospice had not been selected at the time the assessment was entered and submitted as completed. Resident #17 Review of Resident #17's medical record revealed an admission date of 03/06/2026 and diagnoses that included, but are not limited to, Interstitial Pulmonary Disease, Unspecified; Abdominal Aortic Aneurysm, Without Rupture, Unspecified; Chronic Obstructive Pulmonary Disease, Unspecified; and Acute Kidney Failure, Unspecified. Review of Resident #17's orders revealed in part, an order dated 04/22/2026 to admit the resident to hospice services. Review of Resident #17's Significant Change MDS dated [DATE] revealed in part, Hospice was not selected under Section O – Special Treatments, Procedures, and Programs. Interview with S9 MDS on 05/28/2026 at 9:25 a.m. confirmed that the reason for Resident #17's Significant Change MDS was her admission to hospice services and that Hospice had not been (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	selected at the time the assessment was entered and submitted as complete. Interview with S2 DON on 05/28/2026 at 9:32 a.m. acknowledged that Hospice should have been selected for both, Residents #6 and Resident #17's Significant Change MDS when it was submitted and completed, but had not. Review of Resident #57's medical record revealed a readmission date of 04/25/2025 with diagnoses that included Hypertensive heart disease, Unspecified Psychosis not due to a substance or known physiological condition (dated 08/26/2024), Major Depressive Disorder, single episode, Generalized Anxiety Disorder, and Delirium due to known physiological condition. Review of Resident #57's Quarterly MDS with an ARD of 03/23/2026 revealed a BIMS score of 15, indicating intact cognition. Further review of the MDS revealed the resident had a diagnosis of Psychotic Disorder (other than Schizophrenia). Review of Resident #57's current Care Plan and progress notes revealed no evidence of behaviors, psychosis, abnormal behaviors, and no inpatient psych stays. Review of Resident #57's Level 1 PASSAR dated 04/12/2023 revealed no level 2 required. In an interview on 05/27/2026 at 1:31 p.m., S2 DON was unaware that Resident #57 had a diagnosis of Psychosis in the medical record. S2 DON confirmed the resident was not receiving medications or treatment for that diagnosis. S2 DON stated Resident #57 is fully coherent with no behaviors and has only had issues of occasional anxiety and denied any abnormal behaviors. In an interview on 05/28/2026 at 7:35 a.m., S2 DON revealed that after reviewing the Resident #57's chart, she concluded the diagnosis of unspecified psychosis was inputted as a mistake or incorrectly. S2 DON stated in review of the resident's chart she reviewed the nursing and physician notes during the time frame of April 2024 when the diagnosis was initiated and resident was having kidney stone issues that was causing some delirium. In an interview on 05/28/2026 at 2:09 p.m., S2 DON revealed the resident has a high BIMS and does not have any mental or behaviors issues. S2 DON stated the resident does have history of behavioral changes intermittently when dealing with previous kidney stones or infections but nothing permanent. S2 DON confirmed the MDS was not correct, the resident does not have an active diagnosis of psychotic disorder, and the comprehensive assessment does not accurately reflect Resident #57's current status. In an interview on 05/28/2026 at 2:15 p.m., S9 MDS reviewed Resident #57's medical record and Quarterly MDS with an ARD of 03/23/2026. S9 MDS denied the resident having any behavioral or mental health issues. S9 MDS stated she reviewed multiple other MDS submissions that revealed this resident was listed with the active diagnosis of psychotic disorder and this was not an isolated mistake. S9 MDS nurse further revealed that Resident #57's MDS assessment and medical record were not accurate and does not accurately reflect the resident but should. In a telephone interview on 05/28/2026 at 2:09 p.m., S6 NP confirmed Resident #57 does not currently or have a history of any form of psychotic disorder or psychosis.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interviews, record reviews, and investigations, the facility failed to ensure the development and implementation of the residents' person-centered plan of care for 3 (#23, #51, and #52) of 34 sampled residents by failing to:1. to develop and implement a care plan for Resident #23's dialysis needs;2. to develop and implement a care plan for Resident #51's ADL needs; and3. to monitor effectiveness of diabetic medications on Resident #52.Findings: Resident #23 Review of Resident #23's medical record revealed an admit date of 07/10/2024 with diagnoses that included in part.Human Immunodeficiency Virus, End Stage Renal Disease, Peripheral Vascular Disease, Hypertensive Heart Disease with Heart Failure, and Generalized Anxiety Disorder. Review of Resident #23's Quarterly MDS with an ARD of 04/06/2026 revealed a BIMS score of 13 which indicated intact cognition. The MDS revealed Resident #23 was dependent with toileting, bathing, dressing and personal hygiene; and required substantial/maximal assistance with eating and oral hygiene. The MDS revealed Resident had End Stage Renal Disease Requiring Hemodialysis. Review of Resident #23's Care Plan read in part.Diagnosis End Stage Renal Disease and requires Dialysis with no nursing interventions listed. During an interview on 05/27/2026 at 2:30 p.m. with S9 MDS confirmed Resident #23's Care Plan did not reflect appropriate nursing interventions for Dialysis and should have. Resident #51 Review of Resident #51's medical record revealed an admit date of 09/30/2025 and readmit date of 02/06/2026 with diagnoses that include in part.Rheumatoid Arthritis, Osteoarthritis, Muscle Weakness, Candidiasis of skin and nail, and Lack of Coordination. Review of Resident #51's Significant Change MDS with an ARD of 03/05/20/26 revealed a BIMS of 15, which indicated intact cognition, and the resident required substantial to maximal assistance with showering/bathing and dressing lower body and partial to moderate assistance with oral hygiene, toileting hygiene, upper body dressing, sitting to standing, and all transfers. Review of Resident #51's current care plan with a next review date of 07/12/2026 revealed it contained no care planning for the resident's bathing needs. During an interview on 05/27/2026 at 7:30 a.m., Resident #51 reported she was about to leave the facility to go to IOP and stated the CNAs did not come to get her for a shower this morning but should have. During an interview on 05/27/2026 at 11:55 a.m., S14 CNA stated she was aware of Resident #51's needs because she just knew them and by looking at EHR tasks. S14 CNA reported Resident #51 requires standby assist with ambulation and takes showers/baths daily with assistance. S14 CNA stated she gave Resident #51 a shower this morning before she left for IOP. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #51's PCC EHR task revealed the resident prefers bathing in the morning, showers alternating with bed baths. Further review revealed no documentation to reflect Resident #51 received a shower or bath today. In an interview on 05/28/2026 at 8:45 a.m., S2 DON and S13 Corporate RN stated direct care staff are made aware of each residents' ADL needs by looking in the resident's care plan and task in PCC/EHR. During a review of Resident #51's care plan at this time, S2 DON confirmed Resident #51 did not have a care plan that identified the resident's ADL needs but should have. S13 Corporate RN confirmed all resident ADL needs should be identified in the resident's care plan, but were not for Resident #51. S2 DON reported MDS nurses were responsible for MDS and care planning at this facility. In an interview on 05/28/2026 at 8:50 a.m., S12 MDS revealed she and S9 MDS were responsible for MDS and care plan documentation. After reviewing Resident #51's care plan at that time, S12 MDS confirmed Resident #51's care plan did not identify her ADLS needs, but should have. Resident #52 Review of Resident #52's clinical record revealed an admit date of 09/17/2025 with a re-entry date of 09/26/2024 with diagnoses that included, but not limited to: Type 2 Diabetes Mellitus, Long Term (Current) use of Insulin, Depression, Schizophrenia, and Anxiety Disorder. Review of Resident #52's Care Plan with an initiated date of 09/26/2024 and a next review date of 06/16/2026 revealed in part .Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness. Review of Resident #52's Physicians orders revealed in part Insulin Lispro Injection Solution (Insulin Lispro) Inject as per sliding scale: if 401-999 = 6 units notify MD subcutaneously two times a day. Start date 09/26/2024. Interview on 05/26/26 at 11:06 a.m., Resident #52 stated she gets her blood sugar checked twice a day and she gets a whole lot of medicine and insulin, but her sugar is still always high. Resident #52 stated her blood sugar is sometimes so high, it frightens her. Review of May 2026 electronic medication administration record revealed Resident #52 had the following blood sugars documented as: May 11, 2026- blood sugar of 497 May 14, 2026- blood sugar of 416 May 15, 2026- blood sugar of 486 May 17, 2026- blood sugar of 402 May 18, 2026- blood sugar of 500 May 20, 2026- blood sugar of 592 (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	May 23, 2026- blood sugar of 405 May 24, 2026- blood sugar of 429 May 25, 2026- blood sugar of 430 May 26, 2026- blood sugar of 402 Review of May 2026 progress notes for Resident #52 revealed in part.no documentation of the MD being notified of blood sugar readings that resulted in 401 or greater by the nurses. In a telephone interview on 05/27/26 at 11:54 a.m., S6 NP revealed if a resident's plan of care stated 401-999 give 6 units notify MD, the nurses should notify the MD. S6 NP acknowledged if the nurse had contacted her about Resident #52's blood sugar being 401 or greater, she would have ordered extra insulin or given an order to recheck it again after administering the sliding scale insulin that was ordered. Interview on 05/28/2026 at 2:37 p.m. with S2 DON confirmed the nurses did not follow the plan of care to notify the MD for blood sugars resulting 401 or greater, but should have.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to maintain a clean and sanitary kitchen to prevent the likelihood of foodborne illnesses and failed to store, prepare, and serve food in accordance with professional standards for food service safety. This deficient practice had the potential to effect all 63 residents who resided in the facility. The facility failed to ensure:1. Expired Food items in the pantry were not available for use;2. Staff are wearing beard restraints to prevent hair from contacting food Findings: Review of an undated facility policy titled, Date Marking for Food Safety revealed in part.Policy: The facility adheres to a date marking system to ensure the safety of ready-to-eat, time/temperature control for safety food. 5. The discard day or date may not exceed the manufacturer's use-by date, or four days, whichever is earliest. The date of opening or preparation counts as day 1. Review of a facility policy dated January 2025 titled, Infection Control-Preventing Foodborne Illness-Employee Hygiene and Sanitary Practices revealed in part .Food Services employees shall follow appropriate hygiene and sanitary procedures to prevent the spread of foodborne illness. 12. Hair nets or caps and/or beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils and linens. Observation of the pantry on 05/26/2026 at 8:20 a.m. accompanied by S3 DM revealed the following expired food items:1 large bag of [NAME] frosting with expiration date of 03/19/2026;2 large bags of Jiffy Cookie mix with expiration date of 06/25/2025;2 large cans (6lb 8oz) of spaghetti sauce with expiration date of 05/22/20262 packs of dinner rolls with expiration date of 04/12/2026;One loaf Bunny bread with expiration date of 05/12/2026;Approximately 50 cartons of fat free milk in cooler #1 with expiration date of 05/25/2026.Findings confirmed at the time of observation by S3 DM. In an observation in the kitchen area on 05/26/2026 at 11:30 a.m., revealed S4 [NAME] had a long, curly goatee (facial hair) and no usage of a beard restraint while serving on the line during preparation of lunch. In an interview on 05/26/2026 at 11:45 a.m., S4 [NAME] acknowledged he was not wearing a beard restraint to cover his goatee (facial hair), but should have been. In an interview on 05/26/2026 at 11:45 a.m., S3 DM confirmed S4 [NAME] was not wearing a beard restraint, but should have been.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, record review, and interview the facility staff failed to use standard precautions by performing hand hygiene during medication administration for 4(Resident #9, Resident #11, Resident #38, Resident #47) of 4 residents observed.Review of policy Hand Hygiene Table dated January 2025 revealed, hand hygiene should be used between resident contacts- either antimicrobial Soap and Water or Alcohol Based Hand Rub.Observation of medication administration on 05/27/2026 with S7 LPN revealed that she did not perform hand hygiene by not washing or sanitizing her hands between medication administrations of the 4 observed residents.Interview on 05/27/2026 at 08:20 AM with S7 LPN confirmed, Absolutely, I should have used sanitizer between administrations of medication between residents.Interview on 05/27/2026 at 08:30 AM with S2 DON confirmed, that the nurse should have sanitized hands between residents.