

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195478	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER The Columns Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3025 Fourth Street Jonesville, LA 71343	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</p> <p>Based on observation, interview and record review the facility failed to ensure that a resident's person-centered plan of care for the treatment of a skin tear was followed for 1 (#3) of 3 (#1, #2, and #3) sampled residents. The facility had a total census of 90.</p> <p>Findings:</p> <p>Review of the Facility policy titled: Skin Tears, with an effective date of 04/04/2024 revealed in part .</p> <p>Process:</p> <p>2 (b). Tropical treatments in accordance with current standards of practice will be provided for residents who have a skin tear.</p> <p>4. Monitoring</p> <p>b. Licensed nurses will participate in the management of skin tears and medical conditions by following physician orders. Assessment of residents, and reporting changes in condition to the resident's physicians.</p> <p>Review of Resident #3's clinical record revealed an admitted [DATE] with diagnoses which included in part . Alzheimer's Disease with Late Onset, Impulse Disorder Unspecified, Generalized Anxiety, History of Falling and Dementia.</p> <p>Review of Resident #3's Quarterly MDS with an ARD of 09/04/2024 revealed a BIMS score of 99 (indicating interview was unsuccessful), Resident #3 required setup or clean-up assistance with eating. Resident #3 was dependent on staff for oral hygiene, toileting, bathing, dressing and personal hygiene.</p> <p>Review of Resident #3's care plan with a target date of 12/01/2024 revealed in part .I have a skin tear to right lower leg. Interventions that included: if I receive a skin tear, treat per facility policy protocol.</p> <p>Review of Resident #3's Physician's orders revealed:</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>10/15/2024: Cleanse skin tear to right lower leg with normal saline, pat dry, and apply tegaderm, every 3 days until healed.</p> <p>?</p> <p>Review of Resident #3's TAR (Treatment Administration Record) revealed in part . Cleanse skin tear to right lower leg with normal saline, pat dry and apply Tegaderm every 3 days until healed. S2 RN initialed the above treatment on the TAR as completed on 11/02/2024. S3 RN initialed the above treatment as completed on 11/05/2025.</p> <p>Observation on 11/07/2024 at 1:01 p.m. revealed Resident #3 was seated in a wheelchair near the nurse's station. Resident #3's right lower leg was noted with a skin tear, and had a blood stained clear bandage, that did not cover the entire area of the skin tear. Observation revealed the clear bandage was dated 11/02/2024.</p> <p>Observation and interview of Resident #3 on 11/07/2024 at 1:10 p.m. with S2 RN revealed a clear bandage to Resident #3's right lower leg. The clear bandage was blood stained and dated 11/02/2024 with initials on it. S2 RN confirmed the date on the bandage read 11/02/2024 and it was her initials on the bandage from 11/02/2024, indicating she completed Resident #3's treatment on that date</p> <p>Interview on 11/12/2024 at 9:01 a.m. with S1 DON revealed she had spoken with S3 RN regarding the clear bandage on Resident #3's right lower leg having a date of 11/02/2024. S1 DON stated S3 RN revealed she had initialed Resident #3's TAR on 11/05/2024 , but when she got to Resident #3, she was unable to do the treatment at that time, and forgot to go back to do it. S1 DON confirmed Resident #3's dressing change to her right lower leg skin tear should have been done on 11/05/2024, and it had not been.</p> <p>Telephone interview on 11/12/2024 at 1:45 p.m. with S3 RN revealed she initialed the treatment on the TAR for Resident #3 as having changed the bandage to a skin tear to her right lower leg on 11/05/2024. S3 RN revealed she had attempted to change the bandage on Resident #3's right lower leg, but the resident became agitated. S3 RN revealed she left Resident #3 to calm down, and failed to go back and change the bandage. S3 RN confirmed she did not change the dressing to Resident #3's right lower leg on 11/05/2024 as ordered, but she should have.</p>