

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2024
NAME OF PROVIDER OR SUPPLIER  Ruston Nursing and Rehabilitation Center, llc		STREET ADDRESS, CITY, STATE, ZIP CODE  3720 Hwy 80 East Ruston, LA 71270	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40238</b></p> <p>Based on record reviews and interviews, the facility failed to ensure residents were free from misappropriation of resident property for 32 (#1-#32) of 32 representative sampled residents of 132 total residents identified with an active trust fund account since [DATE].</p> <p>Findings:</p> <p>Review of the facility's policy and procedure on Resident Trust Fund, with a revision date of ,d+[DATE], revealed the following, in part:</p> <p>Disbursements:</p> <p>All disbursements must be authorized by the resident and/or designated representative on any one of the following:</p> <ol style="list-style-type: none"> <li>1) Petty Cash Disbursement slip,</li> <li>2) Disbursement Voucher,</li> <li>3) Trust Fund Disbursement Log, or</li> <li>4) Monthly Disbursement Authorization Form.</li> </ol> <p>Small dollar disbursement amounts can be requested from the Resident Trust Fund petty cash fund maintained by the business office.</p> <p>Cash Withdrawals- Petty Cash Fund:</p> <p>Cash withdraws made by the resident and/or designated representative or power of attorney from available individual funds (resident account balance on deposit). They are limited to fifty dollar (\$50.00) increments, or \$49.00 in Louisiana. Should additional funds over the fifty dollars (\$50.00) or \$49.00 in Louisiana limit be requested, the resident will be required to accept a check.</p> <ol style="list-style-type: none"> <li>1) A petty cash box designated exclusively for Resident Trust Fund shall be maintained by the facility Business Office in the amount of between three hundred dollars (\$300.00) and six hundred dollars (\$600.00).</li> </ol> <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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2) Each transaction is recorded on a Petty Cash Disbursement slip or Disbursement Log for withdrawals. The Petty Cash Disbursement or Disbursement Log should be signed by the resident and/or designated representative receiving the cash withdrawal. The signed original is retained in the petty cash box to substantiate weekly replenishments to the cash box from the Resident Trust Fund bank account, and provide support for posting to the individual resident trust account.</p> <p>3) The Petty Cash box balance is maintained and replenished via a withdrawal from the Resident Trust Fund checking account as required.</p> <p>Trust Fund Disbursement Log revealed the following, in part:</p> <p>H) Have the person authorizing the disbursement sign, if resident marks with X, have this mark witnessed by 2 witnesses.</p> <p>Resident #1</p> <p>Review of record revealed resident #1 was admitted to the facility on [DATE].</p> <p>Review of resident #1's most recent quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 15 indicating he was cognitively intact.</p> <p>Review of the petty cash receipt investigation by the facility revealed the following discrepancies for resident #1's trust fund account for petty cash-vending totaling \$490.00 as follows:</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>Review of the residents statement register from [DATE] through [DATE] revealed the following petty cash-vending withdrawals for resident #1:</p> <p>[DATE] - \$49.00</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>On [DATE] at 2:30pm an interview with resident #1 confirmed he went to S3 Business Office Manager (BOM) on [DATE] and was told he did not have enough money in his account to honor his withdrawal request. Resident #1 reviewed his records and discovered there was a discrepancy in his money so he reported it to the administrator on [DATE]. Resident #1 reported his account was \$490.00 short and he knew someone took his money.</p> <p>On [DATE] at 1:26 p.m. an interview with S2Regional Financial Consultant confirmed the discrepancies were identified by review of the trust fund receipt book showing suspected forged signatures of resident #1.</p> <p>Resident #2</p> <p>Review of record revealed resident #2 was admitted to the facility on [DATE].</p> <p>Review of resident #2's admission Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 15 indicating no cognitive impairment.</p> <p>Review of the petty cash receipt investigation by the facility revealed a discrepancy for resident #2's trust account for petty cash-vending totaling \$49.00 on [DATE].</p> <p>Review of the resident #2's statement register from [DATE] through [DATE] revealed a transaction on [DATE] from petty cash-vending in the amount of \$49.00.</p> <p>On [DATE] at 9:07 a.m., an interview with resident #2 revealed she was not aware of missing funds until S1Administrator came to her with the news. Resident #2 reported she could get a balance any time at her request but never really worried about it because there was not very much money in the account.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 1:28 p.m., an interview with S2Regional Financial Consultant confirmed the discrepancies were identified by review of the trust fund receipt book showing suspected forged signatures of resident #2.</p> <p>Resident #3</p> <p>Review of record revealed resident #3 was admitted to the facility on [DATE].</p> <p>Review of resident #3's most recent quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 15 indicating no cognitive impairment.</p> <p>Review of the petty cash receipt investigation by the facility revealed the following discrepancies for resident #3 trust account for petty cash-vending totaling \$972.00 as follows:</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$26.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$15.00</p> <p>[DATE] - \$49.00</p> <p>(continued on next page)</p>



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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 1:38 p.m., an interview with S2Regional Financial Consultant confirmed the discrepancies were identified by review of the trust fund receipt book showing suspected forged signatures of resident #5.</p> <p>Resident #6</p> <p>Review of record revealed resident #6 was admitted to the facility on [DATE].</p> <p>Review of resident #6's most recent quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 10 indicating moderate cognitive impairment.</p> <p>Review of the petty cash receipt investigation by the facility revealed the following discrepancies for resident #6's trust account for petty cash-vending totaling \$234.00 as follows:</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$38.00</p> <p>Review of the residents statement register from [DATE] through [DATE] revealed the following petty cash-vending withdrawals for resident #6:</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$38.00</p> <p>On [DATE] at 1:39 p.m., an interview with S2Regional Financial Consultant confirmed the discrepancies were identified by review of the trust fund receipt book showing suspected forged signatures of resident #6.</p> <p>Resident #7</p> <p>Review of record revealed resident #7 was admitted to the facility on [DATE].</p> <p>Review of resident #7's most recent quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 15 indicating no cognitive impairment.</p> <p>(continued on next page)</p>

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the petty cash receipt investigation by the facility revealed a discrepancy for resident #7's trust account for petty cash-vending totaling \$8.00 on [DATE].</p> <p>Review of resident #7's statement register from [DATE] through [DATE] revealed a transaction on [DATE] from petty cash-vending in the amount of \$8.00.</p> <p>On [DATE] at 1:40 p.m., an interview with S2Regional Financial Consultant confirmed the discrepancies were identified by review of the trust fund receipt books showing suspected forged signatures of Resident #7.</p> <p>Resident #8</p> <p>Review of record revealed resident #8 was admitted to the facility on [DATE].</p> <p>Review of resident #8's most recent quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 15 indicating no cognitive impairment.</p> <p>Review of the petty cash receipt investigation by the facility revealed the following discrepancies for resident #8's trust account for petty cash-vending totaling \$236.00 as follows:</p> <p>[DATE] - \$20.00</p> <p>[DATE] - \$20.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$34.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$15.00</p> <p>Review of the residents statement register from [DATE] through [DATE] revealed the following petty cash-vending withdrawals for resident #8:</p> <p>[DATE] - \$20.00</p> <p>[DATE] - \$20.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$49.00</p> <p>[DATE] - \$34.00</p> <p>[DATE] - \$49.00</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>[DATE] - \$15.00</p> <p>On [DATE] at 1:42 p.m., an interview with S2Regional Financial Consultant confirmed the discrepancies were identified by review of the trust fund receipt book showing suspected forged signatures of resident #8.</p> <p>Resident #9</p> <p>Review of the record revealed resident #9 was admitted to the facility on [DATE].</p> <p>Review of resident #9's most recent significant change Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 9 indicating moderate cognitive impairment.</p> <p>Review of the petty cash receipt investigation by the facility revealed a discrepancy for resident #9's trust account for petty cash-vending totaling \$49.00 on [DATE].</p> <p>Review of resident #9's statement register from [DATE] through [DATE] revealed a transaction on [DATE] from petty cash-vending in the amount of \$49.00.</p> <p>On [DATE] at 1:42 p.m., an interview with S2Regional Financial Consultant confirmed the discrepancies were identified by review of the trust fund receipt book showing suspected forged signatures of resident #9.</p> <p>Resident #10</p> <p>Review of record revealed resident #10 was admitted to the facility on [DATE].</p> <p>Review of resident #10's most recent quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 5 indicating severe cognitive impairment.</p> <p>Review of the petty cash receipt investigation by the facility revealed a discrepancy for resident #10's trust account for petty cash-vending totaling \$49.00 on [DATE].</p> <p>Review of resident #10's statement register from [DATE] through [DATE] revealed a transaction on [DATE] for petty cash-vending in the amount of \$49.00.</p> <p>On [DATE] at 1:43 p.m., an interview with S2Regional Financial Consultant confirmed the discrepancy was identified by review of the trust fund receipt book showing a forged witness signature with misspelled resident name.</p> <p>Resident #11</p> <p>Review of record revealed resident #11 was admitted to the facility on [DATE].</p> <p>Review of resident #11's most recent quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 99 indicating the assessment could not be completed.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview on [DATE] at 9:18 a.m. with resident #13 revealed she got a statement from the business office when she wanted it. Resident #13 reported when she needed money she would go to the business office and sign for the money. Resident #13 reported the facility notified her of money missing from her trust fund account.</p> <p>On [DATE] at 1:45 p.m. an interview with S2Regional Financial Consultant revealed the discrepancies were identified by review of the trust fund receipt book as follows: 1 receipt with no signature, 2 receipts with unauthorized signature by the resident's daughter, and several inconsistent (forged) resident signatures for resident #13.</p> <p>Resident #14</p> <p>Review of record revealed resident #14 was admitted to the facility on [DATE].</p> <p>Review of resident #14's quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 15 indicating cognitively intact.</p> <p>Review of the petty receipt investigation by the facility revealed a discrepancy for resident #14's trust account dated [DATE] for petty cash-vending in the amount of \$20.00.</p> <p>Review of the resident's statement register from [DATE] through [DATE] revealed a transaction on [DATE] for petty cash-vending in the amount of \$20.00 for resident #14.</p> <p>On [DATE] at 1:45 p.m. an interview with S2Regional Financial Consultant revealed the discrepancy was identified by review of the trust fund receipt book showing forged resident signature with the name misspelled for resident #14.</p> <p>Resident #15</p> <p>Review of record revealed resident #15 was admitted to the facility on [DATE].</p> <p>Review of resident #15's quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 9 indicating moderate cognitive impairment.</p> <p>Review of the petty receipt investigation by the facility revealed the following discrepancies for resident #15's trust account for petty cash-vending totaling \$58.00 as follows:</p> <p>[DATE]- \$20.00</p> <p>[DATE]- \$38.00</p> <p>Review of the resident's statement register from [DATE] through [DATE] revealed the following petty cash-vending withdrawals for resident #15:</p> <p>[DATE]- \$20.00</p> <p>[DATE]- \$38.00</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2024
NAME OF PROVIDER OR SUPPLIER  Ruston Nursing and Rehabilitation Center, llc		STREET ADDRESS, CITY, STATE, ZIP CODE 3720 Hwy 80 East Ruston, LA 71270	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 1:45 p.m. an interview with S2Regional Financial Consultant revealed the discrepancies were identified by review of the trust fund receipt book showing 2 inconsistent (forged) resident signatures compared to her prior signatures for resident #15.</p> <p>Resident #16</p> <p>Review of record revealed resident #16 was admitted to the facility on [DATE].</p> <p>Review of resident #16's quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 15 indicating cognitively intact.</p> <p>Review of the petty receipt investigation by the facility revealed a discrepancy for resident #16's trust account dated [DATE] for petty cash-vending in the amount of \$14.00.</p> <p>Review of the resident's statement register from [DATE] through [DATE] revealed a transaction on [DATE] for petty cash-vending in the amount of \$14.00 for resident #16.</p> <p>On [DATE] at 1:45 p.m. an interview with S2Regional Financial Consultant revealed the discrepancy was identified by review of the trust fund receipt book showing S5Business Manager Assistant signed as a witness to her own signature with no other witness signature. S2Regional Financial Consultant confirmed resident #16 was unable to sign receipt physically, and required 2 witness signatures to obtain money from petty cash.</p> <p>Resident #17</p> <p>Review of record revealed resident #17 was admitted to the facility on [DATE].</p> <p>Review of resident #17's quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 15 indicating cognitively intact.</p> <p>Review of the petty receipt investigation by the facility revealed the following discrepancies for resident #17's trust account for petty cash-vending totaling \$368.00 as follows:</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$44.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$30.00</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2024
NAME OF PROVIDER OR SUPPLIER  Ruston Nursing and Rehabilitation Center, llc		STREET ADDRESS, CITY, STATE, ZIP CODE 3720 Hwy 80 East Ruston, LA 71270	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's statement register from [DATE] through [DATE] revealed the following petty cash-vending withdrawals for resident #17:</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$44.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$30.00</p> <p>An interview on [DATE] at 9:10 a.m. with resident #17 revealed he received his account balance monthly, and he signed when he got his money from the business office. Resident #17 reported the facility notified him that over \$300 had been taken out of his account.</p> <p>On [DATE] at 1:45 p.m. an interview with S2Regional Financial Consultant revealed the discrepancies were identified by review of the trust fund receipt book showing the date was changed on the [DATE] receipt, 1 receipt with an odd amount for this resident, and multiple misspelled resident signatures on the receipts for resident #17.</p> <p>Resident #18</p> <p>Review of record revealed resident #18 was admitted to the facility on [DATE].</p> <p>Review of resident #18's quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 9 indicating moderate cognitive impairment.</p> <p>Review of the petty receipt investigation by the facility revealed the following discrepancies for resident #18's trust account for petty cash-vending totaling \$37.00 as follows:</p> <p>[DATE]- \$5.00</p> <p>[DATE]- \$5.00</p> <p>[DATE]- \$5.00</p> <p>[DATE]- \$5.00</p> <p>[DATE]- \$5.00</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2024
NAME OF PROVIDER OR SUPPLIER  Ruston Nursing and Rehabilitation Center, llc		STREET ADDRESS, CITY, STATE, ZIP CODE 3720 Hwy 80 East Ruston, LA 71270	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>[DATE]- \$5.00</p> <p>[DATE]- \$2.00</p> <p>[DATE]- \$5.00</p> <p>Review of the resident's statement register from [DATE] through [DATE] revealed the following petty cash-vending withdrawals for resident #18:</p> <p>[DATE]- \$5.00</p> <p>[DATE]- \$5.00</p> <p>[DATE]- \$5.00</p> <p>[DATE]- \$5.00</p> <p>[DATE]- \$5.00</p> <p>[DATE]- \$5.00</p> <p>[DATE]- \$5.00</p> <p>[DATE]- \$2.00</p> <p>[DATE]- \$5.00</p> <p>On [DATE] at 1:45 p.m. an interview with S2Regional Financial Consultant revealed the discrepancies were identified by review of the trust fund receipt book showing inconsistent (forged) resident signatures on all receipts, and a change was made to the amount on 1 of the boxes on the receipt for resident #18.</p> <p>Resident #19</p> <p>Review of record revealed resident #19 was admitted to the facility on [DATE] and expired at the facility on [DATE].</p> <p>Review of resident #19's significant change Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 15 indicating cognitively intact.</p> <p>Review of the petty receipt investigation by the facility revealed the following discrepancies for resident #19's trust account for petty cash-vending totaling \$83.00 as follows:</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$34.00</p> <p>Review of the resident's statement register from [DATE] through [DATE] revealed the following petty cash-vending withdrawals for resident #19:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2024
NAME OF PROVIDER OR SUPPLIER  Ruston Nursing and Rehabilitation Center, llc		STREET ADDRESS, CITY, STATE, ZIP CODE  3720 Hwy 80 East Ruston, LA 71270	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>[DATE]- \$49.00</p> <p>[DATE]- \$34.00</p> <p>On [DATE] at 1:45 p.m. an interview with S2Regional Financial Consultant revealed the discrepancies were identified by review of the trust fund receipt book showing 2 receipts had forged resident signatures for resident #19.</p> <p>Resident #20</p> <p>Review of record revealed resident #20 was admitted to the facility on [DATE].</p> <p>Review of resident #20's quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 9 indicating moderate cognitive impairment.</p> <p>Review of the petty receipt investigation by the facility revealed the following discrepancies for resident #20's trust account for petty cash-vending totaling \$35.00 as follows:</p> <p>[DATE]- \$10.00</p> <p>[DATE]- \$10.00</p> <p>[DATE]- \$5.00</p> <p>[DATE]- \$5.00</p> <p>[DATE]- \$5.00</p> <p>Review of the resident's statement register from [DATE] through [DATE] revealed the following petty cash-vending withdrawals for resident #20:</p> <p>[DATE]- \$10.00</p> <p>[DATE]- \$10.00</p> <p>[DATE]- \$5.00</p> <p>[DATE]- \$5.00</p> <p>[DATE]- \$5.00</p> <p>On [DATE] at 1:45 p.m. an interview with S2Regional Financial Consultant revealed the discrepancies were identified by review of the trust fund receipt book showing inconsistent (forged) resident signatures for the above receipts for resident #20.</p> <p>Resident #21</p> <p>Review of record revealed resident #21 was admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Ruston Nursing and Rehabilitation Center, llc		STREET ADDRESS, CITY, STATE, ZIP CODE  3720 Hwy 80 East Ruston, LA 71270	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of resident #21's quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 10 indicating moderate cognitive impairment.</p> <p>Review of the petty receipt investigation by the facility revealed the following discrepancies for resident #21's trust account for petty cash-vending totaling \$25.00 as follows:</p> <p>[DATE]- \$6.00</p> <p>[DATE]- \$2.00</p> <p>[DATE]- \$17.00</p> <p>Review of the resident's statement register from [DATE] through [DATE] revealed the following petty cash-vending withdrawals for resident #21:</p> <p>[DATE]- \$6.00</p> <p>[DATE]- \$2.00</p> <p>[DATE]- \$17.00</p> <p>On [DATE] at 1:45 p.m. an interview with S2Regional Financial Consultant revealed the discrepancies were identified by review of the trust fund receipt book showing 2 receipts with no signatures and 1 receipt with a forged resident signature for resident #21.</p> <p>Resident #22</p> <p>Review of record revealed resident #22 was admitted to the facility on [DATE].</p> <p>Review of resident #22's quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status assessment score of 15 indicating no cognitive impairment.</p> <p>Review of the petty cash receipt investigation by the facility revealed a discrepancy for resident #22's trust account dated [DATE] for petty cash-vending in the amount of \$20.00.</p> <p>Review of resident #22's statement register from [DATE] to [DATE] revealed a transaction on [DATE] for petty cash-vending in the amount of \$20.00.</p> <p>On [DATE] at 1:58 p.m. an interview with S2Regional Financial Consultant confirmed the discrepancy was identified by review of the trust fund receipt book which showed the receipt amount had been changed in the top box, and it was an irregular amount from what he would normally receive out of his account. S2Regional Financial Consultant revealed resident #22 signed for himself.</p> <p>Resident #23</p> <p>Review of record revealed resident #23 was admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Ruston Nursing and Rehabilitation Center, llc		STREET ADDRESS, CITY, STATE, ZIP CODE  3720 Hwy 80 East Ruston, LA 71270	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of resident #23's quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 15 indicating no cognitive impairment.</p> <p>Review of the petty cash receipt investigation by the facility revealed a discrepancy for resident #23's trust account dated [DATE] for petty cash-vending in the amount of \$38.00.</p> <p>Review of resident #23's statement register from [DATE] to [DATE] revealed a transaction on [DATE] for petty cash-vending in the amount of \$38.00.</p> <p>On [DATE] at 2:03 p.m. an interview with S2Regional Financial Consultant confirmed the discrepancy was identified by review of the trust fund receipt book showing the amount was changed on the receipt and the amount not consistent with the amount resident #23 normally received from her trust account. S2Regional Financial Consultant reported the receipt was not to be modified. If an error was made on the receipt it was voided and the correct information put on a new receipt. S2Regional Financial Consultant reported resident #23 signed for herself.</p> <p>Resident #24</p> <p>Review of record revealed resident #24 was admitted to the facility on [DATE].</p> <p>Review of resident #24's quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 15 indicating no cognitive impairment.</p> <p>Review of the petty cash receipt investigation by the facility revealed the following discrepancies for resident #24's trust account for petty cash-vending totaling \$977.00 as follows:</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$46.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2024
NAME OF PROVIDER OR SUPPLIER  Ruston Nursing and Rehabilitation Center, llc		STREET ADDRESS, CITY, STATE, ZIP CODE  3720 Hwy 80 East Ruston, LA 71270	

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 0602  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>Review of resident #24's statement register from [DATE] to [DATE] revealed the following transactions for petty cash-vending withdraws:</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$46.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER  Ruston Nursing and Rehabilitation Center, llc		STREET ADDRESS, CITY, STATE, ZIP CODE 3720 Hwy 80 East Ruston, LA 71270	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>On [DATE] at 9:00 a.m. an interview with resident #24 revealed a lady in the office (unknown to resident) had informed her that \$977.00 was stolen out of her trust fund account and S5Business Office Assistant had been fired. Resident #24 reported she was not aware of any money missing from her trust fund account until it was brought to her attention by the lady in the office. Resident #24 reported she was told they would be refunding her \$977.00 but she had not received it yet.</p> <p>On [DATE] at 2:03 p.m. an interview with S2Regional Financial Consultant confirmed the discrepancies were identified by review of the trust fund receipt book showing forged resident signatures and an irregular amount was taken out. S2Regional Financial Consultant revealed resident #24 signed for herself.</p> <p>Resident #25</p> <p>Review of record revealed resident #25 was admitted to the facility on [DATE].</p> <p>Review of resident #25's quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 15 indicating no cognitive impairment.</p> <p>Review of the petty cash receipt investigation by the facility revealed the following discrepancies for resident #25's trust account for petty cash-vending totaling \$147.00 as follows:</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>Review of resident #25's statement register from [DATE] to [DATE] revealed the following transactions for petty cash-vending withdraws:</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>[DATE]- \$49.00</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2024
NAME OF PROVIDER OR SUPPLIER  Ruston Nursing and Rehabilitation Center, llc		STREET ADDRESS, CITY, STATE, ZIP CODE  3720 Hwy 80 East Ruston, LA 71270	

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 9:16 a.m. an interview with resident #25 revealed he was made aware there was \$147 missing from his account. Resident #25 revealed he received a receipt whenever he got money out</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2024
NAME OF PROVIDER OR SUPPLIER  Ruston Nursing and Rehabilitation Center, llc		STREET ADDRESS, CITY, STATE, ZIP CODE  3720 Hwy 80 East Ruston, LA 71270	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40238</p> <p>Based on record review and interview, the facility failed to develop and implement policies and procedures for ensuring the reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Act within 24 hours to one or more law enforcement entities for 1 (#1) of 1 sampled residents reviewed for misappropriation of resident funds.</p> <p>Findings:</p> <p>Review of the facility's abuse prevention policy revealed the latest revision was made in August 2017. Review of the Reporting section of the policy contained the following requirement:</p> <p>Report the results of all investigations to the administrator or designated representative and other officials in accordance with state law including State Survey Agency within 5 working days of the incident.</p> <p>Review of record revealed resident #1 was admitted to the facility on [DATE].</p> <p>Review of resident #1's most recent quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status score of 15 indicating he was cognitively intact.</p> <p>On 06/17/2024 at 2:30 p.m., an interview with resident #1 confirmed he went to S3Business Office Manager (BOM) on 05/30/2024 and was told he did not have enough money in his account to honor his withdrawal request. Resident #1 reviewed his records and discovered there was a discrepancy in his money so he reported it to the administrator on 05/31/2024. Resident #1 reported his account was \$490.00 short and he knew someone took his money.</p> <p>On 06/18/2024 at 9:55 a.m., an interview with S3BOM revealed on 05/30/2024 resident #1 came to her office to check his resident trust fund account balance. Resident #1 informed S3BOM that he should have more money in his account than the balance he was given. Resident#1 and S3BOM reviewed the petty cash receipt book and resident #1 informed S3BOM some of the signatures in the petty cash receipt book were not signed by him. S3BOM informed resident #1 that S1Administrator was out of the facility that day and they would review the questionable withdrawals.</p> <p>On 06/18/2024 at 11:45 a.m., an interview with S1Administrator revealed resident #1 met with her on 05/31/2024 with copies of resident trust fund receipts. Resident #1 claimed his signature was forged on several receipts on days he did not receive money according to his receipts. S1Administrator reported allegations of misappropriation of resident property to the state survey agency, but did not report the allegations to a law enforcement entity within 24 hours of becoming aware of the misappropriation of funds allegation. S1Administrator reported the facility notified the Attorney General's office on 06/13/2024 and the local sheriff's department on 06/14/2024 after they completed their internal investigation.</p>		