

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195516	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Camelot Leisure Living		STREET ADDRESS, CITY, STATE, ZIP CODE 6818 Highway 84 West Ferriday, LA 71334	

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 - Few</p>	<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** 44844</p> <p>Based on record review and interview the facility failed to ensure an allegation of sexual abuse was reported to the State Survey Agency immediately but not later than 2 hours after the sexual abuse was reported for 1 (Resident #1) of 4 (Resident #1, Resident #2, Resident #3 and Resident #4) sampled residents. The facility also failed to report a fracture of unknown origin for 1 (Resident #2) of 4 (Resident #1, Resident #2, Resident #3, and Resident #4) sampled residents.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled Abuse Investigation and Reporting revealed in part .</p> <p>Policy Statement</p> <p>All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source (abuse) shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigations will also be reported.</p> <p>Resident #1</p> <p>Review of Resident #1's medical record revealed an admitted [DATE] with diagnoses that included in part . Pain Unspecified, Anxiety Disorder Unspecified, Depression Unspecified, Bipolar Disorder Unspecified, and Encounter for surgical aftercare following surgery on the skin and subcutaneous tissue.</p> <p>Review of Resident #1's Admission MDS with an ARD of 11/11/2024 revealed Resident #1 had a BIMS score of 13 indicating intact cognition.</p> <p>Review of a nurse progress note dated 11/16/2024 at 8:30 p.m. read in part .a deputy from the sheriff's office was at the facility inquiring about Resident #1. The deputy wanted to know if Resident #1 was a Resident at the facility. The deputy was informed Resident #1 had been sent to a behavioral hospital. The deputy revealed the family had made a complaint regarding Resident #1.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 12/17/2024 at 2:00 p.m. with S1 Administrator revealed on 11/18/2024 he called the sheriff's department to inquire about a visit from a police officer at the facility on 11/16/2024 regarding a complaint for Resident #1. S1 Administrator revealed he spoke with an officer and was informed Resident #1's family had alleged sexual abuse of Resident #1 while at the facility. S1 Administrator confirmed the facility had not reported the allegation of sexual abuse for Resident #1, but should have.</p> <p>Resident #2</p> <p>Review of Resident #2's medical record revealed an admitted [DATE] with diagnoses that included in part . Parkinson's Disease, Age related Osteoporosis with current Pathological Fracture of Left Lower Leg, Disorder of Bone Density and Structure Unspecified, Other Specified Disorders of Bone Density Multiple and Structure Multiple Sites, and Pain Unspecified.</p> <p>Review of Resident #2's Quarterly MDS with an ARD of 10/07/2024 revealed Resident #2 had a BIMS score of 0 indicating severe cognitive impairment. The MDS revealed resident #2 required extensive assistance with bed mobility, transfers, and toileting.</p> <p>Interview on 12/17/2024 at 10:27 a.m. with S2 DON revealed in part . on 12/05/2025 at 4:35 a.m. S3 LPN was called to Resident #2's room by S4 CNA due to bruising and edema to Resident #2's left foot. S2 DON revealed Resident #2's physician was contacted and given orders to obtain X-rays. S2 DON revealed X-ray results showed Resident #2 had a fracture to the distal Tibia. S2 DON revealed Resident #2 was transferred to the hospital and X-rays were obtained which showed Resident #2 had a fracture of the Tibia and Fibula, and Diffuse Osteopenia.</p> <p>Review of a hospital X-ray report for Resident #2 dated 12/05/2025 revealed in part .Minimally displaced distal fracture of the Tibia and Fibula. Diffuse Osteopenia.</p> <p>Interview on 12/17/2024 at 2:17 p.m. with S1 Administrator confirmed the facility did not report to the State Survey Agency of Resident #2 having a fracture of unknown origin.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</p> <p>Based on interview and record review the facility failed to thoroughly investigate and allegation of sexual abuse for 1 (Resident #1) of 4 (Resident #1, Resident #2, Resident #3 and Resident #4) of 4 sampled residents.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled Abuse Investigation and Reporting revealed in part .</p> <p>Policy Statement</p> <p>All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source (abuse) shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigations will also be reported.</p> <p>Review of Resident #1's medical record revealed an admitted [DATE] with diagnoses that included: Pain Unspecified, Anxiety Disorder Unspecified, Depression Unspecified, Bipolar Disorder Unspecified, and Encounter for surgical aftercare following surgery on the skin and subcutaneous tissue.</p> <p>Review of Resident #1's Admission MDS with an ARD of 11/11/2024 revealed Resident #2 had a BIMS score of 13 indicating intact cognition.</p> <p>Review of the facility's SIMS reports revealed no evidence of alleged Sexual Abuse involving Resident #1.</p> <p>Review of a nurse progress note dated 11/16/2024 at 8:30 p.m. read in part .a deputy from the sheriff's office was a the facility inquiring about Resident #1. The deputy wanted to know if Resident #1 was a Resident at the facility. The deputy was informed Resident #1 had been sent to a behavioral hospital. The deputy revealed the family had made a complaint regarding Resident #1.</p> <p>Interview on 12/17/2024 at 2:00 p.m. with S1 Administrator revealed on 11/18/2024 he called the sheriff's department to inquire about a visit from a police officer at the facility on 11/16/2024 regarding a complaint for Resident #1. S1 Administrator revealed he spoke with an officer and was informed Resident #1's family had alleged sexual abuse of Resident #1 while at the facility. S1 Administrator confirmed the facility had not investigated the allegation of sexual abuse for Resident #1, but should have.</p>		

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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>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 record review and interview, the facility failed to develop a comprehensive care plan with appropriate interventions after a fall for 1 (Resident #1) of 4 (Resident #1, Resident #2, Resident #3, and Resident #4) sampled residents.</p> <p>Findings:</p> <p>Review of Resident #1's medical record revealed an admitted [DATE] with diagnoses that included in part . Pain Unspecified, Anxiety Disorder Unspecified, Depression Unspecified, Bipolar Disorder Unspecified, and Encounter for surgical aftercare following surgery on the skin and subcutaneous tissue.</p> <p>Review of Resident #1's Admission MDS with an ARD of 11/11/2024 revealed Resident #1 had a BIMS score of 13 indicating intact cognition. The MDS revealed Resident #1 required limited assistance with bed mobility and eating, and extensive assistance with transfers and toilet use.</p> <p>Review of Resident #1's Care Plan with a review date of 02/12/2025 revealed in part .11/12/2024 Fall Actual from wheelchair with interventions that included: Refer to inpatient Behavioral Unit, Return to facility from emergency room -not a danger to self at this time.</p> <p>Observation of video surveillance on 12/16/2024 at 9:45 a.m. with S1 Administrator and S2 DON revealed on 11/12/2024 at 10:00 a.m. Resident #1 was sitting in the dayroom and fell face first out of her wheelchair onto the floor. Resident #1 had a nose bleed, and was transferred to the hospital.</p> <p>Review of Resident #1's Care Plan revealed no intervention for fall which occurred on 11/12/2024.</p> <p>Interview on 12/17/2024 at 8:40 a.m. with S2 DON confirmed there were no fall interventions put into place after Resident #1 fell out of her wheelchair on 11/12/2024 and it should have been.</p>