

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195524	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Golden Age Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 27090 Hwy 16 Denham Springs, LA 70726	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46981</p> <p>Based on interviews and record review, the facility failed to protect the resident's right to be free from sexual abuse and psychological harm for 1 (#2) of 3 (#1, #2, and #3) sampled residents reviewed for sexual abuse.</p> <p>The facility implemented corrective actions, which were completed prior to the State Agency's investigation, thus it was determined to be a Past Noncompliance citation.</p> <p>This deficient practice resulted in actual psychological harm on 02/11/2025, when Resident #2, a cognitively intact resident, stated a visitor of the facility showed her unwanted pictures of his penis and then later forced his penis into Resident #2's mouth. Resident #2 reported the incident to the facility on [DATE] and stated she did not report it sooner because she was embarrassed. Resident #2 experienced psychosocial harm describing the sexual abuse as horrible and becoming tearful when speaking of it.</p> <p>Findings:</p> <p>Review of the facility's policy dated 03/2023 and titled, Abuse-Prevention and Prohibition Policy and Procedure revealed in part, the following:</p> <p>Purpose: Each resident has the right to be free from abuse. No one shall abuse a resident. This policy applies to anyone else present in our facility.</p> <p>Types of Abuse: 2. Sexual Abuse includes but is not limited to, sexual coercion or sexual assault. Sexual abuse is non-consensual sexual contact of any type with a resident.</p> <p>Review of Resident #2's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Other Specified Depressive Episodes.</p> <p>Review of Resident #2's Minimum Data Set with an ARD of 03/05/2025 revealed a BIMS of 15, which indicated she was cognitively intact. Further review revealed Resident #2 had no issues with memory/recall ability and no behaviors noted.</p> <p>Review of Resident #2's Psychiatric Progress Note dated 03/21/2025 revealed in part, the following:</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195524	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Golden Age Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 27090 Hwy 16 Denham Springs, LA 70726	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Chief complaint: Resident reports: I am okay. I went to S3SW because something bad happened 5-7 days before Valentine's Day. I was sexually assaulted by someone. I used to know his mom and it was horrible. During the visit, the resident becomes tearful when speaking of the situation. She denies memory impairment.</p> <p>Review of Resident #2's third party counseling social services psychiatric evaluation dated 03/26/2025 revealed in part, the following:</p> <p>I went to S3SW because something bad happened 5-7 days before Valentine's Day. I was sexually assaulted by someone. I used to know his mom and it was horrible. I saw him outside and he said he was going to sit with me. Then he showed me a picture of his private parts on his phone. She stated she pushed the phone away. He asked her if she was ready to go in and offered to push her back to her room. She reports she was seated in her chair in her room and he forced his penis in her mouth. When he finished, he told her not to tell anyone. She states she told the accused's sister and then told S3SW the next day 03/20/2025. Patient has a history of sexual abuse and reports the incident has brought her sexual trauma back up.</p> <p>Review of the facility's visitor sign in log book for February-March 2025 revealed in part, the following:</p> <p>02/11/2025:</p> <p>Time In: 1:34 p.m.</p> <p>Time Out: 2:20 p.m.</p> <p>Visitor Name: Accused</p> <p>Resident that you are visiting: Resident #2</p> <p>Review of document titled [NAME] Parish Sheriff's Office Records Section dated 04/01/2025, revealed in part, the following:</p> <p>Date & time reported: 03/20/2025 12:25 p.m.</p> <p>Offense: First Degree Rape/Oral</p> <p>Location: facility's address</p> <p>Arrestee: Accused</p> <p>Remarks: On 03/20/2025 at approximately 12:25 p.m., I was dispatched to facility in reference to a sex offense complaint.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195524	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Golden Age Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 27090 Hwy 16 Denham Springs, LA 70726	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>An interview was conducted on 03/31/2025 at 12:01 p.m. with Resident #2. She stated before Valentine's Day, the accused came and visited her in the smoker's patio area. She stated while they were outside, the accused showed her a picture of his penis on his phone. She stated she pushed the phone away and told him I don't want to see that. She stated they sat outside talking a little longer, and then the accused asked her if she was ready to go back to her room. She stated when they entered her room, he shut the door, pulled out his penis, and forced it in her mouth. Resident #2 was tearful during interview with surveyor. She stated this was sexual abuse and she did not want him to do this. She stated when he was done, he left the room, and she had not seen him since. She stated she did not tell anyone because she was embarrassed. She stated on 03/20/2025, she made the S1ADM and S3SW aware of the incident. She stated she only cries when she talks about the incident. She stated she was now seen daily by S3SW and S1ADM. She stated she was also seen by a Psychiatric Nurse Practitioner and a counselor weekly, which she felt like was helping. She stated she was not fearful of being at the facility. She stated she was happy the accused was now in jail.</p> <p>An interview was conducted on 03/31/2025 at 11:42 a.m. with S4CNA. She stated Resident #2 was cognitively intact and did not have a history of making false accusations. She stated she was assigned to Resident #2 on 02/11/2025 when the accused visited Resident #2 outside on the patio. She stated they were outside laughing and talking, she stated she saw the accused push Resident #2 in her wheelchair back to her room. She stated there had been no changes observed with Resident #2 from 02/11/2025 and 03/20/2025. She stated she had not seen the accused since that day and he was not allowed to be a visitor at the facility anymore. She verbalized different types of abuse to surveyor and stated all allegations of abuse should be reported immediately to S2DON and S1ADM. She confirmed a visitor forcing his penis into a resident's mouth was sexual abuse. She stated all staff received in-services related to the types of abuse and immediately reporting any allegation.</p> <p>An interview was conducted on 03/31/2025 at 11:45 a.m. with S5LPN. She stated Resident #2 was cognitively intact and did not have a history of making false accusations. She stated she was assigned to Resident #2 on 02/11/2025 when the accused visited Resident #2 outside on the patio. She stated she saw them hug when he first walked up to Resident #2. She stated they were outside laughing and talking. She stated she saw the accused push Resident #2 back to her room in her wheelchair, but she never noticed when he left. She stated she did not see any signs of sadness or distress, nor did Resident #2 report any issues or sexual abuse to her. She stated there had been no changes noted in Resident #2 from 02/11/2025 and 03/20/2025. She stated she had not seen the accused since that day, and he was not allowed to be a visitor at the facility anymore. She verbalized different types of abuse to surveyor and stated all allegations of abuse should be reported immediately to S2DON and S1ADM. She confirmed a visitor forcing his penis into a resident's mouth was sexual abuse. She stated all staff recently received in-services related to the types of abuse and immediately reporting any allegation. She stated S3SW and S1ADM check on Resident #2 daily. She stated Resident #2 received counseling therapy sessions weekly.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195524	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Golden Age Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 27090 Hwy 16 Denham Springs, LA 70726	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>An interview was conducted on 03/31/2025 at 1:07 p.m. with S3SW. She stated Resident #2 was cognitively intact and did not have a history of making false accusations. She stated on 03/20/2025, Resident #2 came into her office. She stated Resident #2 told her the accused came and visited with her outside in the patio area before Valentine's Day. She stated Resident #2 told her the accused showed her a picture on his phone of his penis. She stated the accused then wheeled her wheelchair back into her room, shut the door, and then forced his penis in Resident #2's mouth. She stated she reported this to S1ADM immediately. She stated S1ADM then called the police. She stated Resident #2 did become tearful when she was talking about the incident. She stated the accused was put in jail on 03/28/2025 for this charge. She stated she asked Resident #2 why she waited to report this incident to anyone, and Resident #2 stated because she was embarrassed. She stated the accused had never been seen acting inappropriately before while at the facility. She stated 02/11/2025 was the only time the accused had visited just Resident #2 and no one saw anything other than them sitting outside having friendly conversation. She stated she and S1ADM check on Resident #2 daily. She stated Resident #2 was rounded on hourly by nursing staff. She stated Resident #2 was seen by a Psychiatric Nurse Practitioner and received counseling by a third party weekly.</p> <p>An interview was conducted on 03/31/2025 at 1:30 p.m. with S1ADM. He stated Resident #2 was cognitively intact and did not have a history of making false accusations. He stated on 03/20/2025 around lunch, he was called into S3SW's office. He stated Resident #2 then began to tell him about an incident which occurred before Valentine's Day with a visitor. He stated Resident #2 told him the accused came and visited with her outside in the patio area. He stated Resident #2 told him the accused showed her a picture on his phone of his penis. He stated the accused then pushed her in her wheelchair back into her room, shut the door, and then put his penis in Resident #2's mouth. He stated he called the police immediately. He stated he immediately reported the incident to state office. He stated he called the accused and asked him if this incident had occurred, which the accused denied anything occurred other than conversation with Resident #2. He stated he told the accused he could not be a visitor any longer. He stated staff placed a picture at the front desk of the accused and all staff were made aware the accused was not to enter the facility and to contact him immediately if he was seen. He stated he called the accused's sister who would also visit with Resident #2 and she stated to him that she knew nothing about this until Resident #2 told her when she was visiting with her on 03/19/2025 and she told Resident #2 that she needed to report this. He stated the sheriff deputy came to the facility 3 times to interview Resident #2 and staff. He stated all staff were immediately in-serviced on reporting abuse and about all types of abuse. He stated staff were interviewed and had no knowledge of the incident. He stated video footage was no longer available for viewing due to the system only saving the past 7 days of footage. He stated he asked Resident #2 if she wanted him to call her family about the incident even though Resident #2 was her own Responsible Party and she said yes. He stated he called her family and no one was aware of this incident. He stated he interviewed random residents to see if they had ever been visited by the accused or seen him show any signs related to abuse or inappropriate behaviors, all of which said no. He stated he reviewed the visitor log and the accused had not visited with Resident #2 other than 02/11/2025. He stated staff now round on Resident #2 every hour and document this and any mood changes in the clinical record. He stated there had been no changes noted in Resident #2 from 02/11/2025 and 03/20/2025. He stated the accused was placed in jail on 03/28/2025 for this charge. He stated he asked Resident #2 why she waited to report this incident to anyone and Resident #2 stated because she was embarrassed. He stated the accused had never been seen acting inappropriately before while at the facility. He stated he and S3SW check on Resident #2 daily. He stated Resident #2 was rounded on hourly by nursing staff. He stated Resident #2 was seen by a Psychiatric Nurse Practitioner and received counseling by a third party weekly.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195524	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Golden Age Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 27090 Hwy 16 Denham Springs, LA 70726	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>An interview was conducted on 04/01/2025 at 1:40 p.m. with the public records custodian for the local sheriff's office. She stated the accused was arrested on 03/28/2025 with a first degree charge of rape/oral. She stated he remained in jail at this time.</p> <p>Throughout the survey from 03/31/2025 to 04/01/2025, record review and staff interviews revealed staff received training on the facility's abuse policies and procedures. Interviews revealed staff were knowledgeable of the types of abuse and were aware abuse should be reported to administration immediately.</p> <p>The facility had implemented the following actions to correct the deficient practice:</p> <ol style="list-style-type: none"> 1. Corrective action was taken for the affected resident by: <ol style="list-style-type: none"> a. All staff in-serviced on abuse on 03/20/2025. b. The accused was immediately banned from the facility. Staff in-serviced on how to identify the accused. c. Sheriffs' office notified immediately of alleged abuse. d. Trauma informed care assessment performed on resident on 03/21/2025. e. Daily Social Services rounds on resident initiated. f. Hourly rounds on resident immediately initiated. g. Nursing staff in-serviced on trauma informed care on 03/21/2025. h. Resident referred to behavior counseling services. i. Visitor log reviewed on 03/20/2025. j. Resident seen per psychiatric services on 03/21/2025. 2. All residents with visitors have the potential to be affected. 3. The measure that will be put in place or the system changes that will be made to ensure that the deficient practice will not recur: <ol style="list-style-type: none"> a. All staff in-serviced on abuse on 03/20/2025. 4. The facility plans to monitor its performance to ensure solutions are achieved and sustained by: <ol style="list-style-type: none"> a. S1ADM or designee will conduct interviews with 5 residents 6 times a week to ensure there are no further allegations of abuse. b. Interdisciplinary Team to discuss ongoing issues during daily Quality Analysis meeting Monday thru Friday. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195524	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Golden Age Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 27090 Hwy 16 Denham Springs, LA 70726	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>5. Corrective action was achieved and there were no further issues related to abuse by 03/21/2025.</p>		