

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195536	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER Colonial Oaks Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4312 Ithaca Street Metairie, LA 70006	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>47081</p> <p>Based on interviews and record reviews, the facility failed to deliver care per professional standards by failing to ensure a physician's orders for daily weights was followed for 1 (Resident #3) of 3 (Resident #1, Resident #2, Resident #3) sampled residents investigated for nursing services.</p> <p>Findings:</p> <p>Review of the May 2023 Louisiana Administrative Code, Title 46, Part XLVII revealed, in part: the registered nurse retained the accountability for the total nursing care of the individual, and was responsible for and accountable to each consumer of nursing care for the quality of nursing care he or she received, regardless of whether the care was provided solely by the registered nurse or by the registered nurse in conjunction with other licensed or unlicensed assistive personnel. Further review revealed, in part, the plan for nursing care was implemented according to the following criteria: nursing actions were consistent with the plan for nursing care and nursing actions were documented by written records.</p> <p>Review of Resident #3's February 2025 physician's orders revealed, in part, an order dated 11/07/2024 for daily weights to be obtained for Resident #3.</p> <p>Review of the facility's Restorative Aide Log Book revealed, in part, no documented evidence, and the facility did not provide any documented evidence, Resident #3 was weighed daily as ordered.</p> <p>Review of Resident #3's weight summary report revealed, in part, the following weight entries:</p> <ul style="list-style-type: none"> - 01/09/2025: 166.0 pounds (lbs); - 12/10/2024: 175.0 lbs; and, - 11/10/2024: 183.0 lbs. <p>There was no documented evidence, and the facility did not present any documented evidence Resident #3's weight was obtained on any other day since 11/07/2024.</p> <p>In an interview on 02/03/2025 at 2:45PM, S14CNA/Restorative Aide (RA) indicated there were no residents who currently received daily weight checks.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 02/04/2025 at 10:30AM, S13CNA/RA indicated there were no residents who currently received daily weight checks.</p> <p>In an interview on 02/05/2025 at 9:12AM, S3Assistant Director of Nursing (ADON) confirmed Resident #3 had an active physician orders for daily weights. S3ADON further confirmed the facility could not provide any documented evidence daily weights were completed as ordered.</p> <p>In an interview on 02/05/2025 at 10:00AM, S2Director of Nursing (DON) confirmed the facility could not provide any documented evidence Resident #3's daily weights were performed as ordered and should have been.</p> <p>In an interview on 02/05/2025 at 12:30PM, S1Administrator confirmed Resident #3's daily weights should have been performed as ordered.</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47081</p> <p>Based on observations, interviews, and record reviews, the facility failed to follow a physician's order to ensure a pressure relieving cushion was in place on a resident's wheelchair for 1 (Resident #3) of 3 (Resident #1, Resident #2, Resident #3) sampled residents reviewed for quality of care.</p> <p>Findings:</p> <p>Review of Resident #3's February 2025 physician's orders revealed, in part, an order dated 07/01/2024 for a pressure relieving cushion to be used on Resident #3's wheelchair.</p> <p>Review of Resident #3's care plan with a start date of 07/21/2024 and a review date of 04/17/2025 revealed, in part, Resident #3 was at high risk for skin breakdown. Further review revealed an intervention for the facility to place a pressure reducing device/product on Resident #3's wheelchair.</p> <p>Review of Resident #3's Braden Scale assessment dated [DATE] revealed, in part, Resident #3 had a total score of 18.0, which indicated Resident #3 was at a risk of skin breakdown and/or developing a pressure ulcer.</p> <p>Observation on 02/03/2025 at 11:30AM, revealed Resident #3 was sitting in his wheelchair without a pressure relieving cushion as ordered.</p> <p>Observation on 02/04/2025 at 9:30AM, revealed Resident #3 was sitting in his wheelchair without a pressure relieving cushion as ordered.</p> <p>In an interview on 02/04/2025 at 9:45AM, Resident #3 indicated he did not have a pressure relieving cushion to sit on while using his wheelchair.</p> <p>In an interview on 02/05/2025 at 10:10AM, S9Licensed Practical Nurse (LPN) indicated Resident #3 was at risk for skin breakdown. S9LPN further indicated she did not know the location of Resident #3's pressure relieving cushion.</p> <p>In an interview on 02/05/2025 at 10:00AM, S2Director of Nursing (DON) confirmed Resident #3 did not have a pressure relieving cushion on his wheelchair as ordered and should have.</p> <p>In an interview on 02/05/2025 at 12:30PM, S1Administrator confirmed all of Resident #3's pressure ulcer prevention measures should have been implemented as ordered.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47081</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure a resident's individualized fall prevention interventions were implemented to prevent future falls for 1 (Resident #3) of 3 (Resident #1, Resident #2, Resident #3) sampled residents reviewed for accidents.</p> <p>Findings:</p> <p>Review of the facility's Fall Protocol policy and procedure dated 10/14/2014 revealed, in part, the purpose of the fall protocol was to initiate preventative fall approaches and provide appropriate interventions to prevent falls.</p> <p>Review of Resident #3's medical record revealed, in part, Resident #3 was admitted to the facility on [DATE] with diagnose, which included, cognitive communication deficit, abnormalities of gait and mobility, and generalized muscle weakness.</p> <p>Review of Resident #3's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/03/2025 revealed, in part, Resident #3 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated Resident #3 had moderate cognitive impairment. Further review revealed Resident #3 used a manual wheelchair for mobility</p> <p>Review of the facility's Incident Log dated 06/2024 through 01/2025 revealed, in part, Resident #3 had sustained the following falls:</p> <ul style="list-style-type: none"> - 01/27/2025- unwitnessed fall; - 01/15/2025- unwitnessed fall; - 12/30/2024- unwitnessed fall; - 11/11/2024- unwitnessed fall; - 10/29/2024- unwitnessed fall; - 10/03/2024- unwitnessed fall; - 10/01/2024- unwitnessed fall; - 09/22/2024- unwitnessed fall; - 09/17/2024- unwitnessed fall; - 09/03/2024- unwitnessed fall; - 08/21/2024- unwitnessed fall; <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - 08/20/2024- unwitnessed fall; - 08/06/2024- unwitnessed fall; - 07/31/2024- unwitnessed fall; - 07/24/2024- witnessed fall; and, - 06/19/2024- unwitnessed fall with a skin tear injury. <p>Review of Resident #3's fall risk evaluation dated 12/31/2024 revealed, in part, Resident #3 should be considered a high risk for falls.</p> <p>Review of Resident #3's care plan with a start date of 07/21/2024 and a review date of 04/17/2025 revealed, in part, Resident #3 was at risk for falls related to unsteadiness. Further review revealed the following interventions:</p> <ul style="list-style-type: none"> - The facility will place a call don't fall visual reminder sign in Resident #3's view; - Resident #3 will have a bed alarm; and, - Fluorescent tape will be placed on Resident #3's wheelchair brake handles. <p>Observation of Resident #3's room on 02/04/2025 at 9:15AM revealed there was no visual call for assistance reminder sign in Resident #3's room.</p> <p>Observation of Resident #3's wheelchair on 02/04/2025 at 9:30AM revealed there was no florescent tape on the wheelchair brake handles. Further observation revealed there was no bed alarm in place on Resident #3's bed.</p> <p>In an interview on 02/04/2025 at 10:00AM, S9Licensed Practical Nurse (LPN) indicated there was no visual call for assistance reminder sign in Resident #3's room and should have been.</p> <p>In an interview on 02/04/2025 at 10:20AM, S2Director of Nursing (DON) confirmed there was no visual call for assistance reminder sign in Resident #3's room and should have been. S2DON further indicated Resident #3's bed alarm sensing pad was not in his room and available for use.</p> <p>Observation on 02/05/2025 at 9:55AM revealed Resident #3 was lying in bed without a bed alarm in place.</p> <p>In an interview on 02/05/2025 at 10:00AM, S2DON confirmed there was no florescent tape on Resident #3's wheelchair brakes and should have been. S2DON further confirmed Resident #3 did not have a working bed alarm on 02/04/2025 and 02/05/2025 and should have.</p> <p>In an interview on 02/05/2025 at 12:30PM, S1Administrator confirmed Resident #3's individualized care plan interventions to prevent falls should have been implemented in accordance with Resident #3's plan of care.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>47487</p> <p>Based on interviews and record reviews, the facility failed to ensure the required number of Certified Nursing Assistants (CNAs) were present and working in the facility for 2 (01/13/2025 and 01/14/2025) of 3 (01/12/2025, 01/13/2025, and 01/14/2025) days reviewed for sufficient staffing.</p> <p>Findings:</p> <p>Review of the Facility's Assessment, last updated on 01/01/2025 revealed, in part, the number or range of CNAs needed to provide competent support and care to the facility's residents, every day and during emergencies, was 6 to 9 CNAs during the day shift 6:00AM to 2:00PM) on weekdays.</p> <p>Review of the facility's CNA schedule for 01/13/2025 revealed, in part, eight CNAs were scheduled to work the 6:00AM to 2:00PM shift.</p> <p>Review of the facility's CNA's time sheets dated 01/12/2025 to 01/13/2025, revealed in part, on 01/13/2025, between 6:00AM to 6:02AM, S16CNA and S17CNA were clocked in for a total of two CNAs working in the facility. Further review revealed on 01/13/2025 between 6:02AM to 6:06AM, S16CNA, S17CNA, and S18CNA were clocked in for a total of three CNAs working in the facility. Further review revealed on 01/13/2025 between 6:06AM and 6:17AM, S16CNA, S18CNA, S17CNA, and S23CNA were clocked in for a total of four CNAs working in the facility. Further review revealed on 01/13/2025 between 6:17AM to 6:20AM, S16CNA, S18CNA, S17CNA, S23CNA and S24CNA clocked in for a total of five CNAs working in the facility. Further review revealed on 01/13/2025 from 6:20AM to 6:22AM, S16CNA, S18CNA, S23CNA, and S24CNA clocked in for a total of four CNAs working in the facility. Further review revealed on 01/13/2025 between 6:22AM to 7:07AM, S16CNA, S18CNA, S23CNA, S24CNA, and S25CNA were clocked in for a total of five CNAs working in the facility.</p> <p>Review of the facility's CNA schedule for 01/14/2025 revealed, in part, eight CNAs were scheduled to work the 6:00AM to 2:00PM shift.</p> <p>Review of the facility's CNA's time sheets from 01/13/2025 to 01/14/2025, revealed in part, on 01/14/2025, between 6:01AM to 6:03AM, S16CNA, S19CNA, S20CNA, S21CNA and S22CNA were clocked in for a total of five CNAs working in the facility. Further review revealed on 01/14/2025 between 6:03AM to 6:06AM, S16CNA, S20CNA, S21CNA, and S22CNA were clocked in for a total of four CNAs working in the facility. Further review revealed on 01/14/2025 between 6:06AM to 6:15AM, S16CNA, S20CNA, S21CNA, S22CNA, and S23CNA were clocked in for a total of five CNAs working in the facility.</p> <p>There was no documented evidence, and the facility did not present any documented evidence, any other staff was working as a CNA during the above mentioned timeframes.</p> <p>In an interview on 02/05/2025 at 10:15AM, S14CNA/Restorative Aid indicated there were usually 4 CNAs and 2 CNA/Restorative aides scheduled on the custodial unit of the facility and 2 CNAs scheduled on the skilled nursing unit of the facility during the day shift on weekdays, Monday through Friday. S14CNA/Restorative Aid further indicated three CNAs would not have been an adequate amount of staff to provide care to the residents.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 02/05/2025 at 10:30AM, S6CNA Supervisor indicated she was in charge of making the facility's CNA schedule. S6CNA Supervisor further indicated she scheduled 4 to 5 CNAs on the custodial unit of the facility and 1 to 2 CNA/Restorative Aides on the custodial unit of the facility depending on the resident's needs during the day shift on weekdays, Monday through Friday. S6CNA Supervisor further indicated the facility should have at least seven CNAs and/or CNA/Restorative Aides working in the facility during the day shift on weekdays (6:00AM to 2:00PM.)</p> <p>In an interview on 02/05/2025 at 10:32AM, S2Director of Nursing indicated there should be at least 4 CNAs scheduled for the custodial unit of the facility and 2 CNAs scheduled on the skilled nursing unit during the day shift on weekdays, Monday through Friday. S2DON further indicated the facility should have the required number of CNAs working in the facility as per the Facility Assessment.</p> <p>In an interview on 02/05/2025 at 12:38AM, S1Administrator acknowledged the facility should have the required number of CNAs working in the facility as per the Facility Assessment.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>47487</p> <p>Based on interviews and record reviews, the facility failed to maintain a system to reconcile controlled drugs for 3 (Medication Cart a, Medication Cart b, Medication Cart d) of 4 (Medication Cart a, Medication Cart b, Medication Cart c, Medication Cart d) medication carts reviewed for the reconciliation documentation of controlled substances.</p> <p>Findings:</p> <p>Medication Cart a</p> <p>Review of S15Licensed Practical Nurse (LPN)'s 01/14/2025 time sheet revealed, in part, S15LPN clocked out from her shift (11:00PM to 7:00AM) at 7:03AM on 01/14/2025.</p> <p>Review of S10LPN's 01/14/2025 time sheet revealed, in part, S10LPN clocked in for her shift (7:00AM to 3:00PM) at 7:33AM on 01/14/2025.</p> <p>Review of the facility's January 2025 Medication Cart a's Controlled Drugs-Count Record revealed, in part, on 01/14/2025 S15LPN documented with her initials that she was the nurse scheduled for the 11:00PM to 7:00AM shift and had reconciled the controlled substances on Medication Cart a with S10LPN. Further review revealed on 01/14/2025 S10LPN documented with her initials that she was the nurse scheduled for the 7:00AM to 3:00PM shift and had reconciled the controlled substances of Medication Cart a with S15LPN.</p> <p>Medication Cart b</p> <p>Review of S12LPN's 01/13/2025 time sheet revealed, in part, S15LPN clocked out from her shift (11:00PM to 7:00AM) at 6:59AM on 01/13/2025.</p> <p>Review of S9LPN's 01/13/2025 time sheet revealed, in part, S9LPN clocked in for her shift (7:00AM to 3:00PM) at 7:21AM on 01/13/2025.</p> <p>Review of the facility's January 2025 Medication Cart b's Controlled Drugs-Count Record revealed, in part, on 01/13/2025 S12LPN documented with her initials that she was the nurse scheduled for the 11:00PM to 7:00AM shift and had reconciled the controlled substances on Medication Cart b with S9LPN. Further review revealed on 01/13/2025 S9LPN documented with her initials that she was the nurse scheduled for the 7:00AM to 3:00PM shift and had reconciled the controlled substances of Medication Cart b with S12LPN.</p> <p>Medication Cart d</p> <p>Review of S7LPN's 01/13/2025 time sheet revealed, in part, S7LPN clocked out from her shift (7:00AM to 3:00PM) at 2:57PM on 01/13/2025.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of S8LPN's 01/13/2025 time sheet revealed, in part S8LPN clocked in for her shift (3:00PM to 11:00PM) at 4:22PM on 01/13/2025.</p> <p>Review of the facility's January 2025 Medication Cart d's Controlled Drugs-Count Record revealed, in part, on 01/13/2025 S7LPN documented with her initials that she was the nurse scheduled for the 7:00AM to 3:00PM shift and had reconciled the controlled substances on Medication Cart d with S8LPN. Further review revealed on 01/13/2025 S8LPN documented with her initials that she was the nurse scheduled for the 3:00PM to 11:00PM shift and had reconciled the controlled substances of Medication Cart d with S7LPN.</p> <p>In an interview on 02/05/2025 at 11:12AM, S7LPN indicated she often counts controlled medications for Medication Cart d at shift change with S4Clinical Care Coordinator when S8LPN did not arrived to the facility at shift change. S7LPN acknowledged if she and S4Clinical Care Coordinator were counting controlled medications together, S4Clinical Care Coordinator should be initialing the Controlled Drugs-Count Record.</p> <p>In an interview on 02/05/2025 at 11:52AM, S4Clinical Care Coordinator indicated she reconciled controlled medications with S7LPN on 01/13/2025. S4Clinical Care Coordinator further indicated she normally did not sign the Controlled Drugs-Count Record sheet because she was not the oncoming scheduled nurse.</p> <p>In an interview on 02/05/2025 12:01PM, S5Minimum Data Set (MDS) LPN indicated he reconciled the controlled medications when he took over Medication Cart a on 01/14/2025 from S15LPN and Medication Cart b on 01/13/2025 from S12LPN when their relief had not arrived at shift change. S5MDS LPN further indicated he did not initial the Controlled Drugs-Count Record when he counted controlled medications with another nurse and should have.</p> <p>In an interview on 02/05/2025 at 11:27AM, S2Director of Nursing (DON) acknowledged if nurses were reconciling controlled medications with each other, they should be initialing to verify that they had reconciled the controlled medications on the Controlled Drugs-Count Record sheet.</p> <p>In an interview on 02/05/2025 at 12:38PM, S1Administrator acknowledged the nurses should have been initialing the Controlled Drugs-Count Record sheet when they reconciled controlled substances together.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>47081</p> <p>Based on observation, interviews, and record review, the facility failed to ensure a Resident's electronic Medication Administration Record (eMAR) was accurately documented for 1 (Resident #3) of 3 (Resident #1, Resident #2, Resident #3) sampled residents reviewed for accurate medical record documentation.</p> <p>Findings:</p> <p>Review of the facility's Licensed Practical Nurse (LPN) job description dated 10/2024 revealed, in part, it was the responsibility of the LPN to have knowledge of federal and state laws and regulations related to resident care and to carry out the assigned duties and responsibilities in accordance with current existing federal and state regulations.</p> <p>Review of Resident #3's February 2025 physician's orders revealed, in part, an order dated 07/01/2024 for a pressure relieving cushion to be used on Resident #3's wheelchair.</p> <p>Review of Resident #3's February 2025 electronic Medication Administrator Record (eMAR) revealed, in part, S9Licensed Practical Nurse documented Resident #3 had a pressure relieving cushion on his wheelchair on 02/05/2025.</p> <p>Observation on 02/05/2025 at 9:50AM revealed Resident #3 lying in his bed. Further observation revealed no pressure relieving cushion on Resident #3's wheelchair or in Resident #3's room.</p> <p>In an interview on 02/05/2025 at 10:10AM, S9LPN indicated she did not visualize Resident #3's pressure relieving cushion this shift. S9LPN further indicated she did not know where Resident #3's wheelchair pressure relieving cushion was or the last time she saw it.</p> <p>Review of Resident #3's Medication Administration Audit Report revealed, in part, S9LPN documented in Resident #3's eMAR on 02/05/2025 at 10:06AM she had verified Resident #3's pressure relieving cushion was in place on his wheelchair as ordered.</p> <p>In an interview on 02/05/2025 at 11:20AM, S2Director of Nursing (DON) acknowledged S9LPN should not have documented Resident #3's wheelchair had a pressure relieving cushion when Resident #3's wheelchair did not have one. S2DON confirmed the above mentioned eMAR for Resident #3 was inaccurate and should not have been.</p> <p>In an interview on 02/05/2025 at 12:30PM, S1Administrator confirmed Resident #3's medical record documentation was not accurate and should have been.</p>		