

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Mansfield Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 McArthur Drive Mansfield, LA 71052	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 40193</p> <p>Based on record reviews and interview, the facility failed to protect the resident's right to be free from abuse of misappropriation of property and exploitation by staff for 1 (#1) of 3 (#1, #2, #3) sampled residents. S2 CNA (Certified Nursing Assistant) transferred money from Resident #1's bank account via [NAME] (bank to bank transfer) to her personal bank account.</p> <p>The facility implemented corrective actions which were completed prior to the State Agency's investigation entry on 03/17/2025, thus it was determined to be a Past Noncompliance Citation.</p> <p>Findings:</p> <p>Review of Facility's Abuse Prevention and Investigation (undated) Policy and Procedures revealed: Residents have the right to be free from verbal, sexual, physical, and mental abuse, neglect, corporal punishment, involuntary seclusion, and misappropriation of property, exploitation, and any physical or chemical restraint not required to treat the resident's medical symptoms. Residents will not be subjected to abuse by anyone.</p> <p>Policy Interpretation and Implementation: 1.The facility defines resident abuse as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish . This includes abuse facilitated or enabled through the use of technology. Willful means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent. Exploitation is defined as taking advantage of a resident for personal gain, through the use of manipulation, intimidation, threats, or coercion.</p> <p>Review of Resident #1's medical record revealed an admitted [DATE] and a discharge date of [DATE] with the following diagnoses, including in part: type 2 diabetes mellitus with hyperglycemia, hypertensive heart disease without heart failure, unspecified sequelae of cerebral infarction and major depressive disorder/recurrent/unspecified.</p> <p>Review of Resident #1's MDS (Minimum Data Set) assessment dated [DATE] revealed a BIMS (Brief Interview of Mental Status) score of 14 indicating cognitively intact.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #1's Care Plan (no date) revealed: Requesting undesignated staff to obtain money through personal bank account; educate resident on maintaining personal information and not providing to others including undesignated staff, if approached by resident in regard to purchases notify business office and redirect resident to business office, redirect and educate resident on personal funds and safety regards to personal information and safety of, staff to notify administrator with any voiced concerns by resident related to funds and redirect resident to business office at time of occurrence.</p> <p>Review of the facility's internal investigation report dated 02/17/2025 revealed in a statement from S2 CNA that S2 CNA's mother, S3 CNA who also worked at the facility, offered Resident #1 S2 CNA's [NAME] account after Resident #1 asked S3 CNA if she had a [NAME] account so that Resident #1 could transfer money via [NAME] to S2 CNA's bank account and S2 CNA would give the money to Resident #1. S2 CNA acknowledged money was transferred from Resident #1's bank account to her bank account. S2 CNA withdrew the money and gave it to S3 CNA to give the money to Resident #1. As part of the internal investigation, in an interview with Resident #1, she denied asking S2 CNA or S3 CNA to use their [NAME] account in order to get money out of her bank account.</p> <p>Attempted to contact S2 CNA on 03/17/2025 at 12:36 p.m. was unsuccessful and the call went straight to voicemail.</p> <p>Attempted to contact S3 CNA on 03/17/2025 at 12:36 p.m. was unsuccessful. Phone number was not in service.</p> <p>Unable to contact Resident #1's aunt due to no contact information available.</p> <p>During an interview on 03/17/2025 at 12:30 p.m. S1 Administrator reported on 02/17/2025 Resident #1 reported to him that S2 CNA had taken her money. S1 Administrator further reported Resident #1 and her aunt had gone to the bank the Saturday before (02/15/2025) and discovered her money was gone. S1 Administrator reported he immediately began an investigation and suspended S2 CNA and S3 CNA. S1 Administrator reported S3 CNA told him Resident #1 asked if she had a [NAME] account and she told her no but S2 CNA did. S1 Administrator further reported S2 CNA told him she did bring the money to Resident #1 and she did not take it. S1 Administrator reported Resident #1's bank provided him a partial bank statement which showed on January 29th a withdrawal of \$250.00 to the [NAME] account of S2 CNA. He indicated he told S2 CNA he saw this withdrawal which didn't look good for her. S1 Administrator verified the police were notified and a police report was filed. S1 Administrator further reported Resident #1 was cognitively intact. S1 Administrator confirmed S2 CNA acknowledged Resident #1's money was transferred to her account. S1 Administrator acknowledged the bank statement of Resident #1 confirmed a transaction of \$250.00 was transferred to S2 CNA's account on 01/29/2025.</p> <p>Further interview with S1 Administrator at this time revealed the money was never found. The facility was waiting on the police department. S1Administrator indicated they would pay Resident #1's money back if the police department investigation didn't yield any outcome.</p> <p>During the survey, in-service records and Quality Assurance (QA) monitoring records were reviewed and it was determined that the facility had implemented the following corrective actions to correct the deficient practice prior to entering the facility.</p> <p>The facility has implemented the following actions to correct the deficient practice:</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. S2 CNA and S3 CNA were immediately suspended and then terminated.</p> <p>2. An in-service was conducted on 02/17/2025 on resident abuse policy and reporting - staff within the facility is not under any circumstances to deal with resident finances, for any reason. If a resident asks you to, get Director of Nursing/Administrator/Nurse/Social Services/Business Office Manager. No exceptions. This can be a form of resident abuse.</p> <p>3. All residents had the potential to be affected. Residents were interviewed and no other residents were affected. Abuse/Safety Questionnaires were conducted on 02/17/2025, 02/28/2025, 03/05/2025, 03/06/2025, and 03/13/2025 to include the following questions: Do you feel safe in your environment? Have you felt abused by another resident or by staff? Do you have any concerns related to your safety? Has any staff member every asked you for money or bank account information (outside of billing purposes if applicable)? Are you aware of your resident rights?</p> <p>4. Audits/Findings of resident abuse and reporting - Administrator or designee will monitor resident abuse and reporting by interviewing 8 residents per week x 8 weeks then randomly to ensure compliance. Audit reports will be submitted to the Administrator and QAPI (Quality Assurance and Performance Improvement) committee for QA and new interventions will be implemented as needed. Completed weekly beginning 02/17/2025 through 03/13/2025 and ongoing.</p> <p>5. Date of completion 03/13/2025.</p>		