

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Colonial Oaks Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 4921 Medical Drive Bossier City, LA 71112	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36921</p> <p>Based on record review and interviews the facility failed to 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 the state agency for 1 (#2) of 4 (#1,#2, #3, #4) residents reviewed for misappropriation of resident property.</p> <p>Findings:</p> <p>Review of Facility's Abuse and Neglect Policy (revised October 15, 2022) revealed in part:</p> <p>Policy Statement: The facility will ensure that each resident has the right to be free from, among other things, physical or mental abuse and corporal punishment. The facility will provide a safe resident environment and protect residents from abuse.</p> <p>Policy Interpretation and Implementation:</p> <p>Definitions</p> <p>Misappropriation of resident property as defined as the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent.</p> <p>Treatment/ Management</p> <p>2. The management and staff, with the physician support, will address situations of suspected or identified abuse and report them in a timely manner to appropriate agencies.</p> <p>Review of face sheet revealed Resident #2 was admitted to the facility on [DATE] with the following medical diagnoses, but not limited to sequelae of cerebral infarction, dysphagia-orpharyngeal phase, schizophrenia, and metabolic encephalopathy.</p> <p>Further review of Resident #2's face sheet revealed Resident #2's daughter was the Responsible Party/ Power of Attorney, Financial/ Emergency Contact #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 - Some</p>	<p>Review of Quarterly MDS (Minimum Data Sets) dated 05/22/2024 revealed Resident #2 had a BIMS (Brief Interview of Mental Status) of 12 out of 15 indicating moderate impairment.</p> <p>During an interview on 06/24/2024 at 3:30 p.m. when Resident #2 was asked if she had an account with the facility or any issues with the facility account; Resident replied, I do not know, you would have to ask my daughter.</p> <p>During a telephone interview on 06/25/2024 at 11:23 a.m., Resident #2's daughter reported during a visit to the facility in May 2024 she inquired with the business office about Resident #2's account balance and credit card. Resident #2's daughter reported a credit card was left at the facility when Resident #2 was admitted in the year 2021 to pay Resident #2's monthly account. Resident #2's daughter reported Resident #2's account balance owed to the facility in May 2024 was \$10,000 and the credit card could not be located. Resident #2's daughter reported a couple of days later she requested Resident #2's credit card account statements from the bank and there were charges starting in September 2021 for ATM (Automated Teller Machine) withdrawals, fast food restaurants, and utility bills and the facility account had not been paid. Resident #2's daughter verified the nursing home was not being paid. Resident #2's daughter reported S5 Bookkeeper's name was identified on one of the charges. Resident #2's daughter further reported this information about the credit card charges was reported to S1 Administrator at the end of May 2024. Resident #2's daughter reported a police report was made as soon as she received the credit card statement.</p> <p>Review of facility's incident investigation reports from July 2023 through June 2024 failed to reveal an allegation of misappropriation of funds related to Resident #2.</p> <p>During an interview on 06/25/2024 at 12:30 p.m., S1 Administrator reported Resident #2's daughter stopped him in the hallway sometime in the end of May 2024 after she received a bill from the nursing home. S1 Administrator reported Resident #2's daughter had a representative on the phone from a _____ banking company inquiring about charges. S1 Administrator reported he told Resident #2's daughter he would look into the inquiries and wrote it up as a grievance since S5 Bookkeeper had not been employed at the facility since February 2024.</p> <p>During an interview on 06/25/2024 at 4:00 p.m. S1 Administrator and S2 Regional [NAME] President reported the allegation of Resident #2's missing credit card, facility account balance, and questionable charges on the credit card statement was not reported to the state agency since S5 Bookkeeper was no longer employed at the facility.</p> <p>During an interview on 06/26/2024 at 3:33 p.m. S3 Corporate Nurse reported the allegation of Resident #2's missing credit card, facility account balance, and questionable charges on the credit card statement should have been reported to the state agency.</p>		