STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195604	A. Building B. Wing	12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colonial Oaks Skilled Nursing and Rehabilitation	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45317 Based on record reviews and interviews, the facility failed to ensure a resident fall was reported according to facility policy and procedure for 1 (#1) of 3 (#1, #2, #3) sampled residents for falls. Findings: Review of facility's policy Accidents and Incidents- Investigating and Reporting dated November 2024 revealed, in part: Policy Statement All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the Administrator. Policy Interpretation and Implementation 1. The Nurse Supervisor/Charge Nurse and/or the department director or supervisor shall initiate and document investigation of the accident or incident. 3. The Charge Nurse or designee shall complete an Incident Report form and submit the original to the Director of Nursing Services within 24 hours of the incident or accident. Review of Resident #1's medical record revealed in part, an admitted [DATE] with diagnoses including muscle wasting and atrophy not elsewhere classified multiple sites, other specified disorders of bone density and structure of unspecified site, difficulty in walking not elsewhere classified, abnormalities of gait and mobility, and unspecified dementia. Review of resident #1's Quarterly and State MDS (Minimum Data Set) assessments dated 10/29/2024 revealed a BIMS (Brief Interview for Mental Status) score of 5, which indicated severely impaired cognitive skills. Review of Resident #1's progress notes for November 2024 failed to reveal documentation of a fall and a post fall assessment on 11/18/2024. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195604	A. Building B. Wing	12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colonial Oaks Skilled Nursing and Rehabilitation	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility's Incidents listed by Incident Type report for dates 06/24/2024 to 12/09/2024 failed to reveal an incident on 11/18/2024 involving Resident #1. During an interview on 12/11/2024 at 9:20 a.m. S1Administrator reported S3LPN did not report that Resident #1 sustained a fall on 11/18/2024. S1Administrator further reported S3LPN did not follow the facility's policy and procedure by not reporting a resident's fall and was terminated. During an interview on 12/11/2024 at S2DON confirmed after an investigation was conducted by the facility, it was determined Resident #1 did fall on 11/18/2024. S2DON further confirmed S3LPN did not report Resident #1's fall and did not complete a facility's incident report regarding Resident #1's fall on 11/18/2024 and should have.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195604	A. Building B. Wing	12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colonial Oaks Skilled Nursing and Rehabilitation	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45317 Based on record reviews and interviews the facility failed to ensure services were provided to meet professional standards of quality as evidenced by failing to document a resident's fall and failing to assess a resident after a fall for 1 (#1) of 3 (#1, #2, #3) sampled residents. S3LPN failed to document a fall Resident #1 sustained on 11/18/2024. Findings: Review of Resident #1's medical record revealed in part, an admitted [DATE] with diagnoses including muscle wasting and atrophy not elsewhere classified multiple sites, other specified disorders of bone density and structure of unspecified site, difficulty in walking not elsewhere classified, abnormalities of gait and mobility, and unspecified dementia. Review of resident #1's Quarterly MDS (Minimum Data Set) assessments dated 10/29/2024 revealed a BIMS (Brief Interview for Mental Status) score of 5, which indicated severely impaired cognitive skills. Review of Resident #1's progress notes for November 2024 failed to reveal documentation of a fall and post fall assessment on 11/18/2024. Review of facility's Incidents listed by Incident Type report for dates 06/24/2024 to 12/09/2024 failed to reveal an incident on 11/18/2024 involving Resident #1. During an interview on 12/11/2024 at 9:20 a.m. S1Administrator reported S3LPN did not report that Resident #1 sustained a fall on 11/18/2024. S1Administrator further reported S3LPN did not follow the facility's policy and procedure by not reporting a resident's fall and was terminated. During an interview on 12/11/2024 at S2DON confirmed S3LPN did not document Resident #1's fall on 11/18/2024 nor did S3LPN document an assessment and should have.