

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 04/23/2024
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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>45317</p> <p>Based on record reviews and interview, the facility failed to ensure Quarterly assessments were completed no later than 14 days after the ARD (Assessment Reference Date) for 5 (#54, #14, #18, #7, #46) of 8 residents (#54, #14, #17, #27, #18, #7, #46, #52) reviewed for Resident Assessment.</p> <p>Findings:</p> <p>Review of Resident #54's medical record revealed a Quarterly MDS (Minimum Data Set) with an ARD of 03/03/2024 and a completion date of 04/16/2024.</p> <p>Review of Resident #14's medical record revealed a Quarterly MDS with an ARD of 03/17/2024 and a completion date of 04/16/2024.</p> <p>Review of Resident #18's medical record revealed a Quarterly MDS with an ARD of 03/14/2024 and a completion date of 04/16/2024.</p> <p>Review of Resident #7's medical record revealed a Quarterly MDS with an ARD of 02/29/2024 and a completion date of 04/16/2024.</p> <p>Review of Resident #46's medical record revealed a Quarterly MDS with an ARD of 02/23/2024 and a completion date of 04/16/2024.</p> <p>During an interview on 04/23/2024 at 9:05 a.m., S2 MDS Nurse reviewed Resident #54, #14, #18, #7, and #46's Quarterly MDS assessments and confirmed the assessments were not completed no later than 14 days after the ARD.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>30669</p> <p>Based on record reviews, observations and staff interviews, the facility failed to develop an individualized, person-centered plan of care to meet the needs of 1 (#15) resident out of 15 residents (#1, #3, #9, #15, #19, #24, #38, #45, #65, #69, #70, #71, #53, #56, and #322) who were reviewed for plan of care. There were 69 residents residing in the facility. The facility failed to ensure the plan of care included an accurate assessment of resident (#15) that he did not have teeth when he does have teeth and required assistance with his oral care.</p> <p>Findings:</p> <p>Review of resident #15's clinical record revealed an admitted to this facility 09/08/2023. Diagnoses include but not limited to hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, dysphagia following cerebral infarction, and type 2 diabetes mellitus without complication.</p> <p>Review of resident #15's Comprehensive Plan of Care revealed the resident has an ADL (Activities of Daily Living) self-care performance deficit related to Hemiplegia. The Comprehensive Plan of Care inaccurately states resident #15 has no teeth and does not wear dentures.</p> <p>Review of resident #15's MDS (Minimum Data Set) with assessment reference date 03/05/2024 revealed Section C - Cognitive Patterns a BIMS (Brief Interview for Mental Status) Summary Score of 12 that indicates his cognitive status is moderately intact.</p> <p>Observation on 04/21/2024 at 10:10 a.m. revealed Resident #15's did have bottom teeth. Further observation of Resident #15's teeth revealed they were discolored, brownish with a yellowish buildup of old food particles on and between his teeth.</p> <p>During an interview on 04/21/2024 at 10:15 a.m. Resident #15 reported he could not remember the last time his teeth had been brushed. Resident #15 reported he did not have a tooth brush or tooth paste.</p> <p>Observations on 04/21/2024 at 10:30 a.m. of resident #15's bedside table with S4 CNA (Certified Nursing Assistant) failed to reveal a tooth brush or tooth paste for resident 15.</p> <p>During an interview on 04/21/2024 at 10:30 a.m. S4 CNA reported she had not done oral care for resident #15.</p> <p>Observation on 04/22/2024 at 3:40 p.m. of resident #15's mouth with S3 ADON (Assistant Director of Nursing) revealed resident does have bottom teeth. S3 ADON agreed resident #15 did have teeth and the Comprehensive Plan Care was not accurate.</p> <p>During an interview on 04/22/2024 at 3:50 p.m. S2 MDS Nurse reported resident #15's Comprehensive Plan of Care had been completed inaccurately.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>45317</p> <p>Based on record reviews and interview, the facility failed to electronically submit accurate direct care staffing information, based on payroll, to CMS (Centers for Medicare and Medicaid Services) as required.</p> <p>Findings:</p> <p>Review of the PBJ (Payroll Based Journal) Report for FY (Fiscal Year) Quarter 1 2024 (October 1 - December 31) revealed triggers for the following: One Star Staffing Rating and Excessively Low Weekend Staffing.</p> <p>Review of the facility's weekend staffing pattern forms for FY Quarter 1 2024 (October 1 - December 31) revealed in part, the facility provided 185.8 hours of direct care on 12/03/2023 and provided 189.6 hours of direct care on 12/10/2023.</p> <p>Review of the facility's consolidated data submitted to CMS for FY Quarter 1 2024 revealed in part, the facility submitted 175.85 hours of direct care for 12/03/2023 and 181.6 hours of direct care for 12/10/2023.</p> <p>During an interview on 04/23/2024 at 11:55 a.m., S1 Corporate Nurse reported the facility provided 185.8 hours of direct care on 12/03/2023 not 175.85 hours as reported to CMS and provided 189.6 hours of direct care on 12/10/2023 not 181.6 hours as reported to CMS. S1 Corporate Nurse confirmed inaccurate direct care data was submitted to CMS for 12/03/2023 and 12/10/2023.</p>