

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2023
NAME OF PROVIDER OR SUPPLIER Colfax Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 366 Webb Smith Drive Colfax, LA 71417	

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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38373</p> <p>Based on record review and interview, the facility failed to consult with the resident's physician when there was a significant change in condition for 1 (#1) of 5 (#1, #2, #3, #4, & #5) residents reviewed for notification of change. The facility failed to timely consult with Resident #1's physician when Resident #1 experienced increased/worsening pain in her right lower extremity and a decline in ADLs due to increased pain, after treatment implemented by the physician was not effective.</p> <p>This deficient practice resulted in an Immediate Jeopardy situation for Resident #1 that began on 01/19/2023. Resident #1, a severely cognitively impaired resident who required limited assistance by one person with ambulation, began complaining of pain in her right leg/knee/ankle on 01/16/2023, and became unable to ambulate on 01/17/2023 due to increased pain. Resident #1 was assessed by the physician on 01/17/2023, and Mobic (non-steroidal anti-inflammatory) 7.5 MG PO BID x 30 days, Lasix (a diuretic) 40 MG PO Q Day x 30 days, and Potassium (electrolyte replacement) 10 MEQ PO Q Day x 30 days was prescribed. Resident #1's pain continued to worsen, and Resident #1 continued to decline in ADLs. On 01/19/2023, S7 LPN and S3 LPN reported to S2 DON that Resident #1's pain was not being relieved, and that her right leg was swollen, shiny, and cooler than the left leg. On 01/20/2023, S4 LPN reported to S2 DON that Resident #1 was dizzy, pale, and did not look right. Resident #1's change of condition on 01/19/2023 and 01/20/2023 was not reported to the physician until 01/26/2023. Resident #1 was x-rayed on 01/26/2023, which revealed an acute fracture and dislocation of the femoral neck of the right hip. Resident #1 required surgical intervention of a right bipolar hip arthroplasty on 01/27/2023.</p> <p>This deficient practice continued at a potential for more than minimal harm for all 82 Residents who reside in the facility.</p> <p>S1 Administrator was notified of the Immediate Jeopardy situation on 03/02/2023 at 2:20 p.m.</p> <p>The Immediate Jeopardy was removed on 03/03/2023 at 3:33 p.m. when the facility submitted an acceptable plan of removal, and the surveyors determined through record reviews, interviews and observations that the Plan of Removal have been initiated and/or implemented:</p> <p>The Facility's plan to remove the immediate jeopardy situation included:</p> <p>1. Root cause analysis nurse failed to notify physician immediately when there was a significant change in resident's condition.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2023
NAME OF PROVIDER OR SUPPLIER Colfax Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 366 Webb Smith Drive Colfax, LA 71417	
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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>2. NFA Managing Member, NFA and DON reviewed facility policy on Acute Condition Changes and found to be sufficient on 3/2/2023 at 2:45p.m.</p> <p>3. The nursing staff will follow the clinical protocol to immediately notify the physician of any change of condition or worsening in pain.</p> <p>4. All nursing staff will be in-serviced by NFA or designee beginning 3/2/2023 at 5:00p.m- 6:30 p.m. on notifying the physician when there is a significant change in residents' condition or worsening in pain and following Clinical Protocol. Nurses will receive a copy of Clinical Protocol for Pain Management and Acute Condition Changes at the time of their in-service. Each nursing staff will be in-serviced prior to beginning of their shift and receive a copy of the clinical protocol for Pain Management and Acute Condition Change with completion by 3/6/2023 at 6:00 p.m. NFA in-serviced CNA's beginning 3/2/2023 5:30pm-6:30pm on reporting any pain or change in residents' condition to the floor nurse, DON and NFA. Each CNA will be will be in-serviced prior to beginning of their shift with completion by 3/6/2023 at 6:00 p.m. Each new hire CNA will be trained during orientation. 33 residents who are currently taking pain medications or have an acute change in condition were reassessed with pain assessment by DON or designee ensuring their pain is relieved by medications beginning 3/2/2023 at 4:00p.m., completing on 3/2/2023 at 8:00p.m., and notification to MD if pain has worsened or not relieved. NFA in-serviced DON on 3/2/2023 at 4:45pm on Clinical Protocol for Pain Management and Acute Condition Changes by reassessing for increase in pain and notifying physician if pain worsens. NFA reiterated during In-service training to DON that per facility policy nurses are to report changes of unrelieved pain or changes in condition to primary care physician. NFA will monitor one nursing meeting weekly x 1 month. NFA will randomly question nursing staff weekly x 1 month on Clinical protocol for reporting changes in condition and unrelieved pain.</p> <p>5. In order to monitor performance and assure solutions are sustained the NFA or designee will monitor nurses notes and shift reports for MD notification in change in resident condition 5 days a week for one month and then 3 times a week for or one month. Negative issues will be addressed with the respective employee at the time of occurrence.</p> <p>6. Completion date 3/6/2023</p> <p>Findings:</p> <p>Review of the facility's policy titled, Acute Condition Changes-Clinical Protocol revealed in part .</p> <p>7. Before contacting a physician about someone with an acute change of condition, the nursing staff will collect pertinent details to report to the physician; for example, the history of present illness and previous and recent test results for comparison.</p> <p>a. Phone calls to attending or on-call physicians should be made by an adequately prepared nurse who has collected and organized pertinent information, including the resident/patient's current symptoms and status.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2023
NAME OF PROVIDER OR SUPPLIER Colfax Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 366 Webb Smith Drive Colfax, LA 71417	
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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>8. The nursing staff will contact the physician based on the urgency of the situation. For emergencies, they will call or page the physician and request a prompt response (within approximately one-half hour or less).</p> <p>9. The attending physician (or a practitioner providing backup coverage) will respond in a timely manner to notification of problems or changes in condition and status.</p> <p>a. The nursing staff will contact the Medical Director for additional guidance and consultation if they do not receive a timely or appropriate response.</p> <p>10. The nurse and physician will discuss and evaluate the situation.</p> <p>Monitoring and Follow-Up</p> <p>1. The staff will monitor and document the resident/patient's progress and responses to treatment, and the physician will adjust treatment accordingly.</p> <p>Review of the medical record for Resident #1 revealed an admitted [DATE], and diagnoses that included Parkinson's disease, Unspecified abnormalities of gait, Unspecified Dementia, and Pain.</p> <p>Review of Resident #1's significant change MDS with an ARD of 12/28/2022 revealed a BIMS score of 5, which indicated severely impaired cognition, and revealed Resident #1 required limited assistance by one person with bed mobility, transferring, toilet use, and walking.</p> <p>Review of Resident #1's current care plan revealed a problem onset of 01/26/2023 for impaired physical mobility due to right hip fracture/repair of closed right hip fracture with right hip precautions implemented. Approaches included notified S14 MD and new order to send to ER for treatment and evaluation related to x-ray findings. New diagnosis of Osteopenia and Osteoarthritis revealed via x-ray on 01/26/2023. Keep abduction pillow in place while in bed and chair. 02/28/2023-discontinue abduction pillow. 02/09/2023 - seen by Orthopedist, D/C staples, follow back up in 12 weeks, noted knee pain associated with hip fracture, obstructed nerve should resolve.</p> <p>Review of Physical Therapy notes dated 01/19/2023 (no time documented), revealed Resident #1 complained of throbbing pain rated 4 out of 10 to right lower extremity/knee with movement.</p> <p>Review of Occupational Therapy notes dated 01/23/23 and 01/25/2023 (no time documented), revealed Resident #1 reported throbbing, right knee pain of 8 out of 10 with movement, and pain of 3 out of 10 at rest.</p> <p>Review of physical therapy notes dated 01/23/23 (no time documented), revealed Resident #1 complained of throbbing pain of 5 out of 10 with movement, and 3 out of 10 at rest to right lower extremity.</p> <p>In an interview on 02/28/2023 at 1:10 p.m., S9 CNA revealed she provided care for Resident #1 on the 6:00 a.m. - 6:00 p.m. shift, and stated Resident #1 complained of leg and ankle pain during January 2023 (unsure of date). S9 CNA stated she reported it to S3 LPN, but S3 LPN already knew and would come check on her.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2023
NAME OF PROVIDER OR SUPPLIER Colfax Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 366 Webb Smith Drive Colfax, LA 71417	
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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>In an interview on 02/28/23 at 1:15 p.m., S8 CNA revealed she provided care for Resident #1 on the 6:00 a.m. - 6:00 p.m. shift. S8 CNA stated when she left to go on vacation January 2nd or 3rd 2023, Resident #1 was ambulatory with her walker, but when she returned to work on January 16th or 17th 2023, Resident #1 was in the bed. S8 CNA stated she asked her coworkers why was Resident #1 in the bed, and was told she had started on some fluid pills for swelling in her feet and legs. S8 CNA stated when she would change Resident #1's position toward the window (right side), or change her brief, Resident #1 would cry out in pain. S8 CNA stated she reported it to S3 LPN, and stated the nurse would check on her.</p> <p>In an interview on 02/28/2023 at 1:30 p.m., S10 COTA stated Resident #1 had been receiving therapy 3 times per week since 12/21/2022 for functional decline, increased help with ADL's, and balance and safety. S10 COTA stated Resident #1 was ambulatory with a rolling walker, and would walk several times per day. S10 COTA stated therapy noticed Resident #1 had stopped walking as much in the later part of December 2022. S10 COTA stated in January 2023, Resident #1 started complaining of right knee pain, and it got to the point her knee pain was so bad they started treating her in bed because she did not want to get out of bed. S10 COTA stated Resident #1's right knee was swollen and therapy did ESTIM with her to help with the pain. S10 COTA stated at one point Resident #1 had quit walking, and they were just trying to treat her knee pain. S10 COTA stated Resident #1 would verbally say her knee was hurting, and grab and rub it. S10 COTA stated on 01/26/2023 on the morning shift, Resident #1 was trying to get up from a straight back chair in her room when S12 PTA noticed Resident #1's right leg was rotated. S10 COTA stated S12 PTA reported it to the floor nurse and both of them went to report it to S2 DON. S10 COTA stated S2 DON ordered X-rays that revealed a right hip fracture.</p> <p>In an interview on 02/28/2023 at 2:40 p.m., S3 LPN stated she has worked at the facility as a nurse for three years, and has never telephoned the physician. S3 LPN reported the process was to notify S2 DON and S2 DON notified the physician. S3 LPN stated she does not know how to contact the physician. S3 LPN stated Resident #1 was normally ambulatory with her walker, but noted Resident #1 kept saying her knees hurt, and grabbing the rail in the hallway during ambulation. S3 LPN stated she told S2 DON about Resident #1's difficulty walking and knee pain on 01/16/2023 at 11:35 a.m., and S2 DON told her Resident #1 was going to see the physician the next day. S3 LPN stated the physician made rounds on 01/17/2023, and started Resident #1 on new medications. S3 LPN stated within a couple of days Resident #1 was in the bed and not getting up. S3 LPN stated this was not normal because Resident #1 walked all the time. S3 LPN stated on 01/19/2023 at 2:40 p.m. she told S2 DON the new medications were not working, and asked could something different be tried for Resident #1, and S2 DON said ok.</p> <p>In an interview on 03/01/2023 at 8:47 a.m., S11 CNA revealed she provided care for Resident #1 on the 6:00 a.m. - 6:00 p.m. shift. S11 CNA stated Resident #1 was able to walk, dress herself, transfer, and toilet herself. S11 CNA stated she went on her off days and came back on 01/19/2023, and Resident #1 was no longer able to walk, transfer, or dress and toilet herself. S11 CNA stated Resident #1 complained of right knee pain when she would raise the head of her bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2023
NAME OF PROVIDER OR SUPPLIER Colfax Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 366 Webb Smith Drive Colfax, LA 71417	
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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>In an interview on 03/01/2023 at 9:42 a.m., S4 LPN (who worked the 6:00 a.m. - 6:00 p.m. shift) revealed she cared for Resident #1 on 01/20/2023. S4 LPN stated therapy reported to her when they raised the head of the bed, Resident #1 complained of dizziness. S4 LPN stated Resident #1's blood pressure was a little low, Resident #1 looked pale, and didn't look right. S4 LPN stated she did not notify the doctor, but notified S2 DON on 01/20/2023 instead, who told her to raise Resident #1's head of bed and her feet, and to monitor her blood pressure. S4 LPN stated Resident #1 had bilateral leg edema with black X marks on the top of both feet as if she were being monitored for something. S4 LPN stated Resident #1 complained of knee pain. S4 LPN stated she does not talk to the physician, and stated the nurses report changes to S2 DON who notifies the physician and receives orders. S4 LPN stated when changes that need to be reported occur on the weekend, staff call S2 DON at home. S4 LPN stated sometimes they have to call 2 or 3 times before they reach S2 DON.</p> <p>In an interview on 03/01/23 at 10:44 a.m., S7 LPN revealed she took care of Resident #1 who complained of her knees hurting. S7 LPN stated she worked the 6:00 p.m. - 6:00 a.m. shift, and assessed Resident #1 on 01/19/2023. S7 LPN stated the CNA asked her to come look at Resident #1 because Resident #1 couldn't walk. S7 LPN stated when she assessed Resident #1, she discovered Resident #1's right leg was swollen, shiny, and cooler than her left leg. S7 LPN stated she notified S2 DON of her assessment of Resident #1 soon after. S7 LPN stated she never talked to the physician because the process was for the nurse to notify S2 DON, and S2 DON notifies the doctor.</p> <p>In an interview on 03/01/23 at 3:00 p.m., S12 PTA revealed Resident #1 was receiving therapy due to a functional decline, and had complained of right knee pain. S12 PTA stated Resident #1 had a tibia fracture years ago and had screws and a plate put in, and was aware Resident #1 was recently was prescribed Mobic for knee pain. S12 PTA stated on 01/26/2023 she was assisting Resident #1 to bed and noted her right leg was externally rotated. S12 PTA stated she notified nursing like she did each time a Resident had complaints. S12 PTA stated she did not remember who she notified.</p> <p>In an interview on 03/01/2023 at 4:10 p.m., S3 LPN reported she went to S2 DON on 01/26/2023 at 5:40 p.m. , and asked her about obtaining an x-ray because Resident #1 kept complaining of pain.</p> <p>In an interview on 03/02/23 at 8:15 a.m., S5 LPN (worked the 6:00 p.m. - 6:00 a.m. shift), revealed she and S4 LPN went to check on Resident #1 on 01/20/2023 because the day shift nurse said Resident #1 had been dizzy earlier in her shift, and her blood pressure was low. S5 LPN stated Resident #1 seemed to be feeling bad like she was nauseated, so she checked on Resident #1 several times throughout the night. S5 LPN stated she never calls the doctor, but notifies S2 DON of problems, and S2 DON calls the doctor. S5 LPN stated if she could have called the doctor she would have.</p> <p>In a telephone interview on 03/02/2023 at 8:35 a.m., Resident #1's physician revealed he treated Resident #1 on 01/17/2023 for edema to bilateral knees with a diuretic, potassium, and an anti-inflammatory medication. Resident #1's physician stated he was aware Resident #1 was diagnosed with a fracture to her right hip on 01/26/2023. Resident #1's physician stated if he had been notified of Resident #1's decline in ADL's and leg pain, he probably would have ordered an x-ray. Resident #1's physician stated the facility does not notify him like they should, and he wished they would.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2023
NAME OF PROVIDER OR SUPPLIER Colfax Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 366 Webb Smith Drive Colfax, LA 71417	
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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>In an interview on 03/02/2023 at 9:25 a.m., S2 DON reported on 01/19/2023, S7 LPN called her and stated Resident #1's pedal pulse was faint on the right side. S2 DON stated she told S7 LPN that Resident #1's was seen by her physician on 01/17/2023, and her pedal pulse was weak. S2 DON confirmed she did not notify the physician. S2 DON confirmed on 01/20/2023 S4 LPN notified her of Resident #1 having hypotension and dizziness. S2 DON stated she told S4 LPN to check her vital signs and monitor Resident #1. S2 DON confirmed she did not notify the physician. S2 DON stated she assessed Resident #1 before the x-ray was ordered on 01/26/2023, but did not remember the date or time. S2 DON acknowledged Resident #1's knee was still swollen, and Resident #1 was having pain with range of motion on 01/20/2023. S2 DON confirmed she did not notify the physician of Resident #1's continued knee pain and swelling. S2 DON confirmed their facility process for notifying the physician of resident changes in status was for the nurses to notify the DON, and the DON then notifies the physician. S2 DON confirmed Resident #1's physician was not notified of her continued leg pain, swelling, and decline in ADLs until 01/26/2023.</p> <p>In an interview on 03/03/2023 at 10:00 a.m., S1 Administrator revealed on 01/16/2023 S3 LPN stated Resident #1 was having right knee pain. S1 Administrator stated Resident #1 was already receiving therapy and ambulated in therapy on 01/16/23. S1 Administrator reported S3 LPN gave Resident #1 Tylenol on 01/16/2023, and the physician was going to see Resident #1 on 01/17/2023. S1 Administrator stated the physician ordered some medications for Resident #1, and from there she didn't know anything was wrong until the x-rays came back revealing a right hip fracture. S1 Administrator then acknowledged on 01/19/2023 the night CNAs told her Resident #1 was sitting on her roommate's bed with her walker, and Resident #1 could not bear weight when they attempted to assist her up. S1 Administrator stated therapy attends the facility's morning meetings and reports on residents' toleration of therapy, what each resident is doing in therapy, and where they stand with reaching their goals. S1 Administrator confirmed therapy reported Resident #1 was experiencing the same pain. S1 Administrator acknowledged she did not contact Resident #1's physician because she was unaware Resident #1 had continued to decline. S1 Administrator stated the facility nurses should have been aware they could call the physician if they needed to. S1 Administrator stated she was unaware the nurses in the facility were instructed to report all changes to the DON, and were not contacting the physician directly to report significant changes in condition.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2023
NAME OF PROVIDER OR SUPPLIER Colfax Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 366 Webb Smith Drive Colfax, LA 71417	

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 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44844</p> <p>Based on observation, interview, and record review, the facility failed to provide pain management consistent with professional standards of practice for 1 (Resident #1) of 5 (#1, #2, #3, #4, & #5) sampled residents. The facility failed to:</p> <p>1. Intervene and ensure Resident #1 received the necessary treatment/interventions when Resident #1 voiced and exhibited increased/worsening pain to her right lower extremity, and became bedfast due to the increased pain, after initial treatment of the increased pain by the physician was not effective.</p> <p>This deficient practice resulted in an Immediate Jeopardy situation for Resident #1 that began on 01/19/2023. Resident #1, a severely cognitively impaired resident who required limited assistance by one person with ambulation, began complaining of pain in her right leg/knee/ankle on 01/16/2023, and became unable to ambulate on 01/17/2023 due to increased pain. Resident #1 was assessed by the physician on 01/17/2023, and treatment was prescribed. Resident #1's pain continued to worsen, and Resident #1 continued to decline in ADLs. On 01/19/2023, S7 LPN and S3 LPN reported to S2 DON that Resident #1's pain was not being relieved, and that her right leg was swollen, shiny, and cooler than the left leg. On 01/20/2023, S4 LPN reported to S2 DON that Resident #1 was dizzy, pale, and did not look right. Resident #1's change of condition on 01/19/2023 and 01/20/2023 was not reported to the physician until 01/26/2023. Resident #1 was x-rayed on 01/26/2023, which revealed an acute fracture and dislocation of the femoral neck of the right hip. Resident #1 required surgical intervention of a right bipolar hip arthroplasty on 01/27/2023.</p> <p>This deficient practice continued at a potential for more than minimal harm for 33 facility Residents who received treatment for pain.</p> <p>S1 Administrator was notified of the Immediate Jeopardy on 03/02/2023 at 2:20 p.m.</p> <p>The Immediate Jeopardy was removed on 03/03/2023 at 3:33 p.m. when the facility submitted an acceptable plan of removal, and the surveyors determined through record reviews and interviews that the Plan of Removal have been initiated and/or implemented:</p> <p>The Facility's plan of removal include the following:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2023
NAME OF PROVIDER OR SUPPLIER Colfax Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 366 Webb Smith Drive Colfax, LA 71417	
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 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>In-services were initiated for all staff by the Administrator and Corporate Managing Member on 03/02/2023 and 03/03/2023 and will be completed by 03/06/2023 at 6:30 p.m. The in-services covered the existing policy on the Clinical Protocol to Provide Pain management which includes: The staff will reassess the Residents pain and related consequences at regular intervals, at least each shift for acute pain or significant changes in levels of chronic pain and at least weekly in stable chronic pain. The staff will evaluate and report the Residents use of standing and PRN analgesics. The in-services also addressed to notify the physician of acute changes in a Residents condition and the policy on Acute condition changes-Clinical protocol which stated Direct care staff including nursing assistants will be trained in recognizing subtle but significant changes in the Resident and how to communicate these changes to the Nurse. The policy also states the Nurse shall assess and document/report the baseline information on Residents current level of pain, and any recent changes in pain level to the physician. Nurses received a copy of the Clinical Protocol for Pain at the time of their in-services. Nursing staff will not be allowed to work until he or she receives training on the Clinical Protocol for Pain Management. All new hire nursing staff will be in-serviced during orientation. A total of 33 Residents were reassessed with pain assessment by the DON or designee ensuring their pain is relieved by medications beginning 03/02/2023 at 4:00 p.m. and completed by 8:00 p.m. The NFA in-serviced CNA's beginning 03/02/2023 from 5:30 p.m.-6:30 p.m. on reporting any pain or change in Residents condition to the floor nurse, DON, and NFA. Each CNA will be in-serviced prior to beginning of their shift with completion by 03/06/2023 at 6:00 p.m. Each new hire CNA will be trained during orientation. NFA in-serviced DON on 03/02/2023 at 4:45 p.m. on the Clinical Protocol to Provide Pain Management by reassessing for increase in pain and notifying the physician of pain worsens. NFA reiterated during in-service training to DON that per facility policy nurses are to report changes of unrelieved pain or changes in condition to primary care physician.</p> <p>In order to monitor performance and assure compliance are sustained NFA or designee will monitor notes and pain checks 5 days a week x 1 month then three times a week for one month then as needed thereafter. Negative issues will be addressed with the respective employee at the time of occurrence.</p> <p>Completion date 03/06/2023</p> <p>Findings:</p> <p>Review of the Facility's policy titled, Pain-Clinical Protocol revealed in part .</p> <p>Assessment and Recognition</p> <p>1. The Physician and staff will identify Residents who have pain or who are at risk for having pain.</p> <p>a. The nursing staff will assess each Resident for pain upon admission to the facility, at the quarterly review, whenever there is a significant change in condition, and when there is onset of new pain or worsening of existing pain.</p> <p>Monitoring</p> <p>1. The staff will reassess the Residents pain and related consequences at regular intervals; at least each shift for acute pain or significant changes in levels of chronic pain and at least weekly in stable chronic pain.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2023
NAME OF PROVIDER OR SUPPLIER Colfax Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 366 Webb Smith Drive Colfax, LA 71417	
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 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Treatment/Management</p> <p>1. The physician will help identify and authorize appropriate treatments.</p> <p>Monitoring and Follow-Up</p> <p>1. The staff will monitor and document the Resident's progress and responses to treatment, and the physician will adjust treatment accordingly.</p> <p>Review of the medical record for Resident #1 revealed an admitted [DATE], and diagnoses that included in part .Parkinson's disease, Unspecified abnormalities of gait, Unspecified Dementia without behaviors, Pain Unspecified, Non-displaced fracture of base of neck of Right Femur.</p> <p>Review of Resident #1's Quarterly MDS with an ARD of 10/19/2022 revealed a BIMS score of 4 (indicating severely impaired cognition). The MDS revealed Resident #1 was independent with set up help only for: bed mobility, transfer, locomotion on and off unit, dressing, eating, toilet use, personal hygiene and bathing. No impairment of upper or lower extremity Range of Motion. Review of the MDS revealed no indication of pain.</p> <p>Review of Resident #1's Significant Change MDS with an ARD of 12/28/2022 revealed a BIMS score of 5, which indicated severely impaired cognition, and revealed Resident #1 required limited assistance by one person with bed mobility, transferring, toilet use, and walking.</p> <p>Review of Resident #1's Significant Change MDS with an ARD of 02/04/2023 revealed a BIMS score of 3 (indicating severely impaired cognition). The MDS revealed Resident #1 was coded as requiring extensive assistance of one person for bed mobility and personal hygiene, and locomotion on and off unit; extensive assistance of 2 persons with dressing, toilet use and bathing. Impairment of Range of Motion on both sides of lower extremities. Review of the MDS revealed Resident #1 was having occasional moderate pain.</p> <p>Review of Resident #1's current care plan revealed a problem onset of 01/26/2023 for impaired physical mobility due to right hip fracture/repair of closed right hip fracture with right hip precautions implemented. Approaches included notified S14 MD and new order to send to ER for treatment and evaluation related to x-ray findings. New diagnosis of Osteopenia and Osteoarthritis revealed via x-ray on 01/26/2023. Keep abduction pillow in place while in bed and chair. 02/28/2023-discontinue abduction pillow. 02/09/2023 - seen by Orthopedist, D/C staples, follow back up in 12 weeks, noted knee pain associated with hip fracture, obstructed nerve should resolve.</p> <p>Review of Resident #1's Comprehensive Plan of Care revealed a problem onset date of 09/02/2021 for alteration in comfort related pain due to Parkinson's pain with approaches to report any signs of: unrelieved pain or adverse effects of medications, report signs and symptoms of pain of flinching, moaning or crying. Assess for effectiveness of pain medications, notify the physician/nurse practitioner if relief not experienced. Assess characteristics of pain (location, duration, quality, aggravating/alleviating factors, radiation and intensity) and document. Resident #1 was not care planned for knee pain prior to 01/16/2023.</p> <p>Record review of Resident #1's Medication Administration Record for January 2023 revealed there was no documentation of pain medicine given.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2023
NAME OF PROVIDER OR SUPPLIER Colfax Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 366 Webb Smith Drive Colfax, LA 71417	

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 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of nurse's progress note dated 01/16/2023 at 11:35 a.m. for Resident #1 read in part . Resident #1 sitting in chair in room, visiting with roommate. Resident #1 complained of pain to bilateral knees and bilateral lower extremities. Resident #1 having difficulty ambulating with assistive device. Administered two 500 milligram Tylenol tablets (an oral analgesic) by mouth for pain.</p> <p>Record review of nurse's progress note dated 01/17/2023 at 4:27 p.m. for Resident #1 read in part . Physician made rounds - ordered new meds for Edema and Osteoarthritis. New medication orders: Meloxicam (a non-steriod anti-inflammatory) 7.5 MG PO BID x 30 days, Lasix (a diuretic) 40 MG PO Q Day x 30 days, and Potassium (electrolyte replacement) 10 MEQ PO Q Day x 30 days. Tylenol given for pain not effective. Having difficulty ambulating with Rollator, put Resident #1 in a wheelchair to see physician for visit at the facility. Increase in assistance needed with ADL's due to increase in unsteadiness of gait and weakness in bilateral lower extremities.</p> <p>Record review of physician's progress note dated 01/17/2023 read in part: Resident #1 complained of bilateral leg/knee pain. Diagnosis: Edema. New orders: Meloxicam 7.5 MG PO BID x 30 days, Lasix 40 MG PO Q Day x 30 Days, and Potassium 10 MEQ PO Q Day x 30 days.</p> <p>Record review of Physical therapy note dated 01/19/2023 for Resident #1 read in part .Pain at rest=0/10, pain with movement=4/10. Frequency=intermittent; Location Right lower extremity/knee; pain description/Type: Throbbing.</p> <p>Record review of physical therapy note dated 01/20/2023 for Resident #1 read in part . Precautions=application of Biofreeze (pain relieving gel) to right knee and anterior aspect of proximal right lower extremity to alleviate Resident #1's complaints of pain. Pain at rest=4/10; Frequency=constant; Location: right lower extremity; pain description/Type: it hurts; Pain with movement=10/10 (worst pain possible); Frequency=constant; Location=right lower extremity; Pain description/Type: it hurts. Response to treatment=increased challenge with tasks due to pain.</p> <p>Record review of occupational therapy note dated 01/23/2023 for Resident #1 read in part . Pain at rest=3/10; Frequency=Intermittent; Location=right knee; Pain description/Type: Throbbing. Pain with movement=8/10 (intense pain); Frequency=Intermittent; Location=right knee; Pain description/Type=Throbbing.</p> <p>Record review of occupational therapy note dated 01/25/2023 for Resident #1 read in part . Pain at rest 3/10 (pain is noticeable); Frequency=Intermittent; Location=right knee; Pain description/Type=Throbbing. Pain with movement 8/10 (intense pain); Frequency=Intermittent (with movement of right knee); Location =right knee; Pain description/Type=Throbbing. Response to treatment: Resident #1 tolerated occupational therapy well with complaints of right knee pain, nursing notified.</p> <p>Record review of X-ray results obtained at the facility dated 01/26/2023 read in part .</p> <p>Procedure: Right Hip, Unilateral with Pelvis</p> <p>Impressions: Findings consistent with acute fracture dislocation in subcapital femoral neck. Follow-up as clinically indicated.</p> <p>Record review of hospital progress note dated 01/27/2023 read in part .</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2023
NAME OF PROVIDER OR SUPPLIER Colfax Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 366 Webb Smith Drive Colfax, LA 71417	
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 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Preoperative Diagnoses: Right hip pain and Right Femoral neck fracture.</p> <p>Procedure: Right bipolar hip hemiarthroplasty (this surgical procedure replaces the head of a damaged femur with an implant designed to stabilize the femur and restore hip function).</p> <p>Observation and Interview on 02/28/2023 at 10:00 a.m. revealed Resident #1 sitting in her room awake and alert, in a wheelchair. Resident #1 stated she was okay, but did not respond when asked what happened to her hip, or if she was in pain.</p> <p>Interview on 02/28/2023 at 10:10 a.m. with S15 CNA revealed she cared for Resident #1 and assisted her with bathing and dressing. S15 CNA stated since Resident #1 fell and broke her leg, she had not been eating as well as previously, and needed more encouragement to consume. S15 CNA stated before fall Resident #1 had complained of knee pain and S3 LPN was notified.</p> <p>Interview on 02/28/2023 at 1:10 p.m. with S9 CNA revealed she provided care for Resident #1 on the 6:00 a.m. - 6:00 p.m. shift, and stated Resident #1 complained of Right leg and ankle pain before 01/26/2023 (the date Resident #1 was sent to ER for x-ray results of a Right Hip Fracture). S9 CNA stated she reported Resident #1's complaint of Right leg and ankle pain to S3 LPN when she complained, but stated S3 LPN already knew about Resident #1's complaint of Right leg and ankle pain.</p> <p>Interview on 02/28/2023 at 1:15 p.m. with S8 CNA revealed she provided care for Resident #1 for Resident #1 on the 6:00 a.m. - 6:00 p.m. shift. S8 CNA stated she left for vacation on 01/02/2023 or 01/03/2023, and returned to work on 01/16/2023 or 01/17/2023 (S8 CNA was unsure of the exact date) to find Resident #1 in the bed. S8 CNA revealed her co-workers informed her of Resident #1 having some swelling and pain to her feet and legs, and had been put on a fluid pill. S8 CNA stated when she repositioned or turned Resident #1 toward the window (right side), Resident #1 would cry out in pain. S8 CNA stated she reported Resident #1's right lower extremity pain to S3 LPN.</p> <p>Interview on 02/28/2023 at 1:30 p.m. with S10 COTA revealed Resident #1 started physical therapy (3 times a week) on 12/21/2023 for a decline in functional mobility and needing increased assistance with ADL's. S10 COTA stated Resident #1 started complaining of right knee pain on 01/19/2023, and it got to the point of the knee pain being so bad, Resident #1 did not want to get out of bed. S10 COTA stated therapy started treating Resident #1 in her room and began mainly addressing her pain. S10 COTA revealed Resident #1's right knee was swollen and therapy did ESTIM with Resident #1 to help with the pain. S10 COTA revealed Resident #1 would verbally state her right knee was hurting, as well as grab her right knee and rub it. S10 COTA stated Resident #1 eventually was unable to walk. S10 COTA stated on 01/26/2023 on the morning shift, Resident #1 was trying to get up from a straight back chair in her room when S12 PTA noticed Resident #1's right leg was rotated. S10 COTA stated S12 PTA reported it to the floor nurse and both of them went to report it to S2 DON. S10 COTA stated S2 DON ordered X-rays that revealed a right hip fracture.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2023
NAME OF PROVIDER OR SUPPLIER Colfax Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 366 Webb Smith Drive Colfax, LA 71417	
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 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on 02/28/2023 at 2:40 p.m. with S3 LPN revealed she provided care for Resident #1, and on 01/16/2023 Resident #1 started complaining of right knee pain. S3 LPN stated Resident #1 was normally ambulatory with her walker, but had begun using the side rails on the hallways to help with ambulation. S3 LPN stated she notified S2 DON on 01/16/2023 of Resident #1's right knee pain and difficulty ambulating. S3 LPN stated S2 DON revealed the physician was coming to the facility on [DATE] and could see Resident #1 then. S3 LPN revealed the physician put Resident #1 on Mobic (Non-steriod anti-inflammatory drug for arthritis), Lasix (a diuretic), and Potassium (electrolyte supplement). S3 LPN stated the new medications did not help Resident #1 with her right lower extremity pain, and by 01/19/2023 Resident #1 was in the bed and not wanting to get up. S3 LPN stated she notified S2 DON on 1/19/2023 of Resident #1 worsening pain to her right lower extremity, and asked S2 DON if something different could be tried for Resident #1's right lower extremity pain. S3 LPN revealed S2 DON replied okay. S3 LPN confirmed she did not notify the physician of Resident #1's worsening pain to her right lower extremity because the facility's process was the nurse notifies the S2 DON and the S2 DON notifies the physician. S3 LPN revealed she has been a nurse at the facility for 3 years and had never called the physician. S3 LPN revealed she didn't know how to notify the physician. S3 LPN stated she went on vacation after 01/19/2023, and when she returned to work on 01/24/2023 or 01/25/2023 not sure of exact date), Resident #1 was in the bed not getting up and continued to have worsening pain to her right lower extremity.</p> <p>Interview on 03/01/2023 at 8:47 a.m. with S11 CNA revealed she provided care for Resident #1 on the 6:00 a.m. - 6:00 p.m. shift. S11 CNA revealed Resident #1 was able to walk, dress herself and transfer prior to 01/16/2023. S11 CNA stated she went on her off days, and when she returned to the facility on [DATE] Resident #1 was no longer able to walk. S11 CNA stated Resident #1 complained of right knee pain when she would roll the head of the bed up. S11 CNA stated she reported Resident #1's complaints of knee pain to S3 LPN.</p> <p>Interview on 03/01/2023 at 9:42 a.m. with S4 LPN (who worked the 6:00 a.m. - 6:00 p.m. shift), revealed she provided care for Resident #1 on 01/20/2023. S4 LPN revealed therapy notified her on 01/20/2023 of Resident #1 complaining of dizziness when they rolled the head of her bed up. S4 LPN stated Resident #1's blood pressure was a little low and Resident #1 appeared pale and didn't look right. S4 LPN stated she notified S2 DON and S2 DON told her to raise the head of Resident #1's bed, elevate her feet and monitor her blood pressure. S4 LPN confirmed she did not notify the physician of Resident #1 having dizziness or hypotension. S4 LPN revealed the facility's process was to notify S2 DON of any changes, and S2 DON notifies the physician and receives orders.</p> <p>Interview on 03/01/2023 at 10:19 a.m. with S6 ward clerk revealed on 01/14/2023 Resident #1 ambulated to the nurse's station and stated her right ankle was hurting. S6 ward clerk stated Resident #1 is usually ambulatory with her walker without assistance. S6 ward clerk revealed S3 LPN had to assist Resident #1 back to her room due to right lower extremity pain.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2023
NAME OF PROVIDER OR SUPPLIER Colfax Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 366 Webb Smith Drive Colfax, LA 71417	
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 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Telephone interview on 03/01/2023 at 10:44 a.m. with S7 LPN revealed she worked the 6:00 p.m. - 6:00 a.m. shift, and provided care for Resident #1 on 01/19/2023. S7 LPN stated Resident #1 complained of her knees hurting. S7 LPN stated the CNA asked her to come to Resident #1's room due to Resident #1 was saying she couldn't walk. S7 LPN stated she assessed Resident #1 at that time and found her right leg was swollen, shiny and cooler than the left, with a weaker pedal pulse. S7 LPN confirmed she did not notify the physician of her assessment of Resident #1's right lower extremity. S7 LPN revealed the facility's process was the nurse notifies S2 DON and S2 DON notifies the physician. S7 LPN revealed it had been times in an emergency situation when she S2 DON did not respond to her telephone call, and she would then call the Administrator. S7 LPN stated she notified S2 DON of her assessment of Resident #1's right leg. S7 LPN stated S2 DON said Resident #1 was seen by the physician on 01/17/2023 at the facility, and her pedal pulse was weak then also.</p> <p>Telephone interview on 03/01/2023 at 3:00 p.m. with S12 PTA revealed Resident #1 was receiving therapy due to a functional decline in ADL's. S12 PTA stated Resident #1 complained of right knee pain and revealed she had a tibia fracture years ago which required screws and a plate. S12 PTA stated on 01/26/2023 she was assisting Resident #1 to bed and noticed her right leg was externally rotated. S12 PTA stated she notified nursing staff like she did each time Resident #1 complained of right lower extremity pain.</p> <p>Interview on 03/01/2023 at 4:10 p.m. with S3 LPN revealed on 01/26/2023 she notified S2 DON again of Resident #1 having worsening pain to her right lower extremity, and asked S2 DON if Resident #1 could get an x-ray. S3 LPN revealed S2 DON said she could get an x-ray. S3 LPN confirmed Resident #1 only received Tylenol 500 mg (2 tabs) 1 time for right lower extremity pain between 01/16/2023 through 01/26/2023, and it was documented as ineffective.</p> <p>Telephone interview on 03/02/2023 at 8:15 a.m. with S5 LPN revealed she cared for Resident #1 on the 6:00 p.m. - 6:00 a.m. shift on 01/20/2023. S5 LPN revealed she and S4 LPN went to Resident #1's room to assess her due to complaints of dizziness and low blood pressure. S4 LPN stated Resident #1 appeared to be feeling bad, like she was nauseated. S4 LPN revealed she checked on Resident #1 several times throughout the night, but did not notify the physician. S4 LPN stated the facility's process was the nurse notifies S2 DON, and S2 DON notifies the physician of changes in residents' condition. S4 LPN revealed if she could have, she would have notified the physician.</p> <p>Interview on 03/02/2023 at 8:35 a.m. with Resident #1's physician revealed he treated Resident #1 on 01/17/2023 at the facility for edema to bilateral knees with Lasix (a diuretic), Potassium (electrolyte supplement), and Mobic (NSAID for arthritis). Resident #1's physician stated he was aware Resident #1 was diagnosed with a fracture to her right hip on 01/26/2023. Resident #1's physician stated he had not been notified of Resident #1's right knee pain worsening, not being able to walk, dizziness or hypotension. Resident #1's physician revealed he probably would have ordered an x-ray if he had been notified of Resident #1's worsening pain to her right lower extremity and declining condition. Resident #1's physician revealed the facility does not notify him of changes in his Residents like they should. Resident #1's physician stated he had received calls from the hospital wanting to know why his Resident was in the ER, and he had not been notified they had been sent. Resident #1's physician stated he wanted to know more about his Residents not less.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2023
NAME OF PROVIDER OR SUPPLIER Colfax Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 366 Webb Smith Drive Colfax, LA 71417	
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 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview on 03/02/2023 at 9:25 a.m. with S2 DON revealed on 01/16/2023 S3 LPN reported to her Resident #1 was having knee pain. S2 DON revealed she talked to the physician on 01/16/2023, and the physician stated he would see Resident #1 on 01/17/2023 upon rounds at the facility, and she could take Tylenol for pain. S2 DON stated the physician started Resident #1 on Lasix (a diuretic), Mobic (NSAID for arthritis), and Potassium (electrolyte supplement), and after a few days she didn't hear anything about Resident #1 so she assumed the medications were working. S2 DON stated on 01/19/2023 S7 LPN notified her of Resident #1's pedal pulse being faint on the right side. S2 DON stated she informed S7 LPN of Resident #1's pedal pulse being weak on 01/17/2023 when the physician assessed her. S2 DON confirmed she did not notify the physician. S2 DON stated on 01/20/2023 S4 LPN notified her of Resident #1 having dizziness and hypotension and she told S4 LPN to check her vital signs and monitor Resident #1. S2 DON confirmed she did not notify the physician. S2 DON stated she assessed Resident #1's right lower extremity before she had x-rays on 01/26/2023 (did not remember the date or document assessment) and Resident #1's knee was still swollen and still having pain upon range of motion. S2 DON confirmed she did not notify the physician of Resident #1's continued swelling of right knee and pain with range of motion. S2 DON revealed S10 COTA reported to S3 LPN of Resident #1 having increased pain to her right lower extremity and S3 LPN reported to her, and she notified the physician. S2 DON stated the x-ray results from 01/26/2027 revealed Resident #1 had an acute right hip fracture. S2 DON confirmed Resident #1 only received one dose of Tylenol 500 mg (2 tabs) for pain between 01/16/2023 through 01/26/2023 and it was ineffective. S2 DON confirmed the facility's process of physician notification was for the nurse to call her and she notifies the physician. S2 DON stated she does not know if a floor nurse had ever called the physician.</p> <p>Interview on 03/03/2023 at 10:00 a.m. with S1 Administrator revealed on 01/16/2023 S3 LPN reported Resident #1 was having right knee pain. S1 Administrator stated Resident #1 was already receiving therapy, S3 LPN gave Resident #1 Tylenol for the pain, and she was going to see the physician on 01/17/2023. S1 Administrator stated on 01/17/2023 S2 DON tried to get Resident #1 out of her chair, but she couldn't stand, so she was assisted Resident #1 into a wheelchair to go see the physician. S1 Administrator stated the physician put Resident #1 on some medications and from there she didn't know anything until 01/26/2021 when x-rays results revealed Resident #1 had a right hip fracture. S1 Administrator confirmed the nurses should have followed the facility's policy and should have called the physician when there was an issue with a Resident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2023
NAME OF PROVIDER OR SUPPLIER Colfax Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 366 Webb Smith Drive Colfax, LA 71417	
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 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>38373</p> <p>Based on record review and interview, the facility failed to administer its resources effectively to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident for 1 (#1) of 5 (#1, #2, #3, #4, & #5) sampled residents.</p> <p>The facility failed to:</p> <p>Ensure nursing staff consulted with Resident #1's physician in a timely manner when Resident #1 experienced a significant change in her condition, and pain treatment was ineffective.</p> <p>This deficient practice resulted in an Immediate Jeopardy situation for Resident #1 that began on 01/19/2023. Resident #1, a severely cognitively impaired resident who required limited assistance by one person with ambulation, began complaining of pain in her right leg/knee/ankle on 01/16/2023, and became unable to ambulate on 01/17/2023 due to increased pain. Resident #1 was assessed by the physician on 01/17/2023, and treatment was prescribed Resident #1's pain continued to worsen, and Resident #1 continued to decline in ADLs. On 01/19/2023, S7 LPN and S3 LPN reported to S2 DON that Resident #1's pain was not being relieved, and that her right leg was swollen, shiny, and cooler than the left leg. On 01/20/2023, S4 LPN reported to S2 DON that Resident #1 was dizzy, pale, and did not look right. Resident #1's change of condition on 01/19/2023 and 01/20/2023 was not reported to the physician until 01/26/2023. Resident #1 was x-rayed on 01/26/2023, which revealed an acute fracture and dislocation of the femoral neck of the right hip. Resident #1 required surgical intervention of a right bipolar hip arthroplasty on 01/27/2023.</p> <p>This deficient practice continued at a potential for more than minimal harm for all 82 Residents who reside in the facility.</p> <p>S1 Administrator was notified of the Immediate Jeopardy situation on 03/02/2023 at 2:20 p.m.</p> <p>The Immediate Jeopardy was removed on 03/03/2023 at 3:33 p.m. when the facility submitted an acceptable plan of removal, and the surveyors determined through record reviews, interviews and observations that the Plan of Removal have been initiated and/or implemented.</p> <p>The Facility's plan to remove the immediate jeopardy situation included:</p> <ol style="list-style-type: none"> 1. Root cause analysis nursing staff failed to follow facility policy and procedure for notifying the MD of acute change in resident condition 2. Corporate Managing Member, NFA and DON reviewed facility policy on Acute Condition Changes and found to be sufficient on 3/2/2023 at 2:45p.m. 3. Facility will follow the Clinical Protocol to notify the physician in a timely manner of residents Acute Condition Change to receive care and treatment in a timely manner <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2023
NAME OF PROVIDER OR SUPPLIER Colfax Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 366 Webb Smith Drive Colfax, LA 71417	
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 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>4. On 3/2/2023 5p.m.-6:30p.m., the NFA in-serviced all nursing staff on notifying the physician of changes in residents' condition. Nurses received a copy of the Clinical Protocol for Acute Condition Changes at the time of in-service. Each nursing staff will be in-serviced prior to beginning of their shift and receive a copy of the clinical protocol for Acute Condition Changes with completion by 3/6/2023 at 6:00 p.m. Nursing staff will not be allowed to work until he or she receives training on the Clinical Protocol for Acute Condition Changes. All new hire nursing staff will be in-serviced during orientation.</p> <p>5. NFA in-serviced DON on 3/2/2023 at 4:45pm on Clinical Protocol to Provide Pain Management and Acute Condition Changes by reassessing for increase in pain and notifying physician if pain worsens. NFA reiterated during In-service training to DON that per facility policy nurses are to report changes of unrelieved pain or changes in condition to primary care physician. NFA will monitor one nursing meeting weekly x 1 month. NFA will randomly question nursing staff weekly x 1 month on Clinical protocol for reporting changes in condition and unrelieved pain.</p> <p>6. In order to monitor performance and sustain implemented practice, the facility shall monitor corrective actions by incorporating into regular QA meeting 3 times a week by NFA or QA designee with documentation in QA minutes. DON or designee will complete stand up nursing staff meeting 5 days a week documenting changes in resident conditions and unrelieved pain. The Administrator will review these stand-up nursing meeting x 1 month adding to weekly QA meeting and incorporate finding into Quarterly QAPI meeting including Medical Director. Negative issues will be addressed with the respective employee such as compliance is maintained.</p> <p>7. In order to monitor performance and assure solutions are sustained Corporate Managing Member will monitor NFA and DON monthly for two months. Negative issues will be addressed with the respective employee at the time of occurrence</p> <p>8. Completion date 3/6/2023</p> <p>Findings:</p> <p>Cross Refer to F580.</p> <p>Cross Refer to F697.</p> <p>Review of the facility's policy titled, Acute Condition Changes-Clinical Protocol revealed in part .</p> <p>7. Before contacting a physician about someone with an acute change of condition, the nursing staff will collect pertinent details to report to the physician; for example, the history of present illness and previous and recent test results for comparison.</p> <p>a. Phone calls to attending or on-call physicians should be made by an adequately prepared nurse who has collected and organized pertinent information, including the resident/patient's current symptoms and status.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2023
NAME OF PROVIDER OR SUPPLIER Colfax Nursing and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 366 Webb Smith Drive Colfax, LA 71417	

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 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>8. The nursing staff will contact the physician based on the urgency of the situation. For emergencies, they will call or page the physician and request a prompt response (within approximately one-half hour or less).</p> <p>10. The nurse and physician will discuss and evaluate the situation.</p> <p>In an interview on 03/02/2023 at 9:25 a.m., S2 DON reported on 01/19/2023, S7 LPN called her and stated Resident #1's pedal pulse was faint on the right side. S2 DON stated she told S7 LPN that Resident #1's was seen by her physician on 01/17/2023, and her pedal pulse was weak. S2 DON confirmed she did not notify the physician. S2 DON confirmed on 01/20/2023 S4 LPN notified her of Resident #1 having hypotension and dizziness. S2 DON stated she told S4 LPN to check her vital signs and monitor Resident #1. S2 DON confirmed she did not notify the physician. S2 DON stated she assessed Resident #1 before the x-ray was ordered on 01/26/2023, but did not remember the date. S2 DON acknowledged Resident #1's knee was still swollen, and Resident #1 was having pain with range of motion on 01/20/2023. S2 DON confirmed she did not notify the physician of Resident #1's continued knee pain and swelling. S2 DON confirmed their facility process for notifying the physician of resident changes in status was for the nurses to notify the DON, and the DON then notifies the physician. S2 DON confirmed Resident #1's physician was not notified of her continued leg pain, swelling, and decline in ADLs until 01/26/2023.</p> <p>In an interview on 03/03/2023 at 10:00 a.m., S1 Administrator stated the facility nurses should have been aware they could call the physician if they needed to. S1 Administrator stated she was unaware the nurses in the facility were instructed to report all changes to the DON, and were not contacting the physician directly to report significant changes in condition.</p>