STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195303	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Twin Oaks Nursing Home	506 West 5th Street Laplace, LA 70068

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. Based on interviews and record reviews, the facility failed to report an injury of unknown source with serious bodily injury to the State Survey Agency within two (2) hours for 1 (Resident #1) of 3 residents sampled for quality of care and treatment.Findings:Review of the facility's undated Abuse, Neglect, and Misappropriation of Funds Program policy and procedure, revealed, if the determination is that abuse occurred or was unable to be determined with reasonable certainty, or the source of the injury was unknown and cannot be determined, the incident will be reported by the Administrator to the Department of Health and Hospitals through the States Incident Management System.Review of the facility's State Incident Management System report #316731 revealed, in part, an incident was reported to the State Survey Agency on 12/16/2025 at 4:15PM revealing Resident #1 experienced an injury of unknown origin and had bruising to his left shoulder, which was reported by Resident #1 the week prior to 12/16/2025.Review of Resident #1's quarterly Minimum Data Set with an Assessment Reference Date of 12/09/2025, revealed, in part, Resident #1 had a Brief Interview for Mental Status of 99, which indicated Resident #1 could not be interviewed and/or confused at the time of the assessment. Further review revealed Resident #1 had impairment to his upper and lower extremities and was dependent on staff for transfers and activities of daily living.Review of nurse progress note dated 12/09/2025 at 9:42AM revealed, in part, Resident #1 complained of pain to his left shoulder.In an interview on 01/14/2026 at 3:50PM, S3Nurse Practitioner was notified on 12/11/2025 Resident #1 complained of pain to his left shoulder and ordered an x-ray of Resident #1's left shoulder.Review of Resident #1 radiology report dated 12/11/2025 revealed, in part, Resident #1 had an age-indeterminate (new or old) fracture of the proximal (closer to the center of the body) left humerus (bone in upper arm) with mild displacement of the distal (away from the center of the body) fragment.Review of Resident #1's physician progress note dated 12/16/2025 revealed, in part, an x-ray of the left shoulder and upper arm revealed an acute (sudden onset) displaced angulated fracture through the surgical neck of the humerus with medial (middle) displacement of the shaft. In an interview on 01/14/2025 at 9:51AM, S1Administrator indicated she was notified of Resident #1's reports of pain on 12/11/2025. S1Administrator further indicated she determined that the injury was not of unknown origin based on Resident #1's diagnosis of osteoporosis and did not suspect abuse; therefore, it was not reported to the State Survey Agency timely as required. In an interview on 01/15/2026 at 2:35PM, S2Director of Nursing indicated she determined that Resident #1's injury was not of unknown origin based on Resident #1's diagnosis of osteoporosis and did not suspect abuse; therefore, it was not reported to the State Survey Agency timely as required.

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