

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195422	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/24/2025
NAME OF PROVIDER OR SUPPLIER  Rosewood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  534 15th Street Lake Charles, LA 70601	

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 - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record reviews and interviews, the facility failed to report an injury of unknown origin to the State Agency no later than 2 hours later in accordance with State law for 1 (#1) of 8 (#1, #2, #3, #4, #R1, #R2, #R3, #R4) sampled residents. The deficient practice had a potential to affect a total census of 66 residents.</p> <p>Findings:</p> <p>A review of the facility's policy titled Abuse, Prevention and Prohibition Policy, with an approval date of 03/2025, revealed in part: All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property will be reported immediately to the administrator. The allegation will be reported no later than 2 hours, or per state regulations after the allegation is made.</p> <p>A review of the resident's medical record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses that included Type 2 Diabetes Mellitus without complications, Schizoaffective Disorder, and History of Falling.</p> <p>A review of Resident #1's admission MDS (Minimal Data Set) dated 03/05/2025 revealed the resident had a BIMS (Brief Interview Mental Status) score of 13 indicating the resident was cognitively intact.</p> <p>A review of Resident #1's progress note dated 05/22/2025 at 4:08 p.m., documented by S1ADM (Administrator) that read as follows: Resident also has a red abrasion area to his right hip area. Approximately 6cm (centimeters) x 4cm in diameter. Sending resident to the ER (Emergency Room) for evaluation and x-rays. Again resident denies stubbing toe and falling.</p> <p>A review of the State Agency report revealed the date of discovery was 05/22/2025 and the date entered was 05/27/2025.</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 - Few</p>	<p>On 06/23/2025 at 3:30 p.m., an interview was conducted with S1ADM. S1ADM stated she is responsible for reporting incidents to the State Agency. S1ADM confirmed that on 05/22/2025 it was reported to her, upon discovery, new skin findings on Resident #1 that included a wound to his right foot and an abrasion to his right hip area. S1ADM stated that through investigation, they (referring to herself and her corporate team) determined that the wound was not as a result of neglect; therefore, the report to the State Agency within 2 hours was not warranted per policy and state law. S1ADM was further interviewed regarding the abrasion to Resident #1's right hip. S1ADM confirmed that the resident was unable to recall or verbalize how he sustained this injury. S1ADM agreed that since the facility was unaware of this injury and how it occurred and because the resident could not recall how he sustained it, that this would be considered an injury of unknown origin and should have been reported to the State Agency within the required 2 hour timeframe.</p>